

**COUNTRY PROGRAMME EVALUATION
MAURITIUS
1996-2000**

November 2002

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GLOSSARY

ABP	Area-Based Programme
AHB	Adolescent Healthy Behaviour (project)
AHC	Area Health Centres
AIDS	Acquired Immunity Deficiency Syndrome
ANC	Ante Natal Care
APP	Adolescent Protection and Participation
ARI	Acute Respiratory Infections
BEFA	Basic Education for Adolescents
CCA	Common Country Assessment
CEDAW	Convention on the Elimination of all Forms of Discrimination against Women
CEDEM	Centre d'Education et de Développement des Enfants Mauriciens
CHW	Community Health Worker
CIT	Countries in Transition
CP	Country Programme of Cooperation
CPE	Comprehensive Primary Examination
CPR	Country Programme Recommendation
CRC	Convention on the Rights of the Child
CRFUWSC	Country Report on the Follow-up on the World Summit for Children
CRPR	Child Rights Promotion and Realisation (project)
CSO	Central Statistics Office
DCDM	De Chazal du Mée
DFAM	Division of Financial and Administrative Management
ECCD	Early Childhood Care and Development
ECD	Early Childhood Development
EDEV	Education for Development
ESARO	Eastern and Southern Africa Regional Office
GNP	Gross National Product
GOM	Government of Mauritius
HIV	Human Immune-Deficiency Virus
HQ	Headquarters
IEC	Information, Education and Communication
IMEP	Integrated Monitoring and Evaluation Plan
IMR	Infant Mortality Rates
JSC	Joint Steering Committee (GOM – UNICEF)
LBW	Low Birth Weight
MACOSS	Mauritius Council of Social Service
M&E	Monitoring and Evaluation
MCH	Mother and Child Health
MEDFSCA	Ministry of Economic Development, Financial Services and Corporate Affairs
MEDRC	Ministry of Economic Development and Regional Cooperation
MEPD	Ministry of Economic Planning and Development
MES	Mauritius Examination Syndicate
MESR	Ministry of Education and Scientific Research
MIE	Mauritius Institute of Education
MIH	Mauritius Institute of Health
MMR	Maternal Mortality Rate
MOE	Ministry of Education
MOH	Ministry of Health

MPO	Master Plan of Operations
MTR	Mid-Term Review
MWRCDFW	Ministry of Women's Rights, Child Development and Family Welfare
MYS	Ministry of Youth and Sports
NATCOM	National Committee for UNICEF
NCC	National Children's Council
NCD	Non-communicable diseases
NESCB	National Economic and Social Council
NGO	Non-governmental Organisation
NPA	National Plan for Action
OMEP	Organisation Mondiale de L'Education Préscolaire
OR	Other Resources
p.a.	Per annum (per year)
PBA	Programme Budget Allocation
PGQA	Programme Guidance and Quality Assurance
PHC	Primary Health Care
PL	Port Louis
PMO	Prime Minister's Office
PNC	Past-natal Care
PPO	Programme Plan of Operations
RADO	Information and Counselling Services for Out of School Adolescents
RBP	Rights-Based Programming
RESEAU	Basic Education and Life Skills for Out of School Adolescents
RHT	Regional Health Team
RO	Regional Office
RR	Regular Resources
S&E	Supply and Equipment
SMART	Specific, Measurable, Attainable, Relevant, Time-Bound
SPDAM	Social Policy Development, Advocacy and Monitoring
SSW	Social Security and Welfare
STD	Sexually Transmitted Diseases
TOR	Terms of Reference
U5MR	Under Five Mortality Rate
UN	United Nations
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
US\$	United States Dollar
WB	World Bank
WHO	World Health Organisation
WID	Women in Development
WSC	World Summit for Children
YMCA	Young Men's Christian Association

PREFACE

The present report is the result of the Evaluation of the Country Programme of Mauritius (1996-2000) jointly managed jointly by the Evaluation Office from New York Headquarters and the Mauritius Country Office in consultation with the Ministry of Economic Development, Financial Services and Corporate Affairs.

An evaluation team composed of an international consultant and three national experts conducted the evaluation between September and December 2001. Preliminary results of the evaluation were discussed with national partners during a participatory workshop organised on 05-06 December 2001. In addition to the 32 national participants coming from the government, civil society and private sector, the UNICEF Area Representative based in Madagascar attended the meeting as well as representatives of the Headquarter Evaluation Office and Programme Division, the team of evaluators and UNICEF Port Louis Programme Officers.

I would like to recognise and thank all involved in the evaluation for their tremendous contributions. Former UNICEF senior staff member Ms. R. Padmini has been the chief evaluator and main author of the report. She should be thanked for her team leadership and analytