
Country Programme Evaluation

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Country Programme Evaluation

Executive Summary

I. Bibliographical Information

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Follow up:

II. Summary

A. Background

This report presents the results of the Country Programme Evaluation based on the Country Programme of Cooperation (CPC) between UNICEF and the Government of Egypt (2007-2011). The evaluation covers also 2012 as the CPC that was extended one more year due to the uncertainty prevailing in the country, in the aftermath of the Egyptian revolution.

Throughout the country programme cycle, UNICEF Egypt has completed a series of evaluations of several programmes; however, the Young Child Survival and Development (YCSD) and Child Protection programmes, together with the HIV/AIDS and Early Child Development Programme sub-components were never evaluated. These are the focus of the present Country Programme Evaluation (CPE).
The primary audience of this evaluation is the UNICEF country office; the secondary audience is mainly partners from Government, NGOs and other civil society actors.

B. Scope of the Study

The scope of the CPE covers the current Country Programme (CP) (2007-2012), with focus on the following country programme components:

1) Reducing child and maternal mortality and morbidity;
2) Addressing malnutrition and micronutrient deficiencies;
3) School improvement to promote quality education;
4) Improving protection of children from violence, abuse and discrimination; and
5) Reducing vulnerability to HIV-AIDS.

The geographic scope of the evaluation corresponds to the areas covered by the programmes mainly on the national level and the local level in Upper Egypt Governorates (mainly Assiut, Menya, Sohaq and Qena) as well as Cairo and Alexandria.

The present report includes the context in which the CPE is implemented, the methodology, the findings for each programme component subjected to this evaluation, as well as cross-cutting issues, lessons learned, conclusions, and recommendations.

C. Study Limitations

There were a few limitations in carrying out this evaluation, mainly:

- The relatively short timeframe and limited budget was a constraint, especially given the scope of data gathering at field level.
- The lack of quantitative information and availability of data constituted another constraint, especially on equity, disparities, etc.
- The turbulent current political context, with the absence of an elected People's Assembly and the lack of articulation in national priorities.
- The severe, unstable and complicated political situation, which is reflected on the high turn-over of Ministers, heads and board of directors of national councils. Such change brought in information that was sometimes more from personal perceptions rather than institutional ones.
- The dimension of efficiency and cost effectiveness was challenging to evaluate in this CPE, since there was little information on the cost of operations.

D. Purpose / Objective

The main objectives of the Evaluation are the following:

1. Assess the relevance and appropriateness of target CP components
2. Evaluate the effectiveness, efficiency and sustainability of the outcomes achieved
3. Assess the coherence and focus of the CP in Egypt
4. Assess the gender, HRBA and equity focus of the CP
5. Assess the comparative advantage, partnerships and coordination mechanisms of UNICEF in Egypt
6. Provide an analysis on how UNICEF could position itself strategically to add value in response to national needs and changes in the national development context

The UNICEF Country Office in Egypt valued the importance of having a Country Programme Evaluation (CPE) to feed into the preparation of the new country programme document. Therefore, the main purpose of this CPE was to feed into the upcoming strategy development ensuring that the next country programme targets the needs identified after the revolution as well as the recommendations highlighted to ensure sustainability and effectiveness of the interventions in the future. In that sense, the CPE focused on strategic directions and provided an assessment of the relevance, design and focus of the CPC, its effectiveness and efficiency, as well as of the role, of UNICEF’s support to the realization of children’s ad women’s rights. The CPE also addressed the dimensions of sustainability and connectedness of supported initiatives, in a context of high political volatility and uncertainty.

E. Methodology

The evaluation was designed to involve the participation of UNICEF staff, implementing partners and stakeholders such as government and local institutions, civil society, academia, villages, communities and direct beneficiaries. The participatory approach was followed to consider the views of both duty bearers and right holders in contributing to protecting and promoting children’s rights within the framework of the different programmes and subcomponents.

The CPE provided evaluative insights for evidence-based strategic decisions about positioning UNICEF in the country, its strategic approaches and programmes, its partnerships, its operations design and implementation.

The evaluation reviewed the major results to determine the extent to which UNICEF effectively impacted the situation of children and women in Egypt overall. Based on the most recent guidelines produced by UNICEF HQ, the CPE was human rights-based, equity focused and gender sensitive.

In accordance with its participatory approach, the evaluation started with a National Consultation Workshop, held on September 4th, 2012, with the purpose of gathering inputs from partners on the evaluation approach as well as the Country Programme components’ implementation.

Fieldwork data was mainly gathered: by conducting Focus Group Discussions (FGDs) and Key Informant Interviews (KII) with beneficiaries from target populations, partner institutions and implementing governmental staff in different levels as well as UNICEF staff; and by making first-hand observations, collecting surveys, and reviewing documents and literature.

Field visits included four Governorates namely Cairo, Alexandria, Assiut and Sohag. For the YCSD programme, fieldwork focused on Cairo, Assiut and Sohag; for HIV-AIDS on Alexandria and Cairo; for Child Protection on the four Governorates; and for Education on Cairo, Assiut and Sohag.
F. Key Findings and Conclusions

F.1 – Young Child Survival and Development (YCSD)

The YCSD programme start was very relevant as it was designed based on a situation analysis and available baseline data. The design was later modified after the release of the 2008 DHS Survey results, which helped the programme to stay relevant, based on the released data.

The Programme was compatible with national priorities, and it effectively addressed the Millennium Development Goals (MDGs), the organizational priorities of the MTSP, CCCs, and the World Fit for Children agenda, as well as the broader human rights framework (CRC / CEDAW).

The Programme responded to the goals of the United Nations Development Assistance Framework (UNDAF). And it was also relevant with respect to MDG Goal 4 on child survival and MDG 1 on Poverty and hunger (nutrition); however, Goal 5 (Improve Maternal Health) was less covered or addressed. Relevance and appropriateness of the Programme continued during the transition phase.

The programme design was participatory, involving community representatives who helped to develop their goals and areas of intervention. In general, objectives and results were well designed as a tool for monitoring and evaluation.

One of the most important limitations was the lack of vision towards scaling up the interventions being piloted. Also the design lacked the national dimension of some interventions, which could have improved the efficiency of the programme. Awareness activities across many interventions are an example.

In addition, baseline data was not always specified, and objectives not always realistic enough. The rights of most vulnerable groups were not extensively covered or addressed, particularly when targeting children and mothers, living in poor conditions, in slum areas, street children or out of schools children. In general, the focus was more on children and less on women.

The programme had a clear ownership with the previous government, however, with the change and transition period, the strong links remained only at field level, however they were not so evident at the national / strategic level. Likewise, there was no evidence of clear ownership from NGOs and civil society, as they considered that the Programme was only the Government’s responsibility. At the village level, civil society or beneficiaries were not involved in the planning of the programme and this also contributed to their lack of ownership towards the programme.

As for the programme outcomes, most of the four level management system of the MOHP claimed that the programme objectives were partially achieved, and the same was confirmed by the results of the beneficiaries’ survey. This led the evaluation to the following appreciation:

- **Outcome 1.1:** 60% of Infants < 6 months in 6 Governorates exclusively breastfeed: was partially achieved. The implementation of a five-year national plan for promotion of breast feeding was implemented in 7 Governorates and 7 University hospital as well as 30 Primary Health Care (PHC) and Family Health Units (FHUs) in the context of revitalization of the Baby Friendly Hospital Initiative (BHI) framework. However, the beneficiaries’ survey revealed that the overall rate of exclusive breast-feeding meeting all 4 conditions is only 12%. The intervention however was very effective in achieving this result.
- **Outcome 2.2 Reduced micronutrient deficiencies: was achieved.**
- **Outcome 2.3 Perinatal Care Model (PCPE): was also achieved and the PCPE model expanded with equity-focused approaches to reach out the most disadvantaged in 26 villages in three governorates .**
To strengthen the equity aspect and reach the most vulnerable communities, the Monitoring of Results for Equity System (MoRES) framework was implemented with full engagement and leadership of the MoHP.

The programme has had a great impact at field level, particularly when aiming at improving the life conditions of mothers and children in the piloted areas. However, if considering the expected results, the impact should be considered low in some areas due to the problem in setting up a realistic level of results. In general, most interviewed stakeholders saw that the system strengthening efforts are the ones with the lowest impact, followed by capacity building and awareness raising activities.

An important impact of these interventions was reflected on the performance of the health units in the UNICEF piloted areas as compared to the control group. The major impact of UNICEF’s work is the innovative Perinatal Care Programme of Excellence (PCPE) model that introduced an important and vital approach to deal with the high mortality rate among neonates and infants. The model is still in the pilot stage but the results coming out of the system are very promising in identifying the exact causes and weight of different factors causing these high mortality rates. There is also a profound change in chronic long-term health and nutrition status that affect every life activity.

In general, the use of resources was appropriate to produce cost-efficient interventions. The Perinatal Care Programme of Excellence (PCPE) is an excellent model that exemplifies the efficiency of the programme as it is constantly increasing the coverage with the same infrastructure. Another example is the capacity building and system strengthening at the Health Unit level that became more efficient as the utilization of services increased without increasing the number of staff. However, the one concern regarding cost-efficiency is related to the distance among the locations for intervention which increased the costs.

There is no consensus between stakeholders and beneficiaries that the YCSD interventions are sustainable. MoHP & Health Units lack sufficiently strong governance structures, professional capacity, and willingness to sustain the activities in the future once UNICEF finalizes its support. However, the YCSD interventions have potential for replication at a wider scale.

One more factor that threatens the sustainability is that civil society and local NGOs were not involved enough throughout the programme development cycle. While the unrest and deterioration of the economic situation due to transitional period may be another factor contributing to increase the risks for sustainability, the communities are now more open to public issues and concerns. This change in attitude offers greater opportunities in the future to involve them. Likewise, there was an under-utilization of the mass media that contributed to decrease the efficiency to some extent.

The Monitoring and Evaluation framework of YCSD is effective and effectively supported the management and strategic planning of the component. Stakeholders agreed that the Monitoring and Evaluation framework of YCSD is effective and effectively supported the management and strategic planning of the component. A logical results matrix, -which defines outcomes, outputs, strategies and programmatic activities-, is appropriately in place. Also UNICEF’s work undertaken to strengthen M&E capacities was effective and has impacted M&E systems of the MoHP and Health Units (HU). The reporting system in PCPE is an example of effective tools of M&E.
YCSD interventions offered opportunities for stronger partnerships and linkages with other international development partners and academia.

There is strong consensus between stakeholders that the Human Rights-Based Approach to Programming (HRBAP) has been applied in all YCSD interventions and resulted in strengthening the Government’s policy framework to progressively implement the Convention on the Rights of the Child (CRC) in health rights. Nevertheless, new emerging issues concerning the situation of women and children, the revolution and transition period, as well as the current economic challenges, have certainly affected these commitments.

YCSD stakeholders agreed that Gender mainstreaming was reflected in the interventions, and that the programme paid special attention to girls and women’s rights. The beneficiaries' survey reflected their satisfaction with the services provided. Awareness programmes in Health Units such as "Arab Women Speaking Out", "Nutrition classes", "Antenatal Classes" or "Breast Feeding Classes" targeted mainly women, particularly least advantaged rural women.

The first challenge to assess equity for the evaluation was linked to the lack of standards criteria to determine equity in the programme. There was a "positive discrimination" as UNICEF focused on disadvantaged areas in Upper Egypt and targeted specifically most vulnerable women. There is, however, a concern regarding mothers and children in slum areas, as they were not included in the programme. The situation of remote areas in Upper Egypt may be similar to some extent to the slum areas.

The YCSD programme did not have any plan in place during the transition in order to respond to the kind of emergency situations had Egypt experienced. However, UNICEF role in general was well acknowledged.

UNICEF has a unique positive image and acceptance among most of the Egyptian communities, even if some interlocutors highlighted the fact that UNICEF should pay more attention to its role as a provider of technical support to civil society, rather than implementer. In general UNICEF added value is recognized; the majority of stakeholders consider that UNICEF has a long history of successful projects that has raised the knowledge and acceptance of their interventions, countrywide. In addition, UNICEF has developed a well-established network with civil society; and most UNICEF activities are culturally accepted by the society.

The YCSD programme contributed to position UNICEF strategically in the national context. The PCPE, in particular, is seen as an example of a high level, upstream policy/advocacy work, where UNICEF was very influential. These are the kind of activities that all partners consider UNICEF should be focusing in the future, supporting networks and partners, and contributing to mainstream issues related to human rights and gender. There is, however, a consensus that UNICEF could also continue to pilot new ideas and small projects that have the potential to be replicated by local and national institutions.

The key lessons learned emerging from the implementation of the programme are the following:

- It is important to include scaling up interventions in the planning phase during the development of the country programme.
- UNICEF was successful in conducting high-level policy/advocacy work, which proved to be influential.
• It is advisable to complete the preparatory assessments well in advance, prior the development of the new programme to ensure that during the actual implementation, monitoring and evaluation indicators are available and realistic, and are based on primary data from the locations of the interventions.

• Institutional capacity development for partners and communities alike is fundamental to maintain effectiveness as well as sustainability. Rapid turnover is a chronic problem threatening development interventions.

• Adequate coordination and linkage with MoHP system and local civil society organizations is required.

• The inclusion and targeting of young people in any development intervention is paramount for the success, sustainability and knowledge transfer.

• It is possible to enhance the implementation of the programme by identifying the best-positioned implementing partners from civil society, thereby widening the scope of interventions in terms of coverage and network of partners.

• Strategic partnership with the media is very important, particularly when advocating for population and development issues.

Key recommendations for this programme in the future are:

1) UNICEF has to review the structure of the next CP considering the new demands in the current situation in Egypt. There are newly emerging issues that need critical attention for future interventions. The 4 management levels of the health care system, civil society and beneficiaries raised these issues, and they relate to the current situation of women and participation in development activities, children rights and economic situation.

2) UNICEF should strengthen its equity-based approach early in its design, by considering all school age children, thus ensuring coverage to the most vulnerable groups with special emphasis on vulnerable children and women including out of school, street children and those living in slum areas.

3) The next programme should allocate more resources to improve the situation of women through training and awareness sessions, thus influencing their behaviors in regards to maternal and child health and nutrition. The Human-Rights Based Approach to Health should also be stressed in the future. This approach should be a target for public awareness and service providers in order to minimize conflicts between service providers and users of the services.

4) The programme should consider increasing the role and involvement of civil society, engaging and involving communities, the media, religious leaders and the private sector to the extent possible, in the design and planning of the programme. The programme should enhance its partnership with the network of NGOs that can work in hand with the Government to have an overall national ownership of implemented activities.

5) The design should stress the scaling up from the very beginning. Baselines should be more concrete, realistic and comprehensive to be able to monitor and evaluate better in the future.

6) UNICEF future programmes should be innovative and flexible, contributing to identify and open new opportunities to tackle current challenges, while providing technical support, facilitating and strengthening governmental efforts. They should not be a substitute of official services.
7) UNICEF is advised to continue providing services in the field. This could be achieved through the continuation of innovative solutions and interventions such as PCPE, and by piloting them in the field. Also, it is recommended to focus more in scaling up successful interventions.

8) To ensure sustainability, YCSD should support the MoHP & Health Units to develop their system and institutional development. Professional capacities need to be developed, in addition to a good planning and budgeting for these activities. The programme should also fine tune the technical protocols governing the system, strengthening the technical and administrative supervision, and provide refreshing trainings for new staff with the aim of standardize the performance.

9) There should be an emergency plan to substitute normal or planned activities with relevant emergency activities.

10) UNICEF should continue its high-level policy/advocacy work where the Organization can be influential.

F.2 – HIV-AIDS

The programme has been relevant since its start and compatible with national priorities established at the National AIDS Programme (NAP). The programme effectively addressed the MDGs, particularly Goal 6, CRC / CEDAW and UNDAF outcomes 2 and 4, and it was very relevant from the point of view of the beneficiaries. The main concern of the beneficiaries is that the programme did not address life issues like child nutrition, (e.g. breast-feeding with HIV/AIDS mothers), and there is also a concern for the lack of linkages between HIV and Hepatitis C.

The design of the programme took into consideration the main issues of concern on HIV/AIDS that needed to be addressed in Egypt. The interventions, however, were more of a piloting nature than a national implementation. There was minimal participation of people living with HIV, in the development of the design or in implementation of activities. One of the primary beneficiaries group highlighted the fact that trainings were not effective in their attempt to involve the communities. The design of the programme did involve the use of media, however, with no connection or link between the national campaign and local awareness sessions.

The ownership of the projects was somehow strong with the government partner, MoHP. Other stakeholders, however, were not as involved in the programme, such as religious leaders and this contributed to the lack of ownership by civil society. Similarly, the communities were not involved enough throughout the programme.

UNICEF’s role was very effective regarding medications provision but not that effective in improving the quality of the health care system. The results set for HIV/AIDS have been achieved to different degrees. UNICEF contribution is seen as a major factor of success, followed by the efforts in place made by the beneficiaries themselves, partners from civil society, and lastly the governmental efforts. The capacity building and system-strengthening package are much appreciated from the governmental side, more than by the beneficiaries. As for the programme outcomes, the evaluation makes the following appreciation: most of the results were partially achieved or not achieved.

- **Outcome 7.1:** At least 80% of targeted young people, including the most at risk, possess knowledge and life skills to protect themselves from infection with HIV and lead healthy: was partially achieved. This is
due to the fact that the coverage of the programme was not expanded enough and the awareness raising efforts were very limited

- **Outcome 7.2**: PLHIV increasingly provided with comprehensive medical, social and psychological care services, including prevention of mother-to-child transmission (PMTCT) services was *partially achieved*, though home-based care was not achieved. There are also many unresolved problems in the availability of treatment. Infants with HIV mothers were unable to get artificial feeding though it is medically recommended.

- **Outcome 7.3**: Media, opinion leaders and civil society increasingly advocate for HIV-AIDS response, the rights of PLHIV and are committed to fight stigma and discrimination: *was not achieved*. The general impression is that there is regression in media involvement in the battle against AIDS in Egypt.

- **Outcome 7.4**: Government and civil society address HIV and AIDS and young people’s issues, within a multi-cultural media, opinion leaders and civil society increasingly advocate for HIV-AIDS response, the rights of PLHIV and are committed to fight stigma and discrimination *was NOT achieved*.

The programme was partially effective in helping PLHIV in treatment and capacity building and less effective in initiating home-based care. Efforts to support decision-makers to enhance the care and support to PLHIV included an assessment of the national HIV and AIDS clinical care system. UNICEF procured and distributed antiretroviral (ARVs), though the treatment is not yet available to many and patients have to seek treatment on their own. The HIV Behavioral Surveillance Survey among street children. The results of this study have been used in the design of the USAID-funded project to conduct HIV and AIDS awareness among 1,000 children at risk.

The programme has contributed to the national HIV response. It also contributed to the generation of strategic knowledge for policy development and reached over 10,000 most at risk adolescents and young women. UNICEF also worked with UNAIDS, UNFPA, and UNIFEM to support an outreach programme for vulnerable women.

Most interviewees saw the system-strengthening component as the one with the least impact, followed by capacity building and the awareness activities. The programme impacted part of targeted beneficiaries like street children and vulnerable women and sex workers.

The programme improved the cost-efficiency of the awareness campaigns by extending partially the message to media, opinion leaders and civil society. UNICEF also invested in helping PLHIV through the establishment of the NGO "Friends of Life". The NGO function and efficiency however was too limited. "Friends of Life" was not able to meet its goals and objectives mainly due to lack of support from both officials and civil society.

The limited geographic coverage of the programme affected certainly its efficiency while UNICEF assistance was nevertheless efficient as the procurement of supplies helped the GoE to distribute and provide treatment.

There is almost a consensus between stakeholders and beneficiaries that HIV/AIDS interventions are not sustainable, even if the MoHP has already expressed its willingness to continue these activities once UNICEF’s support ends. Most stakeholders stated that the programme lacks a serious commitment and a vision towards the future. They also see that HIV/AIDS interventions do not have the potential for replication at a wider scale.

All this comes in a context where it is difficult to get a truly accurate assessment of people living with the virus, because the stigma associated with the disease prevents many from being tested in the first place; a stigma that may actually result in increasing the rate of infection.
Stakeholders agreed that the Monitoring and Evaluation framework for the HIV/AIDS programme is effective and well supported by the management and strategic planning of the component. Close monitoring of UNICEF staff in the field is one major positive factor that contributed to this perception from stakeholders.

UNICEF has maintained close links with UN Agencies such as UNAIDS, UNFPA, and UNIFEM, with whom they have closely collaborated. In addition, UNICEF partnered with Caritas initially and later on with Friends of Life with the purpose of providing direct support to the PLHIV.

The Human Rights-Based Approach (HRBAP) has been applied to a lesser degree in HIV/AIDS interventions. Gender equality mainstreaming was reflected in the interventions, which paid special attention to girls and women’s rights. Coverage was in favor of urban areas, with no target to slums, due to the difficulties to identify and access beneficiaries.

The fact that the majority of the HIV cases are undetected and unknown suggests that only a small portion of people living with HIV have access to treatment. This includes pregnant women requiring treatment to prevent vertical transmission of HIV onto their children.

UNICEF’s comparative advantage in the national context regarding HIV/AIDS is mainly attributed to its involvement with civil society organizations in the field, thus contributing to increase awareness and cultural acceptance of these interventions.

UNICEF past interventions are seen mostly as innovative when the Organization worked as facilitator. Many see the programme as a substitute of the official programme, as most stakeholders considered that the NAP is not responding to the needs of beneficiaries.

The lack of trust towards the government efforts on HIV-AIDS has contributed to increase the distance between the MoHP and civil society on this subject. This is also reflected by the fact that there is a consensus that UNICEF should deliver direct assistance instead of the government agencies.

The key lessons learned emerging from the implementation of the programme are the following:

- It is important to plan the scaling up interventions during the development of the country programme.
- When the programme delivery is done through partners, adequate coordination and linkage with MoHP system and local civil society organizations should be planned.
- Institutional structures and systems are very important for the successful implementation of the programme.
- It is important, however, to highlight positive examples such as the establishment of an NGO by PLHIV in Alexandria. This is a unique experience in Egypt and contributed enormously to reach the beneficiaries, while helping to raise awareness and lobby on their needs. This experience should be considered as a successful one even if the achievements were limited.
- Strategic partnership with the media is key when advocating for population and development issues.
- UNICEF can play a role of convener between the Government and civil society if considering the difficulties that NGOs face when dealing with Governmental administrative procedures.
- Joint programming contributes to ensure a more targeted and effective approach, particularly when dealing with sensitive issues such as HIV-AIDS.
Key recommendations for this programme in the future are:

1) The experience of People Living with HIV (PLHIV) within the Friends of Life Association is a unique experience in Egypt that has contributed to raise awareness among people with HIV. Their participation should be key in the development of the design or in implementation of future activities.

2) Government and civil society should be involved in joint programming activities which would contribute to a shared ownership. This also needs to include religious leaders. UNICEF should continue working with the Government to ensure that there is a real and active ownership from the Government.

3) Future interventions should target awareness efforts and other activities with most vulnerable groups at risk: (1) HIV mothers and the dangers of breast-feeding; (2) Hepatitis C patients and the risks of contagion; (3) slum areas with high percentage of people at risk, and (4) pregnant women requiring treatment to prevent vertical transmission of HIV onto their children. There is a need to increase advocacy and awareness campaigns involving the media to help detect and identify PLHIV, so that they can have the appropriate treatment.

4) Trainings and capacity building efforts should be inclusive to ensure the involvement of communities.

5) Home-based care is seen as a vital programme for PLHIV, so it is recommended that UNICEF invest more in re-activating the programme. Maybe one important contribution from UNICEF is to help make the link between the national AIDS Programme and civil society organizations, in this case represented by the NGO, Friends of Life.

6) UNICEF should ensure that HIV-AIDS interventions are all part of joint programming to warrant the sustainability of these interventions. Joint programming is key to ensure consistency in the responses, and provide further strength to advocate for the needs of the PLHIV, while increasing awareness among the communities, not only for prevention purposes, but also to raise the understanding on this subject, and contribute to improve the relationships toward PLHIV. It is also important to increase the cooperation and support to civil society organizations to increase its efficiency, community participation and sustainability.

7) The HIV/AIDS programme should have plans ready to manage emergencies. There should be an emergency plan to substitute normal or planned activities with relevant emergency activities.

F.3 – Child Protection

The goal and results of the Child Protection Programme are relevant to the UNDAF outcome 1, which focuses on Poverty Alleviation through pro-poor Growth and Equity, but also to outcomes 2, 3 and 4. The programme is also aligned with MDG, CRC and national child law. The Programme was, to a large extent, relevant to the MTSP, international and national priorities, as well as human rights conventions. It strongly supported the development and implementation of national policies and mechanisms to protect children at risk. The Programme was relevant and necessary and its continuity is requested particularly in categories like street children and violence against children. In addition, the Child Protection Committees (CPCs) also confirmed that the geographic areas that the Programme chose were relevant, as they targeted extremely poor locations.
The goal and expected results of the Programme complemented those of other organizations working in the same sector, namely NCCM, UNIFEM, and NGOs; hence there was no duplication with other Programmes, rather a complementarity towards a multi-disciplinary approach in child protection. NGOs agreed that national priorities are set as long-term vision, but do not necessarily take into consideration the diversification of the Egyptian communities and the specificities of local areas.

The evaluation assesses that the Programme design is suitable to the context of the country and the organizational set-up of central and local government. The design of the Programme considered the UNICEF Six Strategic Roles in Middle Income Countries. It was designed according to results-based standards with overall Programme indicators, however, baselines were not completed as most of the protection issues do not have national statistics.

The Programme was successful in promoting the Child Protection Mechanism and in building upon the administrative governmental structures that already existed. The success was demonstrated in shifting the ownership of the mechanism to the Government and national NGOs.

Regarding the FGM/C, the key Government partner led the National Programme for Combating FGM/C. Some results can be seen in Upper Egypt, where the FGM/C issue is gradually decreasing to be a “taboo”.

In several occasions, the Government highlighted the issue of “protecting street children” as a national priority; however, this is not demonstrated in any of the State national Programmes, policies or budgets. NCCM, MISA and street children NGOs stated that the results were a bit high in their expectations, and need to be more realistic in the future.

Services provided for children were mostly revolving around socio-economic services, and could be strengthened in the areas where the families are really deprived. Respondents assured that services benefited the whole family, followed by children and then husbands/men. 76.8% of the families responded that the kind of services they received reflect on the whole family and not only on the concerned child.

The sample showed high numbers of disabled children in the different intervention areas in Alexandria, Assiut and Sohag. This can explain that those families, where the Protection programme was implemented were more ready to disclose whether or not they had children with disabilities—an issue that unfortunately is not accurately represented in the national surveys like DHS or Census.

With respect to disciplining children, experimental areas showed better results than control areas to a large extent, though families still need more awareness on childcare and disciplinary methods. Results regarding using violence to discipline children or wives were surprising, between a quarter and a half of the total sample agreed with it.

The ownership of civil society proved to be well established in all child protection components. This could be justified by UNICEF constant technical and financial support to partner NGOs.

Overall, the evaluation considers that the programme succeeded to achieve slightly higher than 60% of the planned results. Out of the 15 results expected “to be achieved” throughout the programme, 7 results were achieved, three results were partially achieved, and 5 were not achieved. External factors expressed by partners were (1) the post revolution period; (2) the sensitivities and difficulties when dealing with issues such as street children and the need to have a combination of national
partners working on it; (3) the volatility of Child Protection Committees (CPCs); and (4) cultural barriers. In addition, (5) the lack of accountability and administrative responsibility contributed to the ineffectiveness of CPCs. In interviewing many officials, they consider it more of a “burden”, or “extra-work” with no compensation.

The Programme invested efforts to strengthen institutional capacities, and to activate the effectiveness of the response system to child protection needs while promoting community participation in identifying children at risks and making decisions that benefit children. However, the structure of the Governorate technical secretariat remains unclear.

As for the programme outcomes,

- **OUTCOME 3.2: CHILD PROTECTION POLICIES AND MECHANISMS FOR IDENTIFICATION, MONITORING, AND REFERRAL FOR CHILDREN AT RISK ESTABLISHED**
  - National Child Law revised including preventive / protective clauses for children at risk: **Achieved.**
  - Funding mechanism exists to sustain child protection committees: **Not achieved.**
  - # of children reached and served by the model in seven Governorates: **Achieved.**
  - # of child care institutions that are applying national standards of quality: **Not achieved**
  - # of child protection Units established in MOE at the governorates/ directorates level to oversee CPP in schools: **Not achieved.**

- **OUTCOME 3.3: STREET CHILDREN REINTEGRATED THROUGH REHABILITATIVE SERVICES**
  - # of children who got reintegrated through vocational training/ education/social work for at least one year: **Partially Achieved**
  - A Developed case management mechanism with updated records of street cases: **Achieved**
  - Signed and implemented protocols between the NGOs and the ministries of education, health, & social solidarity to provide a well-developed referral system: **Not achieved**
  - # of reported public awareness tackling perception of street children: **Achieved.**

- **OUTCOME 3.4 VIOLENCE AGAINST CHILDREN (FGM/C AND IN SCHOOLS) LESS PREVALENT IN TARGETED AREAS**
  - # of public declarations against the practice of FGM/C: **Achieved.**
  - # of initiatives integrating FGM/C and violence within the different Programmes of institutions (schools, youth centers, etc.): **Partially Achieved**
  - # of school children that are detected and referred in cases of abuse and violence: **Achieved.**
  - # Village committees advocating for abandonment of FGM/C and violence: **Achieved.**

The lack of public awareness and the understanding for children development and protection rights, added to the insufficient knowledge and skills among counterparts are seen as the most important challenges towards the sustainability of the programme. 78% of respondents agreed that the idea that current structures and resources of partners could contribute to the sustainability of the Programme, is not realistic. Most of the interviewed (21 NGOs) reported that they have institutional and human resource capacities to sustain some of the interventions.

Percentages of interviewees denouncing FGM/C reaches 69% of families in experimental areas compared to 54% in control areas, which reflect the programme interventions successful efforts to stop FGM/C.

Policy makers were concerned about the gaps in the information system; however, some efforts have been made. For instance, the street children projects have a solid database desegregated by different services provided, including a complete profile of the children assisted or visited by the NGO. On the other hand, the Egypt Child Protection Network (ECPN) supported by UNICEF and Terre des Hommes has been effective in enhancing information sharing and coordination between
international organizations on Child Protection issues. The Egyptian Child Rights Observatory (ENCRO) run by the National Council for Childhood and Motherhood (NCCM) have also accumulated some experience in data collection and information management. In addition, since 2009, there were several efforts invested to come out with a “Child Rights Index”, however the process was halted due to administrative complexities.

In terms of efficiency, 91% of NGOs responded that resources could be better used if good coordination took place with local communities since social support systems and social chatting on all issues is culturally accepted. Partners added that the HACT has definitely contributed to save time while reducing the bureaucratic procedures.

NCCM, supported by UNICEF and other partners, spearheaded a number of important reforms, among which is the Child Law 126/2008, that raised the age of marriage to 18 years for girls.

Other challenges also included capacities, infrastructure, work processes and way of compensating Government officials. All this contributed to hamper the sustainability of the programme, in addition to the lack of existence of a stable long-term State commitment and funding.

UNICEF played a successful role in establishing a monitoring framework to follow up on the cases of children that have been identified at risk within the CPCs in the targeted Governorates. MISA reported that the M&E Section has adopted an initiative to develop the M&E capacities of officials in the Departments of Family and Childhood and Social Defense.

The Child Protection Programme succeeded to extend its partnerships to MoHP in an attempt to ensure that doctors understand how to deal with requests for FGM/C and have the necessary tools to counsel families to abandon this practice. Furthermore, this diversification of partners and complementarity of their roles contributed to solve many problems and helped to speed up the provision of services. And in this sense, the Programme was very successful in developing partnerships at different levels of the administration and with different types of partners.

Responses of interviewees on the Human Rights Based Approach (HRBA) reflected the diversity between the strategic level which saw a clear HRBA in the UNICEF Programme, and the communities, which thought that it still required further work.

The programme directed its attention and intervention to the “most disadvantaged” or at risk children. UNICEF focused on developing the capacities of duty bearers in all its Programmes, whether CPC, street children, legal assistance or FGM/C. Still, there is room for improvement to better integrate the HRBA within the Child Protection Programme.

The Child Protection Programme for the cycle of 2007-2012 seems to be the least gender-sensitive among other UNICEF programmes evaluated, requiring significant efforts in the upcoming programming cycle. The beneficiaries and stakeholders in the project were relatively gender balanced. Great care was demonstrated to include women to meetings with minimal representation of men, and 81% of NGOs agreed that the Programme has integrated special attention to women and girls. And 100% of respondents were positive regarding promoting equal opportunities in education and health, and 95% rejected early marriage for girls and boys.

Nevertheless, among the four major Programme outcomes and 15 outputs of the current programming cycle reviewed for the purposes of this evaluation, only two outputs included a gender focus, both related to stopping FGM/C and the protection of girls.
The programme, on the other hand, was able to effectively and efficiently respond to children needs during crisis periods, both during the aftermath of the revolution and during the Libyan crisis.

Coordination with other UN agencies and partners was key throughout the programme that initially was already part of the UNDAF thematic group of outcome 1. UNDP, UNICEF, UNFPA and UNIFEM and the National Council for Childhood and Motherhood committed to support each other’s efforts to accelerate the abandonment of FGM/C. Furthermore, UNICEF and UNFPA Egypt country offices were part of the joint programme to encourage communities to abandon FGM/C and other harmful traditional practices. In addition, UNICEF succeeded to implement a joint initiative with WFP and ILO.

UNICEF can play both roles of facilitation and innovation. This proved to be the case in different initiatives such as community schools, adolescents’ participation, and the Child Protection Mechanism.

When respondents were asked about the issues they consider as real priorities, social protection and poverty alleviation came at the top of the priorities, secondly, street children and violence against children, and lastly, FGM/C as a part of the violence or the CPC package.

The key lessons learned emerging from the implementation of the programme are the following:

- The Child Protection sector lacks a strong national entity that can contribute to change through supporting mechanisms, clear budgeting and necessary incentives (not necessarily financial) as well as checks and balances.
- The results of the capacity development initiative are more likely to be sustained if they are based on clear evidence on the existing gaps, if endorsed and supported by the policy level, and well mainstreamed within the targeted entity.
- Simple and quick periodic surveys on the changing situation of children and the developing needs of families are important to give a clearer picture for programme implementation and strategies. Partners and communities need to be better involved in this process to be able to own the interventions.

Key recommendations for this programme in the future are:

1) UNICEF should generate and exchange updated knowledge on the situation of children and women that is relevant to the partners and beneficiaries. This includes common issues such as child poverty, safety net, FGM/C, street children, etc. All knowledge produced should be shared with partners, and the programme should include more activities for family empowerment and parental care in its design to become more family centered and not only child-centered.

2) Establishing specific and combined indicators for child protection issues in the Governorates, while developing results for capacity building interventions and monitoring the results achieved at the institutional level, will help analyzing the impact on children at end of the cycle.

3) More efforts are needed to induce community awareness and mobilization to help communities to collaborate with the governmental and non-governmental institutions (community based system, community score cards, etc.). More work with communities is needed to strengthen child protection culture and advocate for a nationwide “Community Child Protection or child friendly communities” to recognize children rights and deal with different forms of abuse and violence and to influence meaningful child protection practices and attitudes in communities.
4) UNICEF has invested a great deal on partnerships with NGOs, but needs to expand to other strategic partners. National ownership would be enhanced through increasing advanced relations with media, religious leaders, academic institutions and the private sector. A Policy/Advocacy strategy and developing strategic partnerships are vitally needed in this transition period. Developing closer relations with media would help disseminate the messages favorable to child protection, and that would also assist in any advocacy campaign needed at the policy or at the community levels. The same logic applies with religious leaders but would require adopting different approaches with different audiences. Finally, expanding relations with Ministry of Justice and Interior is also recommended in order to advocate for a child friendly investigation and referral system.

5) Results frameworks and budgets should be aligned in a way that makes it possible to assess the expenditure with respect to the best interest of children. Local and national authorities should participate by allocating some of their budgets to the Programme. This probably requires more lobbying but it is possibly the only right way to proceed.

6) It is essential to define a clear structure and dynamics for Child Protection Committees, and specify their expected roles. Partners should remain accountable for their activities in order to be able to transfer the ownership of the Programme to local stakeholders, who have the bigger responsibility for sustaining the CPCs. The Child Protection mechanism could be replicated at a wider scale but a serious national leadership is needed. Changes in the way the child protection mechanism is running must be made in order to make the economic benefits more visible.

7) Development of monitoring systems should provide more evidence to planning, reporting and policy-making on child protection. “Case monitoring” should be replaced by monitoring the situation of children in the respective areas, districts or Governorates. Specialized technical assistance is requested for Information Centers, partner NGOs and civil society partners to collect information on a standard set of statistical indicators of child rights and wellbeing.

8) It is recommended to provide stakeholders and partners with such tools that indicate step-by-step techniques of gender mainstreaming in a child protection project. This would be supported by a training programme on how to use these tools.

9) UNICEF should support cross-programme synergies with education, health and community awareness. There are several promising opportunities for making programmes work more synergistically which can contribute to a more integrated approach to create a protective environment with a comprehensive set of services.

10) It is recommended to work on the child protection system development and institutional analysis framework. Partnerships are definitely important, but preparing partners to better play their role and produce the expected results is even more important. It is rather the quality of results produced by partners, and not the number of partners producing short-term results that is important.
F.4 – Education

The Programme complements the policies and strategies of the Government of Egypt and it also contributes to the achievement of UNDAF Outcomes 1 and 3, while it is relevant to the beneficiaries.

The design and focus of this programme seeks to address children’s rights through the target of two main components: (1) the School Improvement Programme (SIP); and (2) the establishment of Resource Rooms for the support of learning disabled students.

Partners and Government regard this programme not only as relevant, but also necessary to improve the educational system in Egypt.

The NGO implementing partner joined the programme at a later stage; therefore it did not participate in the design or selection process of the target areas. They, however, considered this component to be essential and highlighted two key activities as of special relevance.

The SIP is part of the MoE’s National Plan, and as such the Government somehow acknowledges the ownership of this programme, even if the communication lines between the administration and schools are not clear.

The Resource Rooms is a pilot programme that UNICEF initiated and was well received by the Ministry. However, it is not clear if the Ministry will adopt this component despite the urgent need to involve children with special needs.

The Capacity Building efforts had nevertheless a positive impact on the feeling of ownership to the programme at local level. It was also key to improve the performance of teachers and the administration.

The programme began in 2007 by training a group of 81 MoE staff members, as well teachers and administrators, as Change Facilitators. School Improvement Plans were developed and implemented in 64 schools (four more than initially planned), something that shows the effectiveness of this intervention that succeeded to achieve and exceed its target.

The community participation under the SIP and Resource Rooms was also essential to fundraise and equip the schools, even if the Resource Rooms had little success. Unfortunately, some of the schools Headmasters do not give enough attention to the accreditation system since they esteem they are not compensated enough for the efforts they make.

The capacity building of the Change Facilitators has further contributed to increase awareness in other schools outside the target group, as well as in other educational levels outside the primary, including both secondary and preparatory. Furthermore, MoE officials have expressed their intention to maintain the Quality Assurance programme and extend it to other areas, particularly to the most vulnerable governorates.

The evaluation considers that most results were achieved or partially achieved.

The Resource Room intervention in Egypt is long overdue. Establishing such intervention is a must, consequently teachers find that the MoE and UNICEF should replicate and expand their target to meet the majority of students with special needs. Having said that, teachers themselves found that the methodology for the regular curricula, required by the MoE, did not meet the needs of students with special needs.
UNICEF was careful to empower the Change Facilitators as an element of the training. This proved crucial in building the Change Facilitators' confidence to lead the reform process.

The level of education has progressed. The methodology utilized facilitates the students the comprehension of the lessons while the teachers have become more patient and understanding. When Change Facilitators were asked whether or not the goals of the programme were realistic, they replied that there are no goals stated, but the integration classes is a very good initiative, except that it is not clear to what extend and what level of disability can the students be integrated. In general, students stated that they do not need private lessons anymore, given that labs have improved. The students consider that the services in the schools have improved, the number of workers has increased and they help them in keeping the school premises clean and tidy. UNICEF had, however, a target of 254 schools and only 60 schools met it and the impact has been limited from his point of view.

The overall programme was cost-effective with an exception of the school application of the accreditation. The teachers complained that in order to maintain the schools’ accreditation, the MoE requires too much paper work, and they regard it as a waste of their time while they should use this time to prepare and improve their classes. In regards to the capacity building component, it was highly cost-effective, to the point that in certain events the NGO partner managed to save some money and hold additional trainings.

Sustainability is not assured, as most stakeholders are not certain that they will be able to keep the facilities operational and to continue activities on their own. The UNICEF strategy on the SIP focused on mainly capacity building and empowerment of the MoE with a conscious effort to avoid any dependency that often prevents sustainability. MoE representatives highlighted their intention to continue their efforts for maintaining the quality assurance programme, as it was originally generated from the national plan, although they are concerned about the lack of resources available. MoE representatives stressed their belief that the Capacity Building component is a key activity to ensure the sustainability of the SIP and the fact that skilled Change Facilitators are a great asset to maintain the programme and continue to monitor the schools and the resource rooms once UNICEF decides to withdraw.

The M&E framework was very effective, according to the MoE and the partner NGO, as opposed to the teachers’ point of view. According to MoE representatives, there is no clear strategic plan for monitoring the programme. The implementing partner established an internal M&E system in order to monitor and maintain quality.

There was no strategic plan for partnership envisioned. The partnership plan has evolved throughout the implementation process more based on individual efforts rather than a systematic way.

From a human rights based approach (HRBA), there are many concerns that Egypt faces today in the education system. UNICEF helped the Government and civil society to look at education issues with human-rights lenses. However, these efforts were limited and there are remaining issues of concern.

UNICEF comparative advantage in the national context are three in the education area: (1) UNICEF meets the actual needs, (2) there is a proper partnership, and (3) decisions are not centralized.
The key lessons learned emerging from the implementation of the programme are the following:

- Working with MoE representatives at Governorate (Muderia) or local (Idara) level is more productive than dealing with the sensitivities of MoE at the national level. The QA units are not well established within the Muderia and in general, there is a lack of awareness of the importance of quality education among Muderia’s staff.
- Ministry supervisors are not well exposed to the QA requirements, something that causes confusion for teachers and school administrations.
- The training provided are not equally divided between teachers and school administrative staff, creating many misunderstandings about the programme. Training workshops are not connected to each other.
- There is no clear vision for the programme, something that discourage the schools, teachers and change facilitators to move forward. There are also no clear communication lines between the schools and the administration. In order for the programme to be comprehensive from the point of view of teachers, Idara and Muderia representatives requested adding parents therapy and community awareness (other teachers, parents and students).
- Maintaining the school accreditation requires too much paperwork on regular basis to report on the monitoring results. Documentation requirements are difficult to follow-up, while they consume the teacher’s time, while they could be focusing on preparing their classes. This has acted against the quality assurance programme.
- Maintaining the role of Change Facilitators requires proper means and understanding of their role towards the teachers. Relationship between Change Facilitators and teachers are not easy; teachers are rejecting the Change Facilitators existence since teachers have longer experience and are older in age.
- Class density and school conditions are an issue of concern when implementing the QA, as many of the activities cannot be implemented. UNICEF and Partner NGO insisted on specific 14 schools to apply for accreditation although such schools have many obstacles such as class density, lack of equipped labs, unspecialized teachers, unacceptable building premises and minimal education standard.
- Managing school change and improvement is one of the most complex tasks of any school leadership. Despite the need for further mobilizing civil society, there are, however, some individual efforts in place that are worth mentioning.
- Knowledge-sharing from similar experiences in other countries may help to better understand the roles of different stakeholders and how best to improve the programme.
- Resource Rooms should be an asset in integrating children with learning difficulties into the educational system.

Key recommendations for this programme component in the future are:

1) To reach an adequate School Improvement Programme (SIP), the Ministry should incorporate strategies that are targeted and meet the needs of the schools in order to improve the performance and participation of students and the community.
2) UNICEF should continue lobbying for the implementation and appropriateness of the Resource Rooms, as there is a real need to cover assistance to children with special needs and this programme is a positive step towards it.
3) UNICEF and MoE should concentrate on leadership training. And the MoE should require teachers’ certification for promotion. This should include Community mobilization activities addressing parents, community leaders and private sector, while social workers should be more effective, since they play a very important role.

4) The system should include refreshing training or promotion exams especially for leaders such as under secretary, 1st under secretary, school directors and Muderia directors. This includes more specialized training for teachers.

5) The Resource Room should be revisited with respect to who should receive the regular school curricula, who should have individual follow-up and should be gradually integrated. Educational tools to equip the Resource Rooms should address each individual separately. And teachers should be well oriented on how to better use these tools.

6) UNICEF should continue, sustain and expand its support to the SIP, with a comprehensive discussion and a logical strategy.

G. Equity, Gender and Synergies

G.1 – EQUITY

Special attention was paid to equity during the design, preparation, process and implementation of this evaluation. The evaluation used the equity perspective to analyze the involvement of worst-off groups, such as street children, school dropouts’ children, and those with disabilities, among others.

During the implementation of the Country Programme, the Egypt Country Office (ECO) engaged in a process of reflection to explore the existing and future possible contribution of UNICEF to the equity approach. Human Rights Principles were key in determining the research agenda of the 2007-2012 Country Programme, which focused on bringing to light the various dimensions of equity and disparity. The Situation Analysis of Women and Children focused on how systems were working for the most disadvantaged children and families, and targeted communities selected from the list of the poorest 1,000 villages in Egypt. Human rights were also the basis for developing the UN transition strategy, and for the readjustments of UNICEF’s workplan for 2011.

A brief on lessons learned from the Country Programme (2007-2011) indicated, however, that a clear definition of disparities would help in clearly considering disparities in programming, and that UNICEF programmes were not necessarily reaching the poorest, and that the current focus on disparities was more bias to "gender" and "geographic focus", than any other type of disparity.

An analysis of the draft Country Programme Document (January 2013) shows that equity is at the center of the new Country Programme focus and strategies. Primacy will continue to be given to the most disadvantaged children and adolescents living in rural areas of Upper Egypt, where disparities are greatest. Priority will also be given to urban equity issues, particularly urban child survival, and children without family care in Cairo and Alexandria.

The analysis of equity in the 2007-2012 Country Programme showed the following.

YCSD

The evaluation of this component noted that the first challenge to assess equity was that there is no standard that can be used to determine the level of equity in the programme assistance, and an
absence of criteria against which equity should be measured. UNICEF focused on disadvantaged areas in Upper Egypt, and targeted more specifically the most vulnerable women. There is, however, a concern regarding mothers and children in slum areas, as they were not included in the programme. Situation of remote areas in Upper Egypt may be similar to some extent to the slum areas.

**HIV/AIDS**

The evaluation observed a similar focus with HIV/AIDS interventions. Coverage may be in favor of urban areas, with no target to slums, due to the difficulties to identify and access beneficiaries. There is strong consensus between stakeholders that the Human Rights-Based Approach (HRBAP) has been applied to a lesser degree in HIV/AIDS interventions. In HIV/AIDS, PLHIV has developed their needs assessment and a proposal to reflect their needs. This was one of the practical applications for the right approach.

**PROTECTION**

The evaluation of the Child Protection Programme assessed that UNICEF, to a large extent, applied the Human Rights-Based Approach and the equity focus, since the Programme directs its attention and intervention to the “most disadvantaged” or at risk children and those suffering from deprivation in impoverished areas, however the demands are too high for UNICEF resources and capacities. UNICEF recognized that quality, accessibility and affordability of basic social services are critical for ensuring the wellbeing and rights of children and their families. UNICEF focused on developing the capacities of duty bearers in all its Programmes, whether CPC, street children, legal assistance or FGM/C. Moreover, the Child Protection Programme effectively and efficiently responded to children in emergencies, especially by promoting the rights of street children and organize psychosocial support activities in the aftermath of the revolution, and by assisting children and women who fled from Libya. On the other hand, the evaluation of this component observed that there is still room for improvement to better integrate the HRBA and the equity focus within the Child Protection Programme.

**EDUCATION**

The evaluation of the Education component highlighted that from a human rights-based approach and equity focus, there are many concerns that Egypt faces today in the education system. UNICEF helped the Government and civil society to look at education issues with human rights lenses. With that said, UNICEF may have not made enough efforts to ensure that all human rights were included within the schools. UNICEF has provided more fairness in education to the special needs students, by opening the resource rooms in 20 classes in Sohag and Cairo governorates as pilot experiences. Such resource rooms did not exist in the school system in Egypt before this UNICEF initiative. Equity also can be seen within the SIP, since all students are given equal chances.

**The Equity Focus in the new Country Programme:**

An analysis of the draft Country Programme Document (January 2013) shows that equity is at the center of the new Country Programme focus and strategies. Primacy will continue to be given to the most disadvantaged children and adolescents living in rural areas of Upper Egypt, where disparities are greatest. Priority will also be given to urban equity issues, particularly urban child survival, and children without family care in Cairo and Alexandria.
Key recommendations are:

1) UNICEF will need to focus on global and regional disparities in the country, and to identify where the most disadvantaged children live, and what explains the existing disparities.

2) UNICEF needs to continue measuring equity, in order to clarify what the organization wants to know or make known from its equity-refocused programmes.

3) UNICEF will need to re-focus its M&E on equity, and clarify what should be done differently in this area.

4) UNICEF will need to pay attention to the fact that good equity measurement starts with good equity-oriented planning.

5) UNICEF should enhance its communication and advocacy efforts that promote equity-focused policies, budgeting initiatives, programming priorities and strategic choices related to children and women. UNICEF should also pursue strategic partnerships to help coordinate action for the most deprived children.

6) UNICEF should provide training on equity and the Human Rights-Based Approach to staff and partners to improve their understanding and commitment to such mainstreaming efforts.

G.2 – GENDER

In addition to equity, attention was paid to gender during the design, preparation, process and implementation of this evaluation, which referred to the most recent guidance material in that respect. The 2007-2012 Country Programme, gender equality has been a key concern for the Egypt Country Office (ECO), which regularly explored the entry points for gender sensitive programming, and possible contribution of UNICEF to gender equality.

Although ECO does not have a stand-alone gender strategy, gender was integrated as part of the design and implementation of most of ECO programme interventions, as shown in the section below. UNICEF played a normative role and provided technical assistance through the Country Programme, especially on issues such as gender-based violence, girl’s education, women empowerment for healthy life styles and civic engagement.

As part of a gender initiative aiming at strengthening both institutional and technical capacity building, UNICEF undertook an exercise which consisted in a Capacity Building for Gender Responsiveness in UNICEF Programming, which included a staff and office-wide needs assessment, and a training for the Country Office. Gender issues were key in determining the research agenda of the 2007-2012 Country Programme. ECO consistently included the gender perspective in other data collection and analysis activities.

Nevertheless, the CPD did not provide a gender-based analysis and that women were mostly referred to as mothers. It was also noted that no information was provided on UNICEF’s engagement with the CEDAW implementation and reporting. There was also no reference on gender mainstreaming as a strategy.

The 2012 Annual Report explains that during the year, conservative voices in the country have challenged some of the recent legal protections for girls, particularly those relating to early marriage and criminalization of Female Genital Mutilation/Cutting, together with human rights conventions.
The debate around the new Constitution attests of the importance of keeping gender issues on top of UNICEF’s agenda.

The country programme has continued to advocate for the rights of girls and to support national partners in their efforts to ensure that the legal rights of girls are respected, fulfilled and promoted. In the area of children in conflict with the law, boys are more disadvantaged than girls. During the political transition, boys have been arrested and detained, and ECO supported civil society organizations to provide these boys with legal assistance.

The analysis of gender in the 2007-2012 Country Programme showed the following.

**YCSD**

The evaluation of the YCSD Programme found that stakeholders considered that gender mainstreaming was reflected in the interventions, and that the programme paid special attention to girls and women’s rights, particularly the most vulnerable ones. The deepest changes and effects of the programme were detected among females, and the beneficiaries’ survey reflected their satisfaction with the services provided, particularly mothers and other women in the villages. Awareness programmes in Health Units such as "Arab Women Speak Out", "Nutrition classes", "Antenatal Classes" or "Breast Feeding Classes", targeted mainly women, particularly least advantaged rural women.

**HIV/AIDS**

During the evaluation, stakeholders agreed that gender equality mainstreaming was reflected in the HIV/AIDS interventions, which paid special attention to girls’ and women’s rights.

**PROTECTION**

The Child Protection Programme, however, was found to be the least gender-sensitive, requiring significant efforts in the upcoming programme cycle. Nevertheless, qualitative interviews and FGDs indicated that the beneficiaries and stakeholders are relatively gender balanced, with more bias to girls and women in certain components such as FGM/C, and to boys in other components such as street children. The NGOs and social workers clearly indicated that UNICEF promoted women’s empowerment. Tailored activities that are gender sensitive are implemented at the community level to address different forms of violence with the aim of providing a more protective environment.

Great efforts were made to include more women in some meetings, with minimal representation of men. One of the challenges, however, is that nearly 85% of awareness raising sessions were not attended by men. There are misconceptions about the meaning of ‘gender’ and an understanding gender as women’s rights and/or gender equality. The emphasis only on girls’ rights could easily lead to undermining the gender problems of boys and men. Gender equality can only be achieved if the gender issues of both sexes are addressed appropriately.

On the other hand, the evaluation of this component observed that there is still room for improvement to better integrate gender in this Programme. Among the 4 Programme outcomes and 15 outputs reviewed during the evaluation, only two outputs included a gender focus, both related to stopping FGM/C and protection of girls. Apart from FGM/C, there are no sufficient interventions planned or implemented to address crucial issues affecting gender equality, or reducing gender disparities in the areas of concern.
EDUCATION

The education programme has a focus on girls’ education and reducing gender disparities. According to the evaluation of this component, there are no reported gender disparities in the accredited schools (SIP), related to school sitting and how education institutions function. Nevertheless, according to some students “teachers do not spank the girls but they spank boys”. Also girls are allowed to practice only basketball and volleyball but are not allowed to play football, while boys can practice all these sports. In addition, adolescent girls, particularly those residing in rural settings, have less time for socialization compared to their male counterparts. UNICEF Egypt is working with the Ministry of Education and Ministry of State for Youth in the Assuit Governorate to initiate sport and physical activity for rural adolescent girls. The objective of this work is not only to fulfill their rights to play and recreation as stipulated in the Convention on the Rights of the Child, but also to act as an entry point through which other rights can be addressed.

The Education Programme supported the scaling up of the community schools model to increase access to quality education among disadvantaged children, particularly girls.

The Gender Focus in the new Country Programme:

An analysis of the latest draft Country Programme Document shows that gender issues are important in the new Country Programme focus and strategies. The Programme Component 2, Children Rights Protection and Adolescents’ Participation, will focus on preventing violence in its multiple forms, including female genital mutilation, violent disciplinary practices and domestic violence.

Sport and physical activity will be promoted to address the marginalization of rural girls, to stimulate their healthy development, to promote gender equality, as well as to build their self-esteem, life skills and leadership skills. Furthermore, the recently developed CPD indicates that the programme will contribute to Egypt’s efforts to address the recommendations of the 2010 CEDAW Concluding Observations.

UNICEF Egypt started using the Gender Equity Marker as part of the preparation of the annual plans, and this is expected to continue during the new Country Programme.

Key recommendations are:

This evaluation makes the following recommendations, mainly based on the documents review and fieldwork. The Capacity Building for Gender Responsiveness in UNICEF Programming study provides additional and more specific recommendations that may be taken into account.

1) UNICEF should continue promoting gender mainstreaming in its programmes interventions
2) UNICEF, government partners, institutions and NGOs should continue to undertake capacity building activities on gender equality.
3) Awareness programmes should continue to target women, particularly the least advantaged rural ones; however, special strategies should also be developed to reach more men.
4) UNICEF should continue using the Gender Equity Marker (GEM) with its new Country Programme.
5) UNICEF, in collaboration with other partners (UN System, NGOs, Government Institutions, etc.) should develop gender mainstreaming tools as well as indicators.
6) In order to strengthen the capacities of using gender as an analytical, programmatic and advocacy tool, sex disaggregated data should systematically be collected, analysed and reported in all programme areas.

7) It would be useful to have a resource person on gender mainstreaming within UNICEF.

8) In the framework of the SIP, UNICEF should advocate for the fact that if the girls are not spanked, there is no reason why the boys should be, and to give the same rights to girls and boys when they join sport teams.

G.3 – SYNERGIES

As stated in the 2012 ECO Annual Report, the new Country Programme will be in line with the 2007-2012 one but with the vision of mainstreaming and scaling up the programmes, while strengthening the operating systems. To do so, there are key recommendations identified in the evaluation that need to be addressed. Many could be addressed if interventions are targeted in a more holistic manner by strengthening and mainstreaming efforts through the establishment of synergies among the programmes, particularly in common areas of work. Some of the findings identified refer to the following issues.

The evaluation highlights the lack of baseline data in the YCSD, HIV/AIDS and Child Protection Programmes, which was a concern raised during the evaluation. When possible, it is important to include scaling up interventions in the planning phase during the development of the country programme. Knowledge sharing is a common request from partners in all programmes. Lack of knowledge on children’s rights is a common concern among the beneficiaries. Joint programming also contributes to ensure a more targeted and effective approach, particularly when dealing with sensitive issues such as HIV-AIDs, FGM/C, etc. UNICEF was successful in conducting high-level policy/advocacy work, which proved to be influential; however complementing this work with capacity building at the bottom level would bring more results.

Institutional structures and systems are very important for the successful implementation of the programmes. Adequate coordination and linkage with Government institutions and local civil society organizations is also required, when the programme delivery is done through partners and this is often difficult due to the high turn-over of officials. Institutional capacity development for partners and communities alike is fundamental to maintain effectiveness as well as sustainability.

All key partners from civil society, NGOs and CDAs from the programmes evaluated requested support in capacity development. The results of the capacity development initiative are more likely to be sustained if they are based on clear evidence on the existing gaps.

To ensure sustainability of community work, the inclusion and targeting of young people in any development intervention is paramount for the success, sustainability and knowledge transfer. Finally, strategic partnership with the media is very important for all programmes evaluated.
Key recommendations are:

This evaluation makes the following recommendations, in order to mainstream efforts, resources and capacities. These are based on the documents reviewed and the fieldwork, as well as on several recommendations and lessons learned from the evaluation of the programme components.

1) UNICEF could develop joint preparatory assessments, prior to the development of the new programmes.
2) More attention should be paid to information sharing.
3) UNICEF should identify existing common forums where to share and gather information.
4) UNICEF should support cross-programming synergies to mainstream efforts and resources while sharing the knowledge and implementing a more targeted assistance.
5) UNICEF could create joint task forces to address the most vulnerable groups.
6) Institutional capacity development for partners and communities alike could be developed as a holistic response, when possible, in order to increase effectiveness and sustainability.
7) UNICEF should promote the inclusion and targeting of young people in its development interventions.
8) UNICEF could enhance the implementation of the programmes by identifying the best-positioned implementing partners from civil society,
9) The different UNICEF Programmes could organize common awareness raising efforts, to reach targeted beneficiaries in a more comprehensive way.
10) A thoughtful strategic partnership with the media, while stimulating the work with social media is key to raise awareness of all programme areas.
Introduction

This report presents the results of the Country Programme Evaluation of the Country Programme of Cooperation (CPC) between UNICEF and the Government of Egypt (2007-2011); the CPC was extended to 2012 due to the uncertainty prevailing in the country, in the aftermath of the Egyptian revolution.

Throughout the country programme cycle, UNICEF Egypt has completed a series of evaluation activities of several programme components; however, the Young Child Survival and Development (YCSD) and Child Protection components, together with the HIV/AIDS and Early Child Development Programme sub-components were not evaluated. These are the focus of the Country Programme Evaluation (CPE).

Egypt is in a delicate moment of political transition and uncertainty, and economic slowdown. In this challenging context, the UNICEF Country Office has decided to undertake a Country Programme Evaluation (CPE):

(1) To evaluate the achievements of the country programme with lessons drawn to contribute to preparation of the next Country Programme,

(2) To take stock of the major policy changes in the country in the post-revolution period and to strategically reflect this equity based programming and budget allocation, and

(3) To get to a clearer vision regarding its strategic position, effective role, partnerships and funding, in a moment of rapid changes in the situation of children, which requires a new medium and long term thinking.

The main purpose of the CPE is to feed into the upcoming strategy development and become a building block for the future. In that sense, the CPE focuses on strategic directions and provides an assessment of the relevance, design and focus of the CPC, its effectiveness and efficiency, as well as of the role, of UNICEF’s support to the realization of children’s ad women’s rights.

The CPE also addresses the dimensions of sustainability and connectedness of supported initiatives, in a context of high political volatility and uncertainty. Further, the CPE builds upon the 2009 MTR’s findings, lessons learned, and recommendations, which reflected the first part of the programme cycle that covers from 2007 until 2012.

Findings, conclusions, recommendations and lessons learned are user-oriented, and feed into major decision-making during strategy development for the next Country Programme.

The CPE has been carried on accordance with UNEG norms and standards, and on the basis of the OECD/DAC evaluation criteria and quality standards, with special focus to the rights–based, gender and culturally sensitivities and equity.

In regards to the relevant Millennium Development Goals (MDGs):

- **MDG 1** on halving the number of people in extreme poverty (less than 1 dollar a day) was already met before the revolution, while concerns were raised on the target on malnutrition, due to the persistently high levels of chronic under-nutrition among young children.

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• **MDG 2** on universal primary education for boys and girls, was very likely to be met by 2015. However, data from the Ministry of Education for the school year 2010/11 were showing a gross enrolment ratio of 101% for primary school.

• **MDG 3** on gender equality and the empowerment of women remains particularly challenging. Gender disparities are deep, for example those related to the labour market or social and political participation. Egyptian women have low labour force participation, and at the same time are over represented among the unemployed population\(^2\). Girls, particularly adolescents, continue to suffer the effects of harmful social norms. This includes the 74% of 15-17 year old girls who have undergone FGM. Gender inequalities in education have reduced over the last decade, both in compulsory and non-compulsory levels education.

• **MDG 4** on child survival was already achieved in 2008, however important geographical disparities persist, with rural Upper Egypt registering substantially highest level of mortality (despite the important improvements), and the Urban Governorates where the levels of child mortality almost stagnated during the last 10 years\(^3\).

The report presents the context for the CPE, the methodology, the findings for each programme component subject of the evaluation, as well as cross-cutting issues, lessons learned, conclusions, and recommendations.

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**TABLE 1**

**CURRENT SITUATION OF CHILDREN IN EGYPT**

In the areas subject to this evaluation, Egyptian children face significant nutrition challenges, higher level of mortality in rural Upper Egypt, stagnation in urban areas, and 6% never attend school.

Vulnerabilities also exist for street children and child laborers, while adolescents are the large majority of the unemployed population. In addition, gender inequality and disparities remain a serious issue. The economic stagnation deepened past increasing poverty trends.

- In 2010/11, 26.4% of the child population (8.2 million children) was under the national lower poverty line, compared with 23.8% in 2008/09, with an absolute increase of more than 1 million of children in poverty.
- **Monetary poverty** is severe in rural areas, especially in Upper Egypt
- **Food poverty** amongst children reached alarming levels in 2008 with 1.5 million children under the age of five being malnourished compared to 509,000 in the year 2000, a three-fold increase.
- **Children without parental care** mainly living in residential care or in the streets, are among the most vulnerable to violence, exploitation and neglect. Although the precise number of children living in the streets is not known, estimates range from 5,000 to 18,000 in Cairo. It is fair to estimate it to be in the tens of thousands in the entire country, considering also other big cities such as Alexandria.
- **Child labour** is widespread in Egypt. Official estimates vary considerably. CAPMAS, in cooperation with ILO, undertook a survey in 2011, which found that 9.3% of children in the age group 5-17 were involved in child labour (3/4 were males). Around one quarter of child labourers were aged less than 12.


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\(^3\) El Zanaty, Fatma, and Ann Way (2009) Egypt Demographic and Health Survey 2008, Ministry of Health, Cairo
1. Context

I. The current situation

After January 2011’s Revolution, Egypt is undergoing a tough transition process and is currently at a social, economic and political crossroad. The post-Mubarak government is still struggling to meet the existing societal challenges and fulfill the people’s revolutionary aspirations. Many of the country challenges, in relation to the overall welfare of women and children prior to the revolution, have now become real concerns that require immediate action.

Ongoing political and economic uncertainty has limited the progress on the structural reforms outlined in the Egypt’s National Plan. In addition, the Egyptian economy was severely affected by the people’s uprising, the subsequent social unrest as well as by the war in neighboring Libya, all of which exacerbated the already high poverty levels (in particular in rural Upper Egypt) and major disparities both at geographical level and between rural and urban areas.

As a result, women continue facing discrimination and the situation of children rights has not improved. Some children also endured violence during the revolution. Street children are particularly vulnerable to violence. There are reports on the increasing number of street children in Egypt exposed to sex trafficking and forced begging.4

Egypt already has a law that protects street children, Law 126/2008, articles 112, 116 and 119, and identifies street children as being vulnerable to particular dangers and sets out procedures for dealing with them. However, as a result of the revolution, many children coming from broken families and/or orphans joined the pro-Mubarak protesters or simply worked in Tahrir Square as sellers. For the first time in their lives, they felt important; they felt they had value and that they were equal to others.5

In June 2011, the UN Committee on Children’s Rights reviewed reports of Egypt under the

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5Rapid assessment of street children conducted during the revolution, UNICEF February 2012.
Convention and the Optional Protocols on the involvement of children in armed conflict and sexual exploitation, and pointed out a range of issues that the Government of Egypt needs to address to be in full compliance with its own Amended Child Law and with the Convention on the Rights of the Child. According to the Committee report, many of the issues can be addressed if the child protection system and specifically the CPCs function fully and effectively.  

The first cases of HIV among children living in street situations were detected in 2010, prioritizing the need to prevent an epidemic among this vulnerable population. In general, the number of HIV cases remains low in Egypt, around 11,000. The HIV epidemic in Egypt is concentrated among most-at-risk populations, with HIV infection above 5% among injecting drug users and men who have sex with men.

As a result of the uprising, official unemployment has risen to 12.5% (from 9% in 2010), while youth (in particular higher education graduates) and female unemployment (at 19.3% compared to 5.6% for males) remained a major concern. Egypt’s education system is in need of structural reforms, including increased flexibility and efficiency in governance and institutional management. The major challenges concern the relative low participation in pre-primary education (with a gross enrollment of 24.3% in 2011/12, but with levels lower than 20% in many governorates).

Disparities in opportunities for, and access to development are still high and reflect a number of factors, including geography, wealth, gender and age.

In addition, Egypt also faces a new set of development challenges that have emerged in recent years. These include: the negative impact of climate change and its associated risks this represents on large populations residing in vulnerable regions of the country, including the economically important and highly-populated Delta region; endemic Avian Human Influenza and its negative impact on livelihoods, especially among rural women; and increasing manifestations of poverty, such as rising child malnutrition as reflected in the latest MDG report.

Finally, a new Egyptian constitution was approved. Multiple voices have expressed concern at the absence of any reference to the international human rights treaties that Egypt has ratified.

II. A Middle Income Country with specific characteristics

Egypt remains a Middle Income Country with: the difficulties frequently encountered in such countries for mobilizing resources, which are particularly important for innovative joint programming initiatives; the importance of the international community remaining engaged in Egypt; the risk of a new set of external shocks, such as the recent financial and economic crises, or increases in food prices, especially given the high percentage of the population already below or just above the poverty line; the management and implementation capacity of the public sector; and the importance of a peaceful and secure operating environment that, at the same time, facilitates new roles and responsibilities for civil society as the ‘third pillar’ of the nation, complementing that of the state and the private sector.
III. The Country Programme

UNICEF has been for long active in Egypt striving to realize its programmatic outcomes that address shortfalls and disparities to accelerate the progress towards fulfillment of children rights. The Country Programme was designed to facilitate UNICEF’s contribution to the UNDAF outcomes as follows: all programmes were expected to address institutional strengthening (outcome 1); delivery of basic services through innovative community-based initiatives in Upper Egypt (outcome 3); supporting efforts to curb child labor (outcome 2); discrimination and violence against children (outcome 4); and the active participation of youth in public life across sectors (outcome 5).

The UNICEF Country Programme of Cooperation between the Government of Egypt and UNICEF is guided by the Millennium Declaration and the Millennium Development Goals. The Country Programme focuses on 16 of the 36 key result areas of the 2006-2013 Medium Term Strategic Plan (MTSP). The Country Programme covers the period 2007-2011, and was extended to 2012 due to the uncertainty prevailing in country in the aftermath of the Egyptian revolution. CP budget was planned at $13,195,000 from regular resources, subject to the availability of funds, and $31,805,000 in other resources, subject to the availability of specific purpose contributions, for the period 2007 to 2011.

The overall goal of the Country Programme is to advance the protection and fulfillment of children’s rights, with a special focus on strengthening national capacities in terms of both performance and accountability, and reducing disparities, including regional and gender disparities. The expected results of the CP were to contribute to the national efforts to alleviate poverty outlined in the Government’s national development plan and the UNDAF. Specifically, the CP was expected to contribute to:

a. The reduction of young child mortality and morbidity and improvement in maternal health;
b. The improvement of children’s readiness to start primary school, and increased school retention and achievement rates;
c. The promotion of effective legislative and enforcement systems to protect children at risk from violence, exploitation and abuse;
d. The reduction of risks and vulnerability to HIV/AIDS of most at-risk children and adolescents, and expansion of access to care and support for people living with HIV/AIDS, orphans and other vulnerable children;
e. The increase of knowledge and skills of adolescents for their development and participation, within a supportive environment;
f. The promotion of societal attitudes that strengthen a culture of respect for women and protection of children among key stakeholders; and
g. The increase of resources allocated to children.

The Country Programme strategies were to strengthen institutional capacities, responses and systems at national and subnational levels to increase the accountability, efficiency and effectiveness of programme management, consolidate quality assurance systems, and promote community empowerment. The CP planned to strengthen community capacities to seek information and make decisions that benefit children, raising demand for quality services. It planned to deliver services through piloting of innovative community-based initiatives in selected areas in Upper Egypt, as well as in Cairo and Alexandria.

The CP had also an integrated approach to address the needs of children, families and communities. Partnerships were expanded to achieve lasting results, leverage resources and mainstream community initiatives. New partnerships were sought with the private sector and influential leaders in Egyptian society. Joint programmes increased where there was an added value. The programme also aimed to improve knowledge networking and research that informed policy formulation and implementation. It supported programme development, improved monitoring, and influenced public discourse on children and women.
2. Objectives, Methodology and Limitations

I. Rationale, Purpose and Objectives

A. Rationale

According to the TORs of this evaluation, the rationale for conducting the CPE at this juncture was the following:

i. Constructive reflection prior to preparing the new Country Programme Document (CPD) and Country Programme Action Plan (CPAP).

ii. Major policy changes in the country in the post-revolution period, which require more knowledge on opportunities for integrating results-based and equity-focused policies and budgets; and

iii. Rapid changes in the situation of children, which require a new medium and long term thinking, and a clearer vision for UNICEF regarding its strategic positioning, effective role, partnerships and funding.

B. Purpose

The main purpose of the CPE is accountability on the results achieved and/or not achieved, to evaluate the effectiveness of the overall Country Programme, draw lessons to contribute to excellence of future programming, and provide real evidence for the next Country Programme Document. This includes an analysis of the design and focus of the CP, and its alignment with UNICEF’s organizational priorities defined in the Medium Term Strategic Plan (MTSP), the Core Corporate Commitments (CCCs), the MDGs, and the World Fit for Children (WFC). Finally, the CPE aims at addressing the CP comparative advantage and strategic positioning to contribute to fulfilling the rights of children and women in Egypt, especially in the context of the current transitional phase.

C. Objectives

The main objectives of the Evaluation, as spelled out in the TORs, were the following.

a. Assess the relevance and appropriateness of target CP components in relation to the (i) situation of children and women in Egypt with special emphasis on disparities; (ii) relevant national policies and strategies, and (iii) international norms and standards concerning children’s rights (especially CRC and CEDAW);

b. Evaluate the effectiveness, efficiency and sustainability of the outcomes achieved in the programme components that are evaluated.

c. Assess the coherence and focus of the CP in Egypt i.e. the quality of the formulation of objectives and strategies, and the alignment of the CP with UNICEF organizational priorities;

d. Assess the gender, HRBA and equity focus of the CP to explore if the CP adequately addressed the extreme forms of discrimination and exclusion experienced by girls and women in Egypt, the human rights approach, and the equity focus.

e. Assess the comparative advantage, partnerships and coordination mechanisms of UNICEF Country Programme in Egypt in relation to strategies and activities of other national and external partners;
f. Provide an analysis on how UNICEF could position itself strategically to add value in response to national needs and changes in the national development context, as well as entry points and strategies selected in support of promoting and realizing children’s rights.

D. Target Audience

This evaluation is intended to be utilization-focused, and its results and recommendations are expected to be timely produced and disseminated. The primary audience of this evaluation is the UNICEF country office, programme management and UNICEF Steering Committee who will benefit from sufficient analytical evidence to comprehend the overall picture and results, to ultimately improve future strategic planning, programming and partnerships. The secondary audience of the evaluation is mainly partners from Government, NGOs and other civil society actors, as well as young people concerned with the issues evaluated – especially those who are actively participating in the CP. Other UNICEF staffs, not directly involved under this evaluation, are also considered as secondary audience.

E. Scope

The scope of the CPE covers the current CP (2007-2012), with focus on the following country programme major components:

1) Reducing child and maternal mortality and morbidity;
2) Addressing malnutrition and micronutrient deficiencies;
3) School improvement to promote quality education;
4) Improving protection of children from violence, abuse and discrimination; and
5) Reducing vulnerability to HIV-AIDs.

The CPE builds on the MTR conducted in 2009 and the Situation Analysis conducted in 2011, and provides a more in-depth assessment of: the relevance, design, and focus of the CP; the role, design, focus and coverage of UNICEF support to the realization of children’s rights; and the effectiveness, impact and sustainability of the CP.

The geographic scope of the evaluation corresponds to the areas covered by the programmes mainly on the national level and the local level target in Upper Egypt Governorates (mainly Assiut, Menya, Sohaq and Qena) as well as Cairo and Alexandria.

II. Evaluation Approach and Evaluation Criteria

A. Evaluation Approach

The evaluation team prepared an inception report to describe the conceptual framework that was suggested to undertake the evaluation. The report provided detailed information in regards to the evaluation purpose, methodology, scope and plan, and was mainly based on the Terms of Reference (ToRs) of the evaluation and the initial information gathered, keeping in mind a participatory approach that focused on national and local ownership.

In accordance with this participatory approach, the evaluation started with a National Consultation Workshop, held on September 4th, 2012, with the purpose of gathering inputs from partners on the evaluation approach as well as the Country Programme. One of the key elements that were taken
into account in suggesting this methodology was the need to respond to the stakeholders’ needs to ultimately contribute to fulfilling the rights of children and women in the best equitable way. In order to make the methodology as country-driven as possible, the Evaluation Team paid particular attention to what was considered more appropriate in the country context.

The evaluation methodology was further strengthened by the Evaluation Advisory Group, and other supporting mechanisms at the country, regional and HQs levels. It was carried out in accordance with UNEG norms and standards, and on the basis of the OECD/DAC evaluation criteria and quality standards.

Country Programme Evaluations are meant to be strategic exercises at the programme level, and do not usually involve evaluations of individual activities and projects. To avoid unnecessary transaction costs for national and external partners, the CPE focused on the key programme components and sub-components mentioned above, and progress was measured at the highest possible level of the results chain.

The UNICEF Country Office in Egypt values the importance of having a Country Programme Evaluation (CPE) to feed into the preparation of the new country programme document. In this context, and in line with the implementation of the UNICEF/ UNEG evaluation guidance, the CPE provides evaluative insights for evidence-based strategic decisions about positioning UNICEF in the country, its strategic approaches and programmes, its partnerships, its operations design and implementation.

As indicated in the TORs, in light of the strategic nature of this evaluation, the focus is not on assessing individual operations or initiatives but rather on evaluating the Country Programme as a whole, which contributes to 5 priorities of children and women in Egypt, its strategic approaches, its evolution over time, its performance, and the role played by UNICEF in Egypt.

When collecting data from the targeted stakeholders and beneficiaries at the village, district, governorate and national levels, evaluators included strategic questions to understand how the objectives of the programme components were interlinked and benefited from each other, thus enhancing synergies.

The evaluation reviews the major results to determine the extent to which UNICEF effectively impacted the situation of children and women in Egypt overall. In order to achieve this overall judgment, the evaluation required a specific analysis of the programme components and sub-components that are the focus of this evaluation. The type of information that was gathered focused mainly on the outcome level, as spelled out in the Results Matrix included in the TORs. This analysis was then used as evidence for forming an overall judgment that led to generic findings and recommendations.

Finally, the evaluation used participatory approaches, analyzed how the Human Rights-Based Approach (HRBA) was used in programme implementation, together with the equity focus, and how gender sensitive the programme was.

The figure below shows the main elements of the evaluation approach:

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12 UNICEF has developed six strategic approaches that constitute the base of all of its interventions in Middle Income Countries: policy/ advocacy, reducing disparities, monitoring systems, capacity building, developing partnerships and knowledge exchange. See UNICEF’s Strategic Approach in Middle Income Countries – Six Core Roles, A Discussion Note, 13 January 2010.
B. Evaluation Criteria

The evaluation criteria, based mainly on OECD/DAC criteria, frame the analysis and define the line of inquiry of the CPE. The five criteria that are the focus of the evaluation questions are: relevance, effectiveness, efficiency, impact and sustainability. They also correspond to three programme levels (design, process, and results). Other criteria include cost effectiveness, coherence and coordination. The thorough analysis of the evaluation questions and TORs led the evaluation team to the following understanding of the criteria.

**Design Level: Relevance and design.** The criteria of relevance, related to the design phase of the country programme, examines whether the Programme and its formulated objectives were consistent with national priorities and international commitments (for instance the CRC/CEDAW, MDGs), and the needs of intended beneficiaries. The CPE provides an in-depth assessment of the relevance, coverage of the CP as well as the role, design and focus of UNICEF support to the realization of children’s rights and reduction of disparities. It assesses how the CP responds to UNICEF organizational priorities (for instance MTSP, CCCs, WFC, and Gender). Special attention is also given to the analysis of UNICEF (ECO, RO and HQ) and its partners about the need for a transition to a different UNICEF’s presence in Egypt, in the context of reduced Regular Resources for Middle Income Countries (MICs), as the organization faces systemic, policy and administrative issues in the aftermath of the revolution. Appreciating the relevance of UNICEF’s work also needs to be understood in the framework of an enhanced equity focus. In terms of design, the evaluation helps assessing the SMART character of the CP objectives and expected results, the quality of the results chain, and the use of RBM throughout the Programme cycle.

**Process Level: Efficiency, cost effectiveness, coherence and coordination.** These criteria correspond to the assessment of the implementation process of the Programme. In terms of efficiency, the evaluation looks at the way in which resources and inputs (funds, time, human resources, etc.) were applied towards the achievement of results. Under this criterion, the evaluation also seeks to determine whether the implementation mechanisms chosen were the most appropriate for the nature of the programme. Similarly, the cost effectiveness criterion tries to determine if programme
interventions were cost effective, and if they used resources appropriately and economically to produce the desired outputs at a reasonable cost. The criterion of coherence looks at the coherence of programme interventions, in the broader spectrum of other UNICEF’s interventions. Finally, the criterion of coordination analyses the way UNICEF coordinates its interventions more broadly, with other UN agencies and development partners.

**Results Level: Effectiveness.** The criterion of programme effectiveness considers not only whether the agreed objectives and planned results were achieved, but also the contribution to national and local capacities and institutions. It also apprehends the extent to which these results are attributable to UNICEF, as well as the ways to make the organization’s work more effective. Applying an equity focus to this evaluation requires extra attention to the effectiveness criterion, because reaching the unreached may lead to less visible results, more difficult attribution on these results, emphasis on contribution, and increased costs.

**Impact Level: Impact and Sustainability.** Lastly, the criterion of impact seeks to determine whether the Programme is likely to translate into a lasting impact on the rights of children and women in Egypt, on the achievement of the MDGs, on development cooperation more broadly, and on coordinated UN programming at country level. In terms of sustainability, the evaluation determines if there is an increasing national and local ownership of UNICEF projects and programmes by partners and stakeholders, which leads to a stronger sustainability of programme interventions, offers the potential for replication, and allows institutions’ governance structures and capacities to sustain the interventions and activities beyond UNICEF’s interventions.

The criterion of client satisfaction was examined as a cross-cutting aspect of the above criteria, with “clients” being defined as beneficiaries, and national and local counterparts / stakeholders.

### III. An equity focused, gender sensitive evaluation and a participatory approach

Based on the most recent guidelines produced by UNICEF HQ, the CPE was human rights-based, equity focused and gender sensitive. It paid particular attention to: a disaggregated assessment of the programme results; the inclusion of the most impoverished and vulnerable areas in the evaluation; an analysis of ECO strategies and interventions in the immediate, underlying and structural causes of inequities and disparities across various groups; and an appreciation on how programmatic outcomes addressed the shortfalls and disparities to accelerate progress towards the fulfillment of children rights. The equity perspective allowed the analysis of the involvement of worst-off groups, such as street children, school dropouts’ children and those with disabilities.

The evaluation was designed as a participatory process that gave due importance to a self-assessment by all the key stakeholders involved in the Country Programme design and implementation. The participative nature of the evaluation allowed discussing past experiences and identifying ideas for the future, giving importance to an agreed analysis, oriented towards the future.

The evaluation was designed to involve the participation of UNICEF staff, implementing partners and stakeholders such as government and local institutions, civil society, academia, villages, communities and direct beneficiaries. The participatory approach was followed to consider the views of both duty bearers and right holders in contributing to protecting and promoting children’s rights within the framework of the different programmes and subcomponents.

The evaluation was carried out through a combination of various participatory techniques. The continuous involvement of governmental and local partners throughout the evaluation process
helped to raise awareness on the importance of the exercise. The National Consultation Workshop held in September 2012 played an important role in that respect. To some extent, the involvement in the evaluation helped the various actors in the collective identification of key findings and lessons learned, considering the socio-cultural and gender aspects.

The analysis of ownership was done for the programme components, and also extended to the communities that were visited, thus verifying the involvement of women and men in the community initiatives, whether as active participants or mere recipients. This included assessing: i) the use of participatory planning and participatory monitoring and evaluation when designing and implementing sub-projects, interventions and initiatives, and ii) the application and use of skills and knowledge learned to improve living socio-economic conditions and increase participation of project's beneficiaries.

The combination of various participatory techniques helped ensuring that the evaluation respected difference and diversity, assessed power relations, inclusion and gender equality in communities, and benefited from the participation of targeted beneficiaries.

IV. Methodology

The levels, criteria and evaluation questions were answered, firstly through the desk review of key internal and external documents and analytical studies provided in the ToRs. The Mid-Term Review, Annual Reports, and evaluations of some specific projects and programmes were given a particular attention.

Secondly, the evaluation questions were answered by interviews, meetings, and participatory workshops with key stakeholders (Government, CSOs, UNICEF, UN agencies, opinion leaders, development partners, universities, etc.). Depending on the type of interlocutors, the evaluation team focused on some criteria and questions or others. Similarly, the list of questions was used in a flexible way – in general, for technical meetings, the whole list was used, while for interviews with counterparts or beneficiaries, shorter version of this list was used. The contents of interviews, meetings, and participatory workshops were guided by an evaluation matrix / interview guide, which listed the primary evaluation criteria, the related generic evaluation questions, and the specific questions by programme component. The matrix guided the data collection process to find specific evidence for each evaluation criterion and question. See Annex 7: Evaluation Matrix / Interview Guide with generic questions and questions for programme components.

Thirdly, evaluation questions were answered using qualitative research techniques, including focus group discussions, field visits and discussions with local communities and direct beneficiaries, children and young people, and other techniques, in order to gain first-hand information of projects and programmes. The qualitative approach was central to analyze the equity focus and the CP, because of the complexity of reaching the poorest, as well as the limited availability of quantitative data.

Fourthly, evaluation questions were also answered with simple quantitative techniques, such as simple surveys to measure beneficiaries' satisfaction, priorities and needs, in the different areas evaluated. The evaluation did not depend extensively on the Results Matrices for each programme component that was evaluated, given that updated matrices were made available late in the evaluation process, since they were key part of the annual reporting for UNICEF. And given the short time frame of the evaluation, it was not possible to undertake a comprehensive search for data that may not have been collected or may not have been available yet to UNICEF.

All these aspects of information and data collection were, to the largest possible extent, triangulated and validated – three or more sources of information were typically used to verify and substantiate
an assessment. The evaluation team triangulated the information and data obtained from various sources, in order to compare and come up with conclusions and recommendations.

A combination of qualitative and quantitative methodology, guided by UNEG-UNICEF evaluation standards, was adopted using a variety of sources to address overlapping parts of the evaluation objectives, mainly for the YCSD and Child Protection programmes and the HIV-AIDs programme component. The evaluation of Education was mainly focused on qualitative information gathered and class observations.

In many cases (mainly in Child Protection and YCSD Programmes), the lack of baseline forced the team to develop alternative ways to gather and compare data. One common response was to gather data in the so-called “control villages” where UNICEF did not have any kind of intervention, so that the results of its interventions could be compared with them.

Data was mainly gathered by conducting Focus Group Discussions (FGDs) and Key Informant Interviews (KII) with beneficiaries from target populations, partner institutions and implementing governmental staff in different levels as well as UNICEF staff; making first-hand observations, collecting surveys, and reviewing documents and literature.

Particularly, in the case of Child Protection, the evaluation considered aspects of confidentiality and anonymity, where the data was analyzed and reported in such a way that individual sources could not be identified.

Field visits included four Governorates namely Cairo, Alexandria, Assiut and Sohag. For the YCSD programme, fieldwork focused on Cairo, Assiut and Sohag; for HIV-AID on Alexandria and Cairo; for Child Protection on the four Governorates; and for Education on Cairo, Assiut and Sohag.

See Annex 2 for the general description of the methodology, sampling process, specific tools and techniques utilized at field level, and the specific methods for data collection and analysis by programme component.

V. Limitations

A number of factors affected the evaluation, including:

- The relatively short timeframe and limited budget for this evaluation was a constraint, especially given the scope of data gathering at field level.

- The political transition, volatility and uncertainty made it difficult, at times, to meet with the proper interlocutors in Government (given changes in positions), to consult with key external stakeholders, and to make field visits in some of the regions.

- The severe, unstable and complicated political situation, which is reflected on the high turn-over of Ministers, heads and board of directors of national councils. Such change brought in information that was sometimes more from personal perceptions rather than institutional ones.

- The increasing influence of national councils towards advocating policy reform. The changing roles of government agencies and national councils as a result of the structure of the new executive government and the overall new political system.

- The turbulent current political agenda, with the absence of the elected People’s Assembly and the lack of articulation in national priorities.

- Potential laws and regulations that may be guided by the new emerging religious-based political parties with great influence in the population.
The lack of quantitative information and availability of data constituted another constraint, especially on equity, disparities, etc. This limitation was mediated through a triangulation of information with qualitative sources, the desk review, interviews, meetings, and participatory workshops.

The difficulty to report high level outcomes and the need to report on activities instead, given the limitation on the available data.

The Availability of all the staff of the UNICEF Country Office.

The availability of updated results matrices early enough in the evaluation process.

The dimension of efficiency and cost effectiveness was challenging to evaluate in this CPE, since there was little information on the cost of operations, especially as far as contributions from partner governments and other partners (civil society, NGOs etc.) are concerned. Moreover, even if results were more or less clearly stated, there was little information on economic aspects of these results. It may therefore be difficult to assess whether results have been achieved at a reasonable cost, which is the key question related to efficiency. Triangulation of information with UNICEF staff and key actors helped mediate this limitation.

VI. Evaluation Management Process and Evaluation Team Members’ roles

The roles and responsibilities of the different team players were as follows.

First, the CPE was led by UNICEF and the Ministry of International Cooperation, as a part of Evaluation Advisory Group (EAG). The later acted as the reference group for the evaluation, and hence was the sounding board for the CPE. The Evaluation Team involved the Group in all phases of the evaluation to seek its guidance and inputs.

Second, the evaluation was carried out by an Evaluation Team composed of an international consultant, Christian Privat, as Team Leader, together with an of national firm, Beit Al Karma Consulting, with Rocio Sanz as National Project Manager, who managed three other national consultants, Nader Kellini (Evaluation Specialist YCSD & HIV AIDS programmes), Ola Mandil (Evaluation Specialist Education) and Nihad Raged (Evaluation Specialist Child Protection). A presentation of the bios of the Team members is included in Annex 4: Evaluation Team.

The international consultant managed the evaluation process for the Evaluation Team. He coordinated the work of the Team, set up the overall direction of the evaluation, and liaised with UNICEF management, the Social Policy and Monitoring and Evaluation (M&E) section, the UNICEF Programmes that were the subject of this evaluation, and the Evaluation Advisory Group. He was also responsible for the timely delivery of all deliverables, including the outputs produced by the National Project Manager and the national consultants, and for the coordination of the report drafting.

The National Project Manager coordinated the work of the other three national consultants, and managed their work. She was responsible for putting together, checking and improving the inputs from the national consultation and participated in the drafting of the report.

The national expert in public health and child survival focused his analysis on the Young Child Survival and Development component, together with the HIV/AIDS sub-component.

The national expert in Child Protection centered her work on the Child Protection component.

The national expert in Education concentrated on the One Early Child Development Programme quality education and school improvement sub-components.
Within the national team:

- The specific division of labor and roles of each team player as well as reporting structure was described in the Annex 4: Evaluation Team of the Inception Report.
- The whole local team efforts were managed and supervised by the Local Project Manager who was responsible for compiling all results and coordination efforts as well as conciliation of any discrepancies.
- The National Project Manager was the only focal point between the local team and UNICEF on one hand, and the local team and the International Team Leader on the other.
- The whole local team was backstopped by Beit Al Karma Vice President.

The international consultant conducted regular consultation with the National Project Manager about the evaluation process. Whether using questionnaires, interview lists, observation protocols or other data gathering tools, the evaluation team tested the data collection tools, and made sure they helped to gather evidence that was both accurate and consistent. The lead consultant asked the national team of consultants to use the same observation protocols and interview guides to ensure they recorded observations in the comparable way. Consultants checked the meaning of the questions, especially those that needed to be translated, to make sure respondents understood exactly what was being asked. Each national consultant also considered how the characteristics of interviewers (especially age, gender and whether they were known to the informants) might have improved or reduced the accuracy of the information provided. If potential problems happened in the data collection process, the Evaluation Team consulted with key UNICEF staff or other experts to get their views and identify the best way to proceed. The evaluation was conducted over a period of approximately six months.
3. Programme Evaluations

3.1 – YOUNG CHILDREN SURVIVAL AND DEVELOPMENT (YCSD)

I. Introduction

The Young Children Survival and Development (YCSD) Programme mainly focuses on improving child and maternal health, while reducing child-under-five mortality. This includes the improvement of quality service and utilization; the promotion of systems and models adopted by GoE in areas of prenatal care, Iodine Deficiency Disorder (IDD), chronic malnutrition, piloting innovative community-based practices, and enhancing knowledge of families on key Family Practice.

The programme expected results for the period 2007-2012 were:

- 60% of infants < 6 months in 6 governorates are exclusively breastfed;
- Reduced micro-nutrient deficiencies focusing on virtual elimination of iodine deficiency disorders, and vitamin A deficiency;
- An evaluated Perinatal care model, in three Governorates is available for national up scaling;
- 30% families who have children under 5 Years in target areas are applying at least 4 “key child health, nutrition and WASH care practices”.

YCSD main partners were MoHP, MoE, Save the Children Foundation (SCF), MobiNil, WFP, NNI, WHO, UNHCR, Salt Producers’ Alliance, GAIN, Egyptian Lactation Consultants Association (ELCA), Terre Des Hommes, National Centre for Educational Research and Development (NCERD), Local Development Administrations in three Governorates in Upper Egypt, Dutch National Committee, USAID, Government of Japan, Medical Research Council (of South Africa), and National Research Centre.

UNICEF Egypt collaborates with the Government of Egypt through the Ministries of Health, Education, Solidarity, National Institutes of Nutrition, NCCM and civil society organizations.

| TABLE 3 |
| Current Situation of YCSD in Egypt |

**Child and Maternal Mortality**

- According to the DHS 2008 data, Egypt has already met the goal of reducing U5MR by 2/3.
- Neo-natal mortality has been falling nationally, yet it has increased from 17 per 1000 live births (EDHS 2005), to 21 per 1000 live births (EDHS 2008) in the urban governorates of Cairo, Alexandria, Suez and Port Said.
- IMR & U5MR is greatly influenced by wealth, with mortality rates among children in the poorest quintile more than double the children in the richest quintile.
- Egypt succeeded with a significant reduction in the maternal mortality ratio and on track to achieve this MDG. MoHP estimates for MMR in 1992 were about 174 per 100 thousand live births, 84 in 2000 and 55 in 2008. If continued, Egypt is likely to achieve the goal by 2015.

**Nutrition**

- Malnutrition among children under five years of age is serious and deteriorating.
- 29% of Egypt’s children under five are stunted, 7% are wasted, and 6% are underweight. An analysis of the trend in the nutrition status of young children, 2000-2008, based on three EDHS surveys, shows that all three measures of under-nutrition (stunting, wasting and underweight) rose over the period.

II. Methodology

The evaluation employed both qualitative and quantitative methods. The evaluation was designed to involve the participation of UNICEF staff, their implementing partners and various beneficiaries as well as stakeholders at institutions, civil society, communities and villages members as primary beneficiaries.

Selective comprehensive desk-review was conducted of various related policy, planning tools and reports at both the international and national levels.

The documentation reviewed contributed to enable the evaluation team to achieve the following evaluation objectives:

- Establish the status of the major outcome areas for the Country Programme.
- Determine the achievement of the Country Programme against its results, examining gaps in the design of the CP.
- Determine the adequacy of objectives and monitoring indicators, particularly in relation to recommendations for future Country Programme design.
- Establish the relevance and appropriateness of the Country Programme.
- Determine the conformity of the Country Programme to international and national development goals.
- Determine the overall impact of the CP on the target population in Egypt specially mothers and children.

Data Collection Tools Development

In conducting the evaluation, data collection tools were developed consistently with various research methods. Customized guidelines and checklists were developed, and utilized during the Focus Group Discussions (FGDs). Key Informants Interviews (KIIs) were also conducted with relevant target members and key persons from the 4 management levels within the Ministry of Health and Population (MoHP) as the implementing partner. The purpose of these tools was to ensure consistency amongst the data collectors that were trained to do the fieldwork. The last tool is the beneficiaries' survey and was designed to build a database of one-to-many type to receive data collected from mothers and their under 5 years of age infants and children.

Consultation and In-depth Interviews

Data was generated by conducting focus group discussions (FGDs) and key informant interviews (KIIs) with beneficiaries from target populations, partner institutions and implementing MOHP staff in different levels, making first-hand observations.

The evaluation team conducted a wide range of consultations at the national, governorate, district and community levels. These in-depth interviews were done using the semi-structured form of KIIs. The consultations were conducted at four management levels, as outlined below:

- Government stakeholder and partner represented by MOHP.
- Head offices at the governorate level including health directorates in the three governorates included in the country programme: Sohag, Assiut and Qena.
• Implementing partners in the district level, mainly district health departments in the corresponding governorates. Qualitative information on different areas of evaluation and activities was collected during these interviews.

• Community level.

To examine efficiency, effectiveness and impact specifically related to the YCSD, the research team reached the beneficiaries at the village level and examined the extent to which implementing partners collaborated with UNICEF’s Assistance package. In this sense, important aspects of the evaluation would be established, as the resulting data enabled the team to assess the effectiveness, efficiency, relevance, sustainability and impact of the Programme.

**Sampling**

Sampling involved a combination of simple, stratified and purposeful sampling. The multistage sampling strategy was considered to be appropriate for this evaluation. By combining different techniques, the evaluation was able to achieve a rich variety of probabilistic sampling methods.

The first approach in multistage sampling was consulting all national-level public ministries and stakeholders, as they were involved in different outcomes related to the CP. This was done through the initial workshop.

Civil society organizations were selected to participate in the evaluation based on the outcome areas, under the assumption that many other similar interventions are being carried out by other organizations. Likewise, random and purposeful sampling techniques were applied at the lowest sample level to determine the communities that would be interviewed in the evaluation.

In order to achieve a representative sample from all outcome areas of the programme, the evaluation team selected sufficient samples from various community groups and wider communities involved in different interventions supported by the programme. The on-site interviews and consultations were reinforced by first-hand observations and changes that took place in the communities to determine the impact of the programme. In this context, 2 experimental villages from Upper Egypt were selected: one in Assiut and one in Sohag. Due to missing baseline data from intervention sites, 2 similar villages (one in each Governorate) where non-intervention happened, were selected to serve as control group.

**Summary of Samples**

**Focus Groups Discussions:**

Focus Groups Discussions were carried out in two locations, (1) in the Menshah Village, located in the District of Quossia, in Assiut Governorate, and in the Nida Village, in the District of Akhmeem, in Sohag Governorate. The first FGD targeted the Breast Feeding Class, the Arab Woman Speaking programme; Pregnant Class; Nursing Supervisors; Raedaat & CHW and Nurses of Health Unit. The second (2) FGD involved Nursing Supervisors of Health Directorate & Akhmeem District; the Arab Woman Speaking programme; a Pregnant Class; Under 5 Children’s Mothers; Nurses of Health Unit and the Raedaat & CHW.

**Key Informants Interviews (KIs):**
40 UNICEF institutional partners were selected for interview, ensuring that the selection would cover adequate representation of the programme components and regions in the country.

The table below provides a summary of institutions that were selected. The final list of sampled partners was based on the outcome areas with which they were involved and their geographical locations. UNICEF provided information regarding geographical locations of interventions being carried out by the partners in order to ensure adequate representation in the sampling process. Efforts were made to ensure that there was a generally acceptable distribution of the sampled partners and districts included in data collection.

Interviews were conducted with MoHP Officials at central level in Cairo and at the village level. Answers however varied in number as not all interviewees responded to all the questions. The main reason is that some were new to their positions or did not participate in implementation of the programme, or simply were not familiar with the programme at all.

The following table shows the number of interviewees in each level:

<table>
<thead>
<tr>
<th>Administrative Level</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central at MOHP</td>
<td>3</td>
<td>7.5%</td>
</tr>
<tr>
<td>Directorate at governorate</td>
<td>15</td>
<td>37.5%</td>
</tr>
<tr>
<td>District</td>
<td>13</td>
<td>32.5%</td>
</tr>
<tr>
<td>Health Unit at villages</td>
<td>9</td>
<td>22.5%</td>
</tr>
<tr>
<td>Total</td>
<td>40</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

**Beneficiaries' Survey:**

The evaluation developed a beneficiary survey that reached 460 mothers and 657 children. The tables below provide a summary of their responses considering both the areas of intervention as well as the control villages.

**Table 4 – Sample distribution, by exposure to interventions and by geographical location**

<table>
<thead>
<tr>
<th></th>
<th>Mothers' Sample</th>
<th>Children under-5's Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>By exposure to the interventions</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Intervention</td>
<td>300</td>
<td>430</td>
</tr>
<tr>
<td>- Control</td>
<td>160</td>
<td>227</td>
</tr>
<tr>
<td><strong>By location (Governorate/District)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Assiut / Qoussaia</td>
<td>150</td>
<td>229</td>
</tr>
<tr>
<td>- Sohag / Akhmeem</td>
<td>310</td>
<td>428</td>
</tr>
<tr>
<td><strong>By location (Villa)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Fazara</td>
<td>50</td>
<td>72</td>
</tr>
<tr>
<td>- Hawaweesh</td>
<td>110</td>
<td>155</td>
</tr>
<tr>
<td>- Menshaah</td>
<td>100</td>
<td>157</td>
</tr>
<tr>
<td>- Nida</td>
<td>200</td>
<td>273</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>460</td>
<td>657</td>
</tr>
</tbody>
</table>

**Data Analysis, Interpretation and Reporting**
All of the *quantitative data* collected was analyzed in the search for patterns and trends that could provide quality information for a comprehensive evaluation report. Data entry and analysis was performed using a standard professional database and statistical package called EpilInfo, produced and approved by WHO and the Center for Disease Control (CDC).

The *qualitative data* was subjected to content analysis, where key themes and concepts were generated within the major themes that emerged. This process was then followed by a systematic comparison of statements/findings from the FGDs and KII, as well as a triangulation of the information received.

### III. Relevance of the Programme

#### A. During the whole cycle

The programme start was very relevant as it was designed based on a situation analysis and the data and baseline available. However, the design was modified after the release of the 2008 DHS Survey results. These modifications helped the programme to stay relevant, based on the released data. UNICEF was flexible to respond to unexpected dramatic major changes that the programme required. Most of the stakeholders agreed on the fact that the Programme was compatible with national priorities, and with the policies and strategies of the Government of Egypt regarding health and nutrition needs and rights.

This consensus came from the four (4) levels of health care system of Egypt, beginning with top officials of MOHP, to the directorate of health at the governorate level, the district level and finally the village level through the health units. They also perceived the Programme interventions as relevant from the point of view of the beneficiaries, especially mothers and children. This was also confirmed and supported through the responses obtained from the impact and effectiveness exercise with the primary beneficiaries.

Regarding the knowledge as to the situation of children and women, there is no strong consensus whether it is adequate and comprehensive. This seems to be a usual constraint faced by health systems providers and planners in developing countries. There is a consensus, though it is not a strong one, that the Programme addressed major causes for the non-realization of children’s and women’s rights in health and nutrition. However, it is recommended that more attention should be paid to the availability of information and accurate assessments, as it is the corner stone of building relevant interventions.

The Programme effectively addressed the Millennium Development Goals (MDGs), the organizational priorities of the MTSP, CCCs, and the World Fit for Children agenda. Also there is a consensus between stakeholders that the programme was relevant to the broader human rights framework (CRC / CEDAW).

Similarly, the Programme responds to the goals of the United Nations Development Assistance Framework (UNDAF), - particularly on outcome 2 and 4\(^{13}\), the Egypt Growth and Development Strategy, as well as other national and international commitments related to mothers and children.

\(^{13}\) UNDAF outcome 2 relates to Quality of Basic Services and outcome 4 to Food Security and Nutrition.
The programme was also relevant with respect to MDG Goal 4 on child survival and MDG 1 on Poverty and Hunger (nutrition); however, Goal 5 (Improve Maternal Health) was less covered or addressed.

✓ The next programme should allocate more resources to improve the situation of women through training and awareness sessions, thus influencing their behaviors in regards to maternal and child health and nutrition. The Human-Rights Based Approach to Health should also be stressed in the future. This approach should be a target for public awareness and service providers in order to minimize conflicts between service providers and users of the services.

B. In this transition phase

There is a similar level of consensus among the stakeholders in regards to the positive relevance and appropriateness of the Programme during the transition phase. However, certain issues have been raised during the revolution and after the revolution that needs special attention. These issues include: street children, situation of women, slum areas and the role of civil society.

✓ The programme –as requested by partners- should be extended to include all school age children, an important and underserved segment of the communities, thus ensuring coverage to the most vulnerable groups, including those living in slum areas, street children and dropouts.
✓ The programme should consider increasing the role and involvement of the civil society.

IV. Design and focus

The design of programmatic strategies and activities was based on the current available data at the start of the programme, which was provided by the situation analysis of the targeted population. Specific strategic activities for each of the outputs were adequately linked to the results, which in turn made them relevant to achieve the overall programme goal.

Nevertheless, baselines were not always specified, and objectives not always realistic enough. The programme goals varied between realistic and ambitious. As an example, the target set for exclusive breast-feeding in result 1: 60% of infants < 6 months in 6 governorates are exclusively breastfed, is too ambitious. Exclusive breast-feeding has 4 criteria: Early initiation within one hour after delivery; continuation for 6 months, on demand day and night and finally nothing but breast milk. The beneficiaries’ quantitative survey revealed that the exclusive breast-feeding rate is now less that 25% in the intervention villages. This rate, while low, represents a great success for the Programme, as it is much higher than the control group.

Strong links existed between the situation analysis, results, strategies and programmatic activities. This was a key measure of the progress the programme has made and its strong contribution to improving quality of life that was reflected in the impact and effectiveness in the beneficiaries’ survey.
The programme design was participatory, involving community representatives who helped to develop their goals and areas of intervention. While in general satisfactory, a more ambitious approach is recommended in the next country programme, in order to expand the geographic and thematic scope of capacity building efforts within the next programme.

The design of the programme for the time originally scheduled (2007-2011) took into consideration the health and nutrition needs of women and children at that time, however with some limitations.

One of the most important limitations was the lack of vision towards scaling up the interventions being piloted. Also the design lacked the national dimension of some interventions, which could have improved the efficiency of the programme. Awareness activities across many interventions are just an example. The effectiveness and design should have made use of the fact that, according to Demographic and Health Survey (DHS) of 2008, more than 95% of population is exposed to television.

In general, objectives and results were well designed as a tool for monitoring and evaluation. National capacity-building efforts responded to the gaps and were effective as proved by the great impact on the efficiency of the health units in the intervention sites compared to the control villages. It was, however, hard to assess the national capacity-building interventions due to the high turnover with the change of government, and the new representatives who did not participate in the design or implementation of the programme. However, from the beneficiaries’ satisfaction survey, it seems that the impact of this capacity building has positively affected the efficiency of the interventions.

Most vulnerable children and women were not extensively covered or addressed, particularly when targeting children and mothers living in poor conditions, especially in slum areas, street children or out of schools children. In general, the focus was also more on children and less on women.

- UNICEF should strengthen its equity based approach early in its design, by considering the most vulnerable population with special emphasis on vulnerable children and women and in particular, dropouts, street children and those living in slum areas.
- The lack of baseline and the need to have more realistic objectives is an important issue to consider in the next programme. Baselines should be more concrete, realistic and comprehensive to be able to monitor and evaluate better in the future.
- Utilizing mass media is key to empower local efforts. The new CP design should have a more efficient strategy on awareness activities through national media while piloting at local level. These two efforts could be combined to allow awareness raising at national level while local efforts concentrate on monitoring and evaluating the outcomes.
- Future interventions should consider the inclusion of capacity building efforts based on the programme goals, while expanding the geographic and thematic scope.
- The design should have stressed the scaling up from the very beginning.

V. Ownership by the Government and civil society

A. Government Ownership

Ownership of the programme is very strong with governmental partner, the Ministry of Health. There was a clear ownership with the previous government, however, with the change and
transition period, the strong links remain only at field level but they are not so evident at the national / strategic level. New senior management is not aware of the programme and therefore, the current government’s ownership is hampered. They have, nevertheless, expressed their interest for this programme, as well as their willingness to continue carrying out these activities and participate in the new Country Programme.

B. Civil Society Ownership

Other stakeholders including NGOs and civil society in general were not up to the level of the governmental partner’s ownership. There is no evidence of clear ownership from their side, and there is an evident misunderstanding towards the ownership, as they consider that the Programme is only the Government’s responsibility. At the village level, civil society or beneficiaries were not involved in the planning of the programme and this also contributed to their lack of ownership towards the programme.

✓ To the extent possible, civil society, communities and direct beneficiaries should be involved in the design and planning of the programme to enhance the ownership of the key actors.

VI. Effectiveness and impact

A. Effectiveness

Below is a table based on the results matrix that UNICEF planned in 2007 and was aligned throughout the whole cycle. The analysis of the matrix below was based on brief interviews with UNICEF concerned staff as well as on the results of the fieldwork, focus group discussions and analysed questionnaires.

<table>
<thead>
<tr>
<th>OUTCOME INDICATORS</th>
<th>RESULTS AND ACHIEVEMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 - 60% of infants &lt; 6 months in 6 Governorates are exclusively breastfed</td>
<td>Partially achieved. The implementation of a five-year national plan for promotion of breast feeding was implemented in 7 Governorates and 7 University hospital as well as 30 Primary Health Care (PHC) and Family Health Units (FHUs) in the context of revitalization of the Baby Friendly Hospital Initiative (BHI) framework. However, the beneficiaries' survey revealed that the overall rate of exclusive breast-feeding meeting all 4 conditions (Initiation in first hour after delivery, nothing but breast milk, Duration for 6 months &amp; Feeding on demand) is only 12.3%. Details show that the intervention is effective as control rate is 10.1% versus 13.5% in intervention. This can be explained by several factors. An example is condition 2 in exclusive breast-feeding, which requests that an infant takes nothing but...</td>
</tr>
</tbody>
</table>
breast milk. This condition is the main cause of low level of the indicator. One of the reasons of this low level revealed by the survey is introducing water and sugar immediately after delivery and introducing water to infants before 6 months of age. As shown in the next table, water is introduced in infant diet in about 80% of cases of the whole sample. This is one of the main causes of the low level of the indicator. (See table below). More details show that the intervention was very effective in achieving this result.

The success of the intervention, however, is clear in the analysis when condition is detailed. Other fluids given to the newborns, as shown in the next table, are an example of this. The details show that meeting this condition in control group is 27.3% versus 49.1% in intervention group with very high power of statistical significance (P-Value 0.000).

### 2.2 – Reduced Micronutrient Deficiencies Focusing on Virtual Elimination of Iodine Deficiency Disorders, and Vitamin A Deficiency

<table>
<thead>
<tr>
<th>Proportion of population (8-10 years) with UI levels below 100 mg/l;</th>
<th>Most of interviewees of the 4 levels see that this result is achieved. However, the majority sees this result linked to UNICEF involvement.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proportion of population (8-10 years) with UI levels below 50 mg/l;</td>
<td>The Nutrition Surveillance System (NSS) has been established in 7 governorates covering 14 sentinel sites in rural and urban areas.</td>
</tr>
<tr>
<td>USI more than 90% nationwide; (baseline: national urinary iodine survey 2006)</td>
<td></td>
</tr>
<tr>
<td>% of school children with Vitamin A deficiency (baseline: National Serum Retinol Survey 2007; Target: less than 5% among children 6-71 months) capsules for postpartum women)</td>
<td></td>
</tr>
</tbody>
</table>

### 2.3 – An Evaluated Perinatal Care Model is Available for National Up Scaling

*Achieved.* The PCPE model expanded with equity-focused approaches to reach out the most disadvantaged in 26 villages in three governorates. A Nutrition Unit was established at the MOHP to coordinate and monitor the implementation of nutrition programs in Egypt. To strengthen the equity aspect and reach the most vulnerable communities, the Monitoring of Results for Equity System (MoRES) framework was implemented with full engagement and leadership MoHP.

The beneficiary survey confirmed that the PCPE model has been achieved. A model that is now established in the primary care level at 14 villages in 4 districts of 3 governorates. The system is very relevant to the needs to as an effective and efficient solution to one of the most challenging obstacles in achieving MDG. The technical team across the 4 management levels of the MOHP is very committed to the success of the intervention. The capacity building package provided by UNICEF in the form of training, provision of equipment, coordination, monitoring and system strengthening is provided timely, effectively and efficiently.

### 2.4 – 30% Families Who Have Children Under 5 Years in Target Areas Are Applying at Least 4 Key Child
The following table provides some details of the results attained through the evaluation survey to the beneficiaries.

**Table 5 – Prevalence of exclusive breastfeeding and hand-washing in intervention areas and in control areas**

<table>
<thead>
<tr>
<th></th>
<th>Intervention Areas</th>
<th>Control Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of mothers whose children were exclusively breastfed (6 months)</td>
<td>13.5%</td>
<td>10.1%</td>
</tr>
<tr>
<td>% of households practicing handwashing</td>
<td>99.0%</td>
<td>98.1%</td>
</tr>
</tbody>
</table>

The programme has had a great impact at the field level, particularly when aiming at improving the life conditions of mothers and children in the piloted areas. However, if considering the expected results, the impact should be considered low in some areas due to the problem in setting up a realistic level of results. In general, most interviewed stakeholders saw that the system strengthening efforts are the one with the lowest impact followed by capacity building and awareness raising activities.

The results set for YCSD had been achieved in different degrees. Most of the four level management system of the MOHP claimed that the programme objectives were partially achieved, and the same was confirmed by the results of the beneficiary's survey. Meetings with both beneficiaries and MOHP executing body in the field revealed that the assistance provided by UNICEF was key and affected the performance positively.

UNICEF’s contribution is seen as the major factor for the achievements, followed by the inputs from the government, civil society and NGOs (in this order). The capacity building efforts and system-strengthening package are much appreciated from all levels of the executing body of MOHP.

An important impact of these interventions was reflected on the performance of the health units in the UNICEF piloted areas as compared to the control group. As seen in next charts the number of women attending awareness sessions in health units was higher in the areas of intervention. The same is reflected during the home visits in Raedaat, where there is a high degree of mothers’ satisfaction. Also antenatal care visits by mothers to health units is statistically significantly higher among mothers in the intervention areas than the control areas. One of the important indicators detected in the field is the degree of mothers’ satisfaction about the general performance of the
health units: 51.1% of mothers in the intervention areas considered that the health unit performance is very satisfactory, versus only 29.1% in the control areas, as shown in the table below.

### Table 6 – Attendance to awareness sessions at the health units and Raedaat’s home visits

<table>
<thead>
<tr>
<th>% OF MOTHERS WHO ATTENDED AWARENESS SESSIONS AT THE HEALTH UNITS</th>
<th>INTERVENTION AREAS</th>
<th>CONTROL GROUP</th>
</tr>
</thead>
<tbody>
<tr>
<td>% OF MOTHERS WHO RECEIVED RAEDAAT’S HOME VISIT</td>
<td>43.0%</td>
<td>17.1%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>% OF MOTHERS WHO ATTENDED AWARENESS SESSIONS AT THE HEALTH UNITS</th>
<th>INTERVENTION AREAS</th>
<th>CONTROL GROUP</th>
</tr>
</thead>
<tbody>
<tr>
<td>% OF MOTHERS WHO RECEIVED RAEDAAT’S HOME VISIT</td>
<td>76.2%</td>
<td>57.3%</td>
</tr>
</tbody>
</table>

### Table 7 – Mothers opinions on the health units and satisfaction of the Readaat home visits

<table>
<thead>
<tr>
<th>MOTHERS’ OPINION ABOUT THE HEALTH UNIT</th>
<th>MOTHERS’ SATISFACTION OF READAAT HOME VISIT</th>
<th>% OF MOTHERS WHO ARE SATISFIED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>Not attended</td>
<td>% of mothers who are satisfied</td>
</tr>
<tr>
<td>Intervention areas</td>
<td>Vaccination only</td>
<td>94.1%</td>
</tr>
<tr>
<td>Control group</td>
<td></td>
<td>79.5%</td>
</tr>
</tbody>
</table>

Another example of the general impact of UNICEF’s work is the innovative Perinatal Care Programme of Excellence (PCPE) model that introduced an important and vital approach to deal with the high mortality rate among neonates and infants. The model is still in the pilot stage but the results coming out of the system are very promising in identifying the exact causes and weight of different factors causing these high mortality rates. The method is also establishing a Neonatal Mortality Surveillance system for dealing with these causes including early detection, taking appropriate actions at the right time and level of care. The intervention also managed to build a partnership between the MOHP system and the scientific support of the University represented by the Gynecology & Obstetric Department.

The Programme in the piloted areas has impacted the lives of children and mothers in regards to their general health and nutrition status. The change reached both body as well as mental and social health. The Nutrition Landscape analysis study was also completed and included a set of recommendations to accelerate and scale up interventions against malnutrition.

There is also a profound change in chronic long-term health and nutrition status that affect every life activity. One of the most serious conditions in children under 5 in Egypt is stunting. According to DHS 2008, stunting is prevalent across all social, regional and economic levels. This problem is due to long-term traditions, practices and lack of knowledge. This chronic condition disturbs learning and performance abilities, and affects millions of Egyptian children. The Programme interventions in pilot areas have impacted the children’s lives significantly.

### Table 8 Stunting and underweight among children under-5 in intervention areas and control group

<table>
<thead>
<tr>
<th>INTERVENTION AREAS</th>
<th>CONTROL GROUP</th>
</tr>
</thead>
<tbody>
<tr>
<td>% OF CHILDREN UNDER-5 WHO ARE STUNTED</td>
<td>14.4%</td>
</tr>
<tr>
<td>% OF CHILDREN UNDER-5 WHO ARE SEVERELY STUNTED</td>
<td>5.3%</td>
</tr>
<tr>
<td>% OF CHILDREN UNDER-5 WHO ARE UNDERWEIGHT</td>
<td>12.8%</td>
</tr>
<tr>
<td>% OF CHILDREN UNDER-5 WHO ARE SEVERELY UNDERWEIGHT</td>
<td>4.7%</td>
</tr>
</tbody>
</table>

**Stunting** rate is 20.6% among the control group versus 14.4% in the intervention group. This difference is statistically significant with the power of P-Value of 0.03. This difference may be due to UNICEF intervention.

Under-weight among the control group is almost double that of the intervention group. Rate is 12.8% in intervention group versus 21.3% among control group. This difference is highly significant with a P-Value of 0.007.

- The system used by the PCPE model may still require some technical adjustments. Digitalization of the system in these centers may add many advantages. Computerizing the Autopsy forms may reduce some of the conflicts of data with internal checks and validity. Also communicating through the digital system will add more analysis and reporting power, not taking into account advocacy.
- Nutrition Units should be more scaled up and widespread
- Adoption of Surveillance System both from Government and beneficiaries.

**VII. Efficiency**

During the planning and implementation phase, there was a good coordination with MOHP and other available institutions to better use the available resources efficiently.

In general, the use of resources was appropriate to produce cost-efficient interventions. The Perinatal Care Programme of Excellence (PCPE) is an excellent model that exemplifies the efficiency of the programme as it is constantly increasing the coverage with the same infrastructure. The design and activities used the available resources in MOHP and Assiut University. Together, they managed to integrate and coordinate efforts to produce this model in an efficient way.

Another example is the capacity building and system strengthening at the Health Unit level. The Health Unit in the intervention areas became more efficient as the utilization of services increased without increasing the number of staff. Capacity building depended on effective training and close monitoring. Also, the Community Health Workers (CHW) and volunteers were utilized efficiently to help Raedaat with the recruitment of young females’ leaders as volunteers in health units.

On the other hand, the general coverage of the programme was limited to three Governorates (Sohag, Assiut and Qena). Each of these three Governorates only piloted the interventions in one
district, where a limited number of villages were targeted. This kind of interventions implemented with such distance between locations increased the costs, and expenses could have been optimized to scale up the programme during the five years of execution. The PCPE is the only programme that planned scaling up during the life time of the country programme, but it still has limited coverage, reaching 14 villages in 4 districts of the 3 Governorates during the implementation. This limited coverage certainly contributed to increase the cost and affect the efficiency of the programme.

Awareness raising efforts depended mainly on direct communications like seminars and awareness sessions in health units. There was an under-utilization of the mass media that contributed to decrease the efficiency to some extent.

VIII. Sustainability of programme interventions

Sustainability is usually the most risky part of programmes in developing countries in general, and in Egypt in particular. There is no consensus between stakeholders and beneficiaries that the YCSD interventions are sustainable (2 totally agree, 15 agree and 14 do not agree that interventions are sustainable). There is the same level of doubt when it comes to the Government (MOHP)’s commitment towards the programme. Mothers and community health workers (CHW) have also raised the same concern.

In general, there is strong concern about the fact that the MOHP& Health Units lack sufficiently strong governance structures, professional capacity, and willingness to sustain the activities in the future once UNICEF finalizes its support. Moreover, there is an extra increased risk due to the current instability that will affect the sustainability negatively.

Though the stakeholders have doubts about sustainability, they also admit that the YCSD interventions have potential for replication at a wider scale. They also agree that the design, community ownership and system support contributed to the sustainability of the intervention.

This conflict between the potential sustainability - due to the good design and ownership - and actual doubt about its real sustainability - due to the lack of Governmental commitment - reflects the conflict between the desire and willingness in the one side, and the available capacities and system weakness on the other side.

One more factor that threatens the sustainability is that civil society and local NGOs were not involved enough throughout the programme development cycle. While the unrest and deterioration of the economic situation due to transitional period may be another factor contributing to increase the risks for sustainability, the communities are now more open to public issues and concerns. This change in attitude offers greater opportunities in the future to involve public and civil society in the next programme development.

✓ To ensure sustainability, it is recommended that YCSD supports the MOHP& Health Units to develop their system and institutional development, professional capacities need to be developed, added to good planning and budgeting for these activities.

IX. Monitoring and Evaluation framework
A logical results matrix, which defines outcomes, outputs, strategies and programmatic activities, is appropriately in place. The UNICEF monitoring and evaluation unit helped to set up and follow up the M&E processes. They worked closely with the programme officers to help establish the monitoring system of the programme, while the MoHP was the main responsible for the implementation.

In different degrees, stakeholders agreed that the Monitoring and Evaluation framework of YCSD is effective and effectively supported the management and strategic planning of the component. Close monitoring of UNICEF staff in the field is one major positive factor that made this perception from stakeholders. Also UNICEF’s work undertaken to strengthen M&E capacities was effective and has impacted M&E systems of MOHP & HU. Reporting system in PCPE is an example of effective tools of M&E. In this system, the validity of data and achievements are monitored at different management and technical levels and the feedback mechanism is effective.

Progress reports have been periodically prepared through the monitoring system. There is also evidence of regular annual progress review meetings involving all partners, as well as partner meetings among those working within the same areas.

The PCPE Costing Analysis study was completed by an international consultancy firm. The study recommended the introduction of public expenditure tracking system in the health facilities at all levels, and a follow on study on cost-effectiveness of the PCPE to provide advice to the MoHP on roll out strategies.

The pilot Perinatal Mortality Surveillance System developed by the MoHP, with the support of UNICEF, completed one full year of implementation in 12 sentinel sites in Assiut Governorate, with more than 1200 reported deaths in the system. A review of the system found the surveillance system to be functioning well in most sentinel sites.

- The programme should fine tune the technical protocols governing the system, strengthening the technical and admin supervision, and providing refreshing trainings for new staff with the aim of standardize the performance. A multi-agency assessment on the performance of routine immunization in the selected 6 governorates showed a high national coverage, a strong supply system and identified weaknesses such as poor data management, technical supervision and poor micro-planning, shortage of human resources, and lack of financial resources to introduce new vaccines.\textsuperscript{14}

X. Partnerships

YCSD interventions offered opportunities for stronger partnerships and linkages with other international development partners and academia. This is reflected clearly in the PCPE intervention where the partnership with the Neonatal department of the Cairo University and the Obstetric department of Assiut University, provided a vital success factor.

Opening the opportunity of establishing new partnerships was very effective and useful, but the opportunities for attracting new partners were limited. YCSD had built new partnerships with

\textsuperscript{14}ECO Annual Report, 2011.
scientific associations, like in South Africa where the organization helped the Nutrition Institute and the Ministry of Health in developing a nutritional survey.

YCS&D was also successful in building partnerships with UN agencies such as World Food Programme (WFP), Food and Agricultural Organization (FAO) and others. Equally, YCS&D developed partnership with international organizations such as Japan, USAID and Dutch National Committee. Partnership with private sector needs to be strengthened.

- In the future, UNICEF should assist potential partners to extend partnerships among them, thus contributing to the sustainability once UNICEF withdraws.
- YCS&D could enhance its partnership with the media and religious leaders, who can easily develop and transfer the messages to families and communities at large.
- The programme should enhance its partnership with the network of NGOs that can work in hand with the Government to have an overall national ownership of implemented activities.
- Future interventions should consider further engaging the communities in capacity building efforts through strong partnerships.
- In general, this partnership needs strengthening as well as the attention of, and support to private sector.
- UNICEF can mainstream some practices applied in other countries. Many examples are available on this issue.
- The next programme needs to deal with the current obstacles that prevent from increasing the partnerships. UNICEF could provide technical support to the MoHP to establish clear directions as well as modify the guidance and laws that affect the involvement of partners.

XI. Mainstreaming issues

A. Human rights approach

There is strong consensus between stakeholders that the Human Rights-Based Approach to Programming (HRBAP) has been applied in all YCS&D interventions and resulted in strengthening the Government’s policy framework to progressively implement the Convention on the Rights of the Child (CRC) in health rights. Nevertheless, new emerging issues concerning the situation of women and children, the revolution and transition period, as well as the current economic challenges, have certainly affected these commitments.

In general, all stakeholders agreed that the YCS&D programme has positively promoted children’s rights thanks to an effective Communication for Development (C4D) strategy, and this in turn has led to improve the results.

B. Gender

YCS&D stakeholders agreed that Gender mainstreaming was reflected in the interventions, and that the programme paid special attention to girls and women’s rights. The deepest changes and effects of the programme were detected actually among females. And although it was difficult to assess the gender mainstreaming efforts by assessing the available documentation, the beneficiaries’ survey reflected their satisfaction with the services provided, particularly mothers and other women in the villages. Awareness programmes in health units such as "Arab Women Speaking Out", "Nutrition
classes", "Antenatal Classes" or "Breast Feeding Classes" targeted mainly women, particularly least advantaged rural women.

C. Equity

One of the important elements of the programme success was achieving and maintaining equity. The first challenge to assess equity for the evaluation was linked to the lack of standards or criteria to determine equity in the programme. The evaluation found that there are numerous differences when addressing the population coverage.

On the other hand, there was a "positive discrimination" as UNICEF focused on disadvantaged areas in Upper Egypt. The same concept was found when dealing with gender as some activities targeted specifically most vulnerable women. Examples of these activities are the Arab Women Speaking Programme, Breast-feeding classes and Antenatal care classes, among others. There is, however, a concern regarding mothers and children in slum areas, as they were not included in the programme. The situation of remote areas in Upper Egypt may be similar to some extent to the slum areas. According to IDSC report on the situation of slum areas in the different Governorates, Assiut and Qena have no more slum areas; however Sohag and Menya have high level of slum areas that need intervention 15.

- UNICEF may consider scaling up interventions in slum areas after the piloting in Upper Egypt.
- For future interventions, there is a need to answer fundamental policy questions about equity to be able to determine what differences constitute inequity and what standards or with which criteria should equity be measured.

XII. UN coherence and coordination

Relevant stakeholders highlighted the good cooperation and coordination among the YCSD interventions and other UN interventions. UNICEF cooperated with WHO to implement nutrition surveillance system, in polio activities and in home based care for neonates training. UNICEF collaborated with other UN especially UNHCR, WFP to respond to refugee crises in the Saloum area after the start of Libya revolution. In cooperation with UNFPA, UNICEF supported national wide training of CHWS. Finally, UNICEF is a member of the Food Security Task Force with FAO, WFP and other agencies.

- UN coordination needs to be more effective in the field and translated into new initiatives or supporting disadvantaged groups like PLHIV.

XIII. Transition process

The YCSD programme did not have any plan in place during the transition in order to respond to the kind of emergency situations had Egypt experienced. There was however, an emergency on Early Warning Early Action, which was utilized for women and children coming from Libya at the Salloum

15 Laila Nawwar & Hoda Kitkat, “Situation of Slum Areas in Egypt’s Governorates: Analytical Study on Existing Situation and Best Way to Deal With it”, IDSC, 2008
border. This conclusion is shared among the majority of stakeholders. The absence of a contingency/emergency plan is a lesson learned for the next programmes. Also same degree of consensus is reached between most stakeholders that Regional Office in MENA and UNICEF Headquarters supported the transition in Egypt regarding YCSD.

✓ There should be an emergency plan in UNICEF Country Programme to substitute normal or planned activities with relevant emergency activities, in case of need.

XIV. Comparative advantage and strategic positioning of UNICEF in Egypt

In regards to the YCSD, UNICEF’s comparative advantage in the national context is mainly attributed to three elements:

1. The majority of stakeholders consider that UNICEF has a long history of successful projects that has raised the knowledge and acceptance of their interventions, countrywide;
2. UNICEF has developed a well established network with civil society; and
3. Most UNICEF activities are culturally accepted by the society.

UNICEF past interventions are seen mainly as innovative; some interlocutors related to UNICEF as a facilitator, and few saw its activities as substitute of official services. They also saw the Organization as a provider of technical support to civil society, and not as an implementing partner.

The YCSD programme contributed to position UNICEF strategically in the national context. The Perinatal (PCPE) Surveillance System is seen as an example of a high level, upstream policy/advocacy work, where UNICEF was very influential. These are the kind of activities that all partners consider UNICEF should be focusing in the future, supporting networks and partners, and contributing to mainstream issues related to human rights and gender. There is, however, a consensus that UNICEF could also continue to pilot new ideas, small projects that have the potential to be replicated by local and national institutions.

UNICEF has a unique positive image and acceptance among most of the Egyptian communities. Many factors have contributed to this vision: certainly its flexibility and interaction with the communities, as well as its capacity to respond to emergencies; its capacity to provide important health services for children such as vaccines, as well as other interventions related to daily life such as nutrition; and its capacity to introduce innovative solutions and tested interventions managed by them.

✓ UNICEF future programmes should be innovative and flexible, contributing to identify and open new opportunities to tackle current challenges, while providing technical support, facilitating and strengthening governmental efforts. They should not be a substitute of official services.
✓ UNICEF is advised to continue providing services in the field. This could be achieved through the continuation of innovative solutions and interventions such as PCPE, and by piloting them in the field. Also, it is recommended to focus more in scaling up successful interventions.
✓ UNICEF should continue its high-level policy/advocacy work where the Organization can be influential.
XV. Key Lessons Learned and innovations

Following are some key lessons learned based on the evaluation findings and discussions with implementing partners. These lessons are being documented to facilitate learning and inform the future design of subsequent programmes, in particular during the current transition phase. It is therefore advisable to consider the following issues for future interventions:

- **It is important to include scaling up interventions in the planning phase** during the development of the country programme. The intervention villages showed some dramatic improvements, for example in the utilization of services in the health units. The number of visits increased and assistance enhanced as result of the improved management, quality and institutional capacity. Yet, the coverage is still limited through the whole cycle of the programme. The PCPE was excluded from this constraint, as it showed increased coverage and improved infrastructure over time.

- **UNICEF was successful in conducting high-level policy/advocacy work**, which proved to be influential; however complementing this work with capacity building at the bottom level would bring more expansive results.

- **It is advisable to complete the preparatory assessments well in advance, prior the development of the new programme to ensure that during the actual implementation, monitoring and evaluation indicators are available and realistic, and are based on primary data from the locations of the interventions.** The lack of baseline data from intervention villages was a big challenge when carrying out the monitoring and evaluation.

- **Institutional capacity development for partners and communities alike is fundamental to maintain effectiveness as well as sustainability.** Rapid turnover is a chronic problem threatening development interventions.

- **Adequate coordination and linkage with MOHP system and local civil society organizations is required**, when the programme delivery is done through partners. Save the Children, for example, contributed in some aspects to the programme without the participation of local development associations to build their capacities and increase sustainability.

- **The inclusion and targeting of young people in any development intervention is paramount for the success, sustainability and knowledge transfer**, thereby contributing to the positive transformation of societies. The characteristics of the Egyptian population require that young people should be included in the set up and implementation of most interventions, while ensuring that the communities understand the importance of the role of the youngsters. This was somehow achieved through the recruitment of young females as volunteers in health units to help Raedaat. As they learned by doing, they also contributed to provide fresh approaches and a new dynamism in the interaction with the community, while activating the outreach programme. There should be, however, a mechanism to engage them after the programme is finished, as otherwise this potential workforce will be lost, and with them, the knowledge and skills acquired through on-the-job trainings and capacity building efforts. A database for such force is recommended and it should be disseminated to all development agencies to serve as a pool of trained, experienced local development specialists for future programmes.
• It is possible to enhance the implementation of the programme by identifying the best-positioned implementing partners from civil society, thereby widening the scope of interventions in terms of coverage and network of partners. A substantial increase in the number of implementing partners from civil society may play an important role in expanding the coverage of the programme through more sustainable partners within the communities.

• Strategic partnership with the media is very important, particularly when advocating for population and development issues. Many successful experiences, interventions and awareness activities produced major improvement in the quality of life of the targeted population, and in specific to empowering disadvantaged rural females, however, they are limited to intervention locations. It is possible to increase this effect through the partnership with the media to expand the impact of these awareness-raising activities.

XVI. Recommendations

Relevance

✔ The next programme should allocate more resources to improve the situation of women through training and awareness sessions, thus influencing their behaviors in regards to maternal and child health and nutrition. The Human-Rights Based Approach to Health should also be stressed in the future. This approach should be a target for public awareness and service providers in order to minimize conflicts between service providers and users of the services.

✔ The programme should be extended to include all age school children, an important and underserved segment of the communities, thus ensuring coverage to the most vulnerable groups, including those living in slum areas, street children and dropouts.

✔ The programme should consider increasing the role and involvement of the civil society.

Design and Focus

✔ The design should stress the scaling up from the very beginning.

✔ UNICEF should strengthen its equity-based approach early in its design, by considering the most vulnerable population with special emphasis on vulnerable children and women including out of school, street children and those living in slum areas.

✔ Completion of assessments and results-based planning requires clear and quality indicators prior to the development of the new programming. This is to ensure that during the actual implementation, monitoring and evaluation are based on primary data gathered in the locations where to intervene. Baselines should be more concrete, realistic and comprehensive to be able to monitor and evaluate better in the future.

✔ Utilizing mass media is key to empower local efforts. The new CP design should have a more efficient strategy on awareness activities through national media while piloting at local level. These two efforts could be combined to allow awareness raising at national level while local efforts concentrate on monitoring and evaluating the outcomes.

✔ Future interventions should consider the inclusion of capacity building efforts based on the programme goals, while expanding the geographic and thematic scope.

Ownership
To the extent possible, civil society, communities and direct beneficiaries should be involved in the design and planning of the programme to enhance the ownership of these key actors.

**Effectiveness and Impact**

- Adding height and length measurement of children in the growth follow-up, and screening for stunting is key, since stunting is the most prevalent nutritional problem in Egypt affecting under-5 children.
- More attention and resources should be given to capacity building of communities and civil society in the next programme, as limited capacities would definitely hamper invested efforts, even though there is high commitment at the upper level management.
- Identifying a clear monitoring plan with quality assurance tools and control mechanism is an important issue to be considered in the next programme.
- The system used by the PCPE model may still require some technical adjustments. Digitalization in these centers may add many advantages. Computerizing the autopsy forms may reduce some of the conflicts of data with internal checks and validity. Also communicating through the digital system will add more analysis and reporting power, not taking into account advocacy.
- Nutrition Units should be more scaled up and widespread.

**Efficiency**

- Interventions in the next CP may include digitalization of records, logs and some technical issues at all levels. This would limit the considerable time spent by partners and volunteers in paper work, registration and documentation of outreach visits. These activities could be computerized to save time and produce more effective follow up system. Children’s growth follow up is one very important issue that could be computerized in a simple manner and could bring great benefits.

**Sustainability**

- To ensure sustainability, YCSD should support the MOHP & Health Units to develop their system and institutional development. Professional capacities need to be developed, in addition to good planning and budgeting for these activities.
- To maintain the effectiveness and ensure the sustainability of capacity-building, efforts should include both partners and communities alike. This would mitigate the rapid turnover that is a chronic problem threatening development interventions. Physicians in health units are a good example of this problem. This problem should be approached by moving capacity building and trainings from the local remote points of service delivery to the source of dissemination of these physicians. UNICEF may support the training of newly graduate physicians in collaboration with MoHP and University Hospitals to ensure basic developmental capacity building of all physicians. This, in turn, would contribute to safeguard that any physician in the Health Units would be able to provide basic support to the community development.

**Monitoring and Evaluation**

- The programme should fine tune the technical protocols governing the system, strengthening the technical and admin supervision, and providing refreshing trainings for new staff with the aim of standardize the performance.

**Partnerships**

- Identifying the best-positioned implementing partners from civil society is recommended to enhance the implementation of the Country Programme, thereby widening the scope of
interventions in terms of coverage and diversity of partners. A substantial increase in the number of implementing partners from civil society may play an important role in expanding the coverage of the programme through more sustainable partners within the communities.

✓ A strategic partnership with media is needed when advocating for population and development issues. This would ensure that many successful experiences, interventions and awareness activities that produced major improvement in the quality of life of targeted population, and empower disadvantaged rural females, would not be very limited to intervention locations. It is possible to increase this effect through the partnership with media to expand the impact of these awareness raising activities.

✓ A strategic partnership with religious leaders would also help spreading the messages to families and communities at large.

✓ The programme should enhance its partnership with the network of NGOs that can work in hand with the Government to have an overall national ownership of implemented activities.

✓ Future interventions should consider further engaging the communities in capacity building efforts through strong partnerships.

✓ The programme should also consider further involving the private sector as key strategic partner.

✓ UNICEF could mainstream some good practices and lessons learned in partnerships applied in other countries.

✓ The next programme needs to deal with the current obstacles that prevent from increasing partnerships. UNICEF could provide technical support to the MoHP, in order to establish clear directions, and modify the guidance and laws that affect the involvement of partners.

Mainstreaming Issues: Human Rights based Approach

✓ The nutritional status and the economic situation are important issues to be considered in the next country programme.

Transition Period

✓ UNICEF has to review the structure of the next CP considering the new demands in the current situation in Egypt. There are newly emerging issues that need critical attention for future interventions. The 4 management levels of the health care system need particular attention according to civil society and beneficiaries, as they relate to the current situation of women and children and their participation in development activities, and to the economic situation.

✓ UNICEF future programmes should be innovative and flexible, contributing to identify and open new opportunities to tackle current challenges, while providing technical support, facilitating and strengthening governmental efforts. They should not be a substitute of official services.

✓ UNICEF is advised to continue providing services in the field. This could be achieved through the continuation of innovative solutions and interventions such as PCPE, and by piloting them in the field. Also, it is recommended to focus more in scaling up successful interventions.

✓ There should be an emergency plan to substitute normal or planned activities with relevant emergency activities. Priority issues related to the current political and social situation are women, child nutrition, family planning and right-based approach of health, and they are key for future interventions.

✓ UNICEF should continue its high-level policy/advocacy work where the organization can be influential.
I. Introduction

The overall goal of the programme is to contribute directly to the achievement of MDG 6\textsuperscript{16}, and indirectly to the achievement of all MDGs.

More specifically, the programme contributes to UNDAF outcomes 2, particularly 2.4 that relates to “vulnerable populations improved access to quality prevention, care, support and treatment for Viral Hepatitis C, HIV and TB” and to some extent outcome 4\textsuperscript{17} and aims at achieving the following results:

- At least 80% of targeted young people, including the most at risk, possess knowledge and life skills to protect themselves from infection with HIV and lead healthy and productive lifestyles.
- People Living with HIV (PLHIV) increasingly provided with comprehensive medical, social and psychological care services, including prevention of mother-to-child transmission (PMTCT) services.
- Media, opinion leaders and civil society increasingly advocate for HIV/AIDS response, the rights of PLHIV, and are committed to fight stigma and discrimination.
- Government and civil society address HIV and AIDS and young people’s issues, within a multi-sectoral framework.

UNICEF Egypt collaborates with the Government of Egypt through the Ministry of Health, National AIDS Programme (NAP), the Ministry of Insurance and Social Affairs, civil society organizations, and UN agencies.

The main priority during the six years of the

\textsuperscript{16} MDG Goal 6 refers to Combat HIV/AIDS, malaria and other diseases.

\textsuperscript{17} UNDAF outcome 2 deals with Quality of basic services, and outcome 4 with Food security and nutrition.

### TABLE 9

<table>
<thead>
<tr>
<th><strong>CURRENT SITUATION OF HIV-AIDS IN EGYPT</strong></th>
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<tbody>
<tr>
<td>• Egypt has a concentrated HIV epidemic characterized by a low prevalence rate of below 0.02% in the general populations but prevalence rates surpassing 5% among specific at-risk populations, namely men who have sex with men and injecting drug users.</td>
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<tr>
<td>• Egypt belongs to one of only two regions in the world with raising HIV epidemics. The number of HIV cases remains low in Egypt, around 11,000. However, since 1990, there has been an exponential increase of 268% of detected HIV cases. Part of the increase can be attributed to enhanced HIV testing. Current figures indicate that the MDG target of reversing the spread of HIV will not be met.</td>
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<tr>
<td>• Current data and linkages between risk groups and general population highlight the urgency to inform and sensitize Egyptians about HIV prevention.</td>
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<tr>
<td>• The first cases of HIV among children living in street situations were detected in 2010, highlighting the need to prioritize HIV prevention among this population.</td>
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<tr>
<td>• 71% of HIV transmission in Egypt occurs sexually, with heterosexual transmission representing almost half of all detected cases. Transmission through injecting drug use, blood and mother-to-child transmission are all below 5%. Transmission through renal dialysis and cases where the mode of transmission is unknown each represent 9% of detected cases.</td>
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<tr>
<td>• Young women aged 15-24 who are knowledgeable about AIDS and received recent information on the disease decreased from 62% in 2005 to 30% in 2008 (DHS, 2005, 2008).</td>
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<tr>
<td>• The number of youth aware that condoms prevent HIV infection decreased from 22% to 13% (DHS, 2005, 2008).</td>
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<tr>
<td>• Inadequate knowledge on HIV and AIDS especially among women and young people, evidence of high level of risk behaviors coupled with very low use of condoms, low usage of services for counseling and testing and for preventing mother to child transmission, are all areas that need urgent attention.</td>
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</table>

programme was to enhance the capacities of most-at-risk young people, government and non-government entities to prevent HIV infection and ensure protection and care for people infected and affected by HIV and AIDS, jointly with the National AIDS Programme.

II. Methodology

The evaluation employed a qualitative methodology, involving the participation of UNICEF staff, their implementing partners, various beneficiaries and stakeholders, institutions and civil society.

The data has been generated by conducting Focus Group Discussions (FGDs) with People Living with HIV (PLHIV) in Alexandria and Key Informant Interviews (KIIs) with CARITAS (previous UNICEF implementing partner), the current partner Friends of Life (NGO), and UNDP HIV-AIDs Programme Officer.

A comprehensive desk review was conducted of various related policy, planning tools and reports at both the international and national levels. Time constraints limited the review to some extent.

Consultations and In-depth Interviews

Following the initial briefing meetings and workshop, the evaluation team conducted a range of consultations at the national, governorate, district and community levels. These in-depth interviews were done using the semi-structured form of KIIs. The consultations were conducted involving consultations with government stakeholders through the NAP at the MOHP, as well as other partners, including service providers in the areas of HIV prevention, such as Friends of Life Association, Alexandria. Additionally, interviews were conducted with people living with HIV (PLHIV) to determine the efficiency, effectiveness and impact of the project in the beneficiaries. The NGO, Friends of Life, was selected to represent civil society organizations working in the area of HIV/AIDS in Alexandria. Focus Group Discussions took place in Alexandria with PLHIV and Friends of Life’s staff.

III. Relevance of the Programme

A. During the whole cycle

Despite having a concentrated HIV epidemic (>5% among two risk groups), the number of detected HIV cases in Egypt remains low. This is the main reason why the main focus of the programme was on prevention and awareness raising. The programme has been relevant since its start, aligning itself with priorities outlined in the National HIV Strategic Plan. It was designed based on evidence gathered from evidence available data and baseline information resulted from various assessments, in coordination with other partners, such as UN agencies working on HIV and AIDS in Egypt.

Most stakeholders agreed that the programme was compatible with national priorities established by the NAP. It was also considered very relevant from the point of view of the beneficiaries and NGOs, however with some limitations, especially with regards to mothers and children were noted. In brief, mothers living with HIV complained that the strategy of exclusive breast-feeding is not excluded in case of HIV/AIDS.
There is also a concern for the lack of linkages between HIV and Hepatitis C throughout the programme and instead, people with Hepatitis C are more vulnerable to HIV, particularly in a country where the rates of Hepatitis Care so high.\textsuperscript{18}

The programme effectively addressed the MDGs, particularly Goal 6, and there is a consensus among the stakeholders that the programme was relevant to the broader human rights framework (CRC and CEDAW). The programme also reflected the priorities of UNDAF outcomes 2 and 4.

There are still major challenges in dealing with the lack of access to adequate information on HIV/AIDS and this makes difficult the understanding required to assist and prevent HIV/AIDS within the communities. There is a strong consensus that the information available about People living with HIV (PLHIV) is not adequate or comprehensive. This problem is again manifested in the infant feeding of HIV/AIDS mothers.

From the beneficiaries' point of view, the programme failed to address one of the causes for the non-realization of children’s and women’s rights in health and nutrition with respect to HIV-AIDS.

- More information sharing and awareness raising campaigns are required to ensure better understanding of the communities towards HIV/AIDS and the rights of the people living with it.
- Mothers with HIV should NOT be encouraged to breast-feed their infants, on the contrary, they should be encouraged to artificial breast feeding. The programme should raise awareness on the dangers of breast-feeding from HIV mothers as well as other issues on child nutrition.
- It is recommendable to include Hepatitis C under the programme. The link between Hepatitis C and HIV/AIDS is established. Hepatitis C patients are more susceptible to acquire HIV AIDS than others.

**B. In this transition phase**

The appropriateness of the programme was not affected during the transition phase.

**IV. Design and focus**

The design of the programme (2007-2012) took into consideration the main issues of concern on HIV/AIDS that needed to be addressed in Egypt. The interventions are more of a piloting nature than a national implementation.

Awareness activities are just an example. The design of the programme involved the use of media to reach the target population, taking into consideration the fact that, according to DHS 2008, more than 95% of the population is exposed to television. The NAP was always aware of the media work done by UNICEF, however, there was a constant lack of results monitoring of these media campaigns.

\textsuperscript{18} According to WHO, Egypt has a very high prevalence of Hepatitis C-Virus (HCV) and a high morbidity and mortality from chronic liver disease, cirrhosis, and hepatocellular carcinoma. Egypt has higher rates of HCV than neighboring countries as well as other countries in the world with comparable socioeconomic conditions and hygienic standards for invasive medical, dental, or paramedical procedures.
However, there was no connection between the national campaign and local awareness sessions. The two modules could have been complementary while the local sessions could have built on monitoring and evaluating the impact of the programme.

The existence of People Living with HIV (PLHIV) within the Friends of Life Association is a unique experience in Egypt and contributed to raise awareness among people with HIV. The work UNICEF has done with the Friends of Life and Caritas from the start were in response to direct needs to be voiced by the community. UNICEF supported the establishment of Friends of Life, based on the desire of PLHIV to do so. Furthermore, these organizations both have PLHIV on staff and they were involved in the design of the interventions done with those organizations, including the home-based care, the support groups and capacity building interventions done for Friends of Life. It would be useful to use the local activities to monitor the impact and effect of communicating the messages, in order to further modify the national communication strategy.

National capacity building interventions responded to the gaps identified at the central level. On the other hand, one of the primary beneficiaries group, PLHIV, highlighted the fact that training workshops were not effective in their attempt to involve the communities. Both beneficiaries and NGOs working in this field have high expectations from UNICEF to respond to the gaps identified; however given the size of the programme and its key priorities, UNICEF cannot always fulfill these high expectations.

V. Ownership by the Government and civil society

A. Government Ownership

Ownership of the projects is very strong with the government partner, MOHP.

B. Civil Society Ownership

Other stakeholders, including the one NGO that works with PLHIV and civil society in general, were not as involved in the programme as up to the level of the governmental partners. Beneficiaries were not included in planning and therefore, there is little ownership of HIV/AIDS. The NGO staff also highlighted the fact that religious leaders were not involved in the programme and this contributes to the lack of ownership by the civil society. However, UNICEF made it clear that this component is handled by UNDP and not UNICEF, as agreed upon based on UN division of labour and mandate.

The communities, still could be more involved throughout the programme, and thus enhance the ownership and system support. Friends of Life is managed by PLHIV, therefore they have full ownership over the NGO and accomplishments of the NGO. It seems also that the lack of community involvement is a national issue, due to the stigma and discrimination attached to HIV.

VI. Effectiveness and impact

A. Effectiveness
UNICEF’s role was very effective regarding medications provision but not that effective in improving the quality of the health care system. The awareness status has decreased as revealed by the DHS 2008 survey, yet there is an increase in infections among women and children.

Below is a table based on the results matrix that UNICEF planned in 2007. The analysis of this matrix was based on brief interviews with UNICEF concerned staff, as well as on the results of the fieldwork, focus group discussions and analysed questionnaires.

<table>
<thead>
<tr>
<th>OUTCOME INDICATORS</th>
<th>RESULTS AND ACHIEVEMENTS</th>
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<tbody>
<tr>
<td><strong>7.1 AT LEAST 80% OF TARGETED YOUNG PEOPLE, INCLUDING THE MOST AT RISK, POSSESS KNOWLEDGE AND LIFE SKILLS TO PROTECT THEMSELVES FROM INFECTION WITH HIV AND LEAD HEALTHY AND PRODUCTIVE LIFESTYLES</strong></td>
<td>Relevant stakeholders from civil society and PLHIV considered that this is only <em>partially achieved</em>. This is due to the fact that the coverage of the programme was not expanded enough and the awareness raising efforts were relatively limited. The lack of quantitative analysis on the awareness campaigns made difficult the elaboration and confirmation of these statements.</td>
</tr>
<tr>
<td>% of targeted young people who can correctly name at least one method for preventing HIV transmission (baseline: N/A; target: 80% of targeted young people)</td>
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<tr>
<td><strong>7.2 PLHIV INCREASINGLY PROVIDED WITH COMPREHENSIVE MEDICAL, SOCIAL AND PSYCHOLOGICAL CARE SERVICES, INCLUDING PREVENTION OF MOTHER-TO-CHILD TRANSMISSION (PMTCT) SERVICES</strong></td>
<td>Same stakeholders saw that this is <em>partially achieved</em>. PLHIV &amp; NGOs stressed the fact that one of the key expected results (home-based care) was partially achieved. There are also many unresolved problems in the availability of treatment. Infants with HIV mothers were unable to get artificial feeding though Infant formula is provided by the NAP and through donations through Friends of Life. Due to UNICEF’s stance on breastfeeding it is not allowed to provide formula, even to WLHIV.</td>
</tr>
<tr>
<td>% of PLHA on ARVs who have received care and support services through home-based care in pilot governorates (baseline: N/A; target: 70%)</td>
<td></td>
</tr>
<tr>
<td>% of PLHIV support group members who have disclosed their HIV status to family members (baseline: N/A; target: 90%)</td>
<td></td>
</tr>
<tr>
<td>% of PLHIV involved in the design, implementation and evaluated with participation of PLHIV (baseline: 0; target: 40)</td>
<td></td>
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<tr>
<td><strong>7.3 MEDIA, OPINION LEADERS AND CIVIL SOCIETY INCREASINGLY ADVOCATE FOR HIV-AIDS RESPONSE, THE RIGHTS OF PLHIV AND ARE COMMITTED TO FIGHT STIGMA AND DISCRIMINATION</strong></td>
<td>Consensus among beneficiaries and civil society is <em>NOT achieved</em>. More research is needed to assess the current situation of media and opinion leaders in this regard. Although media and opinion leaders participated through the world AIDS Campaigns, there was limitation in their involvement in the battle against AIDS in Egypt. Knowledge about AIDS is still low as indicated in the last DHS. Thus, their role in awareness raising and in advocacy needs to be enhanced.</td>
</tr>
<tr>
<td>Anti-stigma activities implemented and evaluated with participation of PLHIV (bl: N/A, target: 25)</td>
<td></td>
</tr>
<tr>
<td>Key opinion leaders advocate for increased support to the national response to HIV/AIDS in Egypt (baseline: NA, target: 25)</td>
<td></td>
</tr>
<tr>
<td><strong>7.4 GOVERNMENT AND CIVIL SOCIETY ADDRESS HIV AND AIDS AND YOUNG PEOPLE'S ISSUES, WITHIN A MULTI-SECTORAL FRAMEWORK</strong></td>
<td>According to the beneficiaries and civil society, there is a consensus that this was <em>NOT achieved</em>. More research is needed to assess the current situation.</td>
</tr>
<tr>
<td>A National Strategic Plan on HIV/AIDS is implemented and monitored by a National Coordinating body. (Baseline: 0, Target: 1)</td>
<td></td>
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Multi-sectorial policy recommend-actions based on the national survey on young people relayed to key stakeholders (baseline: 0; target: 5)

- The results set for HIV/AIDS had been achieved in different degrees. UNICEF contribution is seen as a major factor of success, followed by the efforts in place made by the beneficiaries themselves, partners from civil society, and lastly the governmental efforts. The capacity building and system-strengthening package are much appreciated from the governmental side, more than by the beneficiaries.

- In collaboration with the National AIDS programme and the NGO Caritas, UNICEF has supported the establishment of Egypt’s first home-based care programme for PLHIV, although it has been inactive for some time now. PLHIV considered that the NAP was not supporting the home-based care and UNICEF is not investing enough to maintain it. The NAP has prevented any kind of support to this intervention, however, Caritas has continued to support home-based care after the UNICEF support ended. It is important to mention that the government was not much welcoming that UNICEF supports this intervention, but rather gives more priority to national partnerships.

- Efforts to support decision-makers to enhance the care and support to PLHIV have included an assessment of the national HIV and AIDS clinical care system. In addition, UNICEF has procured and distributed antiretroviral (ARVs) for adults and children, medical equipment and supplies in support of the national response, with support of Global Fund to Fight AIDS, Tuberculosis and Malaria. Procurement of ARVs has eliminated previous treatment gaps and provided alternative options to PLHIV who have developed resistance to first line treatment. PLHIV esteemed that even with all these efforts, treatment is not yet available to many and they have to seek treatment on their own.

- UNICEF supported the implementation of the HIV Behavioral Surveillance Survey among street children. The results of this study have been used in the design of the USAID-funded project to conduct HIV and AIDS awareness among 1,474 children at risk residing in 10 social care institutions in Alexandria. Most of the targeted street children residing in the social care institutions have received various forms of training to reduce their vulnerability to HIV and AIDS.

- UNICEF also worked in conjunction with UNAIDS, UNFPA, and UNIFEM to support an outreach programme for vulnerable women. The programme has assisted over 3,209 female sex workers and 554 of their clients to reduce their vulnerability to HIV.

- The programme was partially effective in helping PLHIV in treatment and capacity building; and less effective in initiating home-based care. It is worth mentioning that the sustainability of this effectiveness is still at stake due to the need to establish the country ownership to such program.

✓ It is recommended to increase the resources and modify the design to deal with these findings.
B. Impact

It was not easy to detect the extent of impact and effectiveness at field level due to the constant difficulty to reach enough beneficiaries. In general, most interviewees saw the system-strengthening component as the one with the least impact followed by capacity building and the awareness activities. This conclusion is supported by the fact that PLHIV/AIDS are not fully satisfied with services provided by the NAP, within the MoHP.

Although UNICEF played a key role in the establishment of the first PLHIV-supportive NGO in Egypt, this NGO (Friends of Life) was not able to meet its goals and objectives mainly due to lack of support from both officials and civil society. Currently, important efforts by UNICEF are undertaken to support and strengthen the NGOs.

Overall, the programme -part of the UN HIV/AIDS Joint Programme and the Country Coordinating Mechanism of the GFATM-, has contributed to the national HIV response, including the establishment of a home-based care programme for people living with HIV-AIDS (PLHIV), the first PLHIV-lead NGO in Egypt, as well as the procurement of ARVs, which provide 720 adults and 40 children under antiretroviral therapy on an annual basis. Together, these initiatives supported the provision of people living with HIV (PLHIV) with comprehensive medical, social and psychological care services. The programme also contributed to the generation of strategic knowledge for policy development and reached over 10,000 most at risk adolescents and young women with enhanced knowledge to protect them from HIV.

In particular, the HIV/AIDS programme was effective and impacted part of targeted beneficiaries like street children and vulnerable women. In reaching most-at-risk young people, interventions concentrated on children living in street situations and sex workers. Studies confirmed the existence of a concentrated epidemic among key populations, while highlighting a multitude of risky practices among populations prioritized by UNICEF and the first cases of HIV detected among children in street situations. Beyond specific interventions targeting children in street situations, UNICEF provided technical assistance to a HIV/AIDS and Street Children taskforce aiming to prevent new HIV infections within this group.

On the other hand, UNICEF has supported HIV prevention among sex workers for several years, through the capacity building efforts to implementing partners. In this sense, the supporting donor, the Drosos Foundation, is now confident enough to provide future funding directly to the NGO.

The capacity and management structure of Egypt’s only NGO led by people living with HIV (PLHIV) has been enhanced through technical assistance. Care and support to women and children infected/affected by HIV/AIDS has been delayed to prioritize enhanced structuring within the NGO prior to implementation. Data to support future advocacy and evidence-based programming has been generated through implementation of the Stigma Index, which was supported as a result of enhanced capacity of a team of researchers on issues related to stigma and discrimination surrounding HIV and relevant research methodologies.19

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VII. Efficiency

The HIV/AIDS programme used the media, although limited, as one of the tools to reach the targeted population, as it was not easy to reach them through direct communication. The programme improved the cost-efficiency of the awareness campaigns by extending partially the message to media, opinion leaders and civil society (Result 2) in a way that they increasingly advocate for HIV/AIDS responses, the rights of PLHIV, and reflect more commitment to fight stigma and discrimination.

UNICEF also invested in helping PLHIV through the establishment of the NGO "Friends of Life". The NGO function and efficiency however was too limited. They faced many problems and sometimes their efforts conflicted with those of the NAP/MoHP, thus limiting their ambitious plans to help PLHIV. In addition, their funding difficulties were another issue of concern.

The limited geographic coverage of the programme affected certainly its efficiency. UNICEF assistance was nevertheless efficient as the procurement of supplies helped the GoE to distribute and provide treatment.

VIII. Sustainability of programme interventions

The sustainability of the HIV/AIDS programme is another issue of concern. There is almost a consensus between stakeholders and beneficiaries that HIV/AIDS interventions are NOT sustainable, even if the MoHP has already expressed its willingness to continue these activities once UNICEF’s support ends.

There is a strong doubt that MOHP& Health Units possess sufficiently strong governance structures, professional capacity, and willingness to sustain these activities in the future. And the current instability and challenges during the transition period add only negative effects to the sustainability efforts.

One more factor that threatens the sustainability is the fact that civil society and local NGOs were not involved enough in all programme development cycle.

On the other hand, most stakeholders stated that the programme lacks a serious commitment and a vision towards the future. They also see that HIV/AIDS interventions DO NOT have the potential for replication at a wider scale.

All this comes in a context where it is difficult to get a truly accurate assessment of people living with the virus, because the stigma associated with the disease prevents many from being tested in the first place; a stigma that may actually result in increasing the rate of infection.20

IX. Monitoring and Evaluation framework

To different degrees, stakeholders agreed that Monitoring and Evaluation framework for the HIV/AIDS programme is effective and well supported by the management and strategic planning of

the component. Close monitoring of UNICEF staff in the field is one major positive factor that contributed to this perception from stakeholders.

X. Partnerships

UNICEF has maintained closed links with UN Agencies such as UNAIDS, UNFPA, and UNIFEM, with whom they have closely collaborated. In addition, UNICEF partnered with Caritas initially and later on with Friends of Life with the purpose of providing direct support to the PLHIV.

XI. Mainstreaming issues

A. Human rights approach

There is strong consensus between stakeholders that the Human Rights-Based Approach (HRBAP) has been applied to a lesser degree in HIV/AIDS interventions. PLHIV has developed their needs assessment and a proposal to reflect their needs. This was the only practical application for the right approach.

B. Gender

Stakeholders agreed that Gender equality mainstreaming was reflected in the interventions, which paid special attention to girls and women’s rights.

C. Equity

Coverage is in favor of urban areas, with no target to slums, due to the difficulties to identify and access beneficiaries. The fact that the majority of the HIV cases are undetected and unknown, suggests that only a small portion of people living with HIV have access to the treatment. This includes pregnant women requiring treatment to prevent vertical transmission of HIV onto their children.

XII. UN coherence and coordination

Relevant stakeholders see that the HIV/AIDS interventions are coordinated with other UN interventions. However, this coordination needs to be more effective in the field and translated into new initiatives or to support disadvantaged groups like PLHIV.

UNICEF also worked in conjunction with UNAIDS, UNFPA, and UNIFEM to support an outreach programme for vulnerable women. The programme has assisted over 1,000 female sex workers and their clients to reduce their vulnerability to HIV.

XIII. Transition process

HIV/AIDS emergencies, following UN Division of labour and mandate, fall under UNAIDS and UNHCR. Furthermore, UNICEF has HIV written into its emergency plans and they provide technical
assistance with post-exposure prophylaxis kits in case of emergencies, like what it happened in Salloum.

XIV. Comparative advantage and strategic positioning of UNICEF in Egypt

UNICEF’s comparative advantage in the national context regarding HIV/AIDS is mainly attributed to its involvement with civil society organizations in the field. The majority of stakeholders relate this success to a continuous history of successful projects that have helped to strengthen the relations with civil society, thus contributing to increase awareness and cultural acceptance of these interventions.

UNICEF past interventions are seen mostly as innovative when the Organization worked as facilitator. Many see the programme as a substitute of the official programme, as most stakeholders considered that the NAP is not responding to the needs of beneficiaries. This may reflect their opinion about the unsatisfaction of primary target of the programme.

The lack of trust towards the government efforts on HIV-AIDs has contributed to distance the MoHP and civil society on this subject. This is also reflected with the fact that there is a consensus that UNICEF should deliver direct assistance instead of the government agencies.

XV. Key lessons learned and innovations

Following are lessons learned based on the evaluation findings and discussions with implementation partners. These lessons are being documented to facilitate learning as well as inform the future design of subsequent programmes, in particular during the current transition phase.

- It is important to plan the scaling up interventions during the development of the country programme. The intervention of HIV/AIDS awareness activities depended mainly on seminars and direct communications to reach around 10,000 young people. Scaling up in this area may be through organizing talented trainees to form associations, groups or NGOs to take over such awareness activities.

- When the programme delivery is done through partners, adequate coordination and linkage with MOHP system and local civil society organizations should be planned. Caritas, for example, contributed in some parts of the programme without the participation of other local development associations to build their capacities and increase sustainability.

- Institutional structures and systems are very important for the successful implementation of the programme. More specifically, the lack of adequate capacity in terms of human resources and management systems, both within the government and implementing partners in civil society added an additional constrain in the implementation of the programme. It is important, however, to highlight positive examples such as the establishment of an NGO by PLHIV in Alexandria. This is a unique experience in Egypt and contributed enormously to reach the beneficiaries, while helping to raise awareness and lobby on their needs. This experience should be considered as a successful one even if their achievements were limited. Investments in such civil society organizations should be well planned in terms of capacity building and coordination, working in coordination with the corresponding national and governmental institutes. In this case in point,
conflicting visions between the visions of Friends of Life NGO and National Aids Programme contributed to the lack of successful outcomes.

- **Knowledge on HIV is insufficient.** Only few adolescents have some understanding about HIV-AIDs. HIV awareness raising targeting to 9000 adolescents is not enough to ensure understanding among 12 million children and adolescents.

- **Strategic partnership with the media is key when advocating for population and development issues.** This issue is of special importance in the case of HIV/AIDS, particularly due to the sensitivities that link HIV-AIDs to sexual relations and the difficulties to address these issues in the communities. More use of the media may contribute to increase the effectiveness and sustainability of the interventions.

- In a context in which NGOs have raised a concern regarding the difficulties when dealing with **Governmental administrative procedures** that prevent them from operating. UNICEF can play a role of convener between the Government and civil society.

- Joint programming contributes to ensure a more targeted and effective approach, particularly when dealing with sensitive issues such as HIV-AIDs.

### XVI. Recommendations

#### Relevance

- The programme should prioritize efforts to eliminate mother-to-child transmission, including raising awareness on the dangers of HIV transmission through breast-feeding.

- It is recommendable to include Hepatitis C under the programme since People Living with HIV (PLHIV) are more susceptible to Hepatitis C.

- Slum areas should also be considered in the next CP.

#### Design and Focus

- The experience of PLHIV within the Friends of Life Association is a unique experience in Egypt that has contributed to raise awareness among people with HIV. Their participation should be key in the development of the design and implementation of future activities.

- Trainings and capacity building efforts should be inclusive to ensure the involvement of communities.

#### Ownership

- Government and civil society should be involved in joint programming activities, which would contribute to a shared ownership. This also needs to include religious leaders, in cooperation with UNDP.

- UNICEF should continue working with the Government to ensure a real and active ownership from the Government at all levels.

#### Effectiveness and Impact
More attention should be paid to information sharing, as it is the cornerstone to build relevant interventions. Primary data sources are not sufficient to tailor the programmes. This was particularly manifested by the lack of official guidance towards infant nutrition with HIV/AIDS mothers, as reported by some primary beneficiaries.

More attention and support is needed to activate the role of the first PLHIV NGO, Friends of Life, to participate in helping other PLHIV and the community. Supporting this NGO will serve also as a prototype as it is first in Arab countries.

Home-based care is seen as a vital programme for PLHIV, so it is recommended that UNICEF invest more in re-activating the programme. Maybe one important contribution from UNICEF is to help make the link between the NAP and civil society organizations, in this case represented by the NGO, Friends of Life.

As awareness is still the most effective approach to stop the pandemic of AIDS, it is recommended that UNICEF invest more in this area. Use of mass media, is probably the most effective way to reach the target population and the communities in general. This should come in parallel to seminars and other ways of transferring direct knowledge, while helping to deal with some of these issues in-depth. Linking local direct communication model with national media model may be more effective.

Sustainability

To ensure sustainability, UNICEF should support the MoHP & Health Units to develop their system and institutional development. Professional capacities need to be developed, in addition to a good planning and budgeting for these activities.

UNICEF should ensure that HIV-AIDS interventions remain part of joint programming to ensure the sustainability of these interventions.

Partnerships

Joint programming is key to ensure consistency in the responses to HIV/AIDS, and provide further strength to advocate for the needs of the PLHIV while increasing awareness among the communities, not only for prevention purposes, but also to improve the understanding on this subject and contribute to improve the relationships toward PLHIV. It is also important to increase the cooperation and support civil society organizations to increase their efficiency, community participation and sustainability.

The first PLHIV NGO, Friends of Life, should be strengthened and assisted, to provide a model for direct support to PLHIV, and raise awareness within the communities. Supporting this NGO will serve also as a pilot experience, as it is first in the Arab countries.

Cross-sectoral partnerships and joint programming should be further enhanced to ensure a comprehensive response to the HIV epidemic, which is clearly aligned with national priorities identified in the National HIV/AIDS Strategic Framework 2012-2016. These partnerships are key to ensuring the elimination of all gaps in the HIV response, in a cost-effective and sustainable manner.
Transition Period

✓ The HIV/AIDS programme should have plans ready to manage emergencies. There should be an emergency plan to substitute normal or planned activities with relevant emergency activities.

Mainstreaming Issues: Human Rights based Approach

✓ There is a need to increase advocacy and awareness campaigns involving the media to help enhance awareness on HIV/AIDS and promote early detection and increased access to treatment. Messages should specifically target at-risk women, especially those of child-bearing age.
3.3 – CHILD PROTECTION

I. Introduction

Since the beginning of the cycle, UNICEF succeeded to align itself with the Egyptian Government priorities regarding child protection issues and in particular children at-risk.

The purpose of the Child Protection Programme is to contribute to the full protection of children, the promotion of their rights and combating all forms of violence including FGM/C. This purpose was expected to be achieved through four main results:

a. Putting in place a national data system on key child protection indicators;
b. Establishing child protection mechanisms and policies for identification, monitoring and referral for children at risk,
c. Supporting community services for the reintegration of street children, and
d. Contributing to less prevalence of violence against children (in schools, FGM/C and other harmful practices) in target areas.

These interventions contribute to the Convention on the Rights of the Child (CRC), Millennium Declaration and indirectly to all the MDGs and UNDAF outcomes 1 and 4.

Partners of the Child Protection Programme are NCCM, Ministry of Health and Population (MoHP), Ministry of Insurance and Social Affairs (MISA), Governorates of Alexandria, Assiut and Sohag, 22 national NGOs. Partners also included UN agencies such as UNDP, UNFPA, WFP, ILO, UN Women and other international NGOs such as Save the Children, Plan International, Terre des Hommes, CIDA under 2008 EDHS.

It is estimated that 7% of children aged 5-14 are involved in child labor, with boys being more likely than girls to be engaged in such activities. Rural children are more likely to be engaged in child labor than urban children. While the percentage in the poorest wealth quintile reaches up to 17%, it is less than one percent in the wealthiest quintile.

Young people age 10-24 years constitute 33% of the Egyptian population with nearly 22% between 10 to 19 years of age. There is an urgent need to invest more in building their knowledge and skills as well as in building the capacities of institutions that target them to better serve their needs.

Unemployment affects young people significantly, with 83% of the unemployed in the age group (16-29 years) mainly due to a mismatch between their skills and labor market demands.

In addition, young people have limited information and skills to lead healthy lifestyles. A recent survey found that, 28% of young people (10-29 years) reported no physical activities either for leisure or as part of their daily lives.

Particular disadvantages across these indicators areinare in females, especially those residing in rural settings.


TABLE 10

CURRENT SITUATION OF CHILD PROTECTION IN EGYPT

- Violence against and between children in various settings continues to be a major issue in the lives of children. Attitudes that condone violence towards women are high among young people.
- The Concluding Observations on Egypt’s compliance with CEDAW highlighted that violence against women in all its forms has increased, both in the private and public spheres.
- Egypt has a high prevalence of Female Genital Mutilation/Cutting (FGM/C). FGM/C prevalence decreased from 97.3% in 2000 to 91.1% in 2008 for women ages 15-49. The medicalization of FGM/C is a major concern, as 72% of FGM/C cases are performed by doctors, with an increase from 45.8% (2000) to 72% (2008). Performing FGM/C was criminalized in 2008 (2008 EDHS).
- It is estimated that 7% of children aged 5-14 are involved in child labor, with boys being more likely than girls to be engaged in such activities. Rural children are more likely to be engaged in child labor than urban children. While the percentage in the poorest wealth quintile reaches up to 17%, it is less than one percent in the wealthiest quintile.
- Young people age 10-24 years constitute 33% of the Egyptian population with nearly 22% between 10 to 19 years of age. There is an urgent need to invest more in building their knowledge and skills as well as in building the capacities of institutions that target them to better serve their needs.
- Young people are socially disengaged with few opportunities for them to exercise their right to participation. Only 2% of young people (10-29 years) participate in voluntary work and 5% are members of groups such as youth centres and school boards.
- Unemployment affects young people significantly, with 83% of the unemployed in the age group (16-29 years) mainly due to a mismatch between their skills and labor market demands.
- In addition, young people have limited information and skills to lead healthy lifestyles. A recent survey found that, 28% of young people (10-29 years) reported no physical activities either for leisure or as part of their daily lives.
- Particular disadvantages across these indicators areinare in females, especially those residing in rural settings.


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22 Outcome 1 refers to Poverty Alleviation through pro-poor Growth and Equity, and Outcome 4 refers to Food Security and Nutrition
the umbrella of the Egyptian Child Protection Network (ECPN).

The budget for the Child Protection Programme for the cycle of 2007-2012 was US $ 8,705,000 and the actual budget spent by end of 2012 was 6,985,000.

The programme has four outcomes and 15 outputs:

1) National data system on key child protection indicators in place;
2) Child protection policies and mechanisms for identification, monitoring, and referral for children at risk established;
3) Street Children reintegrated through rehabilitative services.
4) Violence against children (FGM/C and in schools) less prevalent in targeted areas.

1. The Child Protection Policies and Mechanism (CPM)

The Egypt Child Protection Programme focused on promoting a decentralized national protection system that builds upon the administrative governmental structures that already exist. The programme adopted an approach that sets responsibility of addressing situations of child protection from deprivation, abuse and neglect upon the local community. The objective of this mechanism was to set up a protective environment for children at risk under the umbrella of the local government and in partnership with NGOs, community development associations and other civil society actors via a system that identifies, monitors children at risk and provides them with adequate interventions for their protection. The logic of the programme is to decentralize responsibilities towards children with an approach that focuses on partnership development and systems coordination. Interventions and services are made available by Government entities (Directorates and Administrations of Health, Education, Social Affairs, Labor, and Interior) under the management of the Governorate Offices, 17 NGOs as well as by community members. This approach has been piloted basically in three districts in Alexandria (2005-2006) and then in 2009-2010, extended to 14 districts: 8 in Alexandria and six in Assiut. The project functioned also in other 3 Governorates of Sohag, Menya and Qena; however it was discontinued due to lack of resources but UNICEF was trying to lessen its project support and focus more on supporting the governorate to take the lead on the CPC implementation. Interviewees reported that neither the NGOs nor the Governorate committees received any support from UNICEF after the funding stopped. Child Protection Mechanism is a real promising mechanism; however is being threatened by the lack of a consolidated strategy and budgeting, as well as the difficult socio-political conditions that currently affect the country.

2. Reintegration of Street Children:

The growing phenomenon of street children in Egypt’s big cities has created an issue of major public concern. Estimating the exact statistics on street children has been very challenging due to the transient nature of the problem. In 2009, the National Council for Childhood and Motherhood (NCCM) estimated that there were 5,000 children living on the streets of Cairo, with an estimated 10,000 street children in the four biggest governorates of Egypt. The Ministry of Insurance and Social Affairs (MISA) in 2008\(^\text{23}\), estimated that around 18,000 children are living in the street around the country. Another survey conducted by NCCM\(^\text{24}\) in 2008 estimated that around 10,000 children are living in the streets of the most populated four governorates: Cairo, Alexandria, Qalyoubia and Giza. UNICEF, striving to protect these children’s rights, protection and rehabilitation, partnered with 5 NGOs (2007-2010) under a network established specifically to coordinate these efforts and to strengthen emerging NGOs serving street children. Partnership with Government institutions was minimal during this period (NCCM). In 2011, from the initial 5 NGOs supported in 2008, only 3 NGOs remained and one new NGO was added. UNICEF seized

\(^{24}\) NCCM, 2007, Summary report only available.
support to 3 NGOs due to the realization of management problems that was repeatedly not resolved. Partnership with government organizations took a more consolidated manner with MISA and, to some extend, with the MoE at some targeted schools and child care institutions in specific governorates. UNICEF has been supporting street children through outreach services (street work and mobile units), supporting reception centers, offering daily services to children living on the streets, rehabilitation and reintegration services such as arts and sports activities, and temporary shelters to house children off the streets. This is added to capacity building and awareness raising activities as well as psychosocial support. In spite of all efforts, the number of children reached was limited. Few successful interventions have been introduced; however the issue remains of great concern, as it is hard to achieve tangible progress without introducing policies that protect their rights.

3. Violence against Children (including Female Genital Mutilation and violence in schools):

The Programme “Contributing to the abandonment of social norms harmful to girls and women” was the leading hint to support the FGM/C abandonment and protecting children from violence. It was initiated by UNICEF and its partners in 2008, building upon previous programmes such as “FGM/C Abandonment Programme” and “Protecting Girls from the Harmful Practice of FGM/C” that contributed to adopt a positive deviance approach and that ended up in 2006-2007. In 2008, the Programme expanded in a more comprehensive manner to adopt a protective perspective at large that incorporates FGM/C as one of the key manifestations of violence against girls. This programme was rolled out in 20 villages in 7 districts of 4 governorates in Upper Egypt and, later, expanded to cover 23 villages with over 120 hamlets and one city located in 15 districts of same 4 governorates. The Programme was implemented in collaboration with 4 partner NGOs and 20 Community Development Associations. The aim of the phase (2008 to 2011) was to reach 10,000 families by 2011. The total population of the target villages was estimated to be around 425,000 people, whereas 11,500 girls were at risk of FGM/C. UNICEF strongly partnered with NCCM and UNDP, and national progress was tangibly achieved; however, partnership was dimmed when the project shifted from NCCM to the National Council for Population (NCP) and UNICEF is currently thriving for strategic partnership in this regard.

4. Providing legal aid to children and advocacy for child rights

This component aims at forming and developing the capacities of a network of lawyers specialized on justice for children to provide legal assistance and psychosocial support for children. This initiative was introduced by UNICEF in 2010. This project concurred with the abuse and exploitation of street children that happened after 25 January revolution, with the objective to protect children in contact with the law, providing legal and psychosocial support. The key partner in this initiative is a NGO that takes an advocacy stance to integrate children rights in the Constitution, and gets limited support from Government institutions. Since the project is newly emerging, it would need a strategic vision with a clear policy plan on modalities of transferring advocacy initiatives into real policy changes.

26 Street Children Situation, PCAs with Hope Village Society, June-December, 2011.
27 UNICEF, Project Contractual Agreements with FGM/C NGOs (BLACD), 2011.
II. Methodology

A combination of qualitative and quantitative methodology, guided by UNEG-UNICEF evaluation standards, was adopted using a variety of sources to address all the evaluation objectives. Quantitative data was analyzed using the Statistical Package for Social Science (SPSS) programme. A participatory approach was followed to consider the views of both duty bearers and right holders in contributing to protecting and promoting children’s rights within the framework of the child protection Programme. Field visits included four Governorates namely Cairo, Alexandria, Assiut and Sohag. The equity focus was considered regarding issues of gender, geographic location, and inclusion of most impoverished areas. The evaluation considered aspects of confidentiality and anonymity, where the data is analyzed and reported in such a way that individual sources cannot be identified.

**Qualitative methods included the following:**

- A comprehensive desk review of all relevant plans, annual reports, studies, policy documents, and documents of relevant NGOs and donor reports;

- 15 Key informant interviews with major stakeholders throughout the whole Programme cycle including NCCM, NCP, MISA, Governorate Secretary for Child Protection and UN partners added to key interviewees such as legal support Advisor, former NCCM Secretary Generals and other UN agencies (Annex-8—names and titles of interviewees);

- 12 Focus group discussions with stakeholders on national and local levels about their experience with UNICEF child protection Programme, implementation of activities, partnerships, evaluation of results achieved and lessons learnt, and identification of priorities for the coming cycle. This included 18 NGOs, 49 social workers, 56 community leaders and village pioneers, two child protection committees;

- 12 group discussions (8 with children and 4 with families); three with street children who were reintegrated and two not reintegrated, as well as two girls reintegrated and two not re-integrated. This is added to a girls group (21 girls) who have not undergone FGM/C, and four group discussions with families; two for FGM/C (those who are for and against practicing FGM/C), and two for street children.

**Quantitative method included the following:**

To assess the effectiveness of results and the impact on children and families, a randomized control trial (RCT) approach was adopted for this evaluation. This allowed the comparison of treatment/experimental group (that were exposed to UNICEF interventions) with the control group (that were never exposed to UNICEF interventions). Six experimental districts,\(^9\) sampled from Alexandria, Assiut and Sohag, received almost all the child protection interventions and six other control districts were selected where no programme interventions took place. The selection of control districts was based on their similar characteristics with the experimental ones. A cluster systemic random sample was selected. A questionnaire that included eight evaluation criteria was applied with 341 families-

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\(^9\) The six districts were: West and Montazah in Alexandria, Abu Teeg and Manfalout in Assiut and Saqolta and Dar Essalam in Sohag.
beneficiaries and 280 families-non beneficiaries. Quantitative approach was not used regarding the sub-component of street children.

The total number of families interviewed was 549, divided between Lower Egypt (Alexandria) and Upper Egypt (Assiut and Sohag). Lower Egypt represents 69.5% and Lower Egypt represents 30.5% of the sample. This goes in accordance with the number of beneficiaries in each region, since Alexandria represents more than three times the number of beneficiaries in the other two governorates.

The number of children studied in the overall households is 1620, represented as follows:

Table 11 – Sample distribution (families and children), by exposure to interventions and by geographical location

<table>
<thead>
<tr>
<th>By Exposure to the Interventions</th>
<th>Lower Egypt</th>
<th>Upper Egypt</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of families (between brackets, number of children living in these families)</td>
<td>237 (613)</td>
<td>104 (361)</td>
<td>341 (974)</td>
</tr>
<tr>
<td>- Intervention areas</td>
<td>79 (168)</td>
<td>129 (478)</td>
<td>208 (646)</td>
</tr>
</tbody>
</table>

The average number of children in the households interviewed is from 3-4 children and the average age is between 9-10 years.

The three main sub-components of the Child Protection Programme where Child Protection Mechanisms (CPM) in Alex and Assiut, FGM/C and violence practices in Assiut and Sohag, and Street Children in Cairo. The justification for this focus is that CPM was never evaluated throughout the cycle; FGM/C was evaluated only once in 2007, and the street children component was studied in more than one form: NGOs assessment, policy analysis and overview study.

Based on the principles of the rights-based approach and the results-based management, the evaluation was guided by the Child Protection Country Programme Action Plan (CPAP) developed for the period of 2007-2011, and that was afterwards extended to 2012. The Six Strategic Roles30 for UNICEF were used to analyse the strategic roles of the Child Protection Programme during the CP cycle 2007-2012. These strategic roles include: policy/advocacy, monitoring systems, capacity building, developing partnerships, knowledge generation and reducing disparities.

Evaluation limitations are in the lack of baseline information for various results, the complexity and the muti-level analysis of the Child Protection Programme as well as the scope of the evaluation, which posed some limitations to in-depth inquiry. Efforts were largely made to ensure the objectivity and impartiality of interviewees, especially when it comes to the current sensible situation of international organizations and international NGO in the country, or the tendency of local partners to highlight the positive effects rather than develop a constructive reflection. Finally, unforeseen violent eruptions in Assiut led to shifting a part of the fieldwork to Sohag Governorate.

30UNICEF’s Approach in Middle Income Countries: Six Core Strategic Roles (Discussion Note), Policy and Practice NY, May 2010
III. Relevance of the Programme

A. During the whole cycle

The goal and results of the Protection Programme are relevant to the UNDAF outcome (1), which focuses on Poverty Alleviation through pro-poor Growth and Equity, but also outcomes 2, 3 and 4.\(^{31}\) With particular attention, the programme focuses on outcome 1.1, which commits the United Nations to work towards strengthening state capacities, particularly to reduce exclusion and monitor social protection services to young people, women in rural areas and other vulnerable groups; while reducing gender disparities. It is also aligned with MDG, CRC and national child law, thus promoting a public perception of women and children’ rights.

As for the national priorities, the Child Protection Programme strongly supported the development and implementation of policies and mechanisms to protect children at risk, in line with the previous Presidential Declaration of the Second Decade for the Protection and Welfare of the Egyptian Child (2000-2010) that placed children at the forefront of the development agenda. To contribute to reducing disparities, the Programme focused most of its projects and interventions in rural Upper Egypt, where 25 million people (37% of the population) reside.\(^{32}\) In 2010/11, 51.4% of the population of rural Upper Egypt was income poor, compared to 9.6% of the population in Urban Governorates. Large families with children are at higher risk of poverty.\(^{33}\)

The interviewed key officials and partners assessed the relevance of the Programme as follows:

- 91% of respondents agreed that Child Protection Programme was compliant with the Government’s mandate and responsibilities towards children at central and local levels, as well as priorities regarding children’s rights issues;
- The Programme was relevant and necessary and its continuity is seen as high on demand particularly to categories like street children and violence against children. A general request from 73% of the respondents was that the Programme definitely has to revise its priorities in the period after the revolution to respond to the new needs for children and families;
- The goal and expected results of the Programme complemented those of other organizations working in the same sector, namely NCCM, UNIFEM, and NGOs; hence there was no duplication with other programmes, rather a complementarity towards a multi-disciplinary approach in children protection.
- CPCs also confirmed that the geographic areas that the Programme focused on were relevant, as these are considered to be extremely poor. The gradual move from the pilot to the replication phase was successfully done and well calculated.
- NGOs agreed that national priorities are set as long-term vision, but do not necessarily take into consideration the diversification of the Egyptian communities and the specificities of local areas. Hence, a situation analysis is needed on the targeted geographic areas to study the most pressing needs.

\(^{31}\) UNDAF Outcome 1. Poverty Alleviation through pro-poor Growth and Equity; Outcome 2. Quality of Basic Services; Outcome 3. Relates to Governance; and Outcome 4 to Food Security and Nutrition.

\(^{32}\) UNICEF-ECO CPD (2007-2011)

\(^{33}\) UNICEF Draft Country Programme Report. Annual Session 2013
61% of the interviewees agreed that the knowledge on the situation of children and women provided by UNICEF was adequate and some added, that the Programme needs to produce again the study that used to be published by UNICEF on "Situation Analysis of Children"\textsuperscript{34} in every programme cycle- as a main source of information on childhood issues. 39% reported that they don’t receive any knowledge products from UNICEF on children and women and that, in case they have it, it is always in English and difficult for them to understand.

B. In this transition phase

- NGOs recommend that the Programme should be adapted to the needs of the country in the aftermath of the revolution of 25\textsuperscript{th} January, to be able to cope with the increased phenomena of violence against children, and to integrate interventions that would prevent children from violent activities. They suggested strengthening activities such as psychosocial and legal support during the transition period.
- Social workers of street children NGOs and community leaders in Assiut, agreed that issues related to parental care need to be more active, as parents imagine that they know how to raise their kids, but they actually don’t. This problem comes up especially in the families that are not well educated, and is magnified when they are also poor.
- Community leaders highlighted the fact that financial empowerment of women is a key factor to empower the families; yet the programme did not consider this aspect or responded to this need.
- CPCs in Alexandria and Assiut believe that the Programme should consider other issues regarding social protection. In their words, “Child rights cannot be applied except in a good environment that respects and protects these rights”. Accordingly, children cannot enjoy their rights if the situation of families is drastically poor. Stories from Abou Teeg district in Assiut report that since the Libyan revolution took place and since many of the community members who were working in Libya left their jobs and returned to Egypt, the number of poor families has increased tremendously.

The evaluation views that the Programme was, to a large extent, relevant to the MTSP, international and national priorities, as well as human rights conventions. Recommendations for the coming period are summarized below:

- Address underlying causes of the non-realization of children and women rights, and not only the direct causes, to be more complying with the rights-based approach. This would include the provision of technical support to the Government when developing policies, in addition to the direct service delivery through NGOs and civil society. This would contribute to ensure the children reintegration into schools.
- Generate and exchange knowledge on the situation of children and women relevant to the partners’ and beneficiaries’ level of understanding and language.
- Adapting the coming CP priorities to the needs of children and families with more emphasis on social protection issues. Manifestations of extreme poverty were clear for nearly all of the families visited.

\textsuperscript{34} The Situation Analysis of Children and Women in Egypt was set up as a key knowledge product for the second half of the country programme, aiming at providing an opportunity to fill the gaps in existing knowledge on children. EGY-MTR_Summary_report, January-June 2009
Integration of more issues for mothers or parents, (such as family empowerment whether financial or non-financial, parental education, family counseling, etc.), as the Programme is not sufficiently family-centered. The focus on children was praised, but more focus on families will make it better child-family centered.

IV. Design and focus

The evaluation assesses that the Programme design is suitable to the context of the country and the organizational set-up of central and local government. As it is clear in the CPD, CPAP and MTSP, the Programme has been designed according to results based standards with overall Programme indicators. Baselines were not complete, as most of the protection issues do not have national statistics either because of political and social sensitivity or because of lack of national capacities. However the DHS was being relied on to provide statistics for FGM/C, child labour, early marriage and disciplinary actions.

The design of the Programme considered the UNICEF Six Strategic Roles[^35], though with different variations. These six programmes represent the “core minimum” of UNICEF roles for its strategic cooperation in Middle Income Countries (MICs). In the coming matrix, a brief analysis of the programme was done against these strategic roles.

<table>
<thead>
<tr>
<th>STRATEGIES</th>
<th>DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capacity building</td>
<td>It mainly focused on Child Protection Committees (CPCs), monitoring committees and social workers of street children. Capacity building efforts exceeded 80 workshops during the last three years starting September, 2009 until October 2012, only in Alexandria; however in Assiut awareness raising activities are much higher than capacity building. This strategy definitely had its positive impact on enhancing the knowledge of participants; however, there is no real evidence to demonstrate that impact. In addition, there is no specific mechanism to assess the real needs of the participants or to monitor their performance and the results achieved after the workshops.</td>
</tr>
<tr>
<td>Knowledge generation</td>
<td>Knowledge generation was the second strategy that the Programme focused during the 2007-2012 cycle. It produced six pieces of research and evaluation as well as good practices; of which one third was on street children and situation of children in urban areas. Dissemination and use of this generated knowledge could have been better used to feed into initiatives like policy/advocacy and/or communication and mobilization. Knowledge generated to raise awareness or to assist in social mobilization and change need to be improved. In addition to studies and evaluations, the data frame-works that was developed by NGOs were hardly analysed. Accordingly, its results were not shared with the Government to be used in decision-making processes, not with the media to be used in any advocacy initiative.</td>
</tr>
<tr>
<td>Developing Partnership</td>
<td>The Programme was very successful in developing partnerships with different variations. Its point of strength was mostly invested with NGOs (21 NGOs in the three Programme components). Government partners’ involvement was limited to CPCs, but barely addressed violence against children and street children. Lately, the Programme is more active in developing partnership with MISA regarding some activities in protection of street children. Partnership with the private sector was extended to Starwood, UK Natcom through British Airways and EFG Hermes, though it is recommended that private sector should be more involved.</td>
</tr>
</tbody>
</table>

[^35]: UNICEF’s Strategic Approach in Middle Income Countries – Six Core Roles. A Discussion Note
Monitoring systems

The Programme succeeded to establish a monitoring mechanism that starts from the community level and ends in the Governorate level. Yet, the focus in the monitoring process was fixated on “cases” of specific children more than on general issues that affect the well being of children. Monitoring system is computerized and unified amongst all Governorates. This helped to form a strong database with good desegregation that is easily retrieved and updated. Street children NGOs also succeeded to establish a strong database that helps to retrieve all details on children, however setting consistent and stable-monitoring systems is quite challenging. Monitoring the implementation of the CRC was well conducted and led to the change of the child law to match its clauses. UNICEF prepared 2 reports to the CRC committee on Egypt’s status of implementation of the CRC (2001-2011) and UNICEF’s main recommendations were adopted in the 2011 CRC recommendations to Egypt.

Reducing disparities

The Programme targeted the poorest areas and emphasized its attention on the most vulnerable families/children. This was clear in Alexandria, Assiut and Sohag. Focus was more on socio-economic interventions and deprivation rather than on combating violence practices. Girls were typically targeted in efforts to stop FGM/C issues. Disabled children were less fortunate in this Programme, since there is no single intervention targeting this type of disparity.

Advocacy/Policy

Advocacy/ Policy initiatives came strong at the beginning with the efforts invested in the Child Law and the strengthening of the Child Protection Committees. Policy efforts for street children were not strong evenly throughout the Programme, as its activities focused more on service delivery through NGOs. Policy level efforts improved again by the end of the Programme, in paying efforts to forge partnerships with governorates, work with NCCM on a strategy to institutionalize CPCs, integrate child protection issues in the Constitution, and in the latest coordination with MISA regarding street children.

Some of the key findings from people interviewed during this evaluation are the following:

- 92% of key officials stated that they participated, in a way or another, in the project design in the initial phases, but are not informed of the latest versions except for those who signed the annual work plan. Key officials requested that UNICEF shares a database of the NGOs that are working with the programme, names of the projects and budgets allocated.

- NCCM, MISA and street children NGOs stated that the results were a bit high in their expectations, and need to be more realistic in the future. In their words “expanding to include more CPCs with just training workshops was not essentially helpful, as there is a need to make them operational and effective”. 57% of NGOs in Cairo, Alexandria and Assiut reported that the Programme is focused and realistic, while 43% thought that there is a need to be more focused and less ambitious.

- Partners in Assiut were positive regarding the synergies and complementarities between the different programme components. The Programme succeeded to harmonize between CPCs and FGM/C in Assiut starting 2009. Although there is still more weight on FGM/C issues due to the nature of the problem in Upper Egypt. The Programme is, however, gaining more complementarity and synergy while adopting a holistic approach to child protection issues.

- Success was built through networking efforts mostly on socio-economic services and rarely for advocacy or policy change:

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36 The transfer of the focus from cases to trends is related to the activation of governorate CPCs, which is currently still a challenge, especially amidst the current political instability, making it difficult for governors to consider CPCs a priority.
- CPC support is demand-driven and includes direct services such as medical support, issuing official papers, payment school fees, and financial support.
- Success was built through networking efforts gained out of the joint interventions and sustaining the CPC mechanism.
- Networking included coordination efforts with local charitable associations.

- Since its start in 2005, Alexandria focused on CPCs, economic empowerment for very poor families and then also focused on violence against children in schools that were successfully piloted by Scouts NGO. Economic empowerment of families then stopped in 2008, and violence against children in schools came to be combined with CPCs though at a much lower rate.

- Street children projects developed into different stages. It started with a big network that complemented its activities under the leadership of the two biggest NGOs working in Egypt, Hope Village and Caritas, who mentored smaller NGOs and helped enhance their capacities in working on street children issues. The support to the bigger NGOs was stopped due to management issues that UNICEF saw as an obstacle to their support of children and the smaller NGOs became gradually more capable to manage their own programmes. That was a very good strategy from UNICEF to establish a second level of NGOs and develop their capacities to lead street children projects.

- Across the whole Programme, violence was mainly limited to combating FGM/C, but barely in workplace, in schools, or at homes as well as domestic violence.

With regards to the design and focus of the Programme, the evaluation recommends the following:

- Conducting a capacity gap assessment for target partners, and developing an analysis of institutions that are expected to deliver the required activities/services at the beginning of the Programme. This would also give a clearer idea on the potentials and the gaps in their role and position as duty bearers for women and children.

- Establishing specific and combined indicators for child protection issues in the different Governorates. The progress is definitely achieved and positive changes took place in the lives of target children, but is unevenly dispersed which makes it hard to constitute solid tangible impact on the lives of children. In addition, it is highly recommended the establishment of performance and results indicators for the CPCs, as this can change their roles from sporadic reaction to planned action. It is recommended to focus on specific Governorates rather than expanding wide and thin.

- Developing results for capacity building interventions while monitoring the results achieved at the institutional level. And analyzing the impact level on children at end of the cycle.

V. Ownership by the Government and civil society

A. Government Ownership

The Programme was successful in promoting the Child Protection Mechanism and in building upon the administrative governmental structures that already exist. Its peak of efforts culminated in

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contributing to the modification of the Child Law that was issued in 2008, in coordination with the NCCM and other national partners, to make it more protective and considering the best interest of children. Accordingly, the law stipulated the formation of Child Protection Committees at governorate level (with the role of addressing policy related issues) and district level committees aiming at identifying children at risk of abuse, neglect and exploitation. In brief, the success of UNICEF was demonstrated in shifting the ownership of the mechanism to the Government and national NGOs, with gradual withdrawal of the funding of international organizations. Nonetheless, lots of efforts have to be made to make this ownership effective, sustainable, and leads to real change in the quality of the children lives.

Regarding the FGM/C, the key Government partner, NCCM that was followed by the NCP, both led the National Programme for Combating FGM/C. Although UNICEF coordinated with the Ministry of Health in developing a medical practitioners’ capacity building package, -to ensure doctors understand how to deal with requests for FGM/C and have the necessary tools to counsel families to abandon the practice-, yet MoHP does not have clear ownership of the FGM/C Programme.

In Upper Egypt, FGM/C issue is gradually decreasing to be a “taboo” and all Government partners interviewed denounced this practice and asserted their commitment to contribute to its combating. UNICEF invested great efforts to work on integrating FGM/C under the umbrella of the CPC in Assiut.

In several occasions, the Government highlighted the issue of “protecting street children” as a national priority; however, this was not demonstrated in any of the State national Programmes, policies or budgets. UNICEF worked intensively during this cycle to help protect and rehabilitate street children while using different strategies: capacity building, provision of direct services and networking. However, there were no tangible efforts invested in networking with the Government partners or in developing institutions capacities or in enhancing the workers’ knowledge on child rights issues, etc. Most of UNICEF invested efforts and resources went to the side of civil society ownership and mainly with NGOs, but barely with Government partners, putting the sustainability of the street children component at stake.

The evaluation assesses that Government ownership is slowly emerging despite the many challenges that the Government face and government partners seem to take distance from the support from international organizations. This might be due to the confusing situation in the country after the revolution and the instability that the public administration has versus any changes taking place. Interviewees with key officials have shown either sense of indifference and lack of ownership towards the initiatives that have already ended or in their way to end. FGM/C partners in Sohag, Qena and Menya need to be linked to the programme in a way or another. They expressed interest in maintaining a network and collaborating with UNICEF and other FGM/C partners, even though they are not financially supported.

B. Civil Society Ownership

The ownership of the civil society, on the other hand, proved to be well established in all child protection components namely, child protection monitoring committees that included NGOs and social workers, community leaders, FGM/C CDAs, village pioneers as well as a street children network of NGOs. This could be justified by UNICEF constant technical and financial support to partner NGOs who are responsible for implementing child protection projects. 32% of the 21 NGOs said that they strongly agree that they have that sense of ownership to their work with Child
protection Programme, 47% agree and 21% disagree and said that they need to get more involved in the planning and implementation process. They feel that the new NGOs joining the Child Protection Programme need to be more integrated with the previous NGO partners, and that UNICEF could support them by sharing experiences from the different partners.

It is recommended to:

✓ Conduct an annual event that gathers Programme partners, where they can all meet and exchange experience under the leadership of UNICEF; preferably at the beginning of the year in the planning phase or at the end of the year in the reporting phase.
✓ Expand progressively to enhance ownership by other civil society partners such as media people, religious leaders and private sector. Policy/Advocacy strategy as well as developing strategic partnerships is vitally needed in this transition period.
✓ Expand on Corporate Social Responsibility that could generate public responsibility towards Protection issues while mobilize funds for the implementation or expansion of activities.

VI. Effectiveness and impact

A. Effectiveness

Below is a table based on the results matrix that UNICEF planned in 2007. The analysis of this matrix was based on brief interviews with UNICEF concerned staff, as well as on the results of the fieldwork, focus group discussions and analysed questionnaires.

<table>
<thead>
<tr>
<th>RESULT 3.1: NATIONAL DATA SYSTEM ON KEY CHILD PROTECTION INDICATORS IN PLACE.</th>
</tr>
</thead>
<tbody>
<tr>
<td># of times Child protection indicators at national and governorate levels updated during the Programme cycle. (Baseline: 0, Target: 2)</td>
</tr>
<tr>
<td># of governorates collecting and updating information on the agreed indicators on a bi-annual basis. (Baseline: None; Target: 27)</td>
</tr>
</tbody>
</table>

RESULT 3.2: CHILD PROTECTION POLICIES AND MECHANISMS FOR IDENTIFICATION, MONITORING, AND REFERRAL FOR CHILDREN AT RISK ESTABLISHED.
| National Child Law revised to include preventive and protective clauses for children at risk  
(Baseline: Child law 96, target: protective clauses for children at risk) | Achieved. Child Protection law was modified in 2008 to endorse a child protection system and mechanism for children at risk on national and local levels, and in coordination with the Justice system. South-South exchange of experience was supported by UNICEF with a study tour that was organized to Tunisia, at the request of NCCM, to analyse the Child Protection mechanisms that could build upon the existing plan of action (by former Ministry of Health and Population). |
| --- | --- |
| Funding mechanism exists to sustain child protection committees  
(Baseline: 0, target: 1). | Not achieved. UNICEF has undertaken a mid-term review that resulted in a key report providing strategy for NCCM to support a CP system. Task force formed at NCCM to suggest funding and monitoring mechanism. Unfortunately, efforts have slowed down, if not stopped, after NCCM came under MoHP jurisdiction. |
| # of children reached and served by the model in seven Governorates.  
(Baseline: 3000; target: 30,000) | Achieved. 25,658 children at risk (out of planned 30,000) were identified and referred to service providers in the governorates of Alexandria, Assiut, Menya, Sohag & Qena. |
| # of child care institutions that are applying national standards of quality  
(Baseline: 0 institutions; Target: 15 institutions in Alexandria and Greater Cairo). | Not achieved. A study was conducted on 13 childcare institutions in Cairo and Alexandria and presented to MISA and although the findings were endorsed by MISA, MISA did not adopt a plan for action. |
| # Of child protection Units established in MOE at the governorates/directorates level to oversee CPP in schools.  
(Baseline: 0; Target: TBD) | Not achieved. UNICEF has worked with MoE on a Child Protection Strategy to be mainstreamed in MoE, but was not finalized. |

**RESULT 3.3: STREET CHILDREN REINTEGRATED THROUGH REHABILITATIVE SERVICES.**

| # of children who got reintegrated through vocational training/education/social work for at least one year.  
(Baseline: NA, Target: 5% of 20,000 children recurring and 5000 new children those receiving services in the centers) | Partially Achieved. The total number of new children served through partner NGOs, since 2009 is 3579. Among them, 248 were reintegrated with families. |
| --- | --- |
| A Developed case management mechanism with updated records of street cases  
(Baseline: NA, Target: (Bi-monthly) | Achieved. An updated database was developed and regularly updated with a tracking and filling system. However, more work is still needed for improving the filling system and the case management. |
| Signed and implemented protocols between the NGOs and the ministries of education, health, & social solidarity to provide a well-developed referral system.  
(Baseline: 0; Target: 3). | Not achieved. No protocols were signed, however, efforts are exerted to enhance coordination with MoE on alternative education methods and more intensive work is being undertaken with MISA, through UNICEF office. |
| # of reported public awareness tackling perception of street children.  
(Baseline: NA; Target: 8 media coverage per year) | Achieved. Since 2007, more than 25 public events were held for awareness. Two art books are in the pipeline for being published. One TV spot was produced between UNICEF and NGOs, to raise awareness on the plight of street children. The spot was on the TV throughout the revolution. |

**RESULT 3.4 VIOLENCE AGAINST CHILDREN (FGM/C AND IN SCHOOLS) LESS PREVALENT IN TARGETED AREAS**
| # of public declarations against the practice of FGM/C. (Baseline 0 Target: 4) | Achieved. In all 9 public declarations till December 2011. This is added to 8 community statements. |
| # of initiatives integrating FGM/C and violence within the different Programmes of institutions (schools, youth centers, etc.) (Baseline 20; Target: 50) | Partially Achieved. 230 events were organized targeting youth in 16 youth centres; Child Protection Policy training conducted for 168 social workers from 16 child care institutions and 5 CDAs; 368 school teachers from 62 schools in four governorates in Upper Egypt attended child protection related trainings. The initiatives were numerous, yet not institutionalized. The implemented interventions were efficient, but considered as standing alone efforts with no sign to be integrated in the institutions’ core Programmes, or staff/cadres created, no needs assessment for staff capacity upgrading, nor long term plans for sustainability developed. |
| # of school children that are detected and referred in cases of abuse and violence | Achieved. Social workers in more than 35 schools identified 257 children at risk of abuse since April 2009. The database was set up in April 2009 to record and track children with partner organisations. It was possible to detect and track children at risk by involving school social workers in community based protection committees at village level. The identification of children is not part of the formal system placed inside each school with MOE. |
| # Village committees advocating for abandonment of FGM/C and violence. (Baseline: NA; Target :NA) | Achieved. 72 community based child protection committees (community follow-up committees) actively worked in villages and hamlets to identify and refer children at risk in target areas. |

Overall the programme, according to UNICEF staff, succeeded to achieve slightly higher than 60% of the planned results. Out of the 15 results expected “to be achieved” throughout the programme, 7 results were achieved, three results were partially achieved, and 5 were not. Reasons for not achieving all the planned results vary between external and internal factors. Among external factors expressed by partners are:

- The low commitment of the government to implement the different child protection activities related clauses and the inability of some of the partners to get the rationale of the CPM and to know their exact role in it and commit to getting a structure and funding.
- Challenging issues like street children and the need to involve national partners to address them.
- Volatility of child protection committees, as they lack the solid structure with clear roles and responsibilities and measures of accountability.
- Inability of some partners to get the rationale of the CPM and to know their exact role in it.
- Cultural barriers, in some of the cases, contributed to the lack of understanding towards issues such as the concept of violence, its prevalence or how to deal with it.
- The technical capacity within CP that would need skills on reintegration and rehabilitation of children without family care, policy reform, budgeting, and justice for children related issues.

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38 Community statements refer to statements by a small group of individual while public declaration refers to a gathering of more than 100 people.
• The post revolution period that has led to a consecutive turnover of staff in the Government and caused instability of funding.

Other issues are related to internal factors, such as an over-ambitious planning or the diversity of results that contributed to the lack of a joint vision towards the final outcomes, or the lack of efforts to identify synergies among programmes and projects in the search of common results.

**General comments on Child Protection Effectiveness**

The Programme invested efforts to strengthen institutional capacities, and to activate the effectiveness of the response system to child protection needs while promoting community participation in identifying children at risks and making decisions that benefit children. UNICEF adopted an integrated approach that aimed to address the needs of children and families in Cairo, Alexandria and Upper Egypt. The geographic focus in Upper Egypt was determined by children’s needs, convergence between programmes, potential impact, commitment of local government and opportunities for joint programming. Some general comments and recommendations made are:

• Overall, above 67% of the results were achieved or partially achieved, and more that 33% were not achieved. The results were effectively achieved in the sub-component of combating FGM/C, in establishing a funding mechanism for CPC. Other results were not met as expected. Issues such as the lack of an appropriate mechanism to collect information on Child Protection indicators bi-annually, setting standards for social care institutions, establishing child protection units in MoE, or establishing a funding mechanism for CPC. One more result was added, though not initially in the CPAP, included the provision of legal assistance for children as this was felt pertinent with the majority of children in the street that were getting detained, and realising that having individual lawyers in each of the NGOs supporting children in the street was not enough.

• All 17 CDAs and 19 out of 21 NGOs have some kind of child protection policies. Although CDAs are weakly structured in their plans and function more “upon request”, they have a good understanding of child protection issues, high level of communication and sense of responsibility towards their communities. The strength in this mechanism is working strategically with communities through active social agents and community leaders, while not losing the influence on the policy level.

• Having the CPC imposed on all governorates by Law, without considering the preparation of the national partners, availability of services or readiness, is considered as a setback in the effectiveness of these committees. Only few CPCs, supported by UNICEF, are functioning, though not with same level of consistency. District and village committees proved to be much more active and effective in its decisions than the Governorate committees. Apparently, the lower it goes in the Administrative level, the more ownership and commitment is demonstrated.

• Lack of accountability and administrative responsibility contributed to the ineffectiveness of the CPCs. In interviewing many officials, they consider them more as a “burden” or “extra-work” with no compensation.

• There has to be a leading national agent to coordinate all the committees and share their experiences. NCCM, after being under the MoHP jurisdiction, may not be the most suitable leader during the coming cycle.
• The structure of the governorate technical secretariat is not clear. There are no specific roles and responsibilities, nor specific strategy or plan to implement and monitor. Equally, they do not have budgets allocated to the implementation of activities. In addition, meetings are not regularly convened, for example, Alexandria Governorate Secretariat, the single official Secretariat did not meet at all in 2012 and only once in 2011.
• Services provided for children are mostly revolving around socio-economic services. They could be strengthened in the areas where families are deprived. Awareness raising efforts should become more intensified to promote protection messages. Otherwise, child protection will be mixed with social protection and children comprehensive set of rights could be jeopardized.

B. Impact
When asking the respondents about the benefit achieved from the Programme, they assured that it benefited first the entire family, then children and also husbands/men.

Table 12 – Beneficiaries of the NGOs interventions (more than one answer were possible)

<table>
<thead>
<tr>
<th>BENEFICIARY OF THE INTERVENTION:</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Entire family</td>
<td>78.7%</td>
</tr>
<tr>
<td>- Children</td>
<td>17.3%</td>
</tr>
<tr>
<td>- The respondent (mother)</td>
<td>3.5%</td>
</tr>
<tr>
<td>- The husband</td>
<td>2.3%</td>
</tr>
</tbody>
</table>

76.8% of the families responded that the kind of services they receive reflect on the whole family and not only on the concerned child. Benefits for children scored the least (17.3%), which raises a threat on diluting the child protection issues. Mothers and fathers have the least share of benefits.

Table 13 – Types of services and intervention from which the families of the sample benefited (% of families which received the listed type of intervention)

<table>
<thead>
<tr>
<th>SERVICES/TYPE OF INTERVENTION</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clothes</td>
<td>57.8%</td>
</tr>
<tr>
<td>Health</td>
<td>43.1%</td>
</tr>
<tr>
<td>Educational</td>
<td>32.0%</td>
</tr>
<tr>
<td>Awareness raising</td>
<td>24.3%</td>
</tr>
<tr>
<td>Loans</td>
<td>19.4%</td>
</tr>
<tr>
<td>Other</td>
<td>17.9%</td>
</tr>
<tr>
<td>Vocational training/small enterprises</td>
<td>13.8%</td>
</tr>
<tr>
<td>Official Documents</td>
<td>11.7%</td>
</tr>
<tr>
<td>New born registration / vaccines</td>
<td>6.7%</td>
</tr>
<tr>
<td>Services for disables</td>
<td>2.9%</td>
</tr>
<tr>
<td>Legal Services</td>
<td>2.1%</td>
</tr>
<tr>
<td>Psychosocial support</td>
<td>1.8%</td>
</tr>
</tbody>
</table>

Interviewees in the three-targeted Governorates were asked about the type of services received from the programme. This question has multiple answers and that explains the 796 responses. Receiving clothing came at the top of services provided (24.7%) followed by health services (18.5%), and finally education services (13.7%). Services that are least provided by NGOs are: psychosocial support (0.8%), legal support (0.9%), services for disabled (1.3%), birth registration and vaccines (2.9%), issuing official documents from Government (5%) and vocational training (5.9%).
These responses confirm what is mentioned in the communities’ setting of priorities: that the families need better social protection services but the CP support was not very strong or not appreciated by the families. UNICEF needs to think of different strategies to get families realize CP issues as research shows the high level of abuse and violence. When asking the families about the positive changes that happened in their lives and their children lives as results of the programme interventions, responses were as follows:

- 60.3% financial or in kind support to fulfill basic issues for family and children;
- 10% positive impact on their children education and health;
- 10% awareness on child care and combating FGM/C;
- 7.5% economic empowerment for mothers reflected on family and children conditions;
- 7.8% awareness on life skills for women.

To measure the level of change reflected on children of the families interviewed, and that benefited from the services from the CPM. The families were asked about the following indicators on the percentage of birth records for children, breastfeeding, immunized children, children enrolled in education, disabled children, labour children and girls who were circumcised or victims of FGM/C.

As it is shown below in table, the results show a high percentage of birth registration, breastfeeding and immunization for both experimental and control groups. For example birth registration for experimental records is 99.3% and for control records, it is 99.4%. In addition, there is no gender inequity regarded, where male birth registration is 99.2% and for female, it is 99.4%. As it is shown in the below tables, the same applies for breastfeeding and for immunization.

Table 14 – Prevalence of birth registration, breastfeeding and fully immunization among children under-5 in intervention areas and control group, by gender

<table>
<thead>
<tr>
<th></th>
<th>INTERVENTION AREAS</th>
<th>CONTROL GROUP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Males</td>
<td>Female</td>
</tr>
<tr>
<td>% OF CHILDREN WITH BIRTH REGISTRATION</td>
<td>99.2%</td>
<td>99.4%</td>
</tr>
<tr>
<td>% OF CHILDREN WHO WERE BREAST-FED</td>
<td>95.0%</td>
<td>94.5%</td>
</tr>
<tr>
<td>% OF CHILDREN WHO ARE FULLY IMMUNIZED</td>
<td>99.8%</td>
<td>99.2%</td>
</tr>
</tbody>
</table>

Results for disability, different from the variables previously mentioned, show a low level of attention to such a problem; yet amongst the same group that have disability, no discrimination or inequity was noted between males and females.

Table 15 – Primary School participation in intervention areas and control group by gender

<table>
<thead>
<tr>
<th></th>
<th>INTERVENTION AREAS</th>
<th>CONTROL GROUP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Males</td>
<td>Female</td>
</tr>
<tr>
<td>ENROLLED</td>
<td>87.5%</td>
<td>90.2%</td>
</tr>
<tr>
<td>NOT ENROLLED</td>
<td>5.0%</td>
<td>5.4%</td>
</tr>
<tr>
<td>DROPPED OUT</td>
<td>7.5%</td>
<td>4.4%</td>
</tr>
</tbody>
</table>

Results show that enrollment of children in education is higher in experimental areas (89%) than in control areas (82.2%). In addition, the dropouts are significantly less in experimental areas (7.5%) than in control areas (15.7%), which reflect the programme efforts to enroll children in education or retain them through proper education services. Interestingly enough, sensitization to girls’ education is reflected in the higher percentage of girls enrolment in experimental rather than in control areas.

97
(90.2% versus 84%). The same applies for retaining girls in schools, where only 4.4% of the experimental sample dropped out of education in comparison to 11% in control areas.

Table 16 – Prevalence of disability\textsuperscript{39} conditions among children in intervention areas and control group, by geographical location and gender

<table>
<thead>
<tr>
<th></th>
<th>INTERVENTION AREAS</th>
<th>CONTROL GROUP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>BY GEOGRAPHICAL LOCATION</td>
<td></td>
</tr>
<tr>
<td>Alexandria</td>
<td>10.6%</td>
<td>7.9%</td>
</tr>
<tr>
<td>Assiut</td>
<td>7.4%</td>
<td>3.3%</td>
</tr>
<tr>
<td>Sohag</td>
<td>6.5%</td>
<td>3.5%</td>
</tr>
<tr>
<td></td>
<td>BY GENDER</td>
<td></td>
</tr>
<tr>
<td>Males</td>
<td>10.3%</td>
<td>6.3%</td>
</tr>
<tr>
<td>Females</td>
<td>8.4%</td>
<td>6.1%</td>
</tr>
</tbody>
</table>

Results for disabilities show unanticipated results, where sample showed high numbers of disabled children in the different experimental areas in Alexandria, Assiut and Sohag, where percentages reached 10.6%, 7.4% and 6.5% consecutively. Although results in experimental areas still mark high percentages, they are less than in control areas in the same Governorates: 7.9%, 3.3% and 3.5%. This can explain that families in the experimental areas, where the Protection programme was implemented, were more ready to disclose whether or not they had children with disabilities. This rings a bell on the gravity of the disability problem, which is not accurately represented in the national surveys like DHS or Census. In addition, this reflects that there could be sensitive problems in the communities that are not reported by the families and the CPC system will not know about it. This is why periodic studies on areas served are highly recommended.

If one compares the overall results of male disabled children, one will find that their percentage is a bit higher than female disabled children, though the difference is not highly significant.

Table 17 – Prevalence of Child labour among children aged 16 and below in intervention areas and control group, by geographical location and gender

<table>
<thead>
<tr>
<th></th>
<th>INTERVENTION AREAS</th>
<th>CONTROL GROUP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>BY GEOGRAPHICAL LOCATION</td>
<td></td>
</tr>
<tr>
<td>Alexandria</td>
<td>2.8%</td>
<td>1.8%</td>
</tr>
<tr>
<td>Assiut</td>
<td>4.2%</td>
<td>5.3%</td>
</tr>
<tr>
<td>Sohag</td>
<td>2.6%</td>
<td>2.3%</td>
</tr>
<tr>
<td></td>
<td>BY GENDER</td>
<td></td>
</tr>
<tr>
<td>Males</td>
<td>4.3%</td>
<td>5.4%</td>
</tr>
<tr>
<td>Females</td>
<td>0.6%</td>
<td>0.9%</td>
</tr>
</tbody>
</table>

The results indicate that the percentage of children working in both samples does not exceed 5.4 neither in experimental nor in control areas. Comparison between male and female child labor shows that female labor is minimal; 4.3% for male compared to 0.6% to female in experimental areas. Equally, the percentage is 5.4% for male compared to 0.9% to female in control areas.

\textsuperscript{39}Disability is understood as general, covering all kind of disabilities, whether physical, deaf, blind, mute, etc, or mental. Age group is from 0 to 15 (mainly disability by birth).
However, it is not clear if female labor is actually low as it shows or rather if the social barriers towards admitting female labor exist, especially if these girls are employed in domestic labor.

The results indicate that Assiut Governorate registers the highest level in having child labor, whether in experimental areas (4.2%) or in control areas (5.3%). Sohag and Alexandria have nearly similar results. The percentages coincide with the results of the National Child Labor survey produced in 2005, where Assiut was one of Governorates that have highest percentages of child labor.

Table 18– FGM/C prevalence among girls, in intervention areas and control groups

<table>
<thead>
<tr>
<th></th>
<th>% OF GIRLS WHO UNDERGONE FGM/C</th>
</tr>
</thead>
<tbody>
<tr>
<td>INTERVENTION AREAS</td>
<td>23.1%</td>
</tr>
<tr>
<td>CONTROL GROUP</td>
<td>33.1%</td>
</tr>
</tbody>
</table>

In asking a sample of 542 families that have a total number of 796 girls, responses reflected that 23.1% of children in the experimental group were circumcised compared to 33.1% that were not circumcised. To better illuminate the picture, the percentage of 66.7% that was reached included girls up to the age of 18 years old and thus could include girls who were already circumcised before the programme achieved real results in the target areas.

Table 19 - Access to government services and role of NGOs

<table>
<thead>
<tr>
<th></th>
<th>INTERVENTION AREAS</th>
<th>CONTROL GROUP</th>
</tr>
</thead>
<tbody>
<tr>
<td>% OF HOUSEHOLDS WITH CHILDREN BENEFITING FROM GOVERNMENT SERVICES</td>
<td>42.6%</td>
<td>65.0%</td>
</tr>
<tr>
<td>% OF HOUSEHOLDS WITH CHILDREN WHICH RECEIVED ASSISTANCE FROM NGOs TO RECEIVE GOVERNMENT SERVICES</td>
<td>46.0%</td>
<td>27.0%</td>
</tr>
</tbody>
</table>

The benefit of families from Government services indicates that families in experimental areas benefit less from Government services (42.6%) than those in control areas (65%). This could be explained by the fact that the NGOs under the programme are fulfilling lots of families’ needs, which make them resorting less to Government services. As for the control areas, which are underserved by NGOs, they seek to have Government services.

Table 20- NGOs assisted families to receive Government Services

<table>
<thead>
<tr>
<th>NGOs ASSISTED FAMILIES TO RECEIVE GOV. SERVICES</th>
<th>EXPERIMENTAL (%)</th>
<th>CONTROL (%)</th>
<th>TOTAL SAMPLE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>EXPERIMENTAL (%)</td>
<td>46%</td>
<td>54%</td>
<td>27%</td>
</tr>
<tr>
<td>CONTROL (%)</td>
<td>63%</td>
<td>75%</td>
<td>36%</td>
</tr>
</tbody>
</table>

With respect to NGOs which assisted families through the provision of services, 46% of beneficiaries in experimental areas stated that programme NGOs assisted them to complete their documents and finish procedures to get services they are eligible to Government institutions, versus only 27% of families in control areas. This shows that the network of relations that the programme developed led to strong alliances with the Government sector, added to the clear perception citizens that this is
their right and not a service. When asking the families who did not seek Governments services about the reasons for not doing so, they answered that the lack of knowledge on the policies, laws and services, added to the multiple bureaucratic documents and procedures make them reluctant to demand their rights.

As shown in the series of tables below, FGM/C results show very good progress on the level knowledge as well as on the level of intention to do FGM/C to their girls.

Table 21 - Knowledge and use of the Child Helpline.

<table>
<thead>
<tr>
<th>INTERVENTION AREAS</th>
<th>YES</th>
<th>NO</th>
<th>DON'T KNOW THE HELPLINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>CONTROL GROUP</td>
<td>2.4%</td>
<td>47.8%</td>
<td>49.8%</td>
</tr>
</tbody>
</table>

Knowledge of families on Child Helpline 16000 that was established at NCCM to protect children from risk and violence incidences is nearly absent. Only 2.4% of the experimental group where the programme was implemented and 1% in control areas reported that they benefit from the Child Helpline. Families who didn’t know about the child Helpline represent 50% of the experimental sample, while those who knew it but did not use the service represent 48%. Coordination is required between the CPCs and the Child Helpline at all levels: knowledge sharing, cases identified and services provided.

Table 22 Topics addressed in the awareness sessions in intervention areas and control group (% of respondents who attended sessions on the listed topic)

<table>
<thead>
<tr>
<th>INTERVENTION AREAS</th>
<th>CONTROL GROUP</th>
</tr>
</thead>
<tbody>
<tr>
<td>FGM/C</td>
<td>53.1%</td>
</tr>
<tr>
<td>Child discipline (positive)</td>
<td>49.5%</td>
</tr>
<tr>
<td>Importance of education</td>
<td>34.2%</td>
</tr>
<tr>
<td>Breastfeeding</td>
<td>31.7%</td>
</tr>
<tr>
<td>Healthy nutrition</td>
<td>26.2%</td>
</tr>
<tr>
<td>Antenatal care and post natal care</td>
<td>23.7%</td>
</tr>
<tr>
<td>Personal hygiene</td>
<td>21.1%</td>
</tr>
<tr>
<td>Happy marital life</td>
<td>16.0%</td>
</tr>
<tr>
<td>Dealing with adolescents</td>
<td>12.0%</td>
</tr>
<tr>
<td>Smoking and drugs</td>
<td>12.0%</td>
</tr>
<tr>
<td>Caring for disabled</td>
<td>8.7%</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>4.7%</td>
</tr>
<tr>
<td>Other</td>
<td>6.6%</td>
</tr>
</tbody>
</table>

The highest attendance rate in the awareness raising sessions was for the topic of FGM/C (53.1%), disciplining children without using violence methods (49.5%) and importance of education (34.2%), while the least attendance rate reported was HIV/AIDS, disability issues and combating smoking and drugs abuse (4.7%, 8.7% and 12%). When asking about benefits drawn from these sessions in

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40 The Helpline receives the complaints that process the referral for legal assistance, counseling, direct services, etc.; provide advice or contact with service providers directly.
everyday life, 90.25% of families in experimental areas answered positively, versus 77.4 of families in control areas.

Table 23 - Participation of men in awareness raising sessions

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>DON’T KNOW</th>
</tr>
</thead>
<tbody>
<tr>
<td>INTERVENTION AREAS</td>
<td>8.2%</td>
<td>84.5%</td>
<td>7.3%</td>
</tr>
<tr>
<td>CONTROL GROUP</td>
<td>8.8%</td>
<td>85.2%</td>
<td>6.0%</td>
</tr>
</tbody>
</table>

Awareness sessions are meant to target both women and men to enhance their knowledge on child protection issues and to provide more opportunities towards establishing a protective environment for childcare and protection. However, responses show that men rarely participate in awareness raising sessions whether in experimental areas (8.2%) or in control areas (8.8). Nearly 85% of awareness raising sessions were not attended by men. In high level of literacy rate, many questions are asked about the potentiality of having a real protective environment in terms of marital relationships or in father-children relationships, when these sessions are not sufficiently encouraged, especially regarding critical issues in child care and protection.

Table 24 - Knowledge about the CPCs and about FGM/C

<table>
<thead>
<tr>
<th></th>
<th>INTERVENTION AREAS</th>
<th>CONTROL GROUP</th>
</tr>
</thead>
<tbody>
<tr>
<td>% OF RESPONDENTS WHO HAVE SOME KNOWLEDGE OF CPC</td>
<td>24.3%</td>
<td>13.0%</td>
</tr>
<tr>
<td>% OF RESPONDENTS WHO HEARD ABOUT FGM/C MESSAGES DURING THE LAST 2 YEARS</td>
<td>88.8%</td>
<td>72.1%</td>
</tr>
</tbody>
</table>

Although the families interviewed in the experimental areas are served by the CPCs, 75% out of these families reported that they don’t know what the CPCs are, or they know what they are doing. Having 13% in the control areas that did not receive services from CPC NGOs is not a bad result though it is a low percentage.

Responses show that 88.8% of families in experimental areas heard messages about FGM during the last two years compared to 72% in control areas. While more than a quarter (27.9%) of families in the control areas stated that they did not hear anything about FGM/C, only 11.2% from experimental areas say that they did not hear about it during the last two years.

Table 25 - Source of knowledge about FGM/C in intervention areas and control group (% of respondents)

<table>
<thead>
<tr>
<th>SOURCE OF INFORMATION</th>
<th>INTERVENTION AREAS</th>
<th>CONTROL GROUP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tv</td>
<td>60.6%</td>
<td>57.6%</td>
</tr>
<tr>
<td>NGOs</td>
<td>56.7%</td>
<td>44.7%</td>
</tr>
<tr>
<td>Religious leaders</td>
<td>13.1%</td>
<td>14.7%</td>
</tr>
<tr>
<td>Doctors</td>
<td>13.8%</td>
<td>15.9%</td>
</tr>
<tr>
<td>Daya</td>
<td>1.6%</td>
<td>1.2%</td>
</tr>
<tr>
<td>Neighbours or relatives</td>
<td>18.6%</td>
<td>13.5%</td>
</tr>
<tr>
<td>Others</td>
<td>2.2%</td>
<td>10.0%</td>
</tr>
</tbody>
</table>

When asking families about the sources of information on FGM/C, the top source of information was television (61%). This was followed by NGOs (57%) that were considered as a vital source of information in the experimental areas where UNICEF is present. As for the neighbors and relatives
(19%), doctors (14%) and religious leaders (13%), they are at the bottom of the list of sources of information.

Table 26 Intention to practice FGM/C in intervention areas and control group (% of respondents)

<table>
<thead>
<tr>
<th></th>
<th>Intervention Areas</th>
<th>Control Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>% REJECTING FGM/C</td>
<td>68.9%</td>
<td>54.1%</td>
</tr>
<tr>
<td>% WHO ABSOLUTELY AGREE ON FGM/C PRACTICE</td>
<td>23.1%</td>
<td>38.8%</td>
</tr>
<tr>
<td>% WHO AGREE ON CONDITIONS</td>
<td>8.0%</td>
<td>7.0%</td>
</tr>
</tbody>
</table>

As shown in the above table, percentages of interviewees denouncing FGM/C reaches 68.9% of families in experimental areas compared to 54% in control areas, which reflect the programme interventions successful efforts to stop FGM/C. 23% of families in experimental areas absolutely agree on practicing FGM compared to 39% of families in control areas. 7-8%of the families in control and experimental areas confirmed being hesitant about practicing FGM to their daughters. It is recommended that the CP Programme invest more efforts in this area to bring them to the side of denouncing FGM/C rather than approving it.

Table 27 Knowledge of the child age in the Child Law (% of respondents)

<table>
<thead>
<tr>
<th></th>
<th>Intervention Areas</th>
<th>Control Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>% OF RESPONDENTS WHO KNOW WHAT IS THE CHILD AGE RANGE AS PER LAW</td>
<td>28.4%</td>
<td>42.5%</td>
</tr>
</tbody>
</table>

Knowledge of child age as stated by law was tremendously low in experimental areas (28.4%) as opposed to the control areas (42.5%). This reflects the low level of knowledge or awareness about child law. This also shows the need for more future focus on awareness raising sessions on issues related to children rights, especially the modified child law issued in 2008.

Table 28 Disciplinary methods when the child misbehave (% of respondents)

<table>
<thead>
<tr>
<th>DISCIPLINARY METHOD</th>
<th>Intervention Areas</th>
<th>Control Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guiding the child</td>
<td>59.2%</td>
<td>65.5%</td>
</tr>
<tr>
<td>Hitting the child</td>
<td>31.3%</td>
<td>45.3%</td>
</tr>
<tr>
<td>Shouting at the child</td>
<td>27.4%</td>
<td>32.0%</td>
</tr>
<tr>
<td>No pocket money</td>
<td>11.3%</td>
<td>4.9%</td>
</tr>
<tr>
<td>Inform father/mother</td>
<td>1.8%</td>
<td>7.9%</td>
</tr>
<tr>
<td>Locking the child at home</td>
<td>1.2%</td>
<td>4.4%</td>
</tr>
<tr>
<td>Others</td>
<td>2.4%</td>
<td>2.0%</td>
</tr>
</tbody>
</table>

On disciplining children, experimental areas showed better results than control areas to a large extent, though families still need more awareness on childcare and disciplinary methods. 31.3% of families in experimental areas reported that they hit their children when they misbehave compared to 45.3% in control areas. Equally, shouting in experimental areas represent 27.4% compared to 32% in control areas. On the other hand, guiding children and orienting them on their rights was higher in control areas than in experimental areas.

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41 Respondents: family member interviewed, normally father or mother.
Responses on violence practices against children in schools did not show a big difference between experimental and control groups (38% in experimental compared to 36% in control areas). Same goes for disciplinary methods at homes where hitting came on the top of violence practices. 37.9% in experimental areas reported that they were previously hit in schools compared to 36.3%. Although NGOs frequently assist in supporting families to pay school fees for children, or for exempting them from paying it, yet 10.2% of the families in the experimental sample reported that their children were deprived of having the schoolbooks until they paid the school fees.

Nearly 40% or slightly more in both experimental and control areas responded “other” violence manifestations without providing any clarification. This reflect the fact that there are areas where people don’t have the courage to report violence or rather they feel ashamed to report whether or not they personally believe in this kind of violence, when issues such as hitting of children, spanking, calling names, or practicing any sort of violence against them, are not socially accepted.

Harassment against children was reported to be 19.5% in experimental areas compared to 13.8% in control areas. This could explain the fact that experimental areas have become more open to discuss issues of harassment, as this issue is becoming of high prevalence, especially in highly populated areas as well as in remote areas. When respondents were asked if anybody disappointed their children or they themselves were threatened on streets by having males harassing them by words, 89.7% of families in experimental areas asserted that this frequently happens.

Perception of harassment is not clear to all families, added to the under reporting of children to their families out of fear, guilt or embarrassment. That is why the reporting percentage of violence and harassment are misleading.
Responses in experimental areas suggested that measures to combat violence came practical and rational, where 61% asked for raising awareness of families on childcare and educating adolescents (37.9%). Nonetheless, those who responded that they should report incidences of violence are only 0.7% in experimental areas and 2.2% in control areas. A surprisingly low percentage of social acceptance to report on violence. This would require more awareness to communities from the Child Protection Programme.

Table 32: Perceptions and Attitudes of Families on Selected Child Rights

The below twenty statements were meant to measure the difference between families knowledge and attitudes regarding different issues around child rights in experimental and control areas. The total number of interviewees were 549 in the three target areas: Alexandria, Assiut and Sohag. Responses showed enhanced knowledge and more positive attitudes towards children in the experimental areas where UNICEF child protection programme is implemented.

<table>
<thead>
<tr>
<th>PERCEPTIONS &amp; ATTITUDES ON SELECTED CHILD RIGHTS</th>
<th>EXPERIMENTAL (%)</th>
<th>DON’T KNOW</th>
<th>CONTROL (%)</th>
<th>DON’T KNOW</th>
</tr>
</thead>
<tbody>
<tr>
<td>EDUCATION IS NOT NECESSARY FOR CHILDREN IF THEY ARE NOT DOING WELL AT SCHOOL</td>
<td>12.9</td>
<td>0</td>
<td>16.8</td>
<td>81.3</td>
</tr>
<tr>
<td>EDUCATION ISN’T NECESSARY FOR GIRLS BECAUSE THEY WILL GET MARRIED ANYWAY</td>
<td>6.2</td>
<td>2.0</td>
<td>14.4</td>
<td>84.6</td>
</tr>
<tr>
<td>HAVING LOTS OF CHILDREN IS A SUPPORT TO THE FAMILY</td>
<td>22.6</td>
<td>1.5</td>
<td>20.2</td>
<td>77.4</td>
</tr>
<tr>
<td>THE WOMEN WHO DO NOT HAVE MALE CHILDREN SHOULD CONSIDER HERSELF CHILDLESS</td>
<td>12.3</td>
<td>1.8</td>
<td>55.1</td>
<td>44.4</td>
</tr>
<tr>
<td>WE CAN USE VIOLENCE WITH CHILDREN IN ORDER TO DISCIPLINE THEM</td>
<td>37.0</td>
<td>5.3</td>
<td>36.5</td>
<td>85.2</td>
</tr>
<tr>
<td>FGM IS NECESSARY FOR GIRLS TO PROTECT THEIR CHASTITY</td>
<td>19.6</td>
<td>4.4</td>
<td>14.9</td>
<td>75.5</td>
</tr>
<tr>
<td>WOMEN WHO DO NOT UNDERGO FGM MAY NOT GET MARRIED</td>
<td>12.6</td>
<td>1.2</td>
<td>30.3</td>
<td>66.8</td>
</tr>
<tr>
<td>GIRLS SHOULD HAVE THE SAME RIGHTS AS BOYS NAMELY IN HEALTH AND EDUCATION</td>
<td>86.8</td>
<td>9.0</td>
<td>86.1</td>
<td>12</td>
</tr>
<tr>
<td>WORKING TEACHES MALE CHILDREN MANHOOD AND RESPONSIBILITY</td>
<td>75.9</td>
<td>2.4</td>
<td>58.7</td>
<td>38.5</td>
</tr>
<tr>
<td>A HUSBAND CAN HIT HIS WIFE IF SHE MADE SOMETHING WRONG</td>
<td>21.2</td>
<td>1.2</td>
<td>30.3</td>
<td>66.8</td>
</tr>
<tr>
<td>LOTS OF TALKS ON CHILD RIGHTS MAY SPOIL CHILDREN</td>
<td>22.5</td>
<td>1.5</td>
<td>24.4</td>
<td>57.1</td>
</tr>
<tr>
<td>THERE IS NOTHING WRONG WHEN A TEACHER BEATS STUDENTS TO EDUCATE THEM</td>
<td>41.5</td>
<td>0.6</td>
<td>53.8</td>
<td>45.2</td>
</tr>
<tr>
<td>IT IS GOOD FOR GIRLS TO GET MARRIED YOUNGER THAN 18 YEARS TO START HER LIFE EARLY</td>
<td>15.0</td>
<td>0.9</td>
<td>27.9</td>
<td>70.2</td>
</tr>
<tr>
<td>IF A GIRL FINDS A GOOD HUSBAND, SHE SHOULD GET MARRIED EVEN IF YOUNG</td>
<td>19.4</td>
<td>2.3</td>
<td>24.5</td>
<td>74.5</td>
</tr>
<tr>
<td>THE GIRL THAT CARES MUCH ABOUT HER APPEARANCE INTENDS TO DO SOMETHING WRONG</td>
<td>14.7</td>
<td>8.0</td>
<td>14.4</td>
<td>79.8</td>
</tr>
<tr>
<td>WOMEN WHO DO NOT HAVE BABY BOYS ARE THREATENED BY POLYGAMY OR DIVORCE</td>
<td>14.7</td>
<td>4.1</td>
<td>23.6</td>
<td>71.2</td>
</tr>
<tr>
<td>ONCE A BOY OR GIRL LEAVES HIS/HER HOME TO STREETS, HE/SHE SHOULD NOT BE ACCEPTED ANYMORE</td>
<td>17.9</td>
<td>2.9</td>
<td>12.5</td>
<td>85.1</td>
</tr>
<tr>
<td>SHELTERS AND CARE INSTITUTIONS CAN BETTER DISCIPLINE CHILDREN WHENEVER FAMILIES FAIL TO DO SO</td>
<td>13.2</td>
<td>12.4</td>
<td>13.5</td>
<td>77.9</td>
</tr>
<tr>
<td>THE DISABLED CHILD MAY BE AN OBSTACLE FOR THE MARRIAGE OF HIS SISTERS</td>
<td>10.6</td>
<td>5.3</td>
<td>11.5</td>
<td>83.2</td>
</tr>
<tr>
<td>RELATIVES’ MARRIAGE IS GOOD TO STRENGTHEN FAMILIES TIES</td>
<td>20.6</td>
<td>12.9</td>
<td>33.7</td>
<td>58.7</td>
</tr>
</tbody>
</table>
Significance of children’s education to families: 87% of interviewed families in experimental areas versus 81% from control areas believe that education is important for children even if they are not doing well at school, which reflects their positive perception about education. There is no discrimination noted between boys and girls regarding education rights, as shown in experimental areas 93.3%, or in control areas 84.6%.

Child labor: 75.9% of interviewed families agree that child labor is positive for teaching responsibility for boys in experimental areas versus 58.7% in control areas. This could be explained by the high poverty rates in the locations where the programme is serving. In addition, these families highlighted the need of having UNICEF’s support in the future to tackle social protection programmes for poor families.

Violence against children and women and FGM/C: results regarding using violence to discipline children or wives were surprising: between a quarter and a half of the total sample agreed with it. 41.5% of families in experimental areas and 53.8% in control areas agreed that teachers can use violence to educate children. Equally, 37% in experimental areas and 55% in control areas approved using violence to discipline children. 22% in experimental areas and 30% in control areas (mostly from women themselves) accepted the idea of being subject to violence by their husbands. Concerning families views about FGM/C, 20% in experimental and 37% in control areas, perceived FGM/C as a necessity to protect girls’ chastity, while 13% in experimental and 15% in control areas, regarded FGM/C as socially needed in order to get married. Finally, negative attitudes towards children who go out to streets is more present in experimental areas rather than in control areas (18% and 13%), while both show equal results (13% and 14%) on how communities perceive discipline in shelters or social care institutions.

Early and relatives’ marriage and family planning: 15% in experimental areas and 28% in control areas preferred early marriage for girls, while 19% in experimental areas and 25% in control areas thought that girls can get married under 18 years old if they find good husbands. Moreover, 21% in experimental areas and 38% in control areas perceive relatives’ marriage as positive to keep the extended family. Finally, attitudes on family planning were equally surprising in both experimental or in control areas, as both (23% and 25%) believe that lots of children is a support to the family. However, families in experimental areas scored better results than experimental control (12% versus 20%) believing that having boys protect women’s marriage from polygamy or divorce.

Awareness on child rights: respondents consider that girls should have the same rights as boys, especially in education and health (87% in experimental areas and 86% in control areas).

Nearly equal percentage of families (25% in both areas) viewed that discourses on child rights may spoil children.

VII.  Efficiency

NGOs and CDAs, as implementing partners, are recognized to be in a better position to assess the cost-efficiency of expenditure versus implementation, as they are the ones who deal directly with children rights that are ultimately fulfilled.

- 91% of NGOs responded that resources could be better used if good coordination took place with local communities since social support systems and social chatting on all issues is culturally.
accepted. Community resource mobilization in general should be more encouraged even if in-kind. Equally, they applauded the importance of having more services provided by Government organizations. All NGOs agreed with the inclusion of private sector as a significant partner that can lead to implementing more interventions, implementing them faster, or saving the resources for other activities.

- The cost-effectiveness of the interventions, as per some key officials, varies depending on the projects implemented. Government agencies at large expressed their interest in having more transparency on the NGOs selection criteria and the amount of funding. They also expressed that NGOs are over-funded for activities that can be implemented at a lower cost.
- NGOs in Alexandria and partially in Assiut stated that it would be more cost effective, operational and comprehensive, if the various child protection components are put under one umbrella: child protection mechanism. This includes issues of violence, FGM/C and street children.

Government officials affirmed that cost effectiveness is high especially in CPCs, and that as long as public servants are paid by the Government, and serving the programme goals, these services are mostly for free.

HACT measures were positively praised by all partners42, Partners added that the HACT has definitely contributed to save time while reducing the bureaucratic procedures, which could have affected the timely implementation of some activities.

In order to improve the cost-effectiveness of the programme components, the following is recommended:

- The programme should be revised the budgets against results. The programme components are frequently implemented without analyzing the efficiency of expenditure versus implementation. Analyzing the results of these sub-components in light of their cost is recommended to optimize the return on investment and to increase cost effectiveness for the best interest of children and families. In relation to other budget lines, the following services were less expensive than expected: awareness raising events and meetings; capacity building; public events; recreation activities and other Direct Assistance Services.
- Conduct joint initiatives with other agencies working on the same issues, with special emphasis on UN joint programming have the potential to decrease costs in some instances.
- Develop partnerships or building networks with other partners working on social assistance systems or poverty alleviation activities to decrease costs. Use resources better with a good coordination with local communities, since social support systems and social chatting on all issues is culturally accepted.

VIII. Sustainability of Programme Interventions

74% of the respondents from key informant interviews and 68% of NGOs agreed that the potential for ownership of child protection interventions is growing and that the economic benefits outweigh the costs of the Programme.

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42HACT is the "Harmonized Approach to Cash Transfer". It is a flexible financial system followed by UNICEF and other UN agencies, to decrease the time and effort in the completion of liquidations with its partners.
100% of interviewees confirmed that paying efforts to improve the quality of children lives and to fulfil their rights is a worth endeavour. They stated, however, that this culture is not evenly manifested throughout the different communities. It is not that these communities are denying child rights but rather they don’t perceive the concept of rights. The lack of public awareness and the understanding for children development and protection rights, added to the insufficient knowledge and skills among counterparts, were seen as the most important challenges towards the sustainability of the programme.

On the other hand, the diversity and multiplicity of partners are seen to be strong assets towards the sustainability of the programme, yet this differs based on the type and affiliation of the partners. 78% of respondents agree that current structures and resources of partners could easily lead to the sustainability of the Programme, and 22% completely disagree stating that this would be a bit ambitious and not realistic. The NGOs are considered to be the driving wheel of the Child Protection Mechanism, although their existence in the Governorate committee is minimal and does not represent the role they are playing in the Programme. Most of the interviewed (21 NGOs) reported that they have institutional and human resource capacities to sustain some of the interventions, but they might not have the financial capacities to be completely self-sufficient, particularly with the increasing level of poverty and the high demand on services in the high-risk areas. At a lower level, the 17 CDAs are more oriented towards community resource mobilization from different sources, yet all this is done on voluntary basis, not structured, and depends mainly on their personal efforts.

A major lacuna in this Programme is the lack of visible participation of the private sector. The voluntary contribution of some business people maybe ongoing at a local level, but it is mostly done not from a rights-based or developmental perspective, but rather from a perspective of “charity” or “good acts” or “good social image”. Their contribution is definitely praised but it needs to be structured and more organized, pooled under a common source, and distributed based on needs identified. Key informant interviewees stated that there was the idea of having a “child protection fund” that was supposed to be established in the Governor Office with the existing secretariat, but this fund never materialized.

As for the Government partners, where a plethora of funded services are basically available, the quality and accessibility are being questioned. Even if the relevant Government institutions are willing to sustain activities in the future, their governance structures need to be sufficiently strong and the mechanisms for the provision of services definitely need lots of improvement. Better staffing policy and equipment with tools and materials, as well as better payment for professional services in the Government and even in local communities are also demanded. Therefore, challenges are not limited to financial, but also include capacities, infrastructure, work processes and way of compensating Government officials.

In summary, UNICEF has contributed effectively in areas for the development of effective child protection in Egypt. Sustainability is, in some cases, burdened by conceptual and cultural differences -that still need to be overcome- with and among counterparts. Sustainability is also hampered by the lack of existence of a stable long-term State commitment and funding. Clear and secure future funding sources-whether from the Government at the national or local levels or from the private sector- is really needed.
Local and national authorities should participate by allocating some of their budgets to the Programme. This probably requires more lobbying but it is possibly the only right way to proceed.

It is essential to define clear structure and dynamics for Child Protection Committees, and specific their expected roles. Partners should remain accountable for their activities in order to be able to transfer the ownership of the Programme to local stakeholders, who have the bigger responsibility for sustaining the CPCs.

Child Protection mechanism could be replicated at a wider scale but a serious national leadership is needed. Changes to the way the child protection mechanism is running must be made in order to make the economic benefits more visible.

There are too many limitations in the way the budget is allocated, and this may affect the sustainability of the Programme. Targeted allocation of the funds is crucial and it should reflect the local needs rather than specific Programme budget lines.

IX. Monitoring and Evaluation framework

The evaluation considers the importance of assessing the main achievements and challenges that the areas of Protection and Monitoring and Evaluation have been making in the development of indicators and information systems, both at national and Governorate levels. To explore this issue, the evaluation focused on the following components:

- Existence of an M&E framework to effectively support the management and strategic planning of child protection in Egypt (at national and local levels).
- Generating opportunities for stronger partnerships and linkages with other international development partners, civil society and academia, particularly on issues such as data collection, analysis and dissemination of information related to Child Protection issues.
- Generation and dissemination of knowledge on Child protection issues and development of Child Protection tools.

UNICEF played a successful role in establishing a monitoring framework to follow up on the cases of children that have been identified at risk within the Child Protection Committees in the targeted Governorates. This was developed against specific rubrics and standards that were originated basically in Alexandria and then replicated in other target Governorates, with the aim of unifying the monitoring system within the Programme. Such system was developed as one form to screen the cases at risk based on certain indicators, and another form to monitor the progress of these cases after the Programme intervention. Hence, it constitutes a good database for children supported with direct assistance and protection, and that can easily be retrieved at any time in order to identify and analyze the percentage of number of cases resolved. The monitoring system seems to be a bit less efficient than the identification system, where updates are less systematic due to the social workers overload, and it only contributes to identify few new cases.

As for street children projects, they also have a solid database desegregated by different services provided, including a complete profile of the children assisted or visited by the NGO. The database can also help retrieve data at any time. The problem still is on the monitoring side, where social workers stated that the nature of street children and their constant mobility makes the monitoring difficult. “Children often stay away for one or two months and then return and request only
punctual assistance. This is a common practice.” So it is challenging for them to accurately plan and report on certain activities.

The evaluation assesses that UNICEF’s role is essentially focused on the assistance to Child Protection national partners with the aim of enhancing their knowledge and improve their capacities in monitoring and evaluation while providing timely and quality support to children at risk.

Interviewed policy makers were concerned about the gaps in the information system. They believed that overall weakness of administrative data collection, dissemination and use in the country was a constant obstacle to developing a complete timely and holistic monitoring system.

The evaluation recommends further support through the following:

✓ The existing level of monitoring needs to be raised at the national and Governorate level. The existing one is more of a “case monitoring” or at best “project monitoring”. This gets back to the fact that either partners have no results-based plans that can support the development of a monitoring system, or they do have results based plans but do not monitor the Programme as a whole and focus only on the specific cases.

✓ Further technical support to national partners is recommended in order to develop their information management systems. The interviewed policy makers were concerned about the gaps in the information system. They recognize that there is a weakness in the data collection and dissemination to develop a holistic monitoring system.

✓ Enhance the capacities and provide technical support to specialized information centers, partner NGOs and civil society partners to collect information on a standard set of statistical indicators of child rights and wellbeing at the Governorate level.

✓ Coordinate all relevant institutions of central and local government as well as other international organizations working in the same Governorates to prepare statistics, information and reports on monitoring the situation of children at risk.

✓ Monitor the implementation of the child law, the CRC and their related legislations; and coordinate the work of state authorities responsible for reporting on these commitments.

✓ Open channels for stronger partnerships and linkages with other international development partners, civil society and academia concerned with collection, analysis and dissemination of information on Child Protection issues.

The Child Protection Committees (CPCs) reported that four workshops were conducted with them on “Monitoring and Reporting”, and five workshops were conducted on “Database Management” targeting social workers and technical secretariats in the Governorate. This was considered by UNICEF as the initial steps towards enhancing M&E knowledge and practices. However, these efforts need to be supported with clear monitoring mechanisms that include the expected results with formerly planned indicators.

MISA reported that the M&E Section has adopted an initiative to develop the M&E capacities of officials in the departments of Family and Childhood and Social Defense. Information Centre officials said that they received technical support and training to restructure the statistical yearly book. They were also trained on development of indicators on issues related to child care, protection and social defense, disabilities, and other issues that could be related to child protection. These indicators were finally adapted to DevInfo framework to produce a comprehensive database “MISAInfo” on indicators related to family and childhood issues. The MISA Info could be optimally used in monitoring the situation in the different Governorates.
Generation, utilization and dissemination of knowledge on Child Protection Issues

UNICEF has invested efforts in producing a research that could be easily fed into the planning and monitoring process in an effective manner. In 2008, UNICEF produced a qualitative evaluation on FGM/C, which was used as a guiding document for re-strategizing the approach to work on FGM/C issues. Based on this evaluation, FGM/C in Assiut was integrated as a part and parcel in the Child Protection Committees, which provided an integrated approach to UNICEF’s work on Child Protection issues in the Governorate.

In addition, an assessment was done on 14 street children NGOs to assess their capacities and the needs to accordingly develop capacity building plans for these same NGOs. On the other hand, there were other studies conducted on street children that were not shared with the NGOs or with the MISA. In 2009, UNICEF Egypt produced three big reports on the situation of children in three Governorates: Alexandria, Assiut and Sohag, but these reports were not shared with policy makers nor utilized in the strategic planning process.

In brief, the evaluation recommends the following:

- Good utilization of M&E capacity building initiatives and knowledge generated to better feed into building a monitoring mechanism.
- The monitoring mechanism can be complemented with the development of child protection indicators mentioned above to jointly produce a solid structure and practice of monitoring the protection of children at risk and the fulfillment of children rights.
- Coordination with other sections working on developing M&E capacities is recommended in order to complement technical efforts with subject matter on child protection issues.

**Egypt Child Protection Network (ECPN)**

The Egypt Child Protection Network (ECPN) supported by UNICEF and Terre des Hommes has been effective in enhancing information sharing and coordination between international organizations on Child Protection issues. ECPN is a network of over 20 child rights related international NGOs, represents a very important platform to act and advocate on behalf of children. It is a not-registered network engaged in the defense of children’s rights. This network aims to inform its members about the work of the others in order to create opportunities for collaboration and coordination among them, to organize activities to strengthen and consolidate the work in the field of child rights and protection policies.

**Egyptian National Child Rights Observatory (ENCRO)**

The Egyptian Child Rights Observatory (ENCRO) run by the National Council for Childhood and Motherhood (NCCM) has already accumulated some experience in data collection and information management. The Observatory staff highlighted problems related to information flows to and from designated officials working in the key ministries, contributing to the fulfillment of child rights (Ministries of Health, Education, Social Solidarity, Labor and Manpower, Interior and Justice). Often, information is fragmented or contradictory, definitions are not clear, trust and cooperation between information providers and users are lacking. Government at the central and local levels often does

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44 Actions for Vulnerable Children, [http://afvc-egypt.org/Networks.html](http://afvc-egypt.org/Networks.html)
not have the capacity to manage statistical data. In other cases, there is a lack of political and institutional will to facilitate the process of data collection, monitoring and evaluation. Since 2009, there were several efforts invested to come out with the “Child Rights Index”, however the process was halted due to administrative complexities. ENCRO is a bit skeptical on the successful coordination on this initiative with Government partners.

The planned mapping of children and family welfare system was delayed but scheduled to begin in early 2011. Technical support was provided to the Egyptian National Child Rights Observatory to establish a set of national child protection indicators. Procedural guidelines for CPCs were finalized in cooperation with NCCM. This is added to a Government Service Directory that was completed in coordination with key ministries and that included services from various partners (Health, Education, Social Insurance, Labor, and Youth).

X. Partnerships

The State’s responsibility to realize child welfare and protection and to fulfill children’s rights requires a strong partnership to be developed between local authorities, NGOs and local communities. At the beginning of this cycle, UNICEF efficiently tapped on a strong national partner and agent of change. The NCCM made a positive impact by promoting the rights of children. NCCM, supported by UNICEF and other partners, spearheaded a number of important reforms, among which is the Child Law 126/2008, which raised the age of marriage to 18 years for girls, while committing the applicants for marriage to be subjected to medical tests and criminalizing the sexual exploitation and sexual abuse of children.

**Strong national partnership:** The CPM and UNICEF’s objective is building partnership with strategic partners, particularly the Government, NGOs and private sector. The nature of the multi-level multi-partner protection mechanism is rooted at the community level to directly and timely address issues children at risk, and also addresses the policy level at the highest level of local authority. On the shorter term, this can lead to an effective provision of services to tackle the problems and risks that threaten the children care and protection. However, on the longer term, it should also lead to effective changes on policies and budgets to be more child friendly.

**Complementarity of roles:** Partnership with strong, compatible and complementary organizations is key for the sustainability of child protection initiatives. This diversification of partners and complementarity of their roles contributed to solve many problems and helped to speed up the provision of services. Social workers said that harmonizing the culture of children rights amongst the different partners is very important, as they clearly expressed it: “The communication with the official partners is not easy if the partners do not have a common background and understanding of child protection issues, whether street children or those at risk.”

**Developing intersectoral partnerships:** The Child Protection Programme succeeded to extend its partnerships to MoHP in an attempt to ensure that doctors understand how to deal with requests for FGM/C and have the necessary tools to counsel families to abandon the practice. The programme worked with both, MoHP and NCCM, to develop a medical practitioners’ capacity

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building package. This package included a Training for Trainers (TOT) and a medical practitioners’ handbook, a step-down manual for training MoHP doctors, a Q&A manual, and educational interactive tools to be used in community awareness and counseling sessions. In addition, 30 core MoHP master trainers were trained.

Similarly, the evaluation team met in Alexandria with different members of an inter-sectoral partnership that was developed by an NGO “Scouts Association” and the Education Administration in the Eastern district to combat children dropouts from the school. This partnership was formed by NGOs, students, teachers and the board of trustees. They succeeded to work with the Administration of Education and agreed to launch a series of awareness campaigns on the importance of education, to ensure that the system helps identifying the children dropouts. These campaigns contributed to reduce the dropouts and retain children at school. It also assisted in conveying the message about a more positive disciplinary methods and non-violent forms of communication with and among students.

The Child Protection Programme, in collaboration with other international agencies, participated systematically in different platforms to coordinate key protection issues, synchronize efforts and share best practices. They also discussed the challenges met in the different projects implemented to combat violence and abuse against children, including FGM/C and other abuses of child rights. A logical outcome of such coordination meetings was the establishment of the Egyptian Child Protection Network (ECPN) in February 2007, to formalize the coordination between the international organizations working in the child protection arena in Egypt. Since March 2010, UNICEF and the international NGO, Terre des Hommes, have been supporting this network that keeps improving over time. There are currently 15 international organizations attending the monthly meetings and a resource database was consolidated in the “ECPN bi-monthly newsletter” to report on child protection related-issues, including FGM/C.

In conclusion, the evaluation assesses that the Child Protection Programme was very successful in developing partnerships at different levels of the administration and with different types of partners. In order to adopt a comprehensive but specialized partnerships that can surely lead to a positive impact, the evaluation recommends the following:

- Developing closer relations with the media that would help disseminate positive messages on child protection and would also assist in any advocacy campaign needed on the policy or community levels. The same logic applies with religious leaders but adopting different approaches with different audiences. They both could disseminate the messages and generate a greater impact.

- Investing on partnership with the private sector would lead to developing corporate social responsibility amongst business people. This partnership would assist in constituting a Child Protection Fund managed by the Governorate, and would generate more opportunities for the sustainability of the Programme.

- Partnering with children themselves and giving them more space to speak out and express themselves, to help and mentor each other, and to early on carry the responsibility towards their own communities.

- Including legal associations or human rights associations in decision-making processes would not only help in providing legal services to children, and in promoting and advocating the
rights and issues of children and women. It would also support the representation of young people and/ or children, which is currently absent.

- Support on policy making process and budgeting of the concerned line Ministries should ponder the best interest of the child, as well as improving the socio-economic environment and help establishing a protective environment for children at risk.

XI. Mainstreaming issues

A. Human rights approach

Responses of interviewees on the Human Rights Based Approach (HRBA) reflected the diversity between the strategic level and the community level, where the former saw a clear HRBA in the UNICEF Programme, while the community thought that it still required further work.

92% of key officials agreed that the concept of human rights is intrinsic in the Child Protection Programme and that it is directly derived from the CRC. Yet, when they were asked whether or not they know the elements of the Human Rights-Based Approach, they could not really answer consistently and reported that they still cannot integrate it concretely into their Programmes, even if they adopted it as a concept. NGOs were divided between strongly agreed (48%) or agreed (52%) on the fact that the Child Protection Programme applied a Human Rights Based Approach. Among the CDAs, only 12% strongly agreed and 88% stated that they only agreed. 56% of community leaders agreed on the fact that the Programme still needs to integrate the human rights approach. When asking community leaders what were the missing elements to ensure a Human Rights-Based Approach, their views revolved around the following:

- More attention is requested to assist “the poorest families”. It is hard to adopt the concept of rights with the existence of a large amount of people living in extreme poverty conditions.
- UNICEF does not work in the area of disability, neither from the health aspect, nor from the protection aspect, and hence it lacks the concept of universality and non-discrimination.
- If UNICEF cannot work directly on poverty alleviation issues, interviewees suggested there should partner with other organizations that are specialized in the area of youth and parents employment.
- There is a gap between legal mechanisms and culture practices, including also the legal definition of “offences”. There is a great need to advocate for a child friendly legal system and to establish a stronger referral system for children legal rights, especially children in trials. The Egyptian Foundation for the Advancement of Childhood Conditions asserted that UNICEF has to seize the opportunity for the formulation of a new Egyptian constitution that strengthen the legal system toward the promotion and protection of the rights of the child.

The evaluation assess that UNICEF, to a large extent, applied the Human Rights-Based Approach, which was evident in the following:

- The programme directs attention and intervention to the “most disadvantaged” or at risk children and those suffering from deprivation in impoverished areas. The problem is that due to the latest economic constrains, the demands are too high for UNICEF resources and capacities.
UNICEF recognized that quality, accessibility and affordability of basic social services are critical for ensuring the wellbeing and rights of children and their families. This was shown in the manual of “Comprehensive Set of Services for Families and Children” that was produced clustering all Government services that poorest families can be eligible to. A survey on “Mapping of Services for Children” is currently taking place in coordination with IDSC. UNICEF can definitely do better if focused more on the best use of available services.

UNICEF focused on developing the capacities of duty bearers in all its Programmes, whether CPC, street children, legal assistance or FGM/C. This should include Government partners, NGOs, social workers, schools, and partially families. More capacity building is needed specifically in the area of human rights based approach.

The Child Protection Programme effectively and efficiently responded to children in emergencies. This was clearly demonstrated in the protection and advocacy measures that were taken to promote the rights of street children, during the aftermath of the revolution. This is added to the psychosocial support activities that are clearly integrated in the street children projects with NGOs. Equally, during the Libyan crisis, UNICEF assisted children and women who fled from Libya through Salloum to Egypt or to other countries, through the provision of protection activities, sanitation services, and psychosocial support.

The Child Protection Programme took the programmatic action to assist and provide legal assistance to children (in conflict, witnesses and victims), their families and others in contact with them, children in detention and street children.

In addition, UNICEF completely withdrew from implementing capacity development activities or awareness raising activities in Youth Centres. NGOs stated that these awareness activities were more relevant to child labor, however they could be used in peer education, youth participation channels, etc. Empowerment of rights holders was clearly adopted in street children projects, where children were given the opportunity to build their capacities, to express their views and to receive psychosocial support.

On the other hand, there is still room for improvement to better integrate the HRBA within the Child Protection Programme. In this sense, it is recommended to:

- Strengthen and empower the rights holders while developing and opening more channels of participation. Mechanisms like the Child Parliament -a practice that existed between 2007-2008-, or establishing a small micro-credit system, a practice that was implemented by an NGO in Alexandria, which had to discontinue its activities.
- Supporting national partners and Government policy frameworks to adapt, implement and fund their Programmes (and budgets) in relevance to CRC articles and to progressively implement these articles, and finally to effectively respond to CRC reservations. Slightly more than 50% of the sample did not know about the modified child law or about the CRC.
- Developing an effective communication to develop a strategy to help spreading child protection messages and enhancing HRBA knowledge, attitudes and practices of duty bearers (including families, teachers, care providers, health workers, social units and others) for the interest of rights holders (the children).
B. Gender

UNICEF has a substantial potential to be an important player in gender mainstreaming particularly due to its mandate concerning gender equality and women and girls’ empowerment, added to the high credibility among its national and local partners. The Child Protection Programme for the cycle of 2007-2012 was the least gender-sensitive, requiring significant efforts in the upcoming programming cycle.

Qualitative interviews and FGDs reflected the following findings:

- The beneficiaries and stakeholders in the project were relatively gender balanced, with more bias to girls and women in certain components such as FGM/C, and with more bias to other Programmes to boys such as street children. In the implementation of the project, key officials praise the value of gender equality, which positively promoted issues of equity.
- The NGOs and social workers clearly indicated that UNICEF looks after women’s empowerment, and integrated this principle where appropriate. They have indicated the importance of sex-disaggregated data, even if they do not systematically collect it.
- Great care was demonstrated to include women to meetings with minimal representation of men, so that different gender perspectives were represented. Some respondents ensured that men are not necessarily interested in joining meetings, events or awareness raising sessions. The evaluation indicates that gender-balanced participation should be strengthened to ensure also male representation for the sake of a pluralist outlook.

As for the quantitative analysis, the evaluation found that 81% of NGOs agreed that the Child Protection Programme has integrated special attention to women and girls against 19% who disagreed, and asked for more integration of gender sensitization elements such as mothers’ empowerment, economic opportunities for girls and mothers, as well as more provision of literacy classes.

In measuring perceptions of community leaders and village pioneers in Alexandria and Assiut on different elements of gender issues, results shown were relatively positive, reflecting their understanding of gender equality issues, and a small percentage reflected negative attitudes regarding gender sensitive issues. 100% of respondents were positive regarding promoting equal opportunities in education and health and 95% rejected early marriage for girls and boys. On the other hand, 9% still agree to practice FGM/C for girls, 15% agree with violence against children and women for disciplinary purposes, and 40% agreed with child labour for boys to get them brought up on values of responsibility and manhood. In addition, 13% of respondents regard disabled children as a burden that can affect girls’ marriage.

Table 33: Participation of men in awareness raising sessions

<table>
<thead>
<tr>
<th></th>
<th>INTERVENTION AREAS</th>
<th>CONTROL GROUP</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEN PARTICIPATING IN AWARENESS RAISING SESSIONS</td>
<td>26%</td>
<td>18%</td>
</tr>
</tbody>
</table>

Awareness sessions were meant to target both women and men to enhance their knowledge on child protection issues and to provide more opportunities towards establishing protective environment for childcare and protection. However, responses show that men rarely participate in awareness raising sessions, whether in experimental areas (8.2%) or in control areas (8.8). Nearly
85% of awareness raising sessions were not attended by men. In communities with a high level of literacy rate, there is a need to enhance awareness raising activities, especially regarding critical issues in child care and protection, in order to develop a real protective environment in terms of marital relationships or in father children relationships.

The evaluation considers that UNICEF applied the gender equality focus, to a minimal extend, which was evident in the following:

- Among the four major Programme outcomes and 15 outputs of the current programming cycle reviewed for the purposes of this evaluation, only two outputs included a gender focus, both related to stopping FGM/C and the protection of girls. This is also reflected in the gender-sensitivity of monitoring and reporting instruments for these results. Apart from FGM/C, there are no sufficient interventions planned or implemented to address crucial issues affecting gender equality, or reducing gender disparities in the areas of concern.
- Misconceptions of ‘gender’ and understanding gender as women’s rights and/or gender equality: emphasis only on girls’ rights could easily lead to undermining the gender problems of boys and men. Gender equality can only be achieved if the gender issues of both sexes are addressed appropriately.
- Data in the planning or the reporting phases was uneven regarding gender-disaggregation.
- Capacity building activities did not include any issue related to strengthening partners or stakeholders’ knowledge and attitudes towards gender sensitization issues. However, information on gender focus were included in the various trainings/workshops offered by the Programme in Alexandria and Assiut, were participants included both women and men.

Based on the above, it is recommended to integrate the following actions in future programming:

- Developing/making available gender mainstreaming tools as well as indicators, with regards to child protection issues. UNICEF could provide stakeholders and partners with such tools that indicate step-by-step techniques of gender mainstreaming within the project development and implementation. This could be better supported by the provision of training on how to use these tools.
- To strengthen the capacity of using gender as an analytical tool, sex disaggregated data should be systematically collected, analysed and reported. Even though sex disaggregated data was collected, there is very little analysis of the data to reveal how gender as an independent variable impacts on the output for both sexes. This should include the integration of variables such as the cultural and social context of gender.
- Involving a resource person on gender mainstreaming: there is a need to have a gender focal point who would act as a resource person/advisor to partners, whether from inside the Child Protection Programme, or even as an external expert. Otherwise, accountability on mainstreaming gender in Programme plans and reports could be jeopardized.

XII. UN coherence and coordination

The different results of the Child Protection Programme aiming at: a) improving national data system on key child protection indicators; b) establishing child protection mechanisms and policies for identification, monitoring and referral for children at risk, c) supporting community services for the
reintegration of street children, and d) contributing to less prevalence of violence against children (in schools, FGM/C and other harmful practices); all contributed to the Millennium Declaration and indirectly to all the MDGs and UNDAF outcomes 1 and 4.

The Child Protection Programme was part of the UNDAF thematic group of outcome no. 1 “Improving State's performance and accountability in programming, implementing and coordinating actions, especially those that reduce exclusion, vulnerabilities and gender disparities”. That was clearly demonstrated in the efforts invested in establishing the Child Protection Mechanism and in investing efforts in improving Government services for the interest of these children. Equally, the Programme invested in and benefited from outcome 4 “Public perception of women’s and girls' rights enhanced”. This was reflected in UNICEF concern to protect and rehabilitate street young mothers, and was also clearly demonstrated with the promotion of the rights of young girls not being exposed to FGM/C, and criminalizing those who practice it, while advocating against all sort of violent against children.

The Child Protection Initiative conducted several joint activities along with this current programme. UNICEF was a part of a National Joint Programme for the family Empowerment and FGM/C abandonment, which was designed to harmonize the activities from different UN and government agencies. UNDP, UNICEF, UNFPA and UNIFEM and the National Council for Childhood and Motherhood committed supported each other’s efforts to accelerate the abandonment of FGM/C.

The role of NCCM was then replaced with the National Council for Population that took over the FGM/C National Programme. Furthermore, UNICEF and UNFPA Egypt country offices were part of the joint programming to encourage communities to abandon FGM/C and other harmful traditional practices. All activities at the national and local levels that are supported by UNICEF contributed toward achieving the objective of National UN Joint Programme on FGM/C, which aimed at the effective enforcement of laws forbidding FGM/C, the expansion of partnerships and joint initiatives, and the improvement of the public perception towards stopping FGM/C.

UNICEF succeeded to implement a joint initiative with WFP and ILO that is funded by the US Department of Labour “Combating Child Labour through Education”. The role of the Child Protection Programme was limited to establishing Child Protection Committees in target Governorates in Upper Egypt. However, this role was not implemented due to the prioritisation of the education component in the project, and the fact that WFP could not secure field Child Protection officers.

One of the sister UN agencies said that in spite of the current difficulties to effectively apply the Child protection Mechanism due to a challenging policy framework, it is still one of the best initiatives that came out to respond to a comprehensive set of rights. Some said that the success of the joint programme is largely dependent on social and personal relations, and that is mainly because the terms of coordination are not always clear. Other colleagues asserted that sometimes there are administrative and financial complications with their specific organizations that make joint programming complex and lengthy. Finally, some of the key officials stated that some duplication of actions could be noted in selected projects implemented by various partners

XIII. Comparative Advantage and strategic positioning of UNICEF in Egypt

The evaluation considers that the comparative advantage of UNICEF and its strategic position can be summarized by the following elements:

1) Having a multi-sectoral specialization with a human rights perspective, UNICEF can be the core player to synchronize the data and information, standardize definitions and concepts, and generate studies and field surveys on children protection efforts and services in Egypt.

2) UNICEF is mandated to advocate for the rights of children and women, and thus has a rights-based perspective.

3) UNICEF is recognized as an active partner to GoE and to non-state actors. This is evident in its multi-level relationships.

4) UNICEF is expected, and requested to work on issues of legal and policy reform, on social protection issues, and to promote campaigns for stopping violence against children and women in homes and schools.

5) UNICEF can play both roles of facilitation and innovation. This proved to be the case in different initiatives such as community schools, adolescents’ participation, and Child Protection Mechanism.

XIV. Priorities for the transition process

Respondents were asked about the issues they consider as real priorities during the transition period in Egypt and for the next Country Programme, and what UNICEF should focus on. The next two tables show the priorities on descending order as expressed by the two areas, the experimental and the control in the three Governorates: Alexandria, Assiut and Sohag.

Table 34: Priorities for Children in the Transition Process

<table>
<thead>
<tr>
<th>PRIORITIES FOR NEXT CP</th>
<th>EXPERIM.</th>
<th>PRIORITIES FOR NEXT CP</th>
<th>CONTROL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Protection/ Poverty</td>
<td>1</td>
<td>Social Protection/ Poverty</td>
<td>1</td>
</tr>
<tr>
<td>Street children</td>
<td>2</td>
<td>Violence against children &amp; women</td>
<td>2</td>
</tr>
<tr>
<td>Violence against children &amp; women</td>
<td>3</td>
<td>Disabilities</td>
<td>3</td>
</tr>
<tr>
<td>FGM/C</td>
<td>4</td>
<td>FGM/C</td>
<td>4</td>
</tr>
<tr>
<td>Disabilities</td>
<td>5</td>
<td>Street children</td>
<td>5</td>
</tr>
<tr>
<td>CPCs</td>
<td>6</td>
<td>CPCs</td>
<td>6</td>
</tr>
<tr>
<td>Child labor</td>
<td>7</td>
<td>Family counseling</td>
<td>7</td>
</tr>
<tr>
<td>Family counseling</td>
<td>8</td>
<td>Child labor</td>
<td>8</td>
</tr>
</tbody>
</table>

Social protection and poverty alleviation came at the top of the priorities. This was also clear during the focus group discussions, where interviewees saw a significant importance on advocacy for budgeting for better services for children and women, mainly at the local level (Governorate) as well as in the key line ministries such as Insurance and Social Affairs, Education and Health.

With respect to street children and violence against children, violence came as third priority for the experimental group but came as the second priority for the control areas. Street children was rated second for the experimental group mainly due to the fact that interviewees in Alexandria, street children is a major concern with no structural solutions.
Disability was highly stressed during the focus group discussions and interviews, which reflect the high percentages of disabled children in Alexandria, Assiut and Sohag respectively. However, in this list of priority, it was the fifth priority for the experimental areas and the third priority for the control areas. FGM/C was the fourth level for the two areas, and most of interviewees saw it as a part of the violence or the CPC package.

CPCs was at the sixth level, and that could be explained by the fact that people understand the services provided through the CPCs, but cannot distinguish the structure or the mechanism of the CPCs. Child labor and family counseling came at the bottom of the list, as communities do not have the negative connotation of child labor, -as manifested in the 20 statements measuring attitudes-, due to a combination of a poverty and cultural approach toward child labor, especially boys. As for the family counseling, the culture sensitivities also prevent boys and men, from participating in this activity, as they should not speak about their personal lives, relationships with their wives or report domestic violence.

XV. Key Lessons Learned

The key lessons learned emerging from the implementation of the programme are the following:

- The Child Protection sector lacks a strong national entity that can contribute to change through supporting mechanisms, clear budgeting and necessary incentives (not necessarily financial) as well as checks and balances.
- The results of the capacity development initiative are more likely to be sustained if they are based on clear evidence on the existing gaps, if endorsed and supported by the policy level, and well mainstreamed within the targeted entity. In addition, human resources development should go in line with institutional development to correlate and complement each other. Capacity building is more a strategy with defined results rather than one-time or ad-hoc effort. Simple and quick periodic surveys on the changing situation of children and the developing needs of families are important to give a clearer picture for programme implementation and strategies. Partners and communities need to be better involved in this process to be able to own the interventions.

XVI. Recommendations

Relevance and design:

✓ UNICEF should generate and exchange updated knowledge on the situation of children and women that is relevant to the partners and beneficiaries. This includes common issues such as child poverty, safety net, social, FGM/C, street children, etc. These topics should be discussed and agreed upon through homogenous and mixed committees; including cross-sectoral information to track children at risk that require direct services, as well as issues that require advocacy and policy reform. Such strategic information system on children would provide evidence for national social policies, where data would be tracked and analyzed through control access and sufficient analysis serving the multi-sector and crosscutting issues of children and families. All knowledge produced should be shared with partners, and the programme should include more activities for
family empowerment and parental care in its design to become more family centered and not only child-centered. UNICEF - as an international key player - can synchronize and manage data and information, standardize definitions, concepts, studies and field surveys, and achieve a mapping of children protection efforts for legal services to children in Egypt.

- The new programme should prioritize the needs of children and families with emphasis on social protection issues. Manifestations of extreme poverty were clear for nearly all of the families visited. Integration of more issues for mothers or parents, (such as family empowerment whether financial or non-financial, parental education, family counseling... etc..), as the Programme is not sufficiently family-centered.

- The new programme should conduct a capacity gap assessment for target partners, and map all institutions and expected services. This would also give a clearer idea on the potentials and the gaps in their role and position as duty bearers for women and children.

- Establishing specific and combined indicators for child protection issues in the Governorates, while developing results for capacity building interventions and monitoring the results achieved at the institutional level, will help analyzing the impact on children at end of the cycle.

**Strengthening Communication and Advocacy to raise community awareness:**

- More efforts are needed to induce community awareness and mobilization to help communities to collaborate with the governmental and non-governmental institutions (community based system, community score cards, etc...). More work with communities is needed to strengthen child protection culture and advocate for a nationwide “Community Child Protection or child friendly communities” to recognize children rights and deal with different forms of abuse and violence and to influence meaningful child protection practices and attitudes in communities.

- UNICEF should improve communication and advocacy through an increased government ownership and building stronger alliances with civil society in these domains.

**Developing strategic partnerships:**

- UNICEF has invested a great deal on partnerships with NGOs, which is good, but it is also recommended to expand progressively with other strategic partners. National ownership would be enhanced through increasing advanced relations with media, religious leaders, academic institutions and private sector. A Policy/Advocacy strategy and developing strategic partnerships are vitally needed in this transition period. Developing closer relations with media that would help disseminate the messages favorable to child protection and that would also assist in any advocacy campaign needed on the policy or on the community levels. Same logic applies with religious leaders but adopting different approaches with different audiences. Both disseminate the message and influence people easily. In addition, UNICEF should expand its partnership with the private sector. This is meant to utilize corporate social responsibility to generate public responsibility towards protection issues, and in the same time mobilize funds for the implementation or expansion of activities. Finally, expanding relations with Ministry of Justice and Interior is also recommended in order to advocate for a child friendly investigation and referral system.

**Cost effectiveness of results against budgets:**
It is recommended that UNICEF conducts the results-monitoring against expenditure in order to measure the efficiency and cost effectiveness of these results. Results frameworks and budgets should be aligned in a way to assess the expenditure related to the best interest of children. Some activities and results are very costly but are assessed to be important for the programme to be implemented, which is understandable. However, thinking about longer term plans of the Government or of civil society is vitally important to ensure that these activities and results could be sustained and not just ongoing because UNICEF funds are available.

**Sustainability**

- Local and national authorities should participate by allocating some of their budgets to the Programme. This probably requires more lobbying but it is possibly the only right way to proceed.
- It is essential to define a clear structure and dynamics for Child Protection Committees, and specific their expected roles. Partners should remain accountable for their activities in order to be able to transfer the ownership of the Programme to local stakeholders, who have the bigger responsibility for sustaining the CPCs. The Child Protection mechanism could be replicated at a wider scale but a serious national leadership is needed. Changes to the way the child protection mechanism is running must be made in order to make the economic benefits more visible.
- There are too many limitations in the way the budget is allocated, and this may affect the sustainability of the Programme. Targeted allocation of the funds is crucial and it should reflect the local needs rather than specific Programme budget lines.

**Plan and promote for sustainability of CPCs and street children activities:**

- UNICEF should promote policies and lobby for budgeting CPCs on the national and local levels. Local and national authorities should participate by allocating a part of their budgets to the interest of the Child Protection Programme. Clear structure, dynamics and funding of the Child Protection Committees is needed to locate the ownership of the Programme to the local stakeholders who have the bigger responsibility of sustaining it. This would surely need a national leader to have this responsibility. Including the national partners as leaders to this component is indispensable to sustain activities related to street children. All activities are threatened to fade away, if they are high in cost and low in return, with no clear vision on the future of these activities/ interventions. Besides NGOs, the Ministry of Insurance and Social Affairs and Ministries of Interior and Justice should have enhanced roles.

**Monitoring at the national and governorate levels:**

- Development of monitoring systems should provide more evidence to planning, reporting and policy-making on child protection. “Case monitoring” should be replaced by monitoring the situation of children in the respective areas, districts or Governorates. Specialized technical assistance is requested for Information Centers, partner NGOs and civil society partners to collect information on a standard set of statistical indicators of child rights and wellbeing. This would require coordination of all relevant institutions (national and international) working in the same Governorates to prepare statistics, information and reports on monitoring the situation of children at risk.
Mainstreaming gender into the Programme and developing gender tools and indicators:

✓ With regards to child protection issues, it is recommended to provide stakeholders and partners with such tools that indicate step-by-step techniques of gender mainstreaming in child protection projects. This would be supported by a training programme on how to use these tools. UNICEF should also have a gender focal point, who would be the resource person on gender, whether from inside the Child Protection Programme, or even as an external expert. Otherwise, accountability on mainstreaming gender in Programme plans and reports could be jeopardized.

Cross programme synergy to create a comprehensive child protective environment:

✓ UNICEF should support cross-programme synergies with education, health and community awareness. There are several promising opportunities for making programmes work more synergistically, which can contribute to an integrated approach that can create a protective environment with a comprehensive set of services. This could be done through developing a deliberate cross-programme strategy built into the workplans for more than one section, monitored and evaluated regularly. This will require joint planning, regular monitoring and reporting on cross-programme synergies and incentives for sections that achieve a high level of synergy.

Mainstreaming human rights in the Child Protection Programme:

✓ Given the latest changes in the country, the programme should undergo a theory of change exercise that integrates the human rights perspective with a complete analysis of underlying and structural causes, with the identification of rights holders and duty bearers, and clear indicators for achieving progress. Yes, the programme is aligned broadly with human rights and CRC, but it needs to further develop a results framework, based on a solid theory of change and clear indicators to monitor fulfillment of children and women rights.

✓ In addition, it is recommended to enhance children’s participation to strengthen their direct participation as actors, and not only as receptors of services. Empowering children about protection measures at home and school, and on rules and channels of participation at different levels is also important.

✓ Highlighting peer education and life skills approach would make children’s and young people actively involved in advocacy for child protection. This implies including human rights and specifically child rights into the education curriculum (which currently contains few items on declaration of human rights, but nothing regarding the Convention on the Rights of the Child and nothing about its application in the field).

Systems’ strengthening and institutional development:

✓ It is recommended to work on the child protection system development and institutional analysis framework. Partnerships are definitely important, but preparing partners to better play their role and produce the expected results is even more important. It is rather the quality of results produced by partners and not the number of partners producing short-term results that is important. Accordingly, UNICEF should conduct a capacity gap assessment for target partners and an analysis of institutions that are expected to deliver the required activities/ services at the beginning of the Programme. This would also give a clearer idea on the potential and gaps in
their role and position as duty bearers for women and children. The institutional assessment should be followed by a capacity building plan tailored on this assessment and stressing capacity building results geared towards achieving the programme objectives effectively and efficiently.
I. Introduction

The 2010 Egypt Progress Report on MDGs states that Egypt is very likely to achieve universal primary education for all boys and girls at the national level. Egypt has indeed made good progress in expanding enrolment (Primary GER is 96% and NER is 89%) and closing the gender gap (NER: 88.1% boys, 89.1% girls). However, quality of education remains a major challenge. The school environment adversely affects completion rates and those who graduate do not have the skills for employment. The 2006 census indicated that around half a million children (6-18 years) dropped out of school (2.4%) and 1.3 million have never attended school (6.5%). The Ministry of Education (MoE) data show that low completion rates are a concern: Primary stage: 82% (78.7% boys, 84.7% girls), Preparatory stage: 61% (59.2% boys, 64.4% girls).

Wealth and gender influence children’s education opportunities. About 84% of children (6-12 years) in the poorest households have attended school as compared to 94% among children in the richest households. In addition, only 80% of girls (6-12 years) in the poorest households have ever attended school, as compared to 88% of boys in the same quintile.

Despite of all efforts from the MoE to improve the educational system during the last two decades, there are still a number of issues pending in order to address and improve the quality of the system. A weak leadership, the lack of vision and mission, as well as the lack of self-evaluation, planning and monitoring mechanisms to improve the educational system at the school level, are among the most appealing challenges. It is for this reason that the MoE introduced the School Based Reform (SRB) programme in their strategic plan to reform the education. The SRB aimed at improving all schools in

| TABLE 35 |
| CURRENT SITUATION OF EDUCATION IN EGYPT |
| - Education is compulsory for nine years by law (between 6 and 14 years of age) and it takes place in in two different systems. |
| - The MoE is responsible for making decisions about the national education system with the support of three centers: the National Centre of Curricula Development, the National Centre for Education Research, and the National Centre for Examinations and Educational Evaluation. Each center has its own focus in formulating education policies with other state level committees. |
| - Law 8/1991 clarifies the responsibilities of government, private and civil society organizations in developing literacy and adult education programs. |
| - Disability is covered under a number of laws (e.g. Law No. 116 on specialized centers and care; Law No. 39 (1975) on Rehabilitation of Disabled Persons, Ministerial Law No. 380 (1997) on Health Insurance, etc.) The current law does not provide sufficient provisions for the effective inclusion of disabled people in education, social, economic or recreational activities, thus providing little formal respect for the rights of disabled children. |
| - MISA led an attempt to develop National Disability Policies through the Social Protection Initiatives Project in 2004/05, with funds from the World Bank and with technical support from Save the Children, UK that included the mapping of services provided by various governmental sectors to children in Egypt. |
| - Egypt adopted the International Convention on the Rights of Persons with Disabilities in 2008. The MoFP was coordinating the process of drafting a new disability law fostering principles of inclusion and empowerment of disabled citizens. |

Egypt in accordance with the National Educational Standards, thus qualifying them through an accreditation process.

The process of accreditation during 2007/2008 to 2011/2012 went from 15% schools were accredited during the first year; increasing to 20% during the second, third and four years, to increase 25% during the fifth year.

According to the MoE of the current government, Quality Improvement remains one of the most pressing challenges. This includes, but is not limited to, the development of technical education and vocational trainings; the promotion of public-private partnerships, and the involvement of civil society in the educational sector. Part of the plans to improve the quality of education included the decentralization of the management at governnorate level (Muderia) and beyond (Idaras).

UNICEF programme aims to achieve the following results:

a. Improve children’s developmental readiness to start primary school, especially marginalized children;
b. Reduce gender and other disparities in relation to increased access, participation and completion of quality basic education, and
c. Improve educational quality with emphasis on teaching methods and the learning environment.

The Quality Education component contributes to the achievement of UNDAF Outcomes 1 and 3. UNICEF education programme is aligned with, and contributes to the national strategic plan for pre-university education reform (2007/8 – 2011/12), specifically in the areas of: Early Childhood Development, Community Based Education for Girls and Out of School children, Basic Education Reform, School Based Reform, and Education for Children with Special Needs.

The programme component had 4 partners in 2009: Ministry of Education (MOE), National Council for Childhood and Motherhood (NCCM), Ministry of Insurance and Social Affairs (MISA), Faculties of Education (FOE) and Non-Governmental Organizations (NGOs)50.

UNICEF focused on two aspects: School improvement Programme (SIP) and the Special Education classes through Resource Rooms. UNICEF’s initial plan was to support 60 schools in acquiring the accreditation in the Governorates of Sohag and Assiut, while piloting Resource Rooms in 20 schools in (10) Sohag and (10) Cairo.

1. The School Improvement Programme (SIP) in Assiut and Sohag Governorates:

   The programme was designed to empower the MoE’s capacities to manage its School Based Reform through an Accreditation Programme. The Ministry’s National Goal requires that all schools receive accreditation by the independent National Authority for Quality Assurance and Accreditation of Education (NAQAAE) should they achieve the minimum required quality standards.

   The Ministry’s comprehensive education reform required of extensive technical assistance to achieve two primary objectives: (1) develop the individual capacities that would lead reform processes at the school level within an institutional structure of monitoring and support; and (2) develop the framework and guidelines required by school-level capacities to manage a comprehensive reform.

50 UNICEF Annual Report 2010
2. Special Education classes (Resource Rooms):

These classes were established by UNICEF in 20 different schools: 10 classes in Sohag governorate and 10 in Cairo. The aim of these classes was to enhance the schools’ capacity to accommodate students with special needs, thus allowing them to access the school system and contributing to improve their disabilities.

In reference to the school accreditation, the evaluation analyzed the accreditation criteria utilized, whether or not the schools included all criteria, and whether there is a sustainability plan to maintain the accreditation system. The evaluation examined MOE, Idara’s and schools’ approach toward the involvement of the private sector as well as civil society, in an attempt to find alternative solutions for the sustainability of the accreditation system. The evaluation also analyzed the contributions made by the partner NGO as well as other issues such as the pedagogical methodology, teachers’ capabilities, types of trainings received, level of class integration, class settings, etc.

II. Methodology

This evaluation is a formative study aiming at conducting opinion pools regarding the quality of SIP in Egypt. The result of this study is expected to inform UNICEF on the impact of the programme and assist in the future planning.

In order to achieve this goal, the methodology utilized for the evaluation of this programme component was mainly qualitative with a participatory approach. Field visits included three Governorates: Cairo, Sohag and Asyout. Data collection was done through questionnaires, in-depth interviews and focus groups, in addition to class observations after a comprehensive desk review of the available documentation that included annual reports, studies, other project reports, including donors’ and partners’ reports.

The research methods used under this study were mainly:

1- In-depth interviews: with government officials, UNICEF staff and partner NGO representatives
2- Focus group discussions: with school-teachers, school administrators and parents
3- Class Observation: students in the resource room

These tools were utilized to gather information from the different stakeholders as well as their perceptions on the SIP standards. They also introduced the Resource Rooms to support children with disabilities.

• In Assiut, data gathering was obtained through in-depth interviews with two representatives of the Idara. Three focus groups (including from 6 to 8 participants) in three schools involving teachers and school administrators, as well as three focus groups with 30 students from the three schools.
• In Sohag, since the evaluation included the two components, data gathered was obtained from in-depth interviews with two representatives of the Idara. Three focus groups were organized with teachers and school administrators from three schools. Other data collection tools included questionnaires to 30 students from the three schools, class-observation and meetings with three
teachers from the special classes in the three schools, as well as an in-depth interview to the NGO partner, and success stories obtained from the NGO partner and school representatives.

- In Cairo, the data gathering process was mainly focused on the second component as well as meetings with officials and stakeholders. In-depth interviews were conducted with government officials at the MoE, the partner NGO Executive Director, as well as teachers working in the special classes. Other forms of data gathering was class observation to the resource room, and success stories obtained from the NGO partner and school representatives.

Table 36: The following table presents the number of individuals interviewed:

<table>
<thead>
<tr>
<th>PARTICIPANTS</th>
<th>TOTAL NO. OF GROUPS</th>
<th>TOTAL NO. OF PARTICIPANTS BY GENDER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government entities</td>
<td>4</td>
<td>13 m- 5 f</td>
</tr>
<tr>
<td>NGO representatives</td>
<td>2</td>
<td>4 m</td>
</tr>
<tr>
<td>Schools-Teachers &amp; administrators</td>
<td>6</td>
<td>18 m-33 f</td>
</tr>
<tr>
<td>Quality Assurance Facilitators</td>
<td>2</td>
<td>7 m- 2 f</td>
</tr>
<tr>
<td>Students</td>
<td>6</td>
<td>28 m- 25 f</td>
</tr>
<tr>
<td>Class Observation- Resource Rooms</td>
<td>2</td>
<td>4 Cairo and 7 Sohag</td>
</tr>
</tbody>
</table>

III. Relevance of the Programme

A. During the whole cycle

The Programme complements the policies and strategies of the Government of Egypt. UNICEF launched an ambitious programme to contribute to the efforts made by the MoE through enhancing and promoting the value of education, with the understanding that participatory planning involving the district level, and capacity building to all involved parties will help improve the quality of education. National policies and strategies are reflected under the SIP.

The Quality Education programme component contributes to the achievement of UNDAF Outcomes 1 and 3: UNICEF education programme is aligned with and contributes to the national strategic plan for pre-university education reform (2007/8 – 2011/12), specifically in the areas of: Early Childhood Development, Community Based Education for Girls and Out of School children, Basic Education Reform, School Based Reform, and Education for Children with Special Needs.

The programme is also relevant to the beneficiaries, to the needs of the children, and seeks to ensure the protection of the children rights and an equity and gender-balanced approach.

In general, there should be a number of changes required to ensure an education that meets the minimum standards of quality and this include a more engaging role of the local communities with the schools.

UNICEF’s intervention through a holistic and comprehensive reform, in partnership with the MoE, is in line with the right of children to quality education, as stipulated by the Convention on the Rights of the Child (CRC). It is also aligned with the UNICEF Medium Term Strategic Plan Focus Area Two: Basic education and gender equality; Key result area three: Support national capacity to improve educational quality and increase school retention, completion and achievement rates.
B. In this transition phase

During the transitional stage, the NGO partner adapted their workplan to decentralize the efforts and maintain somehow a memory of the efforts in place, challenged by the high staff turnover at the central level. After the revolution, the programme continued its implementation, as it was not technically affected, although the reception of funds were delayed, which challenged the implementation.

Following the events of January 25th, all UN agencies continued to work with the Government, both at national and local levels, as well as its implementing partners, national and international NGOs, in the all 3 Governorates (Sohag, Cairo and Assiut), hoping to minimize the impact of the crisis on people’s lives and livelihoods. The short-term nature of the transitional government and the reluctance of some senior officials to take actions with the long-term implications, as well as the lack of clear and formal governmental strategies, priorities and reform plans were certainly a challenge for the implementation of this programme.  

The Resource Room experience is a new practice in the national system in Egypt that started as a pilot exercise in Sohag and Cairo in late 2009. Though it was not initially planned, it was requested by the MoE during the Mid-Term Review (MTR). The integration classes were well received by the families and the communities. The Sohag Muderia\textsuperscript{52} has already requested to expand this experience throughout the Governorate, as long as this exercise comes together with capacity building for the teachers, and peer-to-peer support. Should the MoE agree, this would provide the teachers more support than social and personal experience.

The Resource Rooms were equipped by UNICEF, while Masr-EI- Mahrousya responded to the demands made by the teachers. According to the NGO, the programme yet requires UNICEF financial support to continue, as it may not be sustainable otherwise. Representatives from the NGO Partner also highlighted the fact that UNICEF presence is an added value for the continuation of this programme, with its presence throughout the country. The project managed to gather resources to equip the rooms and train the teachers.

IV. Design and focus

The school based reform lies at the core of education reform in Egypt. The overall goal of the School-Based Reform is to cultivate a paradigm shift in the management of the educational system at the school level, and in line with this idea, the programme objectives are:

(i) Prepare schools to ensure quality and readiness for accreditation;
(ii) Prepare schools to practice school based management;
(iii) Ensure good governance through community participation and effective partnerships;
(iv) Ensure school buildings, spaces, equipment and resources that are conducive to authentic pedagogy.  

\textsuperscript{52} Muderia: local government at Governorate level.
\textsuperscript{53} Programme Cooperation Agreement between UNICEF and Misr Al-Mahrousya Balady
With the above in mind, the UNICEF SIP in Assiut and Sohag governorates was designed to empower the MoE’s capacity to manage its School Based Reform for Accreditation programme. The Ministry’s national goal requires that all schools receive the accreditation of their quality of education by the independent National Authority for Quality Assurance and Accreditation of Education (NAQAAE).

The design and focus of this programme seeks to address children’s rights through the target of two main components: (1) the School Improvement Programme (SIP); and (2) the establishment of Resource Rooms for the support of learning disabled students. Through the interviews, this evaluation could confirm that all partners and Government members regard this programme not only as relevant, but also necessary to improve the educational system in Egypt. The programme, both in its design and focus, is regarded as positive by all the interviewees.

The SIP project targets Assiut city, Manfalout districts and Abu Teeg district in Assiut and Sohag city, Gohina district, Saqullta and Dar Al-Salam districts in Sohag. UNICEF’s key partners are the MOE, Muderia and Idaras of education, and Masr El Mahrous as local sub-grantee NGOs with base in Cairo.

The Resource Rooms in support to students with Learning Disabilities (LD) was designed to provide extra support to the LD students using special methodologies that will enable them to be integrated in the school system and be able to accommodate to the regular curricula. The programme also aims at establishing a pedagogical methodology for children with Special Needs.

This component targets Cairo city and Sohag Governorate. UNICEF’s key partners are the MOE, Muderia and Idaras of education, and Masr El Mahrous as local sub-grantee.

The NGO Partner did not participate in the design or selection process of the target areas, since they joined the programme in a later stage. They, however consider this component to be essential and highlighted two key activities as of special relevance: (1) the capacity building of Change Facilitators, and (2) the Quality Assurance Committee formed at the Muderia level by school leaders, Change Facilitators and Idara officials.

Change Facilitators, on the other hand, stated that they were interviewed and selected by the UNICEF and MoE at Muderia level, however they did not have any role in the planning process: “All plans come from the Muderia, if we want to add any activities we have to get the Muderia’s permission”.

V. Ownership by the Government and civil society

A. Government Ownership

The SIP is part of the MoE’s National Plan, and as such the Government somehow acknowledges the ownership of this programme, even if the communication lines between the administration and schools are not clear.

The Resource Rooms, as part of inclusive education, is a pilot programme that UNICEF initiated and was well received by the Ministry. However, it is not clear if the Ministry will adopt this component despite the urgent need to involve children with special needs.

✓ UNICEF should continue lobbying for the implementation and appropriateness of this component as there is a real need to cover assistance to children with special needs and this programme is a positive step towards it.
UNICEF should assist the MoE in establishing more accurate lines of communication among all parties involved, ensuring that schools receive appropriate responses to their demands. This could be established through trainings, round tables, and other means of formal or informal information gathering that could assist in improving the communication channels.

MoE should also focus on community mobilization to increase awareness and ensure sustainability of the programme.

B. Civil Society Ownership

The Capacity Building efforts had nevertheless a positive impact on the feeling of ownership to the programme at local level.

The NGO partner maintained a good relationship with associations, CBAs, other NGOs as well as private sector (Skoda, in the remote areas to develop the electronic sites, and El- Kharafy group). The partner NGO has also a MOU with the National Council for Childhood and Motherhood (NCCM).

Schoolteachers claimed that small donors have also contributed to establish a summer club and a library for the school, (Bahesed el Baadeya, in Sohag) while the Change Facilitators maintain that contributions made by the private sector are scarce.

VI. Effectiveness and impact

A. Effectiveness

The analysis of effectiveness was based on brief interviews with UNICEF concerned staff as well as on the results of the fieldwork, focus group discussions and analysed questionnaires.

The Ministry's comprehensive education reform plan required an extensive technical assistance to achieve effectiveness: (1) to develop the individual capacities that would lead the reform processes at the school level; capacities that would be refreshed, updated and supported, and (2) to develop the framework and guidelines required by school-level capacities to manage a comprehensive reform. These two objectives can be translated into the need of (1) developing a cadre of "Change Facilitators" and (2) providing training and technical assistance on "School Improvement Planning".

The programme began in 2007 by training a group of 81 MoE staff members, as well teachers and administrators, as Change Facilitators. The training spanned five months during which field implementation was initiated and ongoing monitoring and technical support was received from UNICEF. Change Facilitators were assigned to support school improvement processes in primary schools in seven districts in Assiut and Sohag. School Improvement Plans were developed and implemented in 64 schools (4 more than planned), all of them obtained the accreditation while other are in different stages of progress towards accreditation. In this sense, the programme has been very effective as it succeeded to achieve and exceed its target.

In response to the needs identified through the school self-assessment exercise, UNICEF through the SIP provided services, equipment, and educational materials, trained school principals and senior administrators on leadership, and trained teachers on active learning. From the point of view of the
MoE, the Capacity Building programme has been key to improve the performance of teachers and the administration.

The community participation under the SIP and Resource Rooms was also essential to fundraise and equip the schools, even if the Resource Rooms had little success.

At the school level, cultures were transformed allowing the implementation of successful practices thus contributing to ensure the quality of education through good governance, community participation, student-centered pedagogy, student participation, extracurricular activities, and ongoing teacher development.

The effects of the SIP programme has made a considerable change in the students’ education level, the education process have improved, and schools implementing the SIP are practicing extracurricular activities with high involvement from the private sector.

In general, in order for the schools to maintain their accreditation, they need to pass periodical monitoring processes organized by the Quality Assurance Unit at the Ministry. If the school does not maintain the standard reached, then it loses its accreditation. Unfortunately, some of the schools Headmasters do not give enough attention to the accreditation system since they esteem they are not compensated enough for the efforts they make.

Through its partnership with the NGO, MASR El Mahrousa, UNICEF has provided an intensive capacity building programme to the MoE representatives at the Governorate level (Muderia). The content of the training plan was initially reviewed and approved by the MoE. UNICEF funds for this training helped maintaining the capacity building efforts.

UNICEF initiatives are targeted. In particular, the capacity building of the Change Facilitators has further contributed to increase awareness in other schools outside the target group, as well as in other educational levels outside the primary, including both secondary and preparatory. Furthermore, MoE officials have expressed their intention to maintain the Quality Assurance programme and extend it to other areas, particularly to the most vulnerable governorates, keeping in mind not only the general requirements but also the specific needs of each school.

- An MOE representative highlighted the fact that the Idaras and schools require more time before being able to meet all the standard criteria for quality assurance.
- In Sanan school in Cairo, teachers mentioned that the trainings received were mainly on the idea of integration and the administration requirements, but not technical or practical guidance on how to approach children with special needs, so they have to rely on their experience with regular classes. Teachers seem to be discouraged due to a lack of financial compensation they were promised and they admit that the programme continues thanks to the motivation of the headmaster, but once he retires, they will try to stop their participation in these classes.
- After Molhaket Al-Moalemat, and Gohayna schools have received their accreditation, UNICEF delivered training for (Parent Teacher Association (PTA). The QA and accreditation programme helped in emphasizing on the child rights within the school. UNICEF has distributed guiding posters and some booklets in support of child rights.

The Ministry’s criteria for accreditation are beyond the capacity of most of the schools. The overall educational achievement of the school must be at least 65%, something difficult for most schools, specifically regarding subjects such as the English language.
On the other hand, the MoE does not seem to have a clear strategy to address the education for children with special needs. There is, however, a good strategic plan but it has never been implemented. In addition, there is no plan to hire teacher assistants, even if they should provide the support required by the teachers. Only in the case of Sanan school, (Cairo) there are four teachers for 60 children with special needs that rotate in the Resource Room, in addition to their regular schedule. Consequently, they often refer to regular teachers to cover and support them in the resource room.

The Resource Room intervention in Egypt is long overdue. Establishing such intervention is a must, consequently teachers find that the MoE and UNICEF should replicate and expand their target to meet the majority of students with special needs. Having said that, teachers themselves found that the methodology for the regular curricula, required by the MoE, does not meet the needs of students with special needs.

The staff members of the Quality Assurance Unit were trained to monitor both the accreditation and the Resource Rooms.

- In Sohag, Change Facilitators provided training to the teachers in 14 schools, including on issues such as quality assurance criteria, self-evaluation, improvement plans and monitoring plans. Change Facilitators have created monitoring formats for the supervisors to use, and they held trainings with the teachers on how to develop proper lesson plans. Other subjects included active learning, training strategies and the criteria for the accreditation.
- There are about 110 trained Change Facilitators in Sohag that carry on training throughout the governorate.
- As a result of the capacity building interventions to the MoE staff, the 7 Idaras that cover the programme have improved their performance and capabilities providing a friendly atmosphere to children in schools. Most of the interviewees said that trainings and capacity building efforts were needed and since they are very expensive, UNICEF support is essential. Teachers found that in order for UNICEF to improve their trainings they should provide practical trainings as well as the theoretical one.
- The programme also benefited from school exchange visits between the two-targeted governorates.

UNICEF was careful to empower the Change Facilitators as an element of the training. This proved crucial in building the Change Facilitators’ confidence to lead the reform process. The empowerment was induced through matters such as attention to their simple needs during the training. It also included the sense of mission and responsibility that was delegated to the participants as critical players in the process of education reform. Change Facilitators were divided into two groups. One group was responsible for supporting school administrations to plan and orchestrate change. Each facilitator from this group was assigned one or two schools. The other group shouldered the responsibility of supervising the first group and providing technical assistance and quality assurance throughout the school improvement process. The amount of authority delegated to facilitators does not permit them to completely apply their role. A clear understanding of their role from teacher’s point of view is essential to ensure accountability, efficiency, and effectiveness.

To improve the effectiveness of the Education Programme, the following is recommended.
UNICEF should change its strategy with the Resource Room. It is recommended to start lobbying at the top level and have the Ministry include this type of assistance within its national plan. There are also recommendations for the Ministry to hire specialized teachers rather than using regular teachers coping with this in addition to their regular schedule.

The capacity building assisted the schools to acquire the accreditation. However, in order to acquire and maintain the school accreditation there is a need for the schools to have a vision and a mission to ensure safety premises, and to keep the level of education among students and staff development, and maintain documentation and parents participation, while ensuring a minimum of suitable premises to host students with special needs, such as ramps.

There is also a need to provide specific subject and refreshing training for teachers to maintain themselves up-to-date and be able to cope with the new challenges, such as technology.

There is a need to continue working on community mobilization to improve the schools facilities.

The MoE has already expressed the need to have UNICEF support in the selection process of the governorates, should the programme continue.

The Resource Room component needs to be revised considering that teachers are not specialized, thus they require more support and guidance in order to provide a better service.

MoE staff suggested that UNICEF could assist in providing support in the development of the curricula, particularly in English language, and also look after the psychological state of students and other concerns such as class densities.

B. Impact

While UNICEF worked on the equipment of the Resource Rooms, the community participation contributed to the ownership and impact, as they contribute to fundraise and gather additional equipment after doing a detailed assessment. In the case of the SIP, the community participated only on individual bases.

The level of education has progressed. The methodology utilized facilitates the students the comprehension of the lessons while the teachers have become more patient and understanding. Students and teachers stated that “Labs are better equipped now and we enjoy being in the lab as they are able to practice and benefit from the equipment”

- When Change Facilitators were asked whether or not the goals of the programme were realistic, they replied that there are no goals stated, but the integration classes is a very good initiative, except it is not clear to what extent and what level of disability can the students be integrated. They are wondering where the students with special needs will go or be enrolled after 6th grade?

- In general, students stated that they do not need private lessons anymore, given that labs have improved. In Abu-Teeg school, in Assiut, some students have received private lessons particularly in Arabic, Mathematics and English language. The Quality Assurance programme assisted in providing the students with better services at the school where the administration is looking after the missing services to try to improve them. “Teachers now try to make sure that
we understand the lessons —says one of the students—and they also simplify the lessons to us”. Another said, “since labs have improved, we do not take any more private lessons.”

- The students consider that the services in the schools have improved, the number of workers has increased and they help them in keeping the school premises clean and tidy. Students also mentioned that in order to maintain the school accreditation, they are aware that they have to study well, and keep the school premises in good condition. “The difference between our school and other schools—one of them said—is that other schools do not care for the condition of the school such as broken desks, dirtiness around the school or dirty bathrooms. Also students in other schools are not well behaved.” In Bahesed elBaadeya school, Sohag, after the implementation of the QA programme and after the acquiring of the accreditation the school has slightly improved. The school started to hire specialized teachers and it requires a nice school uniform. “Our school is now better than some private schools”, said one of the students. In Molkaket alMoalimed school, Sohag, the QA programme helped improving the teaching conditions by establishing library, summer club and hold camps. “Every year—said another student—our school become better and progresses.”

- The schools now hold education trips, and exchange visits between schools, also they provide 1st aid and general health training and awareness to other students. In Gameel Abu Akrab school, in Assiut, teachers stated that students are well educated and behaved, “the education process is very good, and extracurricular activities are practiced while schools are reasonably equipped. Something that does not exist in most schools.” The private sector is highly involved.

- At first the school directors did not accept the children with Special Needs (SN) to be enrolled in the school. UNICEF’s intervention has positively changed their attitude towards SN children. Such initiative has established a positive attitude towards them at various levels of the schools, the community and the civil society.

In conclusion, the Partner NGO stated that the Programme has met its objectives in part, due to the careful selection of the human resources at the Idara level. The education performance and behavior of the students among those schools that have received the accreditation and established the Resource Rooms, have improved tremendously and the students seem to be more satisfied. And the students find the schools cleaner, more user-friendly and they receive better classes and are more supported by the teachers (education and psychosocial support). UNICEF had, however, a target of 254 schools and only 60 schools met it and the impact has been limited from his point of view. Self-cleanness was also an objective that was not met.

✓ UNICEF, through its implementing partner, should monitor the school strategies, in addition to the Quality Assurance and Accreditation and Resource Rooms.

VII. Efficiency

The overall programme was cost-effective with an exception of the school application of the accreditation. When a school applies for accreditation, they have to pay a certain amount of money, and most schools don’t get their accreditation, as they don’t meet the standards. The QA Unit, within the MoE, has a specific budget line for each school, whether or not the school gets accredited, thus the funds are utilized.
The actual needs and cost differs from each school, when applying for accreditation, varies depend on the condition of the school building, equipment’s needed for classes or status of computer labs keeping in mind the high density per class in all schools, as well as teachers and staff training needs.

The support that the Ministry can provide to each school is of around L.E 3000 to 4000 annually, not enough to cover the expenses. In order to maintain the accreditation, the MoE maintains that there is a need to encourage teachers with financial and psychological support; and ensure a continuous maintenance of the schools, building and facilities. All partners also demanded the continuation of UNICEF’s financial support to ensure quality and sustainability of these efforts.

Likewise, the teachers complained that in order to maintain the schools accreditation, the MoE requires too much paper work, and they regard it as a waste of their time while they should use this time to prepare and improve their classes.

In regards to the capacity building component, it was highly cost-effective, to the point that in certain events the NGO partner managed to save some money and hold additional trainings.

- UNICEF should certify that schools applying for the accreditation are ready to meet the standards and do know or have access to resources in order maintain the required annual costs to ensure the cost effectiveness of the programme.
- MOE and Partner NGO requested more support from UNICEF in order to be able to continue the quality assurance and accreditation system, and expand the geographical coverage.

**VIII. Sustainability of programme interventions**

Sustainability is not assured, as most stakeholders are not certain that they will be able to keep the facilities operational and to continue activities on their own. The NGO Partner stated that the risks due to the instability after revolution can be mitigated if the sustainability is strengthened.

The UNICEF strategy on the SIP focused on mainly capacity building and empowerment of the MoE with a conscious effort to avoid any dependency that often prevents sustainability. The SIP serves the purpose of a nationally owned endeavor – the comprehensive approach to education reform through the quest for accreditation from NAQAAE and the School-Based Reform Programme. It was designed in real partnership, through an intensive consultation process, with NGOs and the MoE at Muderia and Idara levels with clearly defined roles and responsibilities.

The school based reform lies at the core of education reform in Egypt and therefore, MoE representatives highlighted their intention to continue their efforts for maintaining the quality assurance programme, as it was originally generated from the national plan. They maintain they will try to cope with all present obstacles, although they are concerned about the lack of resources available, and the fact that this may hold back the implementation of the plan unless the Ministry reserves enough financial resources, including funds for the supervision and monitoring on the performance of schools and capacity building activities for the MoE staff.

The NGO partner contributed to enhance the capacity of the MoE through developing a core group of skilled Change Facilitators and guiding manuals to be able to plan and facilitate the reform process at the school level. Masr Mahrous also contributed to develop the training materials with a participatory approach to strengthen good governance and community participation, giving space
for civic education and the development of child protection mechanisms in the schools. Training also included MoE at local level to generate, analyze and disseminate information.

MoE representatives stressed their belief that the Capacity Building component is a key activity to ensure the sustainability of the SIP and the fact that skilled Change Facilitators are a great asset to maintain the programme and continue to monitor the schools and the resource rooms once UNICEF decides to withdraw. They added, however, that the sustainability is also conditioned by the support that Idaras and Muderia s can provide to the schools, and therefore suggest that UNICEF and the MoE focus on advocating for enhancing the schools quality through continued awareness programmes. Some efforts on this regard have already been in place through the distribution of guiding booklets and awareness posters.

The implementing partner believes that they would be able to continue handling and managing the programme at a larger scale in the case UNICEF and MoE decide to expand the programme, although they think it would be better if UNICEF tries to find, train and contract additional partners to ensure more local sustainability and guarantee the efficiency of the interventions.

The support of peer learning was developed through knowledge dissemination and exchange of experiences among schools at different governorates. Additionally, an institutional structure of technical support, monitoring and evaluation within the Ministry should contribute to the ownership and would allow the reform at a wider scale.

The role of the civil society is also crucial for the continuation of the programme and maintenance of the quality. Despite the need for further mobilizing the civil society, there are however some individual efforts in place that are worth mentioning, e.g.: El-Galaa school in Assiut has a directory of local businessmen that have contributed to the school through in-kind donations of equipment such as fans, as well as funding contributions to awareness programmes, like holding environment cleanness activities in the school, garbage cleaning, etc. Managing school change and improvement is one of the most complex tasks of any school leadership.

- For a comprehensive reform process to happen, change has to start at the school level and for this to happen there is a need to enhance the effectiveness through maintenance of Change Facilitators who are both skilled and confident enough to provide the necessary leadership, and a framework for school improvement that can be followed to achieve the desired overarching quality of education. With this, the sustainability strategy should be grounded on national ownership, strengthening good governance and community participation at school level.
- UNICEF should continue to advocate for enhancing the schools quality through continued awareness programmes.
- There is a need to invest more time on mobilizing the civil society and make more use of them to better support the services provided by the schools.

IX. Monitoring and Evaluation framework

The M&E framework was very effective, according to the MoE and the partner NGO, as opposed to the teachers’ point of view. The Monitoring process was established at three levels, one led by
UNICEF throughout the programme, and one managed by the partner NGO covering both local (Idara) and governorate (Muderia) level.

According to MoE representatives, there is no clear strategic plan for monitoring the programme. This depends on the supervisors’ field visits and the report they submit. The Ministry is planning to develop a precise monitoring plan to be used in the future. The capacity building of the MoE took place in cooperation with the university staff and private sector.

UNICEF partnered with the local NGO (Masr El-Mahrous) with the aim of ensuring quality of the monitoring process and services. Until then, the monitoring system was very weak since UNICEF has limited staff. Additionally, UNICEF did not engage other UN agencies to support and/or complement the programme. Private sector has also contributed to improve some of the schools facilities, even if only on individual basis. Academia has helped in the development of monitoring and evaluation efforts for the capacity building component.

The implementing partner established an internal M&E system in order to monitor and maintain quality. An M&E unit was established in each Idara the system was applied periodically contributing to support the staff to discuss obstacles and identify potential solutions.

According to the NGO partner, the monitoring system operates in two levels: (1) through the Change Facilitators (at Idara), that rotate visiting the schools and helping in planning and implementing the plans on the school level; and (2) the partner NGO monitors activities on a monthly level. This monitoring system aims at ensuring that concerns are tracked and transferred to the relevant decision makers to address solutions. The partner NGO also stated that the M&E plan within the MoE is the same of the NGO, since they trained the Change Facilitators with the same monitoring plan they utilize.

The Muderia and Idara rotated to carry out monitoring visits to each school every 15 days to one month. The monitoring system looks after the students’ performance, school records, school cleanliness, relation with parents, and the board members. After each visit, the Change Facilitators submit a report to the Muderia.

Teachers find that the technical and monitoring role of the Muderia and Idara are ineffective, since they continue to use the same old monitoring and evaluation system rather than using UNICEF’s new approach.

X. Partnerships

There was no strategic plan for partnership envisioned. The partnership plan has evolved throughout the implementation process more based on individual efforts rather than a systematic way. This has contributed to make evident discrepancies between the level of services provided by each Idara and Muderia to the schools.

At the beginning of the programme UNICEF did not have any implementing partner due to the MOE rejection to receive and manage these funds. Only after three years, UNICEF partnered with the local NGO (Masr El-Mahrous) with the aim of ensuring quality of the monitoring process and services. Until then, the monitoring system was very weak since UNICEF has limited staff. Additionally, UNICEF did not engage other UN agencies to support and/or complement the programme. Private
sector has also contributed to improve some of the schools facilities, even if only on individual basis. Academia has helped in the development of monitoring and evaluation efforts for the capacity building component.

**XI. Mainstreaming issues**

**A. Human rights approach**

From a human rights based approach (HRBA), there are many concerns that Egypt faces today in the education system. UNICEF helped the Government and civil society to look at education issues with human-rights lenses. However, these efforts were limited and there are remaining issues of concern. For examples, the bathrooms in the schools are not suitable for human use, and weather conditions are extreme, particularly in summer, etc.

- It is recommended that UNICEF coordinates with the MoE help adapt the classes and school in general, to children's needs, particularly in Upper Egypt where the temperatures reach so high that seriously affects the health of the children.

- In order to strengthen the Programme and ensure a human-rights based approach to education, it is recommended to involve both beneficiaries (children) and stakeholders (teachers, school administration, MoE) since the planning process.

**B. Gender**

The programme did not make any gender difference, or particular contribution to the progressive realization on gender parity and equity as expressed in the MDGs. However, all schools covered by UNICEF programme were in primary level, and therefore, all children (boys and girls) received equal chances and treatment.

There are no reported gender disparities in the accredited schools (SIP), related to school sitting and how education institutions function. All target groups, starting with the students and ending with the MoE representatives guaranteed and confirmed total gender balance and respectful within the school premises and that no discrimination exists. They assured that the nature of the Programme has no room for gender bias.

Students mentioned that they are treated equally by teachers, and there is no difference between girls and boys. There is also one difference between girls and boys when joining the sports teams. Girls are allowed to practice basketball and volleyball while boys can practice the above in addition to football. Girls are thus, not allowed to play football.

**C. Equity**

UNICEF has provided more fairness in education to the special needs students, by opening the resource rooms in 20 classes in Sohag and Cairo governorates as pilot experiences. Such resource rooms did not exist in the school system in Egypt before UNICEF initiatives. Equity also can be seen within the SIP, since all students are provided equal chances.
XII. UN coherence and coordination

The UN role is very important to advocate for needed strategies and actions to be taken at the short, medium and long term, and also in bringing stakeholders together to coordinate efforts, build partnerships, and share lessons learned and experiences and information. The evaluation of this component could not determine, however, the exact level of inter-agency cooperation and coordination in the field of education.

XIII. Transition process

The revolution had a negative effect on the implementation of the Programme, due to the staff high turnover. This led to some negligence for the quality of education and lowered the staff’ interest towards maintaining the school accreditation.

XIV. Comparative Advantage and strategic positioning of UNICEF in Egypt

UNICEF’s comparative advantage in the national context are three: (1) It meets actual needs, (2) there is a proper partnership structure; and (3) decisions are not centralized.

- The MoE representatives stated that “UNICEF had demonstrated a good work in many areas, other organizations provide much more financial support than UNICE, but UNICEF provides better quality. Capacity building and technical support provided by UNICEF is one of the most important to the ministry and most recommended by the ministry to cooperate with. Also UNICEF has a positive point, which is piloting the projects in a small scale and then expanding gradually. UNICEF should continue the work of human capacity building”.

XV. Key Lessons Learned and innovations

The centralized policy, within the educational system, causes delay in the implementation of the programme, discouraging teachers.

- Working with MoE representatives at Governorate (Muderia) or local (Idara) level is more productive than dealing with the sensitivities of MoE at the national level. The QA units are not well established within the Muderia and in general, there is a lack of awareness of the importance of quality education among Muderia’s staff.
- Ministry supervisors are not well exposed to the QA requirements, something that causes confusion for teachers and school administrations. They should receive further trainings to ensure a better understanding of the programme.
- The training provided are not equally divided between teachers and school administrative staff, creating many misunderstandings about the programme. Training workshops are not connected to each other.
- The lack of compensation for the teachers working on accredited schools and Resource Rooms has created an additional difficulty in the maintenance of the programme.
- There is no clear vision for the programme, something that discourages the schools, teachers and change facilitators to move forward.
• After the revolution, the high turn-over costed the delay at the Ministry level, though the programme continued working without any problem at the Muderia level.

UNICEF programme was implemented in response to the needs identified through the school self-assessment exercise conducted at school level. The programme included training for the school principals and senior administrators on leadership, and for teachers on active learning. As a result of this experience, the culture of many schools has been transformed, improving the quality of education through good governance, student-centered pedagogy, on-going teachers’ development, extra-curricula activities, and the involvement of the students and their community.

There is a lack of clear communication lines between the schools and the administration.

• All communication takes place through formal letters sent to school, which carry unclear language, and no clarifications are obtained when requested. There is a contradiction, however, between what the Quality team communicates and what the Idara says. The quality assurance team is not part of the hierarchy within the Muderia, as they work with a permission of the Idara director.
• The lack of communication or information delays between the Ministry to the Muderia, and the Muderia to the schools has increased the complains and disagreement from the schools and teachers with the system.
• In order for the programme to be comprehensive from the point of view of teachers, Idara and Muderia representatives requested adding parents therapy and community awareness (other teachers, parents and students).

Maintaining the school accreditation requires too much paperwork, and on a regular basis to report on the monitoring results.

• Documentation requirements are difficult to follow-up, while they consume the teachers’ time, while they could be focusing on preparing their classes. This has acted against the quality assurance Programme.
• Once the school’s accreditation is obtained, the interest declined, mostly with no follow up or maintenance of the accreditation requirements.
• Schools sometimes refuse to apply for the accreditation since the previous plan was not good and required the MoE to pay 50-55,000 Egyptian pounds (LE).

Maintaining the role of Change Facilitators requires proper means and understanding of their role towards the teachers.

• Relationship between Change Facilitators and teachers are not easy; teachers are rejecting the Change Facilitators existence since teachers have longer experience and are older in age. Change Facilitators requested to have the authority above teachers when needed, and demanded the MoE to provide transportation in support of monitoring visits. Change facilitators pay transportation expenses from their own pockets.
• Change Facilitators demand to become formally part of the system within the Ministry.
• The work of the Change Facilitators is sometimes challenged due to the lack of access and transportation to reach remote areas.

According to the research findings, the class density and school conditions are an issue of concern when implementing the QA, as many of the activities cannot be implemented.

• The accreditation requires 42 students per class and most classes have above 50 students. Students in Sohag demand to have a larger school premises so have the lessons in one shift.
• UNICEF and Partner NGO insisted on specific 14 schools to apply the accreditation although such schools have many obstacles such as class density, lack of equipped labs, unspecialized teachers, unacceptable building premises and minimal education standard.

Managing school change and improvement is one of the most complex tasks of any school leadership.

• Despite the need for further mobilizing the civil society, there are however some individual efforts in place that are worth mentioning, e.g.: El-Galaa school in Assiut has a directory of local businessmen that have contributed to the school through in-kind donations of equipment such as fans, as well as funding contributions to awareness programmes, like holding environment cleanliness activities in the school, garbage cleaning, etc.

Knowledge-sharing from similar experiences in other countries may help to better understand the roles of different stakeholders and how best to improve the programme.

Resource Rooms should be an asset in integrating children with learning difficulties into the educational system.

• Teachers dealing with this activity in Cairo and Sohag required specific and hands-on targeted trainings to improve the assistance to the students.
• This experience should also expand to the preparatory and high school level.

XVI. Recommendations

Relevance:
✓ To reach an adequate School Improvement Programme (SIP), the Ministry should incorporate strategies that are targeted and meet the needs of the schools in order to improve the performance and participation of students and the community.
✓ UNICEF should continue lobbying for the implementation and appropriateness of the Resource Rooms, as there is a real need to cover the assistance to children with special needs and this programme is a positive step towards it.

Ownership:
✓ UNICEF should assist the MoE in establishing more accurate lines of communication among all parties involved, ensuring that schools receive appropriate responses to their demands. This
could be established through training, round tables, and other means of formal or informal information gathering that could assist in improving the communication channels.

✓ MoE should also focus on community mobilization to increase awareness and ensure the sustainability of the programme.

Effectiveness and Impact:

✓ UNICEF and MoE should include community mobilization activities addressing parents, community leaders and private sector in the programme in order to maintain the success of the experience. Should the programme expand, UNICEF should subcontract more than one implementing partner located in the different governorates to ensure smooth and quality work, local ownership and a better monitoring system.

✓ Quality Assurance is well received by the school administration and by teachers, however, there is a need to revisit the class density problem in most schools in Egypt. UNICEF and the MoE should carefully select the schools under accreditation, especially the class density before recommending the school to apply.

✓ Teacher’s selection, especially in remote areas, should be carefully undertaken. The qualities of the teacher are key in the education process and in sustaining the school accreditation.

✓ Social workers’ role should be more effective, since they play a very important role. In order to make the best use of their skills and experience, they need to receive training specifically on child rights and child protection.

✓ UNICEF and MoE should concentrate on leadership training. And the MoE should require teachers’ certification for promotion.

✓ The system should include refreshing training or promotion exams especially for leaders such as under secretary, 1st under secretary, school directors and Muderia directors.

✓ The Resource Room is one of the key supports for inclusive education used by children with learning disabilities within the school system. This is the first national experience in Egypt and is well appreciated by all parties. However, it needs to be monitored, studied and revised. The students joining the Resource Room under UNICEF’s initiative are a mix of learning disabled, moderately, and severely disabled children. The last two categories do not fit in such Resource Rooms, especially since the Ministry is requiring them to meet the regular curricula. Accordingly, the evaluation suggests that:

1- UNICEF hires an expert in the special education to develop a strategy in support of MoE, and build the capacities of high level staff in the Ministry;

2- Expands the Programme to serve all types of special needs according to each one’s ability and establish other types of Programmes to serve them; and

3- Maintains the Resource Rooms for the learning disabled students.

✓ Teachers require more specialized training, including on targeted issues such as how to develop individual lesson plans, communication, conflict resolution, psychological health, how to use audio and visual materials. Training sessions should be more practical and focused on hand-on activities.

✓ Educational tools to equip the Resource Rooms should address each individual separately. And teachers should be well oriented on how to better use these tools.

✓ The Resource Room should be revisited with respect to who should receive the regular school curricula, who should have individual follow-up and should be gradually integrated. Integration
should start with physical education, art and music classes, also during break and lunch time, and gradually move forward on individual bases.

✓ Social workers and psychiatrics in schools should receive parent’s therapy trainings in order to provide support to the families.

✓ One of the positive aspects of this initiative promoted by UNICEF is the inclusion of issues such as developing a strategy to teach through teamwork, brainstorming or role-play. There is too much information in the schoolbooks for children to assimilate. Changing the computer study as an optional way of study would contribute to improve their abilities. Computer classes should be required for each student (MoE).

Cost effectiveness of results against budgets:

✓ The SIP needs increased cost-effectiveness to be able to face all obstacles. The school system has failed to make adequate progress on yearly-basis. The system also has inadequate campus, unqualified teachers, weak managements, insufficient services and unstudied curricula.

Sustainability:

✓ For a comprehensive reform process to happen, change has to start at the school level and for this there is a need to enhance the effectiveness through maintenance of Change Facilitators, who can provide the necessary leadership, and a framework for school improvement. The sustainability strategy should be grounded on national ownership, strengthening good governance and community participation at school level.

✓ UNICEF should continue to advocate for enhancing the schools quality through continued awareness programmes.

✓ UNICEF should continue, sustain and expand its support to the SIP, with a comprehensive discussion and a logical strategy. It should put in place to agree on a regular monitoring system (the monitoring system and change facilitators should be accepted by the system), and a comprehensible capacity building Programme and memorandum of understanding with the MoE, before escalating and investing in the SIP initiative, to ensure the best possible quality.
The Resource Rooms need to be more strategically managed. The box below provides some insights about how to approach this issue (provided by the evaluation consultant)

Learning disability is a classification including several areas of functioning in which a person has difficulty learning in a typical manner, usually caused by an unknown factor or factors. While learning disability and learning disorder are often used interchangeably, the two differ. Learning disability is when a person has significant learning problems in an academic area. These problems, however, are not enough to warrant an official diagnosis. Learning disorder, on the other hand, is an official clinical diagnosis, whereby the individual meets certain criteria, as determined by a professional (psychologist, pediatrician, etc.) The difference is in degree, frequency, and intensity of reported symptoms and problems, and thus the two should not be confused.

The unknown factor is the disorder that affects the brain’s ability to receive and process information. This disorder can make problematic for a person to learn as quickly or in the same way as someone who is not affected by a learning disability. People with a learning disability have troubles performing specific types of skills or completing tasks, particularly if they need to solve things out by themselves or taught in conventional ways.

Some forms of learning disability are incurable. However, with appropriate cognitive/academic interventions, many can be overcome. Individuals with learning disabilities can face unique challenges that are often pervasive throughout the lifespan. Depending on the type and severity of the disability, interventions may be used to help the individual learn strategies that will foster future success. Some interventions can be quite simplistic, while others are intricate and complex. Teachers and parents will be a part of the intervention in terms of how they aid the individual in successfully completing different tasks. School psychologists quite often help to design the intervention, and coordinate the execution of the intervention with teachers and parents. Social support improves the learning for students with learning disabilities.

Monitoring:

It is recommended that UNICEF supports its SIPs programme, through its implementing partner, to set a coherent monitoring system and ensure that schools comply with these monitoring, in addition to the Quality Assurance and Accreditation and Resource Rooms. It is also recommended to link this monitoring system to the Muderia and Idara levels.
4. Transversal Analysis of Cross Cutting Issues

4.1. Equity

A focus on equity for children has long been a moral imperative. The Convention on the Rights of the Child (CRC) is founded on the principles of universality, non-discrimination and accountability. UNICEF mandate states that “In everything we do, the most disadvantaged children have priority”.

In September 2010, UNICEF launched the publication “Narrowing the gap” making the argument of why it’s important to achieve MDGs with equity. The renewed focus on equity is now an organizational priority for UNICEF. The disparities between population groups that are not driven by biology are avoidable and unfair are termed inequities. Equity is therefore based on notions of fairness and social justice. Disparities are the differences between children in becoming healthy. These disparities are inequities if a society, a country, UNICEF, etc. do not do all they can to remove existing burdens and barriers.

**TABLE 37 - THE MEANING OF EQUITY FOR UNICEF**

For UNICEF, equity means that all children have an opportunity to survive, develop, and reach their full potential, without discrimination, bias or favoritism. This means that pro-equity interventions should prioritize worst-off groups with the aim of achieving universal rights for all children. This could be done through interventions addressing the causes of inequity and aimed at improving the well-being of all children, focusing especially on accelerating the rate of progress in improving the well-being of the worst-off children.

Equity is distinguished from equality. The aim of equity-focused policies is not to eliminate all differences so that everyone has the same level of income, health, and education. Rather, the goal is to eliminate the unfair and avoidable circumstances that deprive children of their rights. Therefore, inequities generally arise when certain population groups are unfairly deprived of basic resources that are available to other groups. A disparity is ‘unfair’ or ‘unjust’ when its cause is due to the social context, rather than to biological factors.

An equity-focused intervention must therefore begin with an analysis of the context in which inequity operates. This analysis informs the design of programmes and interventions that are tailored to address the local causes and consequences of inequity. These initiatives must be developed in collaboration with national partners who can help identify culturally appropriate strategies for promoting equity.

Source: How to Design and Manage Equity-focused Evaluations, UNICEF, pages 3-4.

A. Equity in the Country Programme Evaluation design

Special attention was paid to equity during the design, preparation, process and implementation of this evaluation. In response to the most recent guidelines produced by UNICEF HQ, the CPE was human rights-based, equity focused and gender sensitive.\(^\text{54}\) As mentioned in the Methodology

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\(^{54}\) The key guidance material used during the design and implementation of this evaluation was the following (other footnotes in this section of the report provide other very useful references):
section of this report, and specified in the Methodologies sections of each Programme component evaluated, the evaluation was designed to maximize the participation of a wide range of actors, including civil society, villages, communities and direct beneficiaries. The participatory approach considered the views of both duty bearers and right holders in contributing to protecting and promoting children’s rights within the framework of the different programmes and subcomponents. The combination of various participatory approaches helped ensuring that the evaluation respected difference and diversity, and assessed power relations, inclusion and gender equality in communities.

The equity perspective allowed the analysis of the involvement of worst-off groups, such as street children, school dropouts children, and those with disabilities, among others. It paid particular attention to: a disaggregated assessment of the programme results; the inclusion of the most impoverished and vulnerable areas in the evaluation; an analysis of ECO strategies and interventions in the immediate, underlying and structural causes of inequities and disparities across various groups; and an appreciation on how programmatic outcomes addressed the shortfalls and disparities to accelerate progress towards fulfillment of children rights.

**The overall equity focus of the Country Programme**

During the implementation of the Country Programme, the Egypt Country Office (ECO) engaged in a process of reflection to explore the existing and future possible contribution of UNICEF to the equity approach. In a brief prepared on Equity-Focused Programming in 2011, the Office explained the meaning of an equity-focused Country Programme, the critical areas for building equity consideration in country programmes, as well as other examples of equity-based interventions (see next box).

Efforts undertaken on equity have been reported in the Annual Reports, under the section: Human Rights-Based Approach to Cooperation. ECO also reported progress in 2010 to the Regional Office and Headquarters, in reply to a matrix that analyzed progress in all countries\(^55\). It that matrix, however, limited progress was reported. The ECO response focused mainly on its efforts to ensure a solid knowledge base on disparities/disadvantages and their determinants and on how were the issues of the most disadvantaged being identified and analyzed during the country programme implementation.

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- How to Design and Manage Equity-focused Evaluations, UNICEF (especially Sections 4, 5 and 7).
- Evaluation for Equitable Development Results, UNICEF (in particular Part 2).
- How to Design, Implement and Use Equity-focused Evaluations, Webminar, 4 October 2011.

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The 2011 Annual Reports considered that most of the benchmarks were met that year. The first draft Country Programme Document was prepared, based on an assessment of the rights of children and women, and a capacity analysis of key duty bearers. Both the CPD and the UNDAF were deferred for a year due to the political instability, but human rights principles were the basis for developing the UN transition strategy, and for the readjustments of UNICEF’s workplan for 2011.

Human Rights Principles were key in determining the research agenda of the 2007-2012 Country Programme, which focused on bringing to light the various dimensions of equity and disparity. This began with the Child Poverty and Disparities study, an analysis, which brought out disparities and vulnerabilities faced by children.

The Country Situation Analysis prepared by a team of renowned Egyptian experts provided the main analytical base for the Government’s prioritization and for the UNDAF emphasized reducing disparities, including those that related to child poverty, as key priorities.

The Situation Analysis of Women and Children, conducted as a complementary and more in depth exercise, in partnership with the Ministry of Family and Population, focused on how systems were working for the most disadvantaged children and families. As a result, the UNDAF is centered on achieving the MDGs with equity, while the CPD draft focuses on social change and systems reform for inclusion of the most marginalized children.

Several other studies and research efforts are notable in this regard. The study on Urban Out of School Children addressed the issue of the worst-off children in the school system.

The “Mapping of Child Protection System and Services” is a further attempt to operationalize the equity focus of the Programme and its Human Rights-Based Approach. The mapping assessed the capacities of the child protection system to support the most vulnerable children and families, and is expected to lead to a significant strengthening of this system.
In addition, other studies and surveys were conducted or initiated in 2012: “Multidimensional Child Poverty in Egypt’s Slums and Unplanned Areas”, “Rapid Assessment of Health and Nutrition Situation in selected Urban Areas in Cairo Governorate”, “Mapping of Child and Youth Participation in Egypt”, “Study on HIV/ AIDS ‘Stigma Index’ and “Post-assessment and Lessons Learnt of NCW-UNICEF Initiative”.

Additional information on equity was obtained with the landscape Analysis of Nutritional Situation in Egypt, as well as the 2008 Egyptian Demographic and Health Survey.

With respect to data, the above mentioned matrix, the Country Office reported that a DevInfo national database was created and updated to capture information on the main issues related to children and women and their situation disaggregated by gender, age groups, urban/rural and detailed at the sub-national level (“Egypt DevInfo” “EHDRInfo”). Other databases were under development with focus on new indicators that enriched the reporting on the situation of children and women in more detail—(“Tofoolalnfo”, “EDHSInfo”).

The matrix also reported that the country programme focused on communities in the most disadvantaged governorates of Egypt, according to Egypt HDI ranking. In addition, the Situation Analysis targeted communities selected from the list of the poorest 1 000 villages in Egypt. The matrix also indicated that several good practices and lesson learned were documented following the

**TABLE 39 – SIX CORE MINIMUM ROLES**

- **Monitor** the situation of children’s and women’s rights, including through support to ongoing Situation Analysis and child-focused research, and increase awareness of duty-bearers of data and evidence on these rights, including key trends and disparities;

- Strengthen national and local capacities in key institutions promoting children’s rights - including, at a minimum, for national CRC and CEDAW reporting;

- Advocate for pro-child and gendered policies, laws and/or budgets that lead to an enabling environment for children and women, and influence national planning processes to ensure policy translate into measurable progress for the most disadvantaged families and children;

- Promote and enhance partnerships with national and local government, private sector and civil society/young people’s organizations to leverage resources for investments in children’s rights and to address critical challenges and disparities;

- Promote and support attention to major issues of disparities, exclusion and discrimination at national and subnational levels, including failures to protect children, and on the basis of evidence and CRC principles, advocate for national strategies and measures to eradicate disparities and sources of exclusion and discrimination; and

- Facilitate the documentation of experience and exchange of knowledge and information on children’s rights between MICs and other countries (including regional and South-South knowledge-sharing, and also with OECD countries) and provide advice on global normative standards concerning children.

Source: UNICEF’s Strategic Approach in Middle Income Countries, Six Core Roles, A discussion Note, 13 January 2010.
criteria of the most disadvantaged communities in terms of health, education, participation and child protection. [Do we have the exact names and references of these good practices?]

UNICEF Egypt approach in this area is conforming to the strategic approaches that constitute the base of all of its interventions in Middle Income Countries, and are the following: monitoring, capacity building, policy/advocacy, reducing disparities, developing partnerships and knowledge exchange.

Finally, the concluding observations of the Committee on the Rights of the Child on the third and fourth periodic reports for Egypt were released in 2011, which established key priorities for the realization of children’s rights in the country, and recognized the wide socio-economic and health care system disparities in rural and urban areas. In the reporting period, UNICEF Egypt supported the National Council for Childhood and Motherhood to develop a strategic plan for disseminating the CRC recommendations amongst key duty bearers (Government and civil society), and to prepare a National Plan Action for Children, which was not yet finalized at the end of 2012.

B. The equity focus in the current context

Egypt’s transition to democracy continued, culminating in the election of the country’s first democratically elected President. The operating environment remained volatile, presenting the Country Programme with both challenges and opportunities. Recent gains in the recognition of children’s and women’s rights, including the criminalization of Female Genital Mutilation/ Cutting and minimum age of marriage, have been subject to an intense public debate, and international human rights treaties ratified by Egypt have been challenged. However, the intensity of the debate and engagement of young people and civil society have been encouraging.

Two examples of disparities can be found in the 2012 Annual Report, which raise the importance of equity-focused programmes.

- The recent trends in child malnutrition are a matter of national concern. The DHS 2008 found that 29% of children under-5 was stunted. In 2012, in selected slums and unplanned settlements in four major cities the prevalence is close to one third of the population of children under-5, confirming that chronic malnutrition is widespread also in urban areas.

- Improvement of child survival and the achievement of MDG 4 represent a development success for Egypt in the last 20 years. However, disparities are large, with children in rural Upper Egypt at substantially higher risk of mortality compared with those in the rest of the country. The preliminary results of a bottlenecks analysis identify the unstable availability of qualified doctors in Primary Care (supply bottleneck) and the late enrollment of mothers in antenatal care (demand bottleneck) as some of the key factors explaining the disadvantage of poorer areas.

In that regards, the unprecedented and widely disseminated report on Child Poverty and Disparities (and subsequent trend analysis and policy brief) has evolved into a permanent research and advocacy project in partnership with the Egypt National Child Rights Observatory. It has contributed to the creation of a momentum, where poverty is increasingly regarded as a multidimensional notion. Nevertheless, concerns were raised during this evaluation with respect to the real capacity of the Observatory to carry on this work in an effective and sustainable way.
A brief on lessons learned from the Country Programme (2007-2011) written in preparation of the next Country Programme ranked first the need to promote attention to major issues of disparities.\(^\text{56}\) The two-pagers indicated that a clear definition of disparities would help in clearly considering disparities in programming. It also pointed out that UNICEF current programmes are not necessarily reaching the poorest, and that the current focus on disparities is more bias to "gender" and "geographic focus" than any other type of disparity. In that context, it would be necessary, for instance, to include Children with special needs in ECO programming, and to address gender disparities in HIV/AIDS response. Moreover, strategies for managing the programme on street children are not innovative, and partnership with the government is very much required in this area. Finally, the brief stressed the need to develop indicators to measure progress on disparity issues.

**C. The equity focus in specific programme areas**

**YCSD**

The evaluation of this component noted that the first challenge to assess equity was that there is no standard that can be used to determine the level of equity in the programme assistance, and an absence of criteria against which equity should be measured. The evaluation found numerous differences exist when addressing the population coverage. It was also noted that UNICEF focused on disadvantaged areas in Upper Egypt, and targeted more specifically the most vulnerable women. Examples of these activities are the Arab Women Speaking Programme, Breast-feeding classes and Antenatal care classes, among others. There is, however, a concern regarding mothers and children in slum areas, as they were not included in the programme. Situation of remote areas in Upper Egypt may be similar to some extent to the slum areas.

**HIV/AIDS**

The evaluation observed a similar focus with HIV/AIDS interventions. Coverage may be in favor of urban areas, with no target to slums, due to the difficulties to identify and access beneficiaries. Slum areas should be considered in the next CP.

There is strong consensus between stakeholders that the Human Rights-Based Approach (HRBAP) has been applied to a lesser degree in HIV/AIDS interventions. In HIV/AIDS, PLHIV has developed their needs assessment and a proposal to reflect their needs. This was one of the practical applications for the right approach.

**PROTECTION**

In the case of the evaluation of Child Protection, the analysis of equity was framed under the human rights approach. Responses of interviewees to questions related to the Human Rights-Based Approach reflected the diversity between the opinions at the strategic level (programme implementers, institutions and NGOs) who saw a clear HRBA in the UNICEF Programme, and the communities who consider that this still requires further work. Community leaders feel that more attention is needed to assist “the poorest families”, and that is hard to adopt the concept of rights with the existence of a large amount of people living in extreme poverty conditions. UNICEF does not work in the area of disability neither from the health aspect nor from the protection aspect, and hence it lacks the concept of universality of rights and non-discrimination. Interviewees raised the

need for UNICEF to partner with other organizations that are specialized in the area of youth and parents employment. Finally, they consider that there is a gap between legal mechanisms and cultural practices, and a need to advocate for a child friendly legal system.

The evaluation of this component assessed that UNICEF, to a large extent, applied the Human Rights-Based Approach and the equity focus, since the Programme directs its attention and intervention to the “most disadvantaged” or at risk children and those suffering from deprivation in impoverished areas, however the demands are too high for UNICEF resources and capacities. UNICEF recognized that quality, accessibility and affordability of basic social services are critical for ensuring the wellbeing and rights of children and their families. UNICEF focused on developing the capacities of duty bearers in all its Programmes, whether CPC, street children, legal assistance or FGM/C. Moreover, the Child Protection Programme effectively and efficiently responded to children in emergencies, especially by promoting the rights of street children and organize psychosocial support activities in the aftermath of the revolution, and by assisting children and women who fled from Libya. On the other hand, the evaluation of this component observed that there is still room for improvement to better integrate the HRBA and the equity focus within the Child Protection Programme.

EDUCATION

The evaluation of the Education component highlighted that from a human rights-based approach and equity focus, there are many concerns that Egypt faces today in the education system. UNICEF helped the Government and civil society to look at education issues with human rights lenses. With that said, UNICEF may have not made enough efforts to ensure that all human rights were included within the schools. The evaluation also suggested that both beneficiaries (children) and stakeholders (teachers, school administration, MoE) had not been sufficiently involved in the Programme, starting with the planning process.

UNICEF has provided more fairness in education to the special needs students, by opening the resource rooms in 20 classes in Sohag and Cairo governorates as pilot experiences. Such resource rooms did not exist in the school system in Egypt before this UNICEF initiative. Equity also can be seen within the SIP, since all students are given equal chances.

D. The equity focus in the new Country Programme

Both the 2010 and 2011 Annual Reports explained that a strong human rights approach was used to develop both the new country programme and the UNDAF. An analysis of the draft Country Programme Document (January 2013) shows that equity is at the center of the new Country Programme focus and strategies. Primacy will continue to be given to the most disadvantaged children and adolescents living in rural areas of Upper Egypt, where disparities are greatest. Priority will also be given to urban equity issues, particularly urban child survival, and children without family care in Cairo and Alexandria. The programme will focus on capacities of primary duty bearers, including relevant Government Ministries, and will also focus on supporting families to provide a more protective environment for children.

According to the 2012 Annual Report, UNICEF will focus on three interrelated causes and consequences of inequity: governance factors including inadequate policies, legislation, and investment; system factors including fragmented, inaccessible and low quality social services; and
societal factors including harmful social norms and practices, and limited participation in decision making.

The new country programme and adjustments to the current programme were both informed by the Concluding Observations to Egypt’s report to the CRC Committee. Issued in late 2011, the Concluding Observations are the basis for a new national strategy on children, which is under preparation by the NCCM.

E. Recommendations

✓ Recommendation 1: UNICEF will need to focus on global and regional disparities in the country, and to identify where the most disadvantaged children live, and what explains the existing disparities.

This work should build on research already undertaken in the previous Country Programme cycle (the factors that could be studied to explain disparities could be linked to the context (for instance level of wealth, distribution of wealth, social norms, politics and policies, humanitarian crisis, governance, etc.), the systems (utilization, quality, coverage, etc.), and the individual (behavior, aspirations, resources, etc.)

In doing so, UNICEF should pay attention to the quality and coverage of data, which can bias the disparities that are described, and the different indicators that lead to different patterns of disparities, different burdens and barriers that children and women face, which lead to inequities.57

✓ Recommendation 2: UNICEF needs to continue measuring equity, in order to clarify what the organization wants to know or make known from its equity-refocused programmes.

Measuring equity may be one of the key roles for UNICEF in the future, and in particular it would be important to be looking at:

- What is the equity situation (Situation Analysis, causal analysis, etc.)?
- What are UNICEF-supported programmes doing to remove bottlenecks and allow disadvantaged children (those with huge burdens and barriers) reach the wellbeing goals and rights at the same pace as those who are better off (inputs, processes, what works, what does not work, etc.)? and
- What are the results achieved at the level of Intermediary Results (IRs) or Outcomes (coverage, use of services, behaviors, etc.), and at the level of Programme Component Results (PCRs) or Impact (situation monitoring, evaluations, etc.) – and whether these are equitable (comparison of results by equity groupings)?

There is obviously a link between these different measurement level and the levels of monitoring of the Strategic Results Areas (SRAs): Equity situation analysis (Level 1 SRA), Programmes (Level 2 SRA), IRs/Outcomes (Level 3 SRA), and PCRs/Impact on equity for children (Level 4 SRA).

57 In its June 2011 Concluding Observations on the Optional Protocol to the CRC on the sale of children, child prostitution and child pornography, the Committee on the Rights of the Child made similar recommendations on the issue of data. In its July 2011 Concluding Observations on the CRC, the Committee reiterated its call for a systematic collection and analysis of disaggregated data on children’s rights.
It will also be important, if UNICEF wants to know whether it is successful in reducing inequities, to compare results between disadvantaged and better-off groups according to: Geographic areas; Income/poverty/wealth; Racial, ethnic, religious, or other cultural affiliations; Minority status; Disability; Gender, etc.

Finally, UNICEF does not need controls groups to show equitable results, and can use simple comparisons groups. While control groups are strictly between programme and non-programme areas, need to be set, raise difficult ethical and feasibility issues, and are mostly used in randomized trials, comparison groups are within programme areas, already exist, and just need to be used in the equity analysis. The office may need to think about what these comparison groups should be, and how UNICEF will collect comparison data, as it prepares the new Country Programme.

Last but not least, for future interventions, it would be important to understand against which criteria UNICEF’s work on equity will be measured and how progress will be appreciated in this area. The key question will be: Against what standard and with which criteria should equity be measured during programme implementation?

**Recommendation 3: UNICEF will need to re-focus its M&E on equity, and clarify what should be done differently in this area.**

In order to demonstrate equitable results, UNICEF will need to show that it is reducing equity gaps, using comparison of results between disadvantaged and better-off children.

The key here will be to simplify and re-focus M&E activities. First, the new Simplified Results Structure should go hand in hand with a simplified M&E framework. Second, UNICEF needs to ensure that its M&E frameworks, plans and activities are simplified to fit the Simplified Results Structure. In that sense, Integrated Monitoring and Evaluation Plans (IMEPs) should focus on what UNICEF and its partners need to know.

**Recommendation 4: UNICEF will need to pay attention to the fact that good equity measurement starts with good equity-oriented planning.**

The simplification and re-focusing of M&E start at the CP planning stage. The following are some of the prerequisites:

- The CPD narrative identifies who are the most disadvantaged;
- PCRs (in CPD) and IRs (in CPAP) address the rights of the disadvantaged;
- Measurable indicators, with baselines and targets, are included in the results framework;
- How each indicator will be measured is clarified;
- Baseline and follow-up data are key – indicators without baselines can help create new knowledge, but they cannot measure progress;
- Collecting baseline information is affordable;
- There is no need to list indicators with baselines if we have no plan to collect follow up data – Indicators without neither baseline nor follow up data are of no use;

Measuring equitable results require baselines and follow-up data disaggregated by programme versus non-programme areas, and/or by target versus comparison groups.
It should be pointed out that investing in good baselines and follow up data that allow UNICEF to make sound equity analysis of its Country Programme results is both feasible and cheap. The work undertaken with the new Country Programmes shows that the cost of simplifying and re-focusing the M&E portfolio on equity is about one third of the cost of previous M&E activities.

Efforts aiming at the simplification and re-focusing of M&E in the MENA region have been undertaken in Oman, Syria and Morocco, as the M&E strategic documents produced during the preparations of their new CPDs can attest. Similar work has started in Yemen and Algeria.

- **Recommendation 5:** UNICEF should enhance its communication and advocacy efforts that promote equity-focused policies, budgeting initiatives, programming priorities and strategic choices related to children and women. UNICEF should also pursue strategic partnerships to help coordinate action for the most deprived children.

- **Recommendation 6:** UNICEF should provide training on equity and the Human Rights-Based Approach to staff and partners to improve their understanding and commitment to such mainstreaming efforts.\(^5\)\(^8\)

### 4.2. Gender

#### A. Gender in the Country Programme Evaluation design

In addition to equity, attention was paid to gender during the design, preparation, process and implementation of this evaluation, which referred to the most recent guidance material in that respect.\(^5\)\(^9\) As mentioned in the Methodology section of this report, and explained in the Methodologies sections of each Programme component evaluated, the evaluation was designed to maximize the participation of girls and women, and to pay attention to how gender issues were addressed in the design and during the implementation of the Country Programme.

#### B. Gender equality in the Country Programme

Reducing gender disparities was one of the focus of the overall goal of the 2007-2012 Country Programme. The Programme was expected to strengthen societal attitudes to further promote a culture of respect for women among key stakeholders. This was mirrored in the UNDAF, which aimed at strengthening the role and participation of women in the political and public spheres. Vulnerable groups, including women, figured prominently in the UNDAF.

During the implementation of the 2007-2012 Country Programme, gender equality has been a key concern for the Egypt Country Office (ECO), which regularly explored the entry points for gender sensitive programming, and possible contribution of UNICEF to gender equality. Efforts undertaken on gender have been reported regularly in the Annual Reports, under the section “Gender”. In

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\(^{58}\) For more information on the source of this analysis and some of these recommendations, see: Equity-focused M&E, UNICEF, PowerPoint presentation, Beirut, MENAEval Partners, 10 July 2012.

addition, in the last two years, the reports provided an appreciation of performance. The 2011 and 2012 Annual Reports included in the UNICEF internal reporting electronic system considered that most of the gender benchmarks were met during these two years; however it does not seem that these benchmarks have been defined with precision.

Although ECO does not have a stand-alone gender strategy, gender was integrated as part of the design and implementation of most of ECO programme interventions, as shown in the section below. UNICEF played a normative role and provided technical assistance through the Country Programme, especially on issues such as gender-based violence, girl’s education, women empowerment for healthy life styles and civic engagement.

In order to implement its “Policy on Gender Equality and Empowerment of Girls and Women: Commitment to a Gender Equal Future”, and based on the findings as well as recommendations of the “global Evaluation of the Implementation of UNICEF’s 1994 Gender Policy” commissioned in March 2007, the MENA Regional Office undertook a two-way gender initiative aiming at strengthening both institutional and technical capacity building. The first one was a Strategic Planning exercise for Gender Equality and Women Empowerment, which consisted in an external fact-finding exercise in mid-2009, to ascertain the extent of gender responsiveness and related capacity of offices and key partners in the Region. The second initiative was a Capacity Building for Gender Responsiveness in UNICEF Programming, which was conducted by UNICEF Egypt in December 2009, with the support of the Center of Arab Women for Training and Research. This study included: a desk review of programme documents, a staff and office-wide needs assessment, and a training for the Country Office.

This report indicated that the CPD did not provide a gender-based analysis and that women were mostly referred to as mothers. It was also noted that no information was provided on UNICEF’s engagement with the CEDAW implementation and reporting. There was also no reference on gender mainstreaming as a strategy.

As well explained in the different Annual Reports, gender issues were key in determining the research agenda of the 2007-2012 Country Programme. ECO-supported research was disparity and equity focused, and aimed at analyzing gender and other dimensions. This is particularly evident in the ECO Situation Analysis, which highlighted various types of child vulnerability including those associated with gender, as well as in the earlier Child Poverty and Disparities study, and the Urban Child Poverty and Out of School studies. Additional data confirmed the underlying importance of gender analysis for addressing women and children inequalities. For the Education Programme, gender empowerment is a core strategy. ECO consistently included the gender perspective in other data collection and analysis activities, for instance in the 2010 Survey on Young People in Egypt, and in knowledge products on findings from the EDHS.

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61 CPDs, Results Matrices, at least one sample Annual Work Plan for each programme sector to assess the extent to which gender is mainstreamed in the key country programme documentation supported by another set of documents such as evaluation reports (e.g. MTRs and others), gender assessment reports, concluding observations of concerned Treaty Bodies such as CEDAW and CRC or Gender Gaps report to only quote these examples.
The gender assessment of the country programme and staff capabilities conducted in 2009 found that in general ECO staff had the knowledge but would have benefited from increased professional and practical skills so that actual application of gender mainstreaming would have been deeper across the board. This was the focus of the office wide training held in February 2010, with the result that the 2010-2011 two-year workplan had more gender sensitive expected results, as well as indicators. Also, the mid-year review made conscious efforts to have progress reporting with a gender perspective, including data disaggregated by sex where available and appropriate.

C. The gender focus in specific programme areas

YCSD

The evaluation of the YCSD Programme found that stakeholders considered that gender mainstreaming was reflected in the interventions, and that the programme paid special attention to girls and women’s rights, particularly the most vulnerable ones. The deepest changes and effects of the programme were detected among females, and the beneficiaries’ survey reflected their satisfaction with the services provided, particularly mothers and other women in the villages. Awareness programmes in health units such as "Arab Women Speak Out", "Nutrition classes", "Antenatal Classes" or "Breast Feeding Classes", targeted mainly women, particularly least advantaged rural women. The 2011 Annual Report also noted that the neonatal community health programme was designed and implemented using the communication for behavior change module of “Arab women speak out” to support the programme activities aiming at saving the lives of children, especially during the first year after birth.

HIV/AIDS

During the evaluation, stakeholders agreed that gender equality mainstreaming was reflected in the HIV/AIDS interventions, which paid special attention to girls’ and women’s rights.

PROTECTION

The evaluation of this programme found that UNICEF has a substantial potential to be an important player in gender mainstreaming, particularly due to its mandate concerning gender equality and women and girls’ empowerment, added to the high credibility among its national and local partners. The Child Protection Programme, however, was found to be the least gender-sensitive, requiring significant efforts in the upcoming programme cycle.

Nevertheless, qualitative interviews and FGDs indicated that the beneficiaries and stakeholders are relatively gender balanced, with more bias to girls and women in certain components such as FGM/C, and to boys in other components such as street children. The NGOs and social workers clearly indicated that UNICEF promoted women’s empowerment, with 81% considering that the Programme gave special attention to women and girls. They also indicated the importance of sex-disaggregated data, even if they do not systematically collect such data.

The 2011 Annual Report explained that the child protection mechanism is centered on supporting the families with children at risk of various abuses, including those abuses due to gender rooted causes. Tailored activities that are gender sensitive are implemented at the community level to address different forms of violence with the aim of providing a more protective environment.
Great efforts were made to include more women in some meetings, with minimal representation of men. One of the challenges, however, is that men are not necessarily interested in joining meetings, events or awareness raising sessions – nearly 85% of awareness raising sessions were not attended by men. This raises doubts about potentiality of having a real protective environment in terms of marital relationships or in father-children relationships, if men’s awareness is not sufficiently enhanced, especially regarding critical issues in child care and protection.

The Programme effectively responded to women in emergencies, especially by assisting women and children who fled from Libya, and by organizing psychosocial support activities in the aftermath of the revolution.

On the other hand, the evaluation of this component observed that there is still room for improvement to better integrate gender in this Programme. Among the 4 Programme outcomes and 15 outputs reviewed during the evaluation, only two outputs included a gender focus, both related to stopping FGM/C and protection of girls. This is also reflected in the gender-sensitivity of monitoring and reporting instruments for these results. Apart from FGM/C, there are no sufficient interventions planned or implemented to address crucial issues affecting gender equality, or reducing gender disparities in the areas of concern.

There are misconceptions about the meaning of ‘gender’ and an understanding gender as women’s rights and/or gender equality. The emphasis only on girls’ rights could easily lead to undermining the gender problems of boys and men. Gender equality can only be achieved if the gender issues of both sexes are addressed appropriately.

Capacity building activities did not include any issue related to strengthening partners or stakeholders’ knowledge and attitudes towards gender sensitization issues. However, information on gender was included in the various trainings/workshops offered by the Programme in Alexandria and Assiut, were participants included both women and men. Furthermore, data was uneven regarding gender-disaggregation in the planning or the reporting phases.

EDUCATION

The education programme has a focus on girls’ education and reducing gender disparities. According to the evaluation of this component, there are no reported gender disparities in the accredited schools (SIP), related to school sitting and how education institutions function. All target groups, starting with the students and ending with the MoE representatives confirmed a total gender balance and respect within the school premises and that no discrimination exists. They assured that the nature of the Programme has no room for gender bias. Students mentioned that they are treated equally by teachers. There is no difference between girls and boys.

Nevertheless, according to some students “teachers do not spank the girls but they spank boys”. There is also one difference between girls and boys when joining the sports teams. Girls are allowed to practice only basketball and volleyball but are not allowed to play football, while boys can practice all these sports.

As noted in the 2012 Annual Report, adolescent girls, particularly those residing in rural settings, have less time for socialization compared to their male counterparts. As a strategy to address the gender inequality in access of girls to sport and physical activity and life skills, UNICEF Egypt is working with the Ministry of Education and Ministry of State for Youth in the Assuit Governorate to initiate sport and physical activity for rural adolescent girls. The objective of this work is not only to
fulfill their right to play and recreation as stipulated in the Convention on the Rights of the Child, but also to act as an entry point through which other rights can be addressed.

The 2012 Annual Report also highlighted that the Education Programme supported the scaling up of the community schools model to increase access to quality education among disadvantaged children, particularly girls. The community schools established by the Girls Education Initiative, which had been led by the National Council for Childhood and Motherhood, were transferred to the Ministry of Education. The Ministry of Education has now included Community-based schools such as UNGEI and the Community Schools that UNICEF supported, under a new Community-Based Education (CBE) department, and this is also part of the national education reforms.

D. Gender in the current context

The 2012 Annual Report explains that during the year, conservative voices in the country have challenged some of the recent legal protections for girls, particularly those relating to early marriage and criminalization of Female Genital Mutilation/Cutting, together with human rights conventions. The debate around the new Constitution attests of the importance of keeping gender issues on top of UNICEF’s agenda.

The country programme has continued to advocate for the rights of girls and to support national partners in their efforts to ensure that the legal rights of girls are respected, fulfilled and promoted. In the area of children in conflict with the law, boys are more disadvantaged than girls. During the political transition, boys have been arrested and detained, and ECO supported civil society organizations to provide these boys with legal assistance.

The brief on lessons learned from the Country Programme (2007-2011) written in preparation of the next Country Programme ranked first “gender discrimination” in a complex range of political, social, and economic factors that contribute to inequity.

The country’s latest MDG report also indicated that attaining MDG 3 on gender equality and the empowerment of women remains particularly challenging.62

E. The gender focus in the new Country Programme

Gender equity will remain a key concern in the new programme starting mid-2013, according to the 2012 Annual Report. An assessment of the rights of children and women, and a capacity analysis of key duty bearers helped in the preparation of the first draft Country Programme Document in 2011.

An analysis of the latest draft Country Programme Document (January 2013) shows that gender issues are important in the new Country Programme focus and strategies. Besides the fact that equity will be central to the Country Programme, and that gender issues will be addressed through the equity-based work, the Programme will also address harmful social conventions that impact on the rights of children, particularly girls. The Programme Component 2, Children Rights Protection and Adolescents' Participation, will focus on preventing violence in its multiple forms, including female genital mutilation, violent disciplinary practices and domestic violence.

As explained in the 2012 Annual Report, sport and physical activity will be promoted to address the marginalization of rural girls, to stimulate their healthy development, to promote gender equality, as well as to build their self-esteem, life skills and leadership skills. Younger adolescent girls will be reached through community schools and older girls through youth centers/clubs.

Furthermore, the recently developed CPD indicates that the programme will contribute to Egypt’s efforts to address the recommendations of the 2010 CEDAW Concluding Observations.

**F. Gender Equity Marker**

At the global, regional and country level, UNICEF is fully committed to promoting gender equality and the empowerment of girls and women. UNICEF has started to use in the last few years a tool to monitor and analyze better how results contribute to gender issues. This tool, the Gender Equity Marker (GEM), now used by UNICEF in many countries, was developed by OECD/DAC, refined by UNDP, CIDA, and piloted by the IASC in emergency contexts. It offers a sound financial tracking system for resource allocation and expenditures for gender equality results.

The GEM measures the extent to which results contribute to the promotion of gender equality and/or the empowerment of girls and women. All offices start applying the GEM as they adopt the revised results structure and develop their intermediate results. GEM has an attribute in VISION that is placed at the level of intermediate results, which are rated against a four-category scale that ranges from 0 (not expected to contribute to gender equality in any noticeable way) to 3 (advancing gender equality as a principal objective of the result). UNICEF Egypt started using the Gender Equity Marker as part of the preparation of the annual plans, and this is expected to continue during the new Country Programme.

**G. Recommendations**

This evaluation makes the following recommendations, mainly based on the documents review and fieldwork. The Capacity Building for Gender Responsiveness in UNICEF Programming study provides additional and more specific recommendations that may be taken into account.

- **Recommendation 1:** UNICEF should continue promoting gender mainstreaming in its programmes interventions, and pay special attention to girls and women’s rights, particularly the most vulnerable ones. Particular efforts should be made in the Child Protection Programme to make it more gender-sensitive in the upcoming programme cycle. In addition to FGM/C, and together with partners, interventions could be planned and capacities could be strengthened to address crucial issues affecting gender equality and those with the potential of reducing gender disparities, and to build a better equity in the areas of concern.

- **Recommendation 2:** UNICEF, government partners, institutions and NGOs should continue to undertake capacity building activities on gender equality, in order to strengthen partners or stakeholders’ knowledge, attitudes and skills to promote gender issues.

- **Recommendation 3:** Awareness programmes should continue to target women, particularly the least advantaged rural ones; however, special strategies should also be

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63 Equity Marker, Tracking resource allocation and expenditure for gender equality results (UNICEF, 2011).
developed to reach more men. This could be done by using Communication for Development tools, to promote behavioral change in the most sensitive areas, such as FGM/C and domestic violence against women. In order to bring men to meetings, events or awareness raising sessions, critical issues of child care, education and protection as an entry point to increase the potentiality of having a real protective environment in terms of marital and father-children relationships. UNICEF and partners should fight against the misconceptions and misunderstanding of the concept of ‘gender’, by avoiding putting emphasis only on girls’ rights, which can easily lead to undermining the gender problems of boys and men. Gender equality can only be achieved if the gender issues of both sexes are addressed appropriately.

✓ Recommendation 4: UNICEF should continue using the Gender Equity Marker (GEM) with its new Country Programme and the revised results structure, since this tool offers a sound financial tracking system for resource allocation and expenditures for gender equality results. The GEM will help to regularly measure the extent to which intermediate results contribute to the promotion of gender equality and/or the empowerment of girls and women. It will also be important to measure and analyze progress over time and to better monitor during the year how gender issues are taken into account during implementation.

✓ Recommendation 5: UNICEF, in collaboration with other partners (UN System, NGOs, Government Institutions, etc.) should develop gender mainstreaming tools as well as indicators, with regards to child protection, health, HIV/AIDS and education issues. UNICEF could provide stakeholders and partners with such tools that indicate step-by-step techniques of gender mainstreaming for project development and implementation. This could be supported by the provision of training on how to use these tools.

✓ Recommendation 6: In order to strengthen the capacities of using gender as an analytical, programmatic and advocacy tool, sex disaggregated data should systematically be collected, analysed and reported in all programme areas. Such data should be regularly analyzed to reveal how gender as an independent variable impacts on the results reached for both sexes. This should include the integration of variables such as the cultural and social context of gender. This could be done internally in UNICEF and by strengthening capacities of governmental and NGO partners.

✓ Recommendation 7: It would be useful to have a resource person on gender mainstreaming within UNICEF. Such a gender focal point would act as a resource person/advisor to partners, and could be either a UNICEF staff or an external expert. This would help strengthen accountability for mainstreaming gender in the different programmes, monitoring and reporting on gender, as well as collaborating with partners for reaching higher level results.

✓ Recommendation 8: In the framework of the SIP, UNICEF should advocate for the fact that if the girls are not spanked, there is no reason why the boys should be, and to give the same rights to girls and boys when they join sport teams (for instance girls should be allowed to practice football in addition to other sports). In addition, UNICEF should promote the right of both girls and boys to play and recreation.
4.3. Synergies among the programmes

A. Main findings

As stated in the 2012 ECO Annual Report, the new Country Programme will be in line with the 2007-2012 one but with the vision of mainstreaming and scaling up the programmes, while strengthening the operating systems. To do so, there are key recommendations identified in the evaluation that need to be addressed. Many could be addressed if interventions are targeted in a more holistic manner by strengthening and mainstreaming efforts through the establishment of synergies among the programmes, particularly in common areas of work. Some of the findings identified refer to the following issues.

- The evaluation highlights the lack of baseline data in the YCSD, HIV/AIDs and Child Protection Programmes, which was a concern raised during the evaluation. The recommendations highlight the need for preparatory assessments to collect primary data prior to the implementation of the programmes, and to ensure that indicators are available and realistic.

- When possible, it is important to include scaling up interventions in the planning phase during the development of the country programme. The intervention villages showed some dramatic improvements, for example, in the utilization of services in the Health Units, however, the coverage was limited through the whole cycle of the programme.

- Knowledge sharing is a common request from partners in all programmes. Lack of knowledge on children rights is a common concern among the beneficiaries. Knowledge on HIV is insufficient, only a limited number of adolescents have some understanding about HIV-AIDS. Knowledge-sharing from similar experiences in other countries may help to better understand the roles of different stakeholders and how best to improve the programme.

- Joint programming also contributes to ensure a more targeted and effective approach, particularly when dealing with sensitive issues such as HIV-AIDs, FGM/C, etc.

- UNICEF was successful in conducting high-level policy/advocacy work, which proved to be influential; however complementing this work with capacity building at the bottom level would bring more results.

- Institutional structures and systems are very important for the successful implementation of the programmes. More specifically, the lack of adequate capacity in terms of human resources and management systems, both within the government and implementing partners from the civil society added an additional constraint in the implementation of the programme.

- Adequate coordination and linkage with Government institutions and local civil society organizations is required, when the programme delivery is done through partners and this is often difficult due to the high turn-over of officials.
• Institutional capacity development for partners and communities alike is fundamental to maintain effectiveness as well as sustainability. Rapid turnover is a chronic problem threatening development interventions. The lack of continuity in Governmental positions due to the high turnover in the institutions in the ongoing transition. This has caused disruptions to programme partners. Lack of follow up and institutional strengthening may contribute to the loss the knowledge and capacities available.

• All key partners from civil society, NGOs and CDAs from the programmes evaluated requested support in capacity development. In order to enhance the implementation of the programmes, it is important to identify the best-positioned implementing partners from civil society, thereby widening the scope of interventions in terms of coverage and network of partners. A substantial increase in the number of implementing partners from civil society may play an important role in expanding the coverage of the programme through more sustainable partners within the communities.

• The results of the capacity development initiative are more likely to be sustained if they are based on clear evidence on the existing gaps. Capacity building efforts should be more strategic with defined results rather than ad-hoc efforts. Simple and quick periodic surveys on the changing situation of children and the developing needs of families are important to give a clearer picture for programme implementation and strategies. Partners and communities need to be better involved in this process to be able to own the interventions.

• To ensure sustainability of community work, the inclusion and targeting of young people in any development intervention is paramount for the success, sustainability and knowledge transfer, thereby contributing to the positive transformation of societies. The characteristics of the Egyptian population require that young people should be included in the set up and implementation of most interventions, while ensuring that the communities understand the importance of the role of young people.

• Strategic partnership with the media is very important for all programmes evaluated. Many successful experiences, interventions and awareness activities produced a major improvement of the targeted population, and in particular to empower disadvantaged rural females, however, they were limited to the intervention locations, while they could have been shared to increase the knowledge and effect, through the partnership with the media. This would have expanded the impact of these awareness-raising activities. HIV awareness raising targeting 9.000 adolescents is not enough to ensure a proper understanding among 12 million children and adolescents.

B. Recommendations

This evaluation makes the following recommendations, in order to mainstream efforts, resources and capacities. These are based on the documents reviewed and the fieldwork, as well as on several recommendations and lessons learned from the evaluation of the programme components.

✓ Recommendation 1: UNICEF could develop joint preparatory assessments, prior to the development of the new programmes. This would ensure that programmes have the proper
indicators, baselines information. This would ensure that during the implementation, indicators are available and realistic, and are based on primary data from the locations of the interventions while feeding back into programming.

**Recommendation 2: More attention should be paid to information sharing.** Primary data sources are not sufficient to tailor the programmes. This was particularly manifested by the lack of official guidance towards infant nutrition with HIV/AIDS mothers, as reported by some primary beneficiaries. The evaluation suggests the strengthening of internal and external networks and communities of practice on common areas of concern to mainstream information sharing, avoid duplication of efforts and benefit from each other knowledge.

**Recommendation 3: UNICEF should identify existing common forums where to share and gather information.** UNICEF should generate and exchange updated knowledge on the situation of children and women that is relevant to the partners and beneficiaries. In addition, the organization should benefit from existing forums such as the CPCs or existing tools such as the Situation Analysis of Women and Children elaborated in partnership with the Ministry of Family and Population or the “Mapping of Child Protection System and Services”. Communication for Development (C4D) is another central strategy for influencing knowledge, attitudes and practices of communities, families and caregivers to promote measurable behaviour results. This could also be utilized to strengthen national capacities for influencing positive changes in complex social norms, and underlying cultural and equity issues such as violence against children. Another entry point to identify internal and external synergies could be the UNDAF for 2012-2016 that looks at “Achieving the MDGs + with Equity” and aims to help Egypt achieve accelerated progress on the MDGs, especially those MDGs where the country is lagging behind, and to achieve other important non-MDG objectives (e.g., related to climate change and governance).

**Recommendation 4: UNICEF should support cross-programming synergies to mainstream efforts and resources while sharing the knowledge and implementing a more targeted assistance.** This would contribute to create a protective environment with a comprehensive set of services. This could be done through developing a cross-programme strategy built into the workplans for more than one section, monitored and evaluated regularly. Establishing an intersectoral coordination could be done through the development of a cross-programme strategy built into the work plans for more than one section, monitored and evaluated regularly.

**Recommendation 5: UNICEF could create joint task forces to address the most vulnerable groups.** This would include responses to emergencies, assess and address the needs of street children, dropouts, slum areas or remote areas in Upper Egypt. A life-skills based approach will be taken in support of comprehensive behaviour change among targeted children and adolescents.

**Recommendation 6: Institutional capacity development for partners and communities alike could be developed as a holistic response, when possible, in order to increase effectiveness and sustainability.** This would help mitigate the rapid turnover of staff at all levels, which is a chronic problem threatening all interventions.

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64 The UNDAF will operate until the end of 2016, a year beyond the 2015 cut-off for the MDGs.
Recommendation 7: UNICEF should promote the inclusion and targeting of young people in its development interventions. This is paramount for the success, sustainability and knowledge transfer, and would contribute to the positive transformation of the Egyptian society through an active participation of young people. This could be done in a holistic manner, taking into account all UNICEF interventions in the country.

Recommendation 8: UNICEF could enhance the implementation of the programmes by identifying the best-positioned implementing partners from civil society, thereby widening the scope of interventions in terms of coverage and network of partners. A substantial increase in the number of implementing partners from civil society may play an important role in expanding the coverage of the programmes through more sustainable and knowledgeable partners within the communities.

Recommendation 9: The different UNICEF Programmes could organize common awareness raising efforts, to reach targeted beneficiaries in a more comprehensive way. Utilizing common spaces, such as schools or health centers for sharing information on HIV/AIDS, FGM/C, violence or children rights in general are some examples of mainstreaming efforts. Including information on HIV to Nutrition programmes, targeting breastfeeding women is another example.

Recommendation 10: A thoughtful strategic partnership with the media, while stimulating the work with social media is key to raise awareness of all programme areas, particularly when advocating for the rights of children and women, and for sharing information. Sharing successful stories, interventions and awareness activities could produce major improvement in the quality of life of the targeted population, and in particular to empower disadvantaged rural women and girls, however, they are limited to intervention locations. It is possible to increase this effect through the partnership with the media to expand the impact of these awareness-raising activities.
5. Conclusions

The Country Programme Evaluation reaches the following conclusions, in response to the main evaluation objectives.

1. Relevance and appropriateness of the Country Programme components evaluated, design coherence and focus, and ownership

In terms of relevance and appropriateness, the Country Programme components were in general very relevant, as they were designed based on a situation analysis, modified, in the case of YCSD, after the release of the 2008 DHS Survey results.

The Programme was compatible with national priorities in all areas evaluated, and complemented the policies and strategies of the Government, such as the National Aids Programme the national child law, the educational system. NGOs also considered the component to be of special relevance. The Programmes also adjusted to changing circumstances in the aftermath of the Revolution.

The Programmes were also relevant with respect to international priorities, as expressed in the Millennium Development Goals (in particular MDG goals 1, 4, 5), the organizational priorities of the UNICEF MTSP, the Corporate Commitments for Children, the World Fit for Children agenda, and the broader human rights framework (CRC / CEDAW). The goal and results of the Programmes were also relevant to the UNDAF outcomes 1, 2, 3 and 4. The design of the Programme considered the UNICEF Six Strategic Roles in Middle Income Countries.

The Programmes were also very relevant from the point of view of the beneficiaries, who expressed important demands particularly in categories like street children and violence against children. In addition, the Child Protection Committees (CPCs) also confirmed that the geographic areas that the Programme focus was relevant, as it targeted extremely poor locations.

The programme design was participatory, involving community representatives who helped to develop their goals and areas of intervention. The design of the programme took into consideration the main issues of concern in the different areas. In the case of HIV/AIDS the interventions, however, were more of a piloting nature rather than a national implementation with minimal participation of people living with HIV, in the development of the design or in implementation of activities. The design and focus of the education programme tried to address children’s rights through the School Improvement Programme and the Resource Rooms.

The evaluation noted, however that the rights of most vulnerable groups were not extensively covered or addressed, particularly when targeting children and mothers, living in poor conditions, in slum areas, street children or out of schools children. In general, focus was more on children and less on women. One of the most important limitations in the design was the lack of vision towards scaling up the interventions being piloted. Also the design lacked the national dimension of some interventions, which could have improved the efficiency of the programme. Awareness activities across many interventions are just an example. The main concern of the beneficiaries in HIV/AIDS is that the programme did not address life issues like child nutrition, (e.g. breast-feeding with HIV/AIDS mothers), and there is also a concern for the lack of linkages between HIV and Hepatitis C.
In general, objectives and results were well designed as a tool for monitoring and evaluation, however, baseline data was not always specified, and objectives not always realistic enough. In the case of Protection and HIV/AIDS among others, there is a lack of national statistics.

In general, the programme had a clear ownership with the previous government, however, with the change and transition period, the strong links remained only at field level, and were less evident at the national/strategic level. Likewise, there was no evidence of clear ownership from NGOs and civil society, as they consider that the Programme is only the Government’s responsibility. At the village level, civil society or beneficiaries were not involved in the planning of the programme and this also contributed to their lack of ownership towards the programmes. The Protection Programme was successful in promoting the Child Protection Mechanism, and in building upon the administrative governmental structures that already existed. The success was demonstrated in shifting the ownership of the mechanism to the Government and national NGOs. In Education, the NGO implementing partner joined the programme at a later stage. While the Government somehow acknowledges the ownership of this programme, with the SIP as part of the MoE’s National Plan, the Resource Rooms is a pilot programme that UNICEF initiated and was well received by the Ministry, it is not clear if the Ministry will adopt this component despite the urgent need to involve children with special needs.

2. Effectiveness, efficiency and sustainability of the outcomes achieved

The evaluation found mix results in terms of effectiveness. With respect to the YCSD programme outcomes, most of the four level management system of the MoHP claimed that the programme objectives were partially achieved, and the same was confirmed by the results of the beneficiaries’ survey. The programme has had a great impact at field level, particularly when aiming at improving the life conditions of mothers and children in the piloted areas. However, if considering the expected results, the impact should be considered low in some areas due to the problem in setting up a realistic level of results. In general, most interviewed stakeholders saw that the system strengthening efforts are the ones with the lowest impact, followed by capacity building and awareness raising activities. An important impact was reflected on the performance of the Health Units and of the innovative Perinatal Care Programme of Excellence (PCPE) model that introduced an important and vital approach to deal with the high mortality rate among neonates and infants.

The results set for HIV/AIDS have been achieved to different degrees, with most of the programme outcomes partially achieved or not achieved. UNICEF’s role was very effective regarding medications provision but not that effective in improving the quality of the health care system. UNICEF contribution is seen as a major factor of success, followed by the efforts in place made by the beneficiaries themselves, partners from civil society, and lastly the governmental efforts. The capacity building and system-strengthening package are much appreciated from the governmental side, more than by the beneficiaries. The programme was partially effective in helping PLHIV in treatment and capacity building and less effective in initiating home-based care. The programme has contributed to the national HIV response and to the generation of strategic knowledge for policy development and reached over 10,000 most at risk adolescents and young women. UNICEF also worked with UNAIDS, UNFPA, and UNIFEM to support an outreach programme for vulnerable women. Most interviewees saw the system-strengthening component as the one with the least
impact, followed by capacity building and the awareness activities. The programme impacted part of targeted beneficiaries like street children and vulnerable women and sex workers.

Overall the Protection programme succeeded to achieve, according to the evaluation, slightly higher than 60% of the planned results. Out of the 15 results expected “to be achieved” throughout the programme, 7 results were achieved, three results were partially achieved, and 5 were not achieved. The Programme was successful in promoting the Child Protection Mechanism and in building upon the administrative governmental structures that already existed. The success was demonstrated in shifting the ownership of the mechanism to the Government and national NGOs. Regarding the FGM/C, the key Government partner led the National Programme for Combating FGM/C. Some results can be seen in Upper Egypt, where the FGM/C issue is gradually decreasing to be a “taboo”.

In several occasions, the Government highlighted the issue of “protecting street children” as a national priority; however, this is not demonstrated in any of the state national Programmes, policies or budgets. NCCM, MISA and street children NGOs stated that the results were a bit high in their expectations, and need to be more realistic in the future. Services provided for children were mostly revolving around socio-economic services, and could be strengthened in the areas where the families are really deprived.

The evaluation of the Education programme considers that most results were achieved or partially achieved. The Resource Room intervention in Egypt is long overdue, and teachers consider that the MoE and UNICEF should replicate and expand their target to meet the majority of students with special needs. Teachers themselves found that the methodology for the regular curricula, required by the MoE, did not meet the needs of students with special needs. UNICEF was careful to empower the Change Facilitators as an element of the training. This proved crucial in building the Change Facilitators’ confidence to lead the reform process. The level of education has progressed. The methodology utilized facilitates the students the comprehension of the lessons while the teachers have become more patient and understanding. When Change Facilitators were asked whether or not the goals of the programme were realistic, they replied that there are no goals stated, but the integration classes is a very good initiative, except that it is not clear to what extend and what level of disability can the students be integrated. In general, students stated that they do not need private lessons anymore, given that labs have improved. The students consider that the services in the schools have improved, the number of workers has increased and they help them in keeping the school premises clean and tidy. UNICEF had, however, a target of 254 schools and only 60 schools met it and the impact has been limited from his point of view.

In terms of efficiency, in general, the use of resources was appropriate to produce cost-efficient interventions. In YCSD, the Perinatal Care Programme of Excellence (PCPE) is an excellent model that exemplifies the efficiency of the programme as it is constantly increasing the coverage with the same infrastructure. Another example is the capacity building and system strengthening at the Health Unit level that became more efficient as the utilization of services increased without increasing the number of staff. However, the one concern regarding cost-efficiency is related to the distance among the locations for intervention, which increased the costs.

The HIV/AIDS programme improved the cost-efficiency of the awareness campaigns by extending partially the message to media, opinion leaders and civil society. UNICEF also invested in helping PLHIV through the establishment of the NGO “Friends of Life”. The NGO function and efficiency, however, was limited. “Friends of Life” was not able to meet its goals and objectives mainly due to
lack of support from both officials and civil society. The limited geographic coverage of the programme affected certainly its efficiency, while UNICEF assistance was nevertheless efficient as the procurement of supplies helped the GoE to distribute and provide treatment. In the Child Protection programme, 91% of NGOs responded that resources could be better used if good coordination took place with local communities since social support systems and social chatting on all issues is culturally accepted. The cost-effectiveness of the interventions, as per some key officials, varies depending on the projects implemented. NGOs in Alexandria and partially in Assiut stated that it would be more cost effective, operational and comprehensive, if the various child protection components are put under one umbrella: child protection mechanism. This includes issues of violence, FGM/C and street children. HACT measures were positively praised by all partners, as they can definitively contribute to save time, while reducing the bureaucratic procedures.

The Education programme was cost-effective with an exception of the school application of the accreditation. The teachers complained that in order to maintain the schools’ accreditation, the MoE requires too much paper work, and they regard it as a waste of their time while they should use this time to prepare and improve their classes. In regards to the capacity building component, it was highly cost-effective, to the point that in certain events the NGO partner managed to save some money and hold additional trainings.

With respect to sustainability, there is no consensus between stakeholders and beneficiaries that the YCSD interventions are sustainable. MoHP& Health Units lack sufficiently strong governance structures, professional capacity, and willingness to sustain the activities in the future once UNICEF finalizes its support. However, the YCSD interventions have potential for replication at a wider scale. Other factors that threaten the sustainability is that civil society and local NGOs were not involved enough throughout the programme development cycle and that there was an under-utilization of the mass media that contributed to decrease the efficiency to some extent. While the unrest and deterioration of the economic situation due to transitional period may increase the risks for sustainability, the communities are now more open to public issues and concerns. This change in attitude offers greater opportunities in the future to involve them.

In the HIV/AIDS Programme, there is almost a consensus between stakeholders and beneficiaries that HIV/AIDS interventions are not sustainable, even if the MoHP has already expressed its willingness to continue these activities once UNICEF’s support ends. Most stakeholders stated that the programme lacks a serious commitment and a vision towards the future. They also see that HIV/AIDS interventions do not have the potential for replication at a wider scale.

In the Child Protection programme, capacities, infrastructure, work processes and way of compensating Government officials contributed to hamper the sustainability of the programme, in addition to the lack of existence of a stable long-term State commitment and funding.

Sustainability is not assured in the Education programme, as most stakeholders are not certain that they will be able to keep the facilities operational and to continue activities on their own. The UNICEF strategy on the SIP focused on mainly capacity building and empowerment of the MoE with a conscious effort to avoid any dependency that often prevents sustainability. MoE representatives highlighted their intention to continue their efforts for maintaining the quality assurance programme, as it was originally generated from the national plan, although they are concerned about the lack of resources available. MoE representatives stressed their belief that the Capacity
Building component is a key activity to ensure the sustainability of the SIP and the fact that skilled Change Facilitators are a great asset to maintain the programme and continue to monitor the schools and the resource rooms once UNICEF decides to withdraw.

3. Equity and Gender focus of the Country Programme

Special attention was paid to equity during the design, preparation, process and implementation of this evaluation. The evaluation used the equity perspective to analyze the involvement of worst-off groups, such as street children, school dropouts’ children, and those with disabilities, among others.

During the implementation of the Country Programme, the Egypt Country Office (ECO) engaged in a process of reflection to explore the existing and future possible contribution of UNICEF to the equity approach. Human Rights Principles were key in determining the research agenda of the 2007-2012 Country Programme, which focused on bringing to light the various dimensions of equity and disparity. The Situation Analysis of Women and Children focused on how systems were working for the most disadvantaged children and families, and targeted communities selected from the list of the poorest 1.000 villages in Egypt. Human rights were also the basis for developing the UN transition strategy, and for the readjustments of UNICEF’s workplan for 2011.

A brief on lessons learned from the Country Programme (2007-2011) indicated, however, that a clear definition of disparities would help in clearly considering disparities in programming, and that UNICEF programmes were not necessarily reaching the poorest, and that the current focus on disparities was more bias to "gender" and "geographic focus", than any other type of disparity.

An analysis of the draft Country Programme Document (January 2013) shows that equity is at the center of the new Country Programme focus and strategies. Primacy will continue to be given to the most disadvantaged children and adolescents living in rural areas of Upper Egypt, where disparities are greatest. Priority will also be given to urban equity issues, particularly urban child survival, and children without family care in Cairo and Alexandria.

In addition to equity, attention was paid to gender during the design, preparation, process and implementation of this evaluation, which referred to the most recent guidance material in that respect. In the 2007-2012 Country Programme, gender equality has been a key concern for the Egypt Country Office (ECO), which regularly explored the entry points for gender sensitive programming, and possible contribution of UNICEF to gender equality.

Although ECO does not have a stand-alone gender strategy, gender was integrated as part of the design and implementation of most of ECO programme interventions, as shown in the section below. UNICEF played a normative role and provided technical assistance through the Country Programme, especially on issues such as gender-based violence, girl’s education, women empowerment for healthy life styles and civic engagement.

As part of a gender initiative aiming at strengthening both institutional and technical capacity building. UNICEF undertook an exercise which consisted in a Capacity Building for Gender Responsiveness in UNICEF Programming, which included a staff and office-wide needs assessment, and training for the Country Office. Gender issues were key in determining the research agenda of the 2007-2012 Country Programme. ECO consistently included the gender perspective in other data collection and analysis activities.
Nevertheless, the CPD did not provide a gender-based analysis and that women were mostly referred to as mothers. It was also noted that no information was provided on UNICEF’s engagement with the CEDAW implementation and reporting. There was also no reference on gender mainstreaming as a strategy.

The 2012 Annual Report explains that during the year, conservative voices in the country have challenged some of the recent legal protections for girls, particularly those relating to early marriage and criminalization of Female Genital Mutilation/Cutting, together with human rights conventions. The debate around the new Constitution attests of the importance of keeping gender issues on top of UNICEF’s agenda.

The country programme has continued to advocate for the rights of girls and to support national partners in their efforts to ensure that the legal rights of girls are respected, fulfilled and promoted. In the area of children in conflict with the law, boys are more disadvantaged than girls. During the political transition, boys have been arrested and detained, and ECO supported civil society organizations to provide these boys with legal assistance.

UNICEF Egypt started using the Gender Equity Marker as part of the preparation of the annual plans, and this is expected to continue during the new Country Programme.

An analysis of the latest draft Country Programme Document shows that gender issues are important in the new Country Programme focus and strategies. The Programme Component 2, Children Rights Protection and Adolescents’ Participation, will focus on preventing violence in its multiple forms, including female genital mutilation, violent disciplinary practices and domestic violence.

Sport and physical activity will be promoted to address the marginalization of rural girls, to stimulate their healthy development, to promote gender equality, as well as to build their self-esteem, life skills and leadership skills. Furthermore, the recently developed CPD indicates that the programme will contribute to Egypt’s efforts to address the recommendations of the 2010 CEDAW Concluding Observations. UNICEF Egypt started using the Gender Equity Marker as part of the preparation of the annual plans, and this is expected to continue during the new Country Programme.

4. Partnerships and coordination mechanisms

With respect to partnerships, YCSD interventions offered opportunities for stronger partnerships and linkages with other international development partners and academia. In HIV/AIDS interventions, UNICEF has maintained closed links with UN Agencies such as UNAIDS, UNFPA, and UNIFEM, with whom they have closely collaborated. In addition, UNICEF partnered with Caritas initially and later on with Friends of Life with the purpose of providing direct support to the PLHIV.

Coordination with other UN agencies and partners was key throughout the Child Protection programme that initially was already part of the UNDAF thematic group of outcome 1. UNDP, UNICEF, UNFPA and UNIFEM and the National Council for Childhood and Motherhood committed to support each other’s efforts to accelerate the abandonment of FGM/C. Furthermore, UNICEF and UNFPA Egypt country offices were part of the joint programme to encourage communities to abandon FGM/C and other harmful traditional practices. In addition, UNICEF succeeded to implement a joint initiative with WFP and ILO.
There was no strategic plan for partnership envisioned in the Education programme. The partnership plan has evolved throughout the implementation process more based on individual efforts rather than a systematic way.

5. **Comparative advantage, and how could UNICEF position itself strategically to add value in response to national needs and changes in the national development context**

With respect to its **comparative advantage** in the YCSD programme, UNICEF has a unique positive image and acceptance among most of the Egyptian communities, even if some interlocutors highlighted the fact that UNICEF should pay more attention to its role as a provider of technical support to civil society, rather than implementer. In general UNICEF added value is recognized; the majority of stakeholders consider that UNICEF has a long history of successful projects that has raised the knowledge and acceptance of their interventions, countrywide. In addition, UNICEF has developed a well-established network with civil society; and most UNICEF activities are culturally accepted by the society.

UNICEF's comparative advantage in the national context regarding HIV/AIDS is mainly attributed to its involvement with civil society organizations in the field, thus contributing to increase awareness and cultural acceptance of these interventions. UNICEF past interventions are seen mostly as innovative when the Organization worked as facilitator. Many see the programme as a substitute of the official programme, as most stakeholders considered that the NAP is not responding to the needs of beneficiaries.

In Child Protection, having a multi-sectoral specialization with a human rights perspective, UNICEF can be the core player to synchronize the data and information, standardize definitions and concepts, and generate studies and field surveys on children protection efforts and services in Egypt. UNICEF is recognized as an active partner to GoE and to non-state actors. This is evident in its multi-level relationships.

With respect to UNICEF's **strategic positioning**, the YCSD programme contributed to position UNICEF strategically in the national context. The PCPE, in particular, is seen as an example of a high level, upstream policy/advocacy work, where UNICEF was very influential. These are the kind of activities that all partners consider UNICEF should be focusing in the future, supporting networks and partners, and contributing to mainstream issues related to human rights and gender. There is, however, a consensus that UNICEF could also continue to pilot new ideas and small projects that have the potential to be replicated by local and national institutions.

The lack of trust towards the government efforts on HIV-AIDs has contributed to increase the distance between the MoHP and civil society on this subject. This is also reflected with the fact that there is a consensus that UNICEF should deliver direct assistance instead of the government agencies.

In Child Protection, UNICEF is expected and requested to work on issues of legal and policy reform, on social protection issues, and to promote campaigns for stopping violence against children and women in homes and schools. UNICEF can also play both roles of facilitation and innovation. This proved to be the case in different initiatives such as community schools, adolescents’ participation, and the Child Protection Mechanism.

Country Programme Evaluation

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Annex 6: List of references and background documentation and sources of info.
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Annex 8: Names and titles of interviewees
## Annex 0: Acronyms and Abbreviations

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<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>CBOs</td>
<td>Community-based Organizations</td>
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<td>CCC</td>
<td>Core Corporate Commitments</td>
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<td>CDAs</td>
<td>Community Development Associations</td>
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<td>CEDAW</td>
<td>Convention on the Elimination of all Forms of Discrimination against Women</td>
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<td>CHW</td>
<td>Community Health Workers</td>
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<td>CP</td>
<td>Country Programme</td>
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<td>CPAP</td>
<td>Country Programme Action Plan</td>
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<td>CPC</td>
<td>Child Protection Committees</td>
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<td>CPD</td>
<td>Country Programme Document</td>
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<td>CPE</td>
<td>Country Programme Evaluation</td>
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<td>CPM</td>
<td>Child Protection Mechanism</td>
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<td>CRC</td>
<td>Convention on the Rights of the Child</td>
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<td>DHS</td>
<td>Demographic and Health Survey</td>
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<td>EBF</td>
<td>Exclusive Breast Feeding</td>
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<td>ECO</td>
<td>Egypt Country Office</td>
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<td>ECPN</td>
<td>Egypt Child Protection Network</td>
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<td>EDHS</td>
<td>Egyptian Demographic Health Survey</td>
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<td>ENCRO</td>
<td>Egyptian National Child Rights Observatory</td>
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<td>FGD</td>
<td>Focus Group Discussions</td>
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<td>FGM/C</td>
<td>Female Genital Mutilation/ Cutting</td>
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<td>FOE</td>
<td>Faculties of Education</td>
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<td>GoE</td>
<td>Government of Egypt</td>
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<td>ILO</td>
<td>International Labor Organization</td>
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<td>KIIs</td>
<td>Key Informants Interviews</td>
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<td>LD</td>
<td>Learning Disability</td>
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<td>MDG</td>
<td>Millennium Development Goals</td>
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<td>MICs</td>
<td>Middle Income Countries</td>
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<td>MoE</td>
<td>Ministry of Education</td>
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<td>MoHP</td>
<td>Ministry of Health and Population</td>
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<td>MISA</td>
<td>Ministry of Insurance and Social Affairs</td>
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<td>MOU</td>
<td>Memorandum of Understanding</td>
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Annex 1: List of Evaluation Questions

List of Suggested Questions Relevant to Evaluation Objectives (as revised on 3 September 2012)

a) Relevance and Appropriateness

1) How compatible was the Country Programme (CP) with national priorities, and with policies and strategies of the Government of Egypt?

2) Were the CP interventions relevant from the point of view of the beneficiaries?

3) How adequate and comprehensive is the knowledge as to the situation of children and women?

4) Does the CP address major causes for the non-realization of children's and women’s rights?

5) Is the current CP still relevant given the volatile environment the country is passing through? What are the newly emerging issues? What could make the coming CP more in tune with current challenges and these emerging issues?

6) How does the current Programme address the Millennium Development Goals, the organizational priorities of the MTSP, CCCs, and the World Fit for Children agenda?

7) Is the country programme relevant to the broader human rights framework (CRC / CEDAW)?

b) Design, focus and ownership

1) Is the design of the CP (2007-2011) focused enough to respond to current needs of women and children or is it dispersed and spread too thin?

2) Are the targets set up for the CP realistic or too ambitious?

3) How SMART (specific, measurable, achievable, relevant and time-bound) are the objectives, results and indicators? Are the expected results (“outputs”) well defined, and does the CP expected outcomes reflect institutional and behavioral changes?

4) In the design, do national capacity buildings interventions respond to gaps? Was the CP based on capacity assessments?

5) How are the dimensions of reducing disparities and the HRBA addressed in the design of the CP?

6) Did partner country stakeholders participate in the planning of the intervention to ensure local engagement from the start?

7) Did the CP evolve towards a progressive ownership of projects and programmes by the national partners (Government, NGOs, religious leaders, other CS actors)? Is there local ownership at the decentralized level?

c) Effectiveness and impact

1) To what extent have the agreed objectives been achieved (totally, partially, insufficiently)? What has contributed to their achievement?

2) What results have not been achieved/ or partially achieved and why not? What could have been done to make the interventions more effective?

3) To what extent does the intervention contribute to capacity development and the strengthening of institutions?

4) To what extent are the achieved outcomes the result of UNICEF’s intervention rather than external factors?

5) How have the major changes from the last two years influence the ability to achieve results in different programme areas?

6) What has been the impact of the CP on children’s and women’s lives, and on other beneficiaries/stakeholders?

d) Efficiency

1) Was the use of resources (human, financial, in-kind) efficient? What measures have been taken during the planning and implementation phase to ensure that resources were efficiently used?
2) Were the interventions cost-effective in the different programme areas? Could they have been done better, more cheaply or more quickly?
3) Has the Harmonization of Cash Transfers (HACT) been implemented, and has it improved efficiency?
4) Did UNICEF contribute to, and benefit from common business practices and common services with other UN Agencies?

e) Sustainability
1) Are the country programme interventions sustainable?
2) Were the stakeholders able and willing to continue activities on their own and keep facilities operational, after UNICEF’s support ended?
3) Do relevant institutions possess sufficiently strong governance structures, professional capacity, and willingness to sustain the activities in the future?
4) Could the risks due to the current instability be mitigated to strengthen sustainability?
5) Have the current CP interventions a potential for replication at a wider scale?

f) Processes and M&E
1) Is the M&E framework effective? Is it effectively supporting the management and strategic planning of the CP?
2) Is UNICEF’s work undertaken to strengthen M&E capacities – through networks, knowledge and tools dissemination, and training – effective and has it an impact on M&E systems of national partners and civil society?
3) Did the CP offer opportunities for stronger partnerships and linkages with other international development partners, civil society, academia, the private sector, etc.?

g) Mainstreaming of Cross-cutting Issues (HRBAP, CRC, CCC)
1) To what extent and in what ways has Human Rights-Based Approach to Programming (HRBAP) been applied in programming? Have key human rights principles ( universality and non-discrimination, indivisibility and interdependence of rights, participation, best interest of the child) been reflected in all programming stages?
2) What examples are there for strengthening capacities of rights-holders and duty bearers?
3) How could HRBAP and RBM be strengthened in the CP?
4) To what extent did the CP result in a strengthening of: (i) the Government’s policy framework to progressively implement all the articles of the Convention of the Child (CRC); and (i) the CRC reporting mechanism?
5) Have the CP components benefited from an effective Communication for Development (C4D) strategy, and has this in turn led to improved results?
6) How have the Core Commitments for Children in Emergencies (CCC) been applied in the CP?

h) Gender Focus
1) To what extent is gender equality mainstreaming reflected in all programming stages? To what extent and how does the CP pay special attention to girls and women’s rights?
2) Was the CP supported by, and does it produce gender disaggregated quantitative and qualitative data, and analysis?
3) Does UNICEF CP address adequately the extreme forms of discrimination and exclusion experienced by girls and women in the country?
4) What contribution is made to the progressive realization of gender equality, and has this in turn led to improved results in other CP areas?

i) UN Coherence and Coordination
1) To what extent did the CP derive from the UNDAF (as the strategic framework of the UN as a whole), and how is the current CP integrated in the UNDAF process and implementation?
2) Did UNICEF contribute to, and benefit from (i) the UNDAF thematic groups, and (ii) annual and mid-term review processes?
3) Did UNICEF contribute to, and benefit from joint programming and joint programmes with other UN Agencies?
4) In which areas are there opportunities for joint programmes with other UN agencies?

j) The Transition Process
1) How did UNICEF prepare and implement the transitional stage (at policy level, administratively, etc.)?
2) What lessons can be learned from the current transition process for the next Country Programme?
3) How did the Regional Office in MENA and UNICEF Headquarters support the transition in Egypt?
4) To what extent has the cooperation between UN agencies been effective in managing the transition process?

k) Comparative advantage and strategic positioning
6) What are UNICEF’s comparative advantages in the national context?
7) What is the role of the CP? Does it play substitutive, facilitator and / or innovative roles? Are the definition and the assumption of these roles dynamic?
8) Did the CP help to strategically position UNICEF in the national development context (with national institutions, UN partners, other development partners and NGOs)?
9) How should UNICEF position itself in Egypt, a Middle Income Country, in the next CP, in response to national needs, changes and emerging issues? In the context of a possible decrease of financial resources, what is the core role of UNICEF?
10) What are the examples of high level, upstream policy/advocacy work where UNICEF was influential? What is the upstream work that should definitively take place in the next CP? In this context, should UNICEF continue to implement some targeted pilot / small-scale projects that have the potential to be replicated by local and national institutions?
Annex 2: Methodology

A. Field Missions and Sampling Process

In terms of sampling, the CPE gathered evidence from a sample of people and locations, which was representative of a portion of the population, so that the right conclusions could be drawn about the population. For example, if a group interview only included those from the city who could readily access the venue, the concerns and experiences of those in outlying areas may not have been adequately documented. The sample therefore was selected on the basis of a rationale or purpose that was directly related to the evaluation purposes (for instance equity and gender), and was intended to ensure accuracy in the interpretation of findings and usefulness of evaluation results. The Evaluation Team discussed with the UNICEF Office to ensure that the evaluation design made clear the characteristics of the sample, how it was selected, the rationale for the selection, and the limitations of the sample for interpreting evaluation results. If a sample was not used, the rationale for not sampling and the implications for the evaluation were discussed.

The selection of sites for field visits was inspired by the following criteria:

- the maturity of the programmes, projects or activities within the Country Programme undertaken in the different geographical areas/Governorates;
- the wealth of experiences and the chances of their generating interesting lessons;
- the strategic interest of the programmes, projects or activities in that region, for the future of the whole Country Programme;
- the way the equity dimension, the rights approach and gender equality have been used as cross cutting strategies, or as a particular project focus;
- the focus of a particular area of activities in relation to a UNICEF corporate or Country Office policy and priority;
- the interest of the activities in the context of the inter-agency collaboration (UNDAF);
- the cultural, ethnic, linguistic and geographical diversity of the areas/Governorates; and
- logistics and security considerations.

B. Specific Tools and Techniques at Field Level

Data Collection Training
The consultants conducted a 3-days training programme for a group of young researchers that had previously benefited from UNICEF programmes and collaborated with them in other data gathering exercises. The training aimed at developing data gathering and data quality skills including how to document discussions in an objective manner, the collection of reliable and unbiased data, as well as facilitation skills. In addition, the young researchers learned how to compile information for case studies, good practices or success stories, ensuring the inclusion of difference and diversity.

Administered Survey / Questionnaires
The team developed a list of surveying questions that measured the satisfaction and perceptions of beneficiaries, through close-ended questions, and by programme component, to obtain qualitative and quantitative data.

Key Informant and structured Interviews
The team utilized these qualitative and in-depth interviews, of 5-7 people in each targeted area/community selected, with the aim of obtaining first-hand knowledge about the programmes. The interviews were structured, relying on a list of issues to be discussed, with a simple interview guide, allowing a free flow of ideas and information. Interviewers framed the questions spontaneously, and gathered the information through notes that were later elaborated. These interviews included (but were not limited to):

- UNICEF evaluation team, programme managers and senior officials;
- Counterparts including national, departmental and directorate levels of Ministry of Health, Ministry of Education, Ministry of Social Solidarity, National Council of Youth, National Nutrition Institute, National Council of Women, National Council of Coalition of NGOs for Women Rights, NCCM, etc;
- Partner NGOs, private sector and community and opinion leaders;
- Donor agencies.
- Local Government at Governorate and local level
- Beneficiaries

These interviews helped developing a tailored assessment on the Organizational, Institutional and Technical Capacity of relevant stakeholders. It also helped assessing the current situation in regards to the relevance of the programme components, their design, results and achievements, operations, management and governance structure, administrative and financial procedures, monitoring and evaluation, long-term sustainability and co-funding possibilities.

**Focus Groups Discussions**
Evaluators arranged, facilitated and managed Focus Group Discussions (FGD) in each targeted area of each programme component. These groups gathered 11-12 people at once with the aim of collecting perception and experiences of partners and programmes’ beneficiaries on relevant issues, and it served to complement key informant interview data. The participants’ perceptions were obtained through open-ended questions. It was expected that these meetings solicit views, insights as well as recommendations to future implementation. The discussions gathered children, parents, volunteers, young adolescents and technical experts, such as nurses, doctors, teachers, social workers, etc. The information and data generated from these focus groups were used to analyze stakeholders’ attitudes and behavioral changes towards fulfilling children and women rights.

**Story Telling [Delete? Also delete other references in other sections]**
Story telling methods helped in the production of case studies, best practices and success stories. This technique helped gathering information from individuals who may not have responded effectively to the above-mentioned research methods, emphasizing on the individuals’ standpoint, demonstrating the impact through success, and contributing to generate lessons learned. By using Story Telling methods, the evaluators received first hand information on the programme components from the participant’s perspectives and interpretations. The evaluators selected randomly 1-2 story tellers per programme component to analyze and use this information to feed into the rest of the evaluation process.

All the tools were tested in Cairo before the field implementation. It is also noteworthy to point that the data collection methods above described were triangulated and validated with the desktop review to ensure the reliability of data, looking at the perceptions of: i) programme beneficiaries; ii) UNICEF programme staff, implementing partners and other stakeholders; and iii) secondary sources as documented in the programme components reports, such as periodic progress reports, mid-term reviews, etc.
C. Methods for data collection and analysis

The methods utilized combined the strengths of quantitative methods, with the ability of qualitative ones to describe in-depth the lived-through experiences of individuals, groups or communities. See Annex 5: Data collection methods for each programme component.

See below the description of the methods, location and target groups distributed by programme component.

The contents of interviews, meetings, and participatory workshops were guided by an evaluation matrix / interview guide, which listed the primary evaluation criteria, the related generic evaluation questions, and the specific questions by programme component. The matrix guided this kind of data collection process to find specific evidence for each evaluation criterion and question. See Annex 7: Interview Guide with generic questions and questions for programme components.

Data collection included the following features in the four Programmes components:

**Young Child Survival and Development**
YCSD embodies two main expected outcomes: Perinatal care and Nutrition. Field data gathering was concentrated in Alexandria, Assiut and Sohag, as well as Cairo. The programme focused the evaluation on in-depth individual interviews, particularly when gathering information from partners and focus groups helped to collect the data and information from selected participants, beneficiaries and implementing partners. Story telling was collected at the time of focus groups and interviews.

**HIV-AIDS**
HIV-AIDS, on the other hand, covers two main expected outcomes: supply of treatment and some awareness raising activities. The data gathering of this component was located mainly in Cairo, with the possibility of some data gathering in Alexandria, where the programme concentrates most of its activities. The evaluation focused on in-depth individual interviews, particularly when gathering information from partners and focus groups helped to collect the data and information from selected participants, beneficiaries and implementing partners. Story telling was collected at the time of focus groups and interviews.

**Child Protection**
The Child Protection Programme targets four expected outcomes: National data system on key child protection indicators in place; Child protection policies and mechanisms for identification, monitoring and referral for children at risk established; Street children reintegrated through rehabilitative services; Violence against children (FGM/C and in schools) less prevalent in targeted areas.
Data collection took place in Alexandria, Cairo and Assiut, with the possibility of gathering information from both Menya and Sohag. Similar to the above component, the expert evaluator utilized in-depth individual interviews to gather information from partners, and focus groups to collect information from beneficiaries, including children and parents, and implementing partners. Story telling was collected within the interviews and focus groups.

**Education**
The education component embodied two main expected outcomes: the school improvement programme (SIP) and Special education classes. In reference to the school accreditation, the evaluation determined the accreditation criteria used, whether or not schools have covered all criteria and the sustainability plan among schools so as to maintain the accreditation. It also looked for the Ministry of Education’s (MOE), Idara’s and school’s vision of using the private sector, and civil society in an attempt to maintain the accreditation. In addition, the data collection came across what partner NGOs has added to the activities after joining the project. The evaluation of the second
activity covered the class sittings, the education methods used, the capabilities of teachers, types of trainings received, and the level of class integration. The evaluation of the first activity was focused on Cairo, Sohag and Assiut, while the second activity was focused in Cairo and Sohag.

D. Preliminary Evaluation Discussions

In September 2012, a first national consultation took place. The purpose was to establish the initial grounds for information gathering, as well as future reference for validation and triangulation of information. The three objectives of this gathering were:

- To stimulate constructive dialogue among national partners about UNICEF Country Programme implementation and evaluation;
- To present the evaluation roadmap with roles and timeframes for implementation; and
- To validate the Country Programme evaluation process.

Participants included key stakeholders of the different programme components, object of the evaluation, such as Governmental entities, NGOs, UN Agencies, as well as experts and reference persons (young people, consultants, experts), as well as UNICEF’s steering committee and the evaluation consultants.

Three working groups were formed, followed by a plenary. Each group reviewed the questionnaire established for the evaluation (see Annex 1: List of Evaluation Questions), and provided an overview on the evaluation criteria and questions.

Participants (around 40) divided according to the four components, by joining both, Young Child Survival and Development (YCSP) and HIV-AIDS, on one side, Education in another, and Child Protection.

The discussions provided an overview of the current challenges and the programme status. A concern was expressed that the responses may have reflected the current situation and needs, rather than the actual programme results versus the baseline and programme design and planning. Since this was a recurrent issue throughout the responses, the field evaluation paid special attention to the qualitative analysis of these results, based on results matrices.
## Annex 3: Data collection methods for each programme component

### Young Child Development and Survival (YCDS)

<table>
<thead>
<tr>
<th>Target Organization or group</th>
<th>Sample size</th>
<th>Participants</th>
<th>Data collection method(s)</th>
<th>Field work location</th>
<th>Research team</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ministry of Health (MoHP)</strong></td>
<td></td>
<td>Dr. Emad Ezzat,</td>
<td>In-depth individual and structured interview</td>
<td>✓ ✓ ✓ ✓ ✓ ✓</td>
<td>Nader Kellini</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dr. Essmat Mansour</td>
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<td></td>
<td></td>
<td>Dr. Khaled Nasr</td>
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<td></td>
<td></td>
<td>Dr. Mohamad Nour</td>
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<td></td>
<td></td>
<td>Dr. Mona Rakha</td>
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<td></td>
<td></td>
<td>Dr. Amal Zaki</td>
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<td>Dr. Deferi labib</td>
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<tr>
<td>NNI</td>
<td>3 persons</td>
<td>Golsen saleh</td>
<td>In-depth individual interview</td>
<td>✓</td>
<td>Nader Kellini</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To be confirmed (TBC)</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td><strong>MCH Directorate Level – Health</strong></td>
<td>2 persons</td>
<td>Undersecretary of Health</td>
<td>In-depth individual interview</td>
<td>✓ ✓ ✓ ✓ ✓ ✓</td>
<td>Nader Kellini</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MCH Director</td>
<td></td>
<td>✓</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Dr. Omaima Yousef</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dr. Mohamad Abdelal</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dr. Mamdouh Kasim</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dr. Hani Lotfi</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dr. Hanan Romani</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td><strong>MCH District Level – Health</strong></td>
<td>3 persons</td>
<td>Health District Director</td>
<td>In-depth individual interview</td>
<td>✓ ✓ ✓ ✓ ✓ ✓</td>
<td>Nader Kellini</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Nursing Director</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>CHW Supervisor</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td><strong>UN Agencies: UNICEF, UNDP, UNAIDs, UNFPA</strong></td>
<td>TBD</td>
<td>To be determined (TBD) to gather information on UN Coherence &amp; Coordination, Partnership, Networking, Future Visions, Transitional Phase, Equity, Right based, relevance, effectiveness, efficiency, impact, sustainability</td>
<td>In-depth individual and structured interview</td>
<td>✓ ✓ ✓ ✓ ✓ ✓</td>
<td>Nader Kellini</td>
</tr>
<tr>
<td><strong>International NGOs (Caritas, Save the Children, etc)</strong></td>
<td>TBD</td>
<td>TBD: objective gather information on Coordination, Partnership, Networking, and Future Visions</td>
<td>In-depth and structured individual interview</td>
<td>✓ ✓ ✓ ✓ ✓ ✓</td>
<td>Nader Kellini</td>
</tr>
<tr>
<td><strong>Local NGOs</strong></td>
<td>TBD</td>
<td>To be determined</td>
<td>Interview</td>
<td>✓ ✓ ✓ ✓ ✓ ✓</td>
<td>Nader Kellini</td>
</tr>
<tr>
<td></td>
<td></td>
<td>on: Perinatal Care System; Beneficiaries, Capacity Building;</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
### HIV-AIDs

<table>
<thead>
<tr>
<th>Target Organization or group</th>
<th>Sample size</th>
<th>Participants</th>
<th>Data collection method (s)</th>
<th>Field work location</th>
<th>Research team</th>
</tr>
</thead>
<tbody>
<tr>
<td>TBD</td>
<td>TBD</td>
<td>• Gather info on: Beneficiaries; Capacity Building; Coordination and Partnerships&lt;br&gt;• Groups include: Trained Youth, PLHIV, Street Children&lt;br&gt;• Dr. Sany Kozman&lt;br&gt;• Dr. Solafa Mostafa (Caritas, Alexandria)&lt;br&gt;• Dr. Ihab Abdel Rahman (National AIDS Program)&lt;br&gt;• Egyptian Medical Women Association&lt;br&gt;• Youth Association for Population and Development</td>
<td>Interview&lt;br&gt;Observations&lt;br&gt;3 Focus Group: Trained Youth, Street Children &amp; PLHIV</td>
<td>CAIRO</td>
<td>ALEX</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Target Organization or group</th>
<th>Sample size</th>
<th>Participants</th>
<th>Data collection method (s)</th>
<th>Field work location</th>
<th>Research team</th>
</tr>
</thead>
</table>
| Focus groups 15 persons     |             | Coordination and Partnerships<br>• Groups include: Pregnant; Beneficiaries from Nutrition Classes; Arab Women Speak; CHW<br>• Dr. Azza Abo El.Fadl<br>• Rizket El.Dair CDA, Qoussia District<br>• Qoussia District<br>• Assiut University Hospital<br>• Nida CDA, Akhmeem District<br>• Akhmeem District | Observations<br>4 Focus Group Discussions with Pregnant, Nutrition Classes, Arab women, CHW | CAIRO | ALEX | ASSIUT | SOHAG | }
## CHILD PROTECTION

<table>
<thead>
<tr>
<th>Target Organization or group</th>
<th>Sample size</th>
<th>Participants</th>
<th>Data collection method(s)</th>
<th>Field work location</th>
<th>Research team</th>
</tr>
</thead>
</table>
| **UNICEF Child Protection Team** | 4 Persons | • Head of Section  
• Officer for CPC/ Child Law/ Legal Assistance  
• Officer for FGM/ Violence  
• Officer for Street Children | Key Informant (KI) Interview | CAIRO, ALEX, ASSIUT | Nihad Rageh |
| **Ministry of Social Affairs (MISA)** | 3 persons | • Head of Defense Department.  
• Head of Family and Childhood Department/ social care  
• Head of MIS and Library department | KI Interview | SOHAG OR MINIA (IF NEEDED) | Nihad Rageh |
| **Ministry of Education (MOE)** | 2 persons | • Responsible for reducing violence in schools (To be identified by UNICEF staff) preferred to be the programme focal point in the ministry. | KI Interview | | Nihad Rageh |
| **Central Agency for Public Mobilization and Statistics (CAPMAS)** | 2-3 persons | • Staff received training on Devinfo.  
• Concerned staff with producing country data related to children issues. | KI Interview | | Nihad Rageh |
| **National Council for Childhood and Motherhood (NCCM)** | 11-12 persons | • Responsible Officer for street children/ CPCs  
• Responsible person for FGM/ NCP  
• ENCRD director  
• 2-3 staff who received training with UNICEF concerning the child protection indicators establishment.  
• Dr. Moushira Khatab, ex Family and Childhood Minster  
• Dr. Lamiaa Mohseen | KI Interview  
Focus group discussion | | Nihad Rageh |
| **Councilor Khalil Mostafa Khalil** | 1 person | A key person with Unicef to build capacity of protection committees and participate in Child law amendment | KI Interview | | Nihad Rageh |
| **International Organizations (concerned with Child Protection)** | 3 persons + 3 person | • UNFPA (FGM)  
• UNDP (FGM)  
• WFP (CPCs)  
• (Plan Int’l + Terre des hommes + SAVE) | Group discussion | | Nihad Rageh |
| **Child Protection committees (Governorate, district, and village levels)** | 10 Committees  
1 success story | 3 Gov. Committees/ Secret. General  
4 District level committees  
3 Village level committees  
1 success story for CPC | Focus group discussion  
Success story | CAIRO, ALEX | Nihad Rageh + Assistant researchers |
<p>| <strong>CPC NGOs</strong> | 2 groups of NGOs | 7-8 NGOs | | SOHAG OR MINIA (IF NEEDED) | Nihad Rageh |</p>
<table>
<thead>
<tr>
<th>Target Organization or group</th>
<th>Sample size</th>
<th>Participants</th>
<th>Data collection method (s)</th>
<th>Field work location</th>
<th>Research team</th>
</tr>
</thead>
<tbody>
<tr>
<td>(total 7-8 NGOs)</td>
<td></td>
<td>• The NGO sample will comprise (Executive Manager, 2 programme staff involved in the UNICEF funded projects).</td>
<td>Group discussion</td>
<td></td>
<td>+ Assistant researchers</td>
</tr>
<tr>
<td>CPC Social Workers</td>
<td>3 groups</td>
<td>• 2-3 groups of social workers (depending on their numbers)</td>
<td>Questionnaire + 3 FGDs</td>
<td>√ √ √</td>
<td>Nihad Rageh + Assistant researchers</td>
</tr>
<tr>
<td>Schools Received Interventions Related to the UNICEF Funded Projects</td>
<td>24 persons</td>
<td>Two schools from the target governorate 4 school staff members (Director, social worker, one teacher and one board of Trustees)</td>
<td>Focus group discussion</td>
<td>√ √</td>
<td>Nihad Rageh + Assistant researchers</td>
</tr>
<tr>
<td>Street Children</td>
<td>40 children 8-10 SW 1-2 success stories</td>
<td>• 3 focus groups (2 Cairo + 1street mothers) • Group meeting with 4 NGOs • Group meeting with street children social workers • 1-2 success stories of rehabilitated children</td>
<td>Focus group discussion Success story</td>
<td>√ √</td>
<td>Nihad Rageh + Assistant researchers</td>
</tr>
<tr>
<td>Child Care Institutions</td>
<td>2 persons</td>
<td>• Social defence + Social Care</td>
<td>KI Interview</td>
<td>√</td>
<td>Nihad Rageh</td>
</tr>
<tr>
<td>CPC – families/ beneficiaries</td>
<td>500 Families (TBC)</td>
<td>• 400-450 questionnaires with families who have children that were served (to be depicted from database in coordination with NGOs) • 100 questionnaires with families who have children and did not receive services from CPC (control group).</td>
<td>Questionnaires</td>
<td></td>
<td>Nihad Rageh + Assistant researchers</td>
</tr>
<tr>
<td>• FGM (PD, (community leaders and families)</td>
<td>• 350 persons • 4-5 FGDs • 1-2 Success stories</td>
<td>• 2 FGDs (8-10) with positive deviants • 2-3 FGDs of community leaders and key informant persons • 250 questionnaires families who were exposed to awareness seminars. • 100 questionnaires families who were not exposed to awareness seminars (control group). • 1-2 success story with positive deviants</td>
<td>• Focus group discussion • Questionnaire Success story</td>
<td>√ √ √</td>
<td>Nihad Rageh + Assistant researchers</td>
</tr>
</tbody>
</table>
## EDUCATION

<table>
<thead>
<tr>
<th>Target Organization or group</th>
<th>Sample size</th>
<th>Participants</th>
<th>Data collection method (s)</th>
<th>Field work location</th>
<th>Research team</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAIRO</td>
<td>ASSIUT</td>
<td>SOHAG</td>
<td></td>
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</tr>
<tr>
<td>Ministry of Education</td>
<td>2 persons</td>
<td>• To Be Determined</td>
<td>In-depth individual interview</td>
<td>✓</td>
<td>Ola Mandil</td>
</tr>
</tbody>
</table>
| NGO – Implementing partner | 2 persons per school | • Executive Director  
• Local staff  
• Administrative personnel | In-depth individual interview  
Success stories | ✓ ✓ ✓ ✓ ✓ ✓ | Ola Mandil |
| IDARA | 2 persons per school | • Representatives | In-depth individual interview | ✓ ✓ ✓ | Ola Mandil |
| SCHOOLS | 6-8 persons per school | • Administrators | 3 focus groups from 3 different schools  
Success stories | ✓ ✓ | Ola Mandil |
| SPECIAL CLASSES | 3 persons per school | • Teachers | In-depth individual interviews | ✓ ✓ | Ola Mandil |
| STUDENTS | 30 students per school  
3 teachers per school | • Students  
• Teachers | Questionnaires | ✓ ✓ | Ola Mandil |
Annex 4: Evaluation Team

The table below describes the role of each member of the Evaluation Team with the corresponding experience and expertise supporting such role.

<table>
<thead>
<tr>
<th>PROGRAMS</th>
<th>EXPERTS AND EXPERTISE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EVALUATION TEAM LEADER</strong></td>
<td><strong>Christian Privat, Evaluation Team Leader</strong></td>
</tr>
<tr>
<td></td>
<td>Christian Privat is an evaluation and development consultant with significant experience with UNICEF, UNDP, OHCHR, ILO, UNDEF, and UNDESA, in addition to his frequent work with UN Country Teams.</td>
</tr>
<tr>
<td></td>
<td>He has completed five Mid-Term and Final Evaluations of Joint Programmes of the MDG-Fund (four on Youth, Employment and Migration (Peru, Paraguay and Costa Rica twice), and one on Culture and Development (Honduras). Moreover he has conducted the MDG-F Country Evaluation in Mauritania, which was one of the nine Focus Countries for the Fund.</td>
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<tr>
<td></td>
<td>He has conducted seven Evaluations and Mid-Term Reviews of the UNDAF, in a variety of countries and regions (Ghana, Peru, Egypt, Bangladesh, Central African Republic, Benin, and Mexico).</td>
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<tr>
<td></td>
<td>He is also quite familiar with Delivering as One. For instance, he supported the Evaluability Studies for UNEG/UNDG, and helped DOCO in preparing the Summary of Findings from the country-led evaluations for the intergovernmental conference in Vietnam. He collaborates regularly with the Development Operations Coordination Office (DOCO) and was a member of the UNDG/WGPP Task Team on Programme Support in 2007-2008, focusing on M&amp;E issues.</td>
</tr>
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<td></td>
<td>In 2012, he has worked with UNDESA for the QCPR (Quadrennial Comprehensive Policy Review of operational activities in the area of development) of the UN General Assembly. He has worked as second consultant on two key studies (UNDAF and Results-Based Management), conducted two studies himself (Resource Allocation Processes and QCPR Desk Review), and provided substantial contributions to other studies (Experiences of the MDG-Fund, Resident Coordinator System, Emerging issues, and Business practices).</td>
</tr>
<tr>
<td></td>
<td>He has also conducted, for UNICEF, a Country Programme Evaluation in Egypt, two Strategic Moment of Reflection (SMR) exercises in Ghana and Malawi, in addition to a conventional MTR in Cuba.</td>
</tr>
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<td>Furthermore, he has a significant experience on cross cutting issues and the five UNDAF programming principles, especially the human rights approach, gender equality, environment sustainability and climate change, disability, and Results-Based Management.</td>
</tr>
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<td></td>
<td>Moreover, he has worked as Programme Officer for UNICEF Cuba, and as a consultant and Programme Officer for UNICEF NYHQ, in the Evaluation Office, the Programme Division, the Division of Policy and Planning, the Programme Funding Office, and the Office of the Executive Director.</td>
</tr>
<tr>
<td><strong>PROGRAM LOCAL EVALUATION MANAGER</strong></td>
<td><strong>Mrs. Rocio Sanz, Local Team Evaluation Manager</strong></td>
</tr>
<tr>
<td></td>
<td>- Expert Post Graduate Diploma, Information Architecture and Knowledge Management, Kent University, (2012-ongoing) – Online study</td>
</tr>
</tbody>
</table>
- ERASMUS, Politics and Journalism, University of Bremen, Germany, (1996)
- B.A., Political Sciences, UNED, Spain, (1996-1998)

Currently based in Egypt and with more than 17 years of professional experience mostly spent with the International Organization of Migration working on policy reform; monitoring and evaluation; information and knowledge management; humanitarian emergency responses; communication and advocacy. She has accumulated excellent record in 1) stakeholders assessment, 2) partnership and networks modeling, 3) operational and procedures management, 4) strategic planning, 5) baseline and situational assessment, 6) documenting lessons learned, success stories and case studies, and 7) mainstreaming gender focus in emergency development programmes. Her work experience includes capacity building efforts and the establishment and management of training programmes as a mean to share and transfer information and knowledge with others. Information and data management experiences include relevant operations management, warehousing tracking distribution and registration as well as other profiling services including surveys, needs assessments and mapping. Her last evaluation experience was to prepare the final evaluation report assessing the overall performance and sustainability of Save the Children US, Youth Ambitious Programme targeting 11-15 years young children, throughout Menya governorate. The project activities have been assessed against relevance, effectiveness, cost efficiency, impact and sustainability. Recommendations including scaling up the project at provincial and national levels.

| PROGRAM: |
| 1) CHILD PROTECTION |
| Nihad Rahed, Evaluation Specialist Child Protection program |
- Program Management, Strategic Thinking, Gender Analysis & Results, Financial Management, and Grants Operation & Management
- Management Concepts Institute, Inc. Virginia
- Board Member of the “Council of 20” for social and economic development; 2008
- Board Member of the “Media and Civil Society NGO”; 2004

Mrs Rahed has 20 year-experience in working with international organizations, where 8 in project management, including NGO sector support, public sector support and in private sector support. She holds an extensive experience in designing, planning, and managing programs in strengthening the capacity of NGOs and business associations. As well as a long experience in overall granting process including designing Requests for Proposals (RFPs), reviewing biddings for grant, procurement, and budget related issues. Mrs Rahed has been implementing, guiding, and directing research and programs related to civil society participation, policy reform, human rights, including women and children rights.
And she also holds experience in building the capacity of Civil Society Organizations (CSOs) and Non-State Actors (NSA) working in various development issues.

**Dr. Nader Kallini, Evaluation Specialist YCSD & HIV AIDS programmes**

- International Center for Diarrheal Disease Research, Bangladesh (ICDDR, B), 1998
- Post-Doctoral Fellowship in Nutrition, UAB, USA, 1991
- MPH, double major: Maternal & Child Health and International Public Health Sciences; UAB, USA 1986
- MBBCH, BA in Medicine & Surgery, Faculty of Medicine, Egypt 1979

Mr Kallini has more than 30 years of experience in the provision of strategic planning, quantitative and qualitative monitoring and evaluation services related to primary health care, child nutrition, Maternal and Child health, reproductive health, FGM reduction, AIDS prevention awareness, sex education, hygiene practices including water and sanitation services, behavior change as well as other public health issues. He has conducted knowledge, attitudes and practices analysis for several public health communication and advocacy projects including those at most risk of being infect of HIV / AIDS. Worked for projects funded and / or implemented by organizations such as UNICEF, EU, USAID, Terres Des Homme, Swiss Development Fund and Council of Services and Development.

**Ola Mandil, Evaluation Specialist Education**

- BA Social Work Helwan University - Cairo, Egypt (1977)

An experienced development consultant with more than 25 years of professional experience encompassing technical assistance, curricula development, strategic planning, project implementation, proposal development, grants management, research, project evaluation and report writing. Additional experience included planning, designing and delivering training in various fields including capacity building, project design, and strategic planning. Previous professional experience included, but is not limited to, non formal education, democracy and governance, reproductive health and gender as cross cutting issue. Substantial experience in starting up and managing USAID projects in Egypt, as well as other international donor grants. Her professional experience includes fieldwork as well as executive and managerial tasks. She constantly participates in workshops and seminars on both, national and international, in her professional area of work that have contributed to enlarged and update her knowledge in this area.
# Key Staff Subject Areas Qualifications & Skills Matrix

<table>
<thead>
<tr>
<th>NAME</th>
<th>AREAS OF EXPERTISE</th>
<th>CROSS CUTTING THEMES</th>
<th>EVALUATION SKILLS</th>
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<tbody>
<tr>
<td></td>
<td>NUTRITION</td>
<td>ADOLESCENTS DEVELOPMENT</td>
<td>HIV - AIDS</td>
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<tr>
<td>Christian Pivat, Evaluation Team Leader</td>
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<tr>
<td>Rocio Sanz, Local Evaluation Manager</td>
<td>✓</td>
<td>✔</td>
<td>✔</td>
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<tr>
<td>Nihad Rahed, Evaluation Specialist Child Protection program</td>
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<tr>
<td>Nader Kallini, YCSD / HIV AIDS programs</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Ola Mandil, Evaluation Specialist Education</td>
<td>✓</td>
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<td>✓</td>
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</table>
### Annex 5: Agenda of the first National Consultation Seminar

**Venue:** Maadi Hotel  
**Time:** 09:00 AM – 15:00 PM

**Purpose of Seminar:**  
To bring together, and engage, national partners in a participatory process to contribute to improving the quality of the Country Programme Evaluation led by UNICEF.

**Seminar Objectives**

1. Stimulate constructive dialogue amongst national partners about UNICEF Country Programme implementation and evaluation;  
2. Present the evaluation roadmap with roles and timeframes for implementation;  
3. Validate the Country Programme evaluation process.

**Seminar Participants:**

**Government**
- Ministry of International Cooperation  
- Ministry of Health – Primary Health Care Sector (PHC)  
- Ministry of Health – National AIDS Programme (NAP)  
- Ministry of Education  
- National Council for Childhood and Motherhood (NCCM)  
- Egyptian Child Rights Observatory (ENCRO)  
- Directorate of Insurance and Social Affairs in Alexandria

**NGOs**
- Friends of Life  
- Assiut Childhood and Development Association (ACDA), Assiut  
- National Foundation for Family & Community Development (NFFCD), Alexandria  
- Ashaheed Othman Moharram Association, Alexandria  
- Banaty Association, Cairo  
- Egyptian Association for Societal Consolidation  
- Maewa Foundation  
- Egyptian Coalition for Child Rights (ECCR)

**UN Agencies**
- UNDP  
- UNFPA  
- UNAIDS

**Experts and Reference Persons**

1. Experts on children with disabilities, gender and child survival;  
2. Young people;  
3. Consultants (national and international);  
4. UNICEF Staff
<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Description</th>
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<tr>
<td>09:00 – 09:10</td>
<td>Registration</td>
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</table>
| 09:10 – 09:20| CONCEPTUAL FRAMEWORK OF UNICEF COUNTRY PROGRAMME EVALUATION | Welcome/Opening remarks and introduction on Country Programme Evaluation  
*Gillian Wilcox, Deputy Representative, UNICEF ECO*  
Brief on UNICEF Egypt Country Programme  
*Nivine El-Kabbag, M&E Specialist, UNICEF ECO*  
Evaluation methodology framework, scope and steps  
*Christian Privat, Lead Evaluator for CPE*  
Evaluation methodology in the field – collaboration with national partners  
*Rocio Sanz, Beit El-Karma Evaluation Coordinator*  
Questions & Answers                                                                 |
| 10:10 – 10:30| COFFEE BREAK    |                                                                                                                                             |
| 10:30 – 12:00| WORKING GROUPS  | Group one: Young Child Survival and Development & HIV/AIDS  
*Facilitator: Magdi El-Sanady, YCSD Specialist, UNICEF*  
*Reporter: Nader Kellini, YCSD&HIV Evaluator, Beit El-Karma*  
Group two: Child Protection  
*Facilitator: Nadra Zakari, Child Protection Specialist, UNICEF*  
*Reporter: Child Protection Evaluator, Beit El-Karma*  
Group three: Education  
*Facilitator: Inas Hegazi, Education Specialist, UNICEF*  
*Reporter: Ola Mandil, Education Evaluator, Beit El-Karma*  
Presentations of the three Groups and discussion                                                                 |
| 12:00 – 12:40| COFFEE BREAK    |                                                                                                                                             |
| 12:40 – 01:00| WORKING GROUPS  | Same Facilitators and Reporters of Session (2)  
Presentations of the three groups and discussion                                                                 |
| 03:00 – 03:45| LUNCH          |                                                                                                                                             |
Annex 6: List of references and background documentation

The Country Programme Evaluation was guided by the Terms of Reference:

- TOR ECO CPE TOR FINAL (1 September 2012)
- Questions in Arabic (Nader Kellini)

In terms of documentation, the evaluation process was guided by the following guidance documents (related to CPEs, equity or more generic):

- Country Programme Evaluation: Methodology and guidance development, Updated Progress Report, 30 April 2005
- How to Design and Manage Equity-focused Evaluations, UNICEF (especially Sections 4, 5 and 7)
- Evaluation for Equitable Development Results, UNICEF (in particular Part 2)
- How to Design, Implement and Use Equity-focused Evaluations, Webinar, 4 October 2011
- Country Programme Evaluation in an Era of Change, Ted Freeman, January 2005
- Outcome-Level Evaluation, A companion Guide to the Handbook on Planning and Evaluating for Development Results, for Programme Units and Evaluators, UNDP, 2011 (especially Sections 5, 6 & 7)
- Handbook on Planning and Evaluating for Development Results, UNDP, 2009 (especially Chapter 7)
- UNEG norms and standards for Evaluation
- UNICEF Evaluation Policy and guidelines
- Equity-focused M&E, UNICEF, PowerPoint presentation, Beirut, MENAEval Partners, 10 July 2012
- Equity Marker, Tracking resource allocation and expenditure for gender equality results (UNICEF, 2011)
- UNICEF Evaluation New Trends

The evaluation also built upon some similar exercises undertaken in other countries, such as other Country Programme Evaluations (CPEs), Strategic Moments of Reflection (SMRs), Programme Performance Assessments (PPAs), and Country-Led Evaluations (CLEs), in particular:

- Afghanistan CPE 2005
- Morocco CPE 2004
- Philippines CPE 2010
- Bangladesh CPE 2011
- Strategic Positioning in India 2011
- Strategic Moment of Reflection in Ghana 2008 and Malawi 2009
- Programme Performance Assessments in Turkey, Costa Rica and Malaysia, 2008-2010
- Study on the transformation of UNICEF engagement in three Middle Income Countries in the MENA region: Jordan, Algeria, Tunisia, 2010
Country-led evaluation in South Africa (UNEG-South Africa), 2009

Key sources for the evaluation were the UNICEF Egypt information sources:

- Country Programme Action Plan (CPAP)
- CPAP MATRIX Revised Programmes (September 2009)
- CPAP MATRIX original (April 2007)
- Mid-Term Review 2009
- Mid-Year Reviews (from 2010 to 2012)
- Annual reports (from 2007 to 2012)
- CPE Results Framework 2010, 2011 and 2012 (evaluated programmes and programme components)
- Programme & budget documents (Five-year plan, AWPs 2007-2012, annual reports 2007-2012)
- HIV-AIDS projects, partners and budgets
- EDUCATION projects, partners and budgets
- YSCD projects, partners and budgets
- Relevant existing studies, surveys and evaluations, relevant to the areas covered by the evaluation, as well as others dealing with other areas, such as the following:
  - Investing in Egypt’s Children: A 10 point agenda for action (prepared by former UNICEF Representative Erma Manoncourt, 2010)
  - Child Poverty and Disparities
  - Multidimensional Child Poverty in Egypt’s Slums and Unplanned Areas
  - Rapid Assessment of Health and Nutrition Situation in selected Urban Areas in Cairo Governorate
  - Inclusive Practices in Mainstream Schools in Egypt: A preliminary Evaluation, Mahmoud Mohamed Emam, Lecturer of Special Education, Assiut University, Faculty of Education, 2011
  - Out of School Children
  - Mapping of Child Protection System and Services
  - Mapping of Child and Youth Participation in Egypt
  - Study on HIV/AIDS ‘Stigma Index’
  - Post-assessment and Lessons Learnt of NCW-UNICEF Initiative
  - The Situation Analysis of Children in Egypt (2011)
  - Survey of young people in Egypt (2010)
  - Assessment, 14 NGOs working on street children, Arabic (2008)
  - Female Genital Mutilation Abandonment Program, Evaluation Summary Report, Population Council, April 24, 2008
  - Assessment of Child Care Instructions, Arabic (2008)
  - Food Consumption Pattern among Children under Five in Selected Villages in Upper Egypt, Survey implemented by the National Nutrition Institute / MOH, in collaboration with UNICEF (2010)
  - Reports to and from the Committee on the Rights of Child and the CEDAW Committee, especially the Concluding Observations on the CRC (July 2011), and the Concluding Observations on the Optional Protocol to the CRC on the sale of children, child prostitution and child pornography, the Committee on the Rights of the Child (June 2011).
  - Brief on Equity-Focused Programming, UNICEF Egypt Country Office, September 2011
The evaluation referred to the following specific documents from **UNICEF Egypt per programme or programme components:**

**YSDC**
- The Cost of Delivering Perinatal Care to Mothers and Children in Upper Egypt, 2010
- YCSD - Programme Monitoring Framework – Final, 2011
- YCSD - Results Framework 2012 – 24 July 12
- UNICEF-Egypt Young Child Survival & Development (YCSD), An Overview
- UNICEF-Egypt Young Child Survival & Development (YCSD), Results framework
- Community Based Health Activities (Summary of Achievements 2nd phase September 2009 – August 2011
- UNICEF Strategic Approach in MIC - Six Roles
- ECO_CPAP Matrix_Revised_Programmes Evaluated_Sept2009

**HIV-AIDS**
- List of partners and contacts
- Annual Work plans
- Tackling HIV Prevention, Care and Support: UNICEF Strategies for 2012-2014
- Egypt Programme Profile: HIV and AIDS
- HIV/AIDS - Programme Monitoring Framework - 2011
- HIVAIDS - Results Framework 2012 – 4 July 12
- AWP 2012 Signed
- AWP HIV AIDS 08-09 for NAP Mar 30, Final signed version
- HIV 2010-11 AWP for signature
- HIVAIDS Workplan 2007
- Best Practices Case Studies:
- Best Practice HBC for MDG 6 Report, 2010
- UNICEF, HBC, Article, 1007
- UNICEFSTreet Children, Article, 1507
- Final Project Reports:
- Caritas PLHIV Project Final 2007 2008 (GIPA)
- Caritas PLHIV Project Final Report 2009 2010 (GIPA)
- Street Children 2011 Starwood Final Report
- USAID SMART Project Final Donor Report FINAL
- Mid-Term Review 2009:
- Egypt HIV Presentation FINAL
- HIV AIDS Background Paper and Main Outcomes
- National Strategic Plans HIV:
- Egypt - HIV Strategic Framework
- NSP 2007
- UNICEF Strategic Plan:
- HIV Prevention Strategy 2012 -2014
- HIV Strategy 2012-2014
- Other Documents:
- HIVAIDS - Results Framework 2012 - 4July12
- Consolidated Annual Reports HIV and ADAP 2007 thru 2011
- Egypt - Situation - Response and Gap analysis 2010
Executive Summary Clinical Care Assessment
HIV AWP Results Framework 2010-2011 24MAR10
HIV CPAP Matrix, Revised 2009 HIV Comments
HIV CPAP Matrix, Revised 2009
HIV Project List
Mid Year Review HIV 2012
Street Children and Staff FGDs Feb 2012
Street Children Behavioural Surveillance Survey Short Report
United Nations Joint Programme of Support on HIV10-11

CHILD PROTECTION
- Compiled annual reports 2007-2011
- Results matrix
- List of partners and contacts
- Projects, partners and budgets
- Strategic view of UNICEF Child Protection MRT-2009
- Street Young Mothers - Hope Village Society. Annex 1: Programme Cooperation Agreement with HVS
- NGO Capacity Assessment Report 2008 (Arabic)
- Research paper: Child Care Association in Cairo and Alexandria, 2008 (Arabic)
- FGM Q&A booklet (Arabic)
- Medical team guidance to deal with FGM issue (Booklets 1 and 2) (Arabic)
- Child Protection Service providers directory flyers (Arabic)
- Rapid assessment of street children conduct during the revolution (Arabic)
- Briefing paper on the section prepared by Nadra Zaky (English)
- Briefing paper prepared by Nihar Gohar (English)
- Monitoring report by EC (received from Rafiek) (English)

EDUCATION
- Good practice - School Improvement
- School Improvement planning project - 2007
- School improvement planning project (2008-2009)
- Programme Cooperation Agreement
- National Strategic Plan and Pre-University Education Reform in Egypt
- Inclusive practices in Mainstreaming Schools in Egypt
- Programme Cooperation Agreement between UNICEF and Mirs Al-Mahrous Balady

The evaluation referred to the following national information sources:

- GOE Strategic objectives – 2009
- National Development Plan
- Poverty Reduction Strategic Plans
- Sectoral national documents relevant to issues evaluated
- Egypt’s Progress towards Achieving the Millennium Development Goals, Cairo, Ministry of Economic Development, 2010
- Analysis of Nutritional Situation in Egypt
- Egyptian Demographic and Health Survey, 2008
- Survey on Young People in Egypt, 2010

Other sources for the evaluation included UNICEF corporate documents:
Mid-term Strategic Plan (MTSP)
Sectorial policies relevant to issues evaluated, as well as cross-cutting strategies
Global Evaluation of the Application of a Human Rights-Based Approach to UNICEF Programming
UNICEF’s Strategic Approach in Middle Income Countries, Six Core Roles, A discussion Note, 13 January 2010
Policy on Gender Equality and Empowerment of Girls and Women: Commitment to a Gender Equal Future
Strategic Planning exercise for Gender Equality and Women Empowerment (external fact-finding exercise), UNICEF, MENA Regional Office, 2009
Knowledge in Action, Emerging Experiences in Child-focuses Social and Economic policy

Other information sources for the evaluation included generic documents on UN Reform:

- QCPR surveys (Governments, UN Country Teams, CSOs)
- Delivering as One Independent Evaluation.

Complementary information sources included documents produced on UN Reform and interagency coordination and cooperation in Egypt:

- UNDAF Situation Analysis Report
- UNDAF - 2012-2016
- UNDAF Mid-Term Review 2010
- UNDAF framework for 2012-2016 (2011)
- Resident Coordinator Annual Reports 2007-2011
Annex 7: Interview Guide with generic questions and questions for programme components

The evaluation criteria and key generic questions were developed by UNICEF Egypt for the TORs, and subsequently fine-tuned with the lead consultant. The specific questions were developed by the national consultants for the inception report, and are meant to be an additional reference for the field work and interviews. The specific questions are not meant to substitute the key generic questions, but rather to complement them.

<table>
<thead>
<tr>
<th>EVALUATION CRITERIA</th>
<th>KEY GENERIC QUESTIONS</th>
<th>SPECIFIC QUESTIONS FOR YCSD COMPONENT</th>
<th>SPECIFIC QUESTIONS FOR HIV-AIDS COMPONENT</th>
<th>SPECIFIC QUESTIONS FOR EDUCATION COMPONENT</th>
<th>SPECIFIC QUESTIONS FOR CHILD PROTECTION COMPONENT</th>
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</thead>
<tbody>
<tr>
<td>Relevance and Appropriateness</td>
<td>1) How compatible was the Country Programme (CP) with national priorities, and with policies and strategies of the Government of Egypt?</td>
<td>1) How compatible was the Country Programme (CP) with national priorities, and with policies and strategies of the Government of Egypt regarding health and nutrition needs?</td>
<td>1) How compatible was the Country Programme (CP) with national priorities, and with policies and strategies of the Government of Egypt regarding HIV/AIDS needs?</td>
<td>1) How compatible was the school accreditation and the special classes with national priorities?</td>
<td>1) Did the programme and interventions respond to national priorities and needs, strategies, and policies for child protection (CP)?</td>
</tr>
<tr>
<td></td>
<td>2) Were the CP interventions relevant from the point of view of the beneficiaries?</td>
<td>2) Were the CP interventions relevant from the point of view of the beneficiaries’ specially mothers and children?</td>
<td>2) Were the CP interventions relevant from the point of view of the beneficiaries, specially mothers and children?</td>
<td>2) Were the two interventions relevant to the national plan?</td>
<td>2) Did the CP interventions help in establishing a mechanism for CPC and child protection against violence?</td>
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<td></td>
<td>3) How adequate and comprehensive is the knowledge of the situation of children and women?</td>
<td>3) How adequate and comprehensive was the knowledge of the situation of children and women?</td>
<td>3) How adequate and comprehensive was the knowledge of the situation of children and women?</td>
<td>3) Do the accreditation and special classes address children’s rights? How?</td>
<td>3) Did the knowledge and the information sharing system support the GoE plans?</td>
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<td></td>
<td>4) Does the CP address major causes for the non-realization of children’s and women’s rights?</td>
<td>4) Did the CP address major causes for the non-realization of children’s and women’s rights in health and nutrition?</td>
<td>4) Did the CP address major causes for the non-realization of children’s and women’s rights in health and nutrition?</td>
<td>4) Do you think the accreditation and special classes are still relevant after the revolution?</td>
<td>4) How future interventions could address the causes of children’s rights violations within the current volatile environment, and further?</td>
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<td></td>
<td>5) Is the current CP still relevant given the volatile environment the country is passing through? What are the newly emerging issues? What could make the coming CP more in tune with current challenges and these emerging issues?</td>
<td>5) Was the current CP still</td>
<td>5) Was the current CP still</td>
<td>5) Was the current CP still</td>
<td>5) Are there any emerging issues?</td>
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### Design, focus and ownership

<table>
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<tr>
<th>Evaluation Criteria</th>
<th>Key Generic Questions</th>
<th>Specific Questions for YCSD Component</th>
<th>Specific Questions for HIV-AIDS Component</th>
<th>Specific Questions for Education Component</th>
<th>Specific Questions for Child Protection Component</th>
</tr>
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<tbody>
<tr>
<td>7)</td>
<td>Is the country programme relevant to the broader human rights framework (CRC / CEDAW)?</td>
<td>relevant in this transition phase?</td>
<td>relevant in this transition phase?</td>
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<td>6) What are the newly emerging issues that need attention in the next programme?</td>
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<td>7) Did the current Programme address the Millennium Development Goals, the organizational priorities of the MTSP, CCCs, and the World Fit for Children agenda?</td>
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<td>8) Was the CP relevant to the broader human rights framework (CRC / CEDAW)?</td>
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<tr>
<td>1)</td>
<td>Is the design of the CP (2007-2011) focused enough to respond to current needs of women and children or is it dispersed and spread too thin?</td>
<td>Did the design of the CP (2007-2011) take in consideration current health and nutrition needs of women and children?</td>
<td>Did the design of the CP (2007-2011) take in consideration current HIV/AIDS needs of women and children?</td>
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<tr>
<td>2)</td>
<td>Are the targets set up for the CP realistic or too ambitious?</td>
<td>Were the targets set up for the YCSD programme realistic?</td>
<td>Were the targets set up for the HIV/AIDS programme realistic?</td>
<td></td>
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<tr>
<td>3)</td>
<td>How SMART (specific, measurable, achievable, relevant and time-bound) are the objectives, results and indicators? Are the expected results (“outputs”) well defined, and does the CP expected outcomes reflect institutional and behavioural changes?</td>
<td>How SMART were the objectives, results and indicators of the programme?</td>
<td>How SMART were the objectives, results and indicators of the programme?</td>
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<tr>
<td>4)</td>
<td>In the design, do national capacity buildings interventions</td>
<td>Did the national capacity</td>
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</table>

1) Did the design of the programme and its results focus on the specific targeted causes of child protection (street children, children at risk, and violence against children)?

2) Were the expected results realistic and measurable and did they reflect institutional and behavioural changes (through capacity building or technical assistance in the planning of the intervention)?

3) Did Masr-Elmahrosa NGO participate in the planning of the intervention even though it joined at the latter stage? And MoE, Idara’s, school board of 

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<table>
<thead>
<tr>
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<th>SPECIFIC QUESTIONS FOR CHILD PROTECTION COMPONENT</th>
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<tr>
<td>buildings interventions respond to gaps? Was the CP based on capacity assessments?</td>
<td>buildings interventions responded to gaps?</td>
<td>respond to gaps?</td>
<td>trustees and students?</td>
<td>assistance)?</td>
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<tr>
<td>5) How are the dimensions of reducing disparities and the HRBA addressed in the design of the CP?</td>
<td>5) Were the national capacity buildings interventions based on capacity assessments?</td>
<td>4) On the Idara level, can you ensure continuation of the accreditation and expand the special classes?</td>
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<tr>
<td>6) Did partner country stakeholders participate in the planning of the intervention to ensure local engagement from the start?</td>
<td>6) Which national partners were NOT included in a planned progressive ownership of projects and programmes?</td>
<td>7) Were the efforts for reducing disparities and as the HRBA addressed in the design of the CP in a proper and effective way?</td>
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<tr>
<td>7) Did the CP evolve towards a progressive ownership of projects and programmes by the national partners (Government, NGOs, religious leaders, other CS actors)? Is there local ownership at the decentralized level?</td>
<td>7) Were the efforts for reducing disparities and as the HRBA addressed in the design of the CP in a proper and effective way?</td>
<td>8) Did the partners and country stakeholders participate in the planning of the intervention to ensure local engagement from the start?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8) Did the partners and country stakeholders participate in the planning of the intervention to ensure local engagement from the start?</td>
<td>8) Did the partners and country stakeholders participate in the planning of the intervention to ensure local engagement from the start?</td>
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**Effectiveness and impact**

1) To what extent have the agreed objectives been achieved (totally, partially, insufficiently)? What has contributed to their achievement?

2) What were the main factors that contributed to their achievement?

3) In which areas was the programme not so effective?

1) Have the agreed objectives of health and nutrition been achieved?

2) What were the main factors that contributed to their achievement?

3) In which areas was the programme not so effective?

1) Have the agreed objectives of HIV/AIDS been achieved?

2) What were the main factors that contributed to their achievement?

3) In which areas was the programme not so effective?

1) To what extent were UNICEF’s programme objectives achieved?

2) To what extent does the CB programme contributed to strengthening the MoE and its Idara and schools?

1) To what extent were the children protection objectives achieved?

2) How much achievements are the result of direct intervention from UNICEF, and what is due to other
<table>
<thead>
<tr>
<th>EVALUATION CRITERIA</th>
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<td></td>
<td>8) To what extent does the intervention contribute to capacity development and the strengthening of institutions?</td>
<td>effective?</td>
<td>Did the programme contribute to capacity development and the strengthening of institutions effectively in health and nutrition?</td>
<td>Did the CP contribute to capacity development and the strengthening of institutions effectively in HIV-Aids?</td>
<td>What do you see the most positive changes happened in the schools system after UNICEF’s interventions?</td>
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<td>9) To what extent are the achieved outcomes the result of UNICEF’s intervention rather than external factors?</td>
<td>4) Did the programme contribute to capacity development and the strengthening of institutions effectively in health and nutrition?</td>
<td>5) Are the achieved outcomes the result of UNICEF’s intervention rather than external factors?</td>
<td>6) Were the main results of CP achieved effectively?</td>
<td>4) Do you see any major changes on the students, families and Idara’s attitudes towards the school system?</td>
</tr>
<tr>
<td></td>
<td>10) How have the major changes from the last two years influence the ability to achieve results in different programme areas?</td>
<td>7) Did the changes introduced during the last two years influence the ability to achieve results in YCSD?</td>
<td>8) Has the CP impacted children’s and women’s lives, through YCSD interventions?</td>
<td>3) What do you see the most positive changes happened in the schools system after UNICEF’s interventions?</td>
<td>3) Is there tangible changes/improvement on protection practices and services regarding CP?</td>
</tr>
<tr>
<td></td>
<td>11) What has been the impact of the CP on children’s and women’s lives, and on other beneficiaries/stakeholders?</td>
<td>1) What do you see the most positive changes happened in the schools system after UNICEF’s interventions?</td>
<td>2) Are the school accreditation and special classes cost effective?</td>
<td>2) Which measures that have been taken during</td>
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<tr>
<td>Efficiency</td>
<td>1) Was the use of resources (human, financial, in-kind) efficient? What measures have been taken during the planning and implementation phase to ensure that resources were efficiently used?</td>
<td>1) Was the use of resources (human, financial, in-kind) efficient to produce cost efficient new health and nutrition modules to be upscaled?</td>
<td>1) Was the use of resources (human, financial, in-kind) efficient to produce cost efficient new HIV/AIDS modules to be upscaled?</td>
<td>1) What are the major quality assurance (QAU) required by the MoE and the QA unit?</td>
<td>1) Was the resources efficiently used and distributed, and was the intervention cost effective?</td>
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<tr>
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<td>2) Were the interventions cost-effective in</td>
<td>2) Which measures that have been taken during</td>
<td>2) Which measures that have been taken during</td>
<td>2) Which is the best way to use UNICEF funds in</td>
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### Evaluation Criteria

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<tr>
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<th>Specific Questions for HIV/AIDS Component</th>
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<tr>
<td>the different programme areas? Could they have been done better, more cheaply or more quickly?</td>
<td>have been taken during the planning and implementation phase to ensure that resources were efficiently used?</td>
<td>the planning and implementation phase to ensure that resources were efficiently used?</td>
<td>efficient? If no, do you have any suggestion for more efficient plan?</td>
<td>protecting street children; children at risk and stop violence against children</td>
</tr>
<tr>
<td>3) Has the Harmonization of Cash Transfers (HACT) been implemented, and has it improved efficiency?</td>
<td>3) Were the YCSD interventions too local and beneficiaries limited?</td>
<td>3) Were the HIV/AIDS interventions too local and beneficiaries limited?</td>
<td>3) Which is the best way to use UNICEF funds in protecting street children, children at risk and stop violence against children</td>
<td></td>
</tr>
<tr>
<td>4) Did UNICEF contribute to, and benefit from common business practices and common services with other UN Agencies?</td>
<td>4) Could the YCSD Interventions have been done better, more cheaply or more quickly?</td>
<td>4) Could the HIV/AIDS Interventions have been done better, more cheaply or more quickly?</td>
<td>4) What can you suggest that child protection can do to improve the coordination?</td>
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<tr>
<td>5) Has the Harmonization of Cash Transfers (HACT) been implemented and has it improved efficiency?</td>
<td>5) Has the Harmonization of Cash Transfers (HACT) been implemented and has it improved efficiency?</td>
<td>5) Has UNICEF contributed to, and benefited from common business practices and common services with other UN Agencies in HIV/AIDS area?</td>
<td>5) How can we achieve greater efficiency in child protection?</td>
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<tr>
<td>6) Has UNICEF contributed to, and benefited from common business practices and common services with other UN Agencies in YCSD area?</td>
<td>6) Has UNICEF contributed to, and benefited from common business practices and common services with other UN Agencies in YCSD area?</td>
<td>6) Has UNICEF contributed to, and benefited from common business practices and common services with other UN Agencies in YCSD area?</td>
<td>6) How can we achieve greater efficiency in child protection?</td>
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### Sustainability

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<tbody>
<tr>
<td>1) Are the country programme interventions sustainable?</td>
<td>1) Are the YCSD interventions sustainable?</td>
<td>1) Are the HIV/AIDS interventions sustainable?</td>
<td>1) Do you think that schools can maintain their accreditation? And how?</td>
</tr>
<tr>
<td>2) Were the stakeholders able and willing to continue activities on their own and keep facilities operational, after UNICEF’s support ended?</td>
<td>2) Is the MOHP able and willing to continue activities on its own, and does it keep facilities operational, after UNICEF’s support ends?</td>
<td>2) Is the MOHP able and willing to continue activities on its own, and does it keep facilities operational, after UNICEF’s support ends?</td>
<td>2) Can the special classes be continued and expanded?</td>
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<tr>
<td>3) Do relevant institutions possess sufficiently strong governance</td>
<td>3) Do the institutions and created structures like CPCs possess sufficient</td>
<td>3) What do you think can</td>
<td>3) What do you think can</td>
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|                     | structures, professional capacity, and willingness to sustain the activities in the future?  
4) Could the risks due to the current instability be mitigated to strengthen sustainability?  
5) Have the current CP interventions a potential for replication at a wider scale? | 3) Has the MOHP& Health Units sufficiently strong governance structures, professional capacity, and willingness to sustain the activities in the future?  
4) Do you think that the risks due to the current instability will affect sustainability negatively, and what can be done?  
5) Have the YCSD interventions potential for replication at a wider scale?  
6) Are the results of YCSD interventions sustainable due to design, community ownership and system support? | 3) Has the MOHP& Health Units sufficiently strong governance structures, professional capacity, and willingness to sustain the activities in the future?  
4) Do you think that the risks due to the current instability will affect sustainability negatively, and what can be done?  
5) Have the HIV/AIDS interventions potential for replication at a wider scale?  
6) Are the results of HIV/AIDS interventions sustainable due to design, community ownership and system support? | cause the school loses its accreditation under the current situation of the country?  
4) Do you think that special classes can negatively be affected due to the situation of the country? | governance and professional capacity to sustain operations?  
3) How could the programme sustain the operation (such as CPC) in the situation of instability?  
4) Is there a potential for replication at a wider scale? |
| Processes and M&E | 1) Is the M&E framework effective? Is it effectively supporting the management and strategic planning of the CP?  
2) Is UNICEF’s work undertaken to strengthen M&E capacities – through networks, knowledge and tools dissemination, and training – effective and has it an impact on M&E systems of national partners and civil society?  
3) Did the CP offer opportunities for | 1) Was the M&E framework effective and effectively supported the management and strategic planning of the YCSD component?  
2) Was UNICEF’s work undertaken to strengthen M&E capacities – through networks, knowledge and tools dissemination, and | 1) Was the M&E framework effective and effectively supported the management and strategic planning of the HIV/AIDS component?  
2) Was UNICEF’s work undertaken to strengthen M&E capacities – through networks, knowledge and tools dissemination, and | 1) Did the CB programme introduced by UNICEF and partner NGO support the MoE, idara and schools? If yes, how? If not, any suggestions for improvements?  
2) Did the CP offer enough opportunities for strong partnership? | 1) Is the M&E framework as settled by the programme effective, efficient, and could help in future plans?  
2) How could the programme use the M&E framework to enhance the collaboration and networking, and |
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<tr>
<td><strong>Mainstreaming of Cross-cutting Issues (HRBAP, CRC, CCC)</strong></td>
<td>stronger partnerships and linkages with other international development partners, civil society, academia, the private sector, etc.?</td>
<td>training – effective and has UNICEF impacted M&amp;E systems of MOHP&amp;HU? 3) Did the YCSD interventions offer opportunities for stronger partnerships and linkages with other international development partners, civil society, academia, the private sector, etc?</td>
<td>training – effective, and has UNICEF impacted M&amp;E systems of MOHP&amp;HU? 3) Did the HIV/AIDS interventions offer opportunities for stronger partnerships and linkages with other international development partners, civil society, academia, the private sector, etc?</td>
<td></td>
<td>advocating for the children protection causes? 3) How could the local partners benefit from the M&amp;E framework in self-assessment, enhance capacities and set future plans?</td>
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<tr>
<td>1) To what extent and in what ways has Human Rights-Based Approach to Programming (HRBAP) been applied in programming? Have key human rights principles (universality and non-discrimination, indivisibility and interdependence of rights, participation, best interest of the child) been reflected in all programming stages?</td>
<td>1) Has the Human Rights-Based Approach to Programming (HRBAP) been applied in all YCSD interventions? 2) Could you provide examples of strengthening capacities of rights-holders and duty bearers in YCSD interventions? 3) How could HRBAP and RBM be strengthened in the coming CP in YCSD component?</td>
<td>1) Has the Human Rights-Based Approach to Programming (HRBAP) been applied in all HIV/AIDS interventions? 2) Could you provide examples of strengthening capacities of rights-holders and duty bearers in HIV/AIDS interventions? 3) How could HRBAP and RBM be strengthened in the coming CP in HIV/AIDS component?</td>
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<td>2) What examples are there for strengthening capacities of rights-holders and duty bearers?</td>
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<td>3) How could HRBAP and RBM be strengthened in the CP?</td>
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<td>4) To what extent did the CP result in a strengthening of: (i) the Government’s policy framework to progressively implement all the articles of the Convention of the Child (CRC); and (i)</td>
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<td>7) In what sense do human rights-based show in the schools, classes and even during breaks? Did the UNICEF school accreditation and special classes support child rights’ agreement?</td>
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<td>1) Is HRBAP as applied in programme for strengthening capacities of rights-holders, and is it suitable and relevant to the local partners (at policy level and field level)?</td>
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<td>2) Were the Core Commitments for Children in Emergencies (CCC) applied in the causes of children protection (like in January 2011)?</td>
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<td>the CRC reporting mechanism?</td>
<td>progressively implement all the articles of the Convention of the Child (CRC) in health rights?</td>
<td>progressively implement all the articles of the Convention of the Child (CRC) in health rights?</td>
<td>5) Did the HIV/AIDS programme benefit from an effective Communication for Development (C4D) strategy, and has this in turn led to improved results?</td>
<td>5) Did the HIV/AIDS programme benefit from an effective Communication for Development (C4D) strategy, and has this in turn led to improved results?</td>
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<td>5) Have the CP components benefited from an effective Communication for Development (C4D) strategy, and has this in turn led to improved results?</td>
<td>6) How have the Core Commitments for Children in Emergencies (CCC) been applied in the CP?</td>
<td></td>
<td>6) Have the Core Commitments for Children in Emergencies (CCC) been applied in the HIV/AIDS interventions of CP?</td>
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<td>6) How have the Core Commitments for Children in Emergencies (CCC) been applied in the YCSD interventions of CP?</td>
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<td></td>
<td>6) Have the Core Commitments for Children in Emergencies (CCC) been applied in the HIV/AIDS interventions of CP?</td>
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<tr>
<td><strong>Gender Focus</strong></td>
<td>1) To what extent is gender equality mainstreaming reflected in all programming stages? To what extent and how does the CP pay special attention to girls and women’s rights?</td>
<td>1) Has the mainstreaming of gender equality been reflected in YCSD, with special attention to girls and women’s rights?</td>
<td>1) Has the mainstreaming of gender equality been reflected in HIV/AIDS, with special attention to girls and women’s rights?</td>
<td>1) Were there any special attention paid to gender equality when designing the school accreditation? If yes, how? If no, Why?</td>
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<td>2) Was the CP supported by, and does it produce gender disaggregated quantitative and qualitative data, and analysis?</td>
<td>2) Has the YCSD programme supported and produced gender disaggregated quantitative and qualitative data and analysis?</td>
<td>2) Has the HIV/AIDS programme supported and produced gender disaggregated quantitative and qualitative data and analysis?</td>
<td>2) Did the programme operations produce gender disaggregated data and best practices?</td>
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<td></td>
<td>3) Does UNICEF CP address adequately the extreme forms of discrimination and exclusion experienced by girls and women in the country?</td>
<td>3) Have the YCSD interventions addressed adequately the extreme</td>
<td>3) Have the HIV-AIDs interventions addressed</td>
<td>3) What measures could help the programme to</td>
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<td>progressive realization of gender equality, and has this in turn led to improved results in other CP areas?</td>
<td>forms of discrimination and exclusion experienced by girls and women in the country?</td>
<td>adequately the extreme forms of discrimination and exclusion experienced by girls and women in the country?</td>
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<td>ensure gender equality in services and policies?</td>
</tr>
<tr>
<td><strong>UN Coherence and Coordination</strong></td>
<td>1) To what extent did the CP derive from the UNDAF (as the strategic framework of the UN as a whole), and how is the current CP integrated in the UNDAF process and implementation? 2) Did UNICEF contribute to, and benefit from (i) the UNDAF thematic groups, and (ii) annual and mid-term review processes? 3) Did UNICEF contribute to, and benefit from joint programming and joint programmes with other UN Agencies? 4) In which areas are there opportunities for joint programmes with other UN agencies?</td>
<td>1) Are the current YCSD interventions coordinated with other UN interventions? 2) Has the YCSD programme contributed to, and benefit from (i) the UNDAF thematic groups, and (ii) annual and mid-term review processes? 3) Has the YCSD programme contributed to, and benefited from joint programming and joint programmes with other UN Agencies? 4) Does the harmony and coordination with other UN agencies needs more work in the future? 5) Has the lack of regular</td>
<td>1) Are the current HIV/AIDS interventions coordinated with other UN interventions? 2) Has the HIV/AIDS programme contributed to, and benefit from (i) the UNDAF thematic groups, and (ii) annual and mid-term review processes? 3) Has the HIV/AIDS programme contributed to, and benefited from joint programming and joint programmes with other UN Agencies? 4) Does the harmony and coordination with other UN agencies needs more work in the future?</td>
<td>1) Did any of the programmes fit into the UNDAF process and implementation? 2) Did the accreditations and special classes benefit from other UN programmes?</td>
<td>1) Was UNDAF the basis or partially used in planning of the CP interventions? 2) In which way you see future working in children protection can benefit from coordinating with UNDAF?</td>
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<td>joint meetings between UN agencies affected coordination negatively?</td>
<td>5) Has the lack of regular joint meetings between UN agencies affected coordination negatively?</td>
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<tr>
<td>The Transition Process</td>
<td>1) How did UNICEF prepare and implement the transitional stage (at policy level, administratively, etc.)?</td>
<td>1) Did the YCSD programme included plans to manage emergencies such as this transition?</td>
<td>1) Did the HIV/AIDS programme include plans to manage emergencies such as this transition?</td>
<td>1) Were the school accreditation and special classes affected by the transition period? How?</td>
<td>1) Did the programme offered during the transition period, and what was expected?</td>
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<td>2) What lessons can be learned from the current transition process for the next Country Programme?</td>
<td>2) Could you provide lessons learned from the current transition process for the next YCSD Programme?</td>
<td>2) Could you provide lessons learned from the current transition process for the next HIV-AIDs Programme?</td>
<td>2) What are the plans and next stages to improve and expand the programme all over the country and/or in other sites?</td>
<td>2) What are the lessons learned from transition period for the future plans?</td>
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<tr>
<td></td>
<td>3) How the Regional Office in MENA and UNICEF Headquarters support the transition in Egypt?</td>
<td>3) Did the Regional Office in MENA and UNICEF Headquarters support the transition in Egypt regarding YCSD needs?</td>
<td>3) Did the Regional Office in MENA and UNICEF Headquarters support the transition in Egypt regarding HIV/AIDS needs?</td>
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<td>4) To what extent has the cooperation between UN agencies been effective in managing the transition process?</td>
<td>4) Has the cooperation between UN agencies been effective in managing the transition process in YCSD programme?</td>
<td>4) Has the cooperation between UN agencies been effective in managing the transition process in HIV/AIDS programme?</td>
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<tr>
<td>Comparative advantage and strategic positioning</td>
<td>1) What are UNICEF’s comparative advantages in the national context?</td>
<td>1) What are UNICEF’s comparative advantages in the national context regarding health and nutrition?</td>
<td>1) What are UNICEF’s comparative advantages in the national context regarding HIV-AIDs interventions?</td>
<td>1) How do the MoE and Partner NGO see the role of UNICEF in Egypt in comparison to other agencies, in relation to the quality assurance</td>
<td>1) What are UNICEF comparative advantages in the national context?</td>
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<td>2) What is the role of the CP? Does it play substitutive, facilitator and / or innovative roles? Are the definition and</td>
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<td>2) What are the main policy advocacy issues</td>
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<td>the assumption of these roles dynamic?</td>
<td>2) How was the role of UNICEF regarding the overall Health and Nutrition interventions?</td>
<td>2) How was the role of UNICEF regarding HIV/AIDS interventions?</td>
<td>2) Are there other programmes that you know of that supports school quality assurance and class integration?</td>
<td>3) Should the programme continue in implementing pilot small-scale projects? Is there an advantage to replicate them at local and/or national levels?</td>
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<td></td>
<td>3) Did the CP help to strategically position UNICEF in the national development context (with national institutions, UN partners, other development partners and NGOs)?</td>
<td>3) How UNICEF’s Health and Nutrition interventions should be in the future?</td>
<td>3) How UNICEF’s HIV/AIDS interventions should be in the future?</td>
<td>3) Did the UNICEF, idara, and MoE gain support from other agencies’ programmes that supported the school accreditation and special classes?</td>
<td>3) Should the programme continue in implementing pilot small-scale projects? Is there an advantage to replicate them at local and/or national levels?</td>
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<td>4) How should UNICEF position itself in Egypt, a Middle Income Country, in the next CP, in response to national needs, changes and emerging issues? In the context of a possible decrease of financial resources, what is the core role of UNICEF?</td>
<td>4) Did the YCSD programme help to strategically position UNICEF in the national development context (with national institutions, UN partners, other development partners and NGOs)?</td>
<td>4) Did the HIV/AIDS programme help to strategically position UNICEF in the national development context (with national institutions, UN partners, other development partners and NGOs)?</td>
<td>5) How do you see the core role of UNICEF in the next CP?</td>
<td>5) How do you see the core role of UNICEF in the next CP?</td>
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<td>5) What are the examples of high level, upstream policy/advocacy work where UNICEF was influential? What is the upstream work that should definitely take place in the next CP? In this context, should UNICEF continue to implement some targeted pilot / small scale projects that have the potential to be replicated by local and national institutions?</td>
<td>5) How do you see the core role of UNICEF in the next CP?</td>
<td>5) How do you see the core role of UNICEF in the next CP?</td>
<td>6) What are the examples of high level, upstream policy/advocacy work where UNICEF was influential regarding YCSD component?</td>
<td>6) What are the examples of high level, upstream policy/advocacy work where UNICEF was influential regarding HIV/AIDS component?</td>
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<td>7) What is the upstream work that should definitely take place in the next CP?</td>
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## Annex 8: Names and titles of interviewees

### UNICEF COUNTRY PROGRAMME EVALUATION – YCSD / HIV-AIDS

#### List of Interviewees

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- **Date**: 16/10/2012
- **Governorate**: Asyut
- **District**: Quossia
- **Village**: Menshaah
- **Group/Title**: Beneficiaries/Pregnant Women Class
- **Research Method**: Focus Group Discussion
- **Subject**: UNICEF CP Assistance

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Group/Title: Beneficiaries/Arab Women Speaks Class
Research Method: Focus Group Discussion
Subject: UNICEF CP Assistance

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Group/Title: Beneficiaries/Lactating Women Class
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Village: Nida
Group/Title: Beneficiaries/Pregnant Women Class
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Subject: UNICEF CP Assistance

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Subject: UNICEF CP Assistance
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Subject: UNICEF CP Assistance

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Research Method: Focus Group Discussion
Subject: UNICEF CP Assistance

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<td>Essmat Mansour</td>
<td>Cairo, MOH</td>
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</tbody>
</table>

**UNICEF COUNTRY PROGRAMME EVALUATION - CHILD PROTECTION**

List of Interviewees

<table>
<thead>
<tr>
<th>ORGANIZATION</th>
<th>NAME</th>
<th>POSITION</th>
<th>PHONE</th>
<th>EMAIL</th>
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</thead>
<tbody>
<tr>
<td>UNICEF</td>
<td>Ms. Nadra Zaki</td>
<td>Child Protection Officer</td>
<td>252 65083</td>
<td><a href="mailto:nzaki@unicef.org">nzaki@unicef.org</a></td>
</tr>
<tr>
<td></td>
<td>Ms. Nihad Gohar</td>
<td></td>
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<td><a href="mailto:ngohar@unicef.org">ngohar@unicef.org</a></td>
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<tr>
<td>Name</td>
<td>Position</td>
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<tr>
<td>Mr. Rafiq Ahmed</td>
<td>Child Protection Officer</td>
<td>252 65083</td>
<td><a href="mailto:mrkhan@unicef.org">mrkhan@unicef.org</a></td>
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<tr>
<td>Mr. Carlos Javier Aguilar</td>
<td>Chief, Child Protection, Adolescent/HIV Aids</td>
<td>252 65083</td>
<td><a href="mailto:ajavier@unicef.org">ajavier@unicef.org</a></td>
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<tr>
<td>Mr. Leonardo Menchini</td>
<td></td>
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<td><a href="mailto:Imenchini@unicef.org">Imenchini@unicef.org</a></td>
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<tr>
<td>Ms. Yasmine Baligh</td>
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<td>252 65083</td>
<td><a href="mailto:ybaligh@unicef.org">ybaligh@unicef.org</a></td>
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<tr>
<td>Ms. Omneya Ragab</td>
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<td>252 65083</td>
<td><a href="mailto:oragab@unicef.org">oragab@unicef.org</a></td>
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<tr>
<td>Ms. Nivine El Kabbag</td>
<td></td>
<td>252 65083</td>
<td><a href="mailto:nelkabbag@unicef.org">nelkabbag@unicef.org</a></td>
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<tr>
<td><strong>Partner Organizations</strong></td>
<td><strong>Project Manager</strong></td>
<td><strong>Phone</strong></td>
<td><strong>Email</strong></td>
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</tr>
<tr>
<td>Assiut Childhood Dev Assn - Assiut</td>
<td>Manal Fawza</td>
<td>088 2400434/5</td>
<td><a href="mailto:manalfawzy_acda@yahoo.com">manalfawzy_acda@yahoo.com</a></td>
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<tr>
<td>Family and Env Dev Assn - Qena</td>
<td>Olfat Abdel Samea</td>
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<tr>
<td>Human Dev Egyptian Assoc - Sohag</td>
<td>Nahed Abdel Mawgoud</td>
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<tr>
<td>Egyptian Assoc for Societal Consolidation</td>
<td>Samah Hussein</td>
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<tr>
<td>National Foundation for Family and Childhood Dev</td>
<td>Alaa Abdel Khalek</td>
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<tr>
<td>Regional Maritime Scouts in Alex</td>
<td>Ahmed El-Khateeb</td>
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<tr>
<td>Banat El Ghad (Banati) Foundation</td>
<td>Ms. Hend Samy</td>
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<thead>
<tr>
<th>Egyptian Association for the Advancement of Childhood Conditions</th>
<th>Mr. Hany Helal</th>
<th>Executive Director</th>
<th>010 01590943</th>
<th><a href="mailto:efacc2009@gmail.com">efacc2009@gmail.com</a></th>
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<tbody>
<tr>
<td>Sidi El-Sammak NGO - Alexandria</td>
<td>Ms. Azza</td>
<td>Executive Director</td>
<td>011 44742222</td>
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<tr>
<td>Sidi Gaber Association - Alexandria</td>
<td>Ms. Shaimaa</td>
<td>Project Coordinator</td>
<td>012 71351735</td>
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**CPCs**

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<thead>
<tr>
<th>Assiut Governorate Committee</th>
<th>Mr. Gamal Adam</th>
<th>Assiut Governorate CPC Coordinator</th>
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<tbody>
<tr>
<td>Alexandria Governorate Committee</td>
<td>Mr. Hafez</td>
<td>Alex Governorate CPC Coordinator</td>
<td>012 23824311</td>
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**Official Key Informants**

<table>
<thead>
<tr>
<th>NCCM</th>
<th>Dr. Moushira Khattab</th>
<th>Ex-Secretary General, NCCM</th>
<th><a href="mailto:moushira@e-khattab.com">moushira@e-khattab.com</a></th>
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<tbody>
<tr>
<td>NCCM</td>
<td>Dr. Nasr El Sayed</td>
<td>Secretary General</td>
<td>010 06826108</td>
</tr>
<tr>
<td>NCCM</td>
<td>Dr. Soumaya El Alfy</td>
<td>Poverty Alleviation Program Coordinator</td>
<td>010 05878603</td>
</tr>
<tr>
<td>NCCM</td>
<td>Ms. Rasha hafez</td>
<td>M&amp;E Officer</td>
<td>010 01010452</td>
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<tr>
<td>NCCM</td>
<td>Mr. Nasser Mossallam</td>
<td>Head of Planning Department</td>
<td>010 05296964</td>
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<tr>
<th>Ministry of Social Affairs (MISA)</th>
<th>Dr. Aisha Abdel Rahman</th>
<th>Head of Department of Social Affairs for Women &amp; Children</th>
<th>012 24445545</th>
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<tr>
<td>National Population Council</td>
<td>Dr. Mona Amin</td>
<td>FGM/C programme</td>
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<tr>
<td>National Population Council</td>
<td>Ms. Vivian fouad</td>
<td>FGM/C programme</td>
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</table>

**Field Coordinators**

<p>| Alexandria | Ms. Madiha Salem | Field Coordinator Alex | 012 23769337 |</p>
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<tr>
<th>Location</th>
<th>Name</th>
<th>Position</th>
<th>Phone</th>
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<tbody>
<tr>
<td>Alexandria</td>
<td>Mr. Hassan El Soury</td>
<td>Field Coordinator Alex</td>
<td>012 27166516</td>
</tr>
<tr>
<td>Cairo</td>
<td>Ms. Irini</td>
<td>Field Coordinator - Street Children</td>
<td>012 27254677</td>
</tr>
<tr>
<td><strong>Database Specialists</strong></td>
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</tr>
<tr>
<td>Cairo</td>
<td>Mr. Michael Samir</td>
<td>Database Specialist - Street Children</td>
<td>012 27525495</td>
</tr>
<tr>
<td>Alexandria and Upper Egypt</td>
<td>Mr. Ahmed Zein</td>
<td>Database Specialist - Alexandria and Upper Egypt</td>
<td>010 00160438</td>
</tr>
</tbody>
</table>
UNICEF COUNTRY PROGRAMME EVALUATION - EDUCATION
List of Interviewees

1- Focus Group Discussion
Location: MOE premises- Mr Sayed Salem Office Date: October/3/2012
- Mr. Mansour Shaaban Supervisor for the Quality Assurance office/ MOE- Male (M)
- Mr. Sayed Salem International cooperation office? MOE- M
- Dr. Ahmed Hashesh Director of information for Quality assurance? MOE- M
- Dr. Nour Henry Special Education office/ MOE- M

2- In depth interview
Location: NGO premises Date: October/8/2012
- Mr. Emad Rabeeh/ M
- Mr. Nader Salah/ Executive Director / Masr El Mahrous NGO- M

3- Focus Group Discussions and class Observation
Location: Sanan Primary School/ Zaytoon/ Cairo Date: October/22/2012
1st Group Discussion /Teachers and Social workers
- Hoda Atef/ Social worker- Female (F)
- Inas Mostafa/ Special Education Teacher Assistant- F
- Sara Abdel- Rahman/ Special Education Teacher Assistant- F
- Mr. Abdalah / School Director- M
2nd Group Discussion/ Idara and Mudyria Representatives/ Zaytoun
- Mrs. Afaf Akl- Director of special education Zaytoun Mudyria- M
- Magda El- Sayed El- Zeyni- Education Programs director Zaytoun Mudyria-F
- Nefesa Hashem- Special Education Director Zaytoun Idara- F
- Safaa Abdel Hafeez- Special education unit president Zaytoun Idara-F
- Laila Fawzy Ahmed- - Special education unit president Zaytoun Idara- F
- Hana Muhareb- Minister of Education office representative-F
3rd Class Observation: Observed and communicated with 4 students in the integration class in Sanan primary school in Zaytoun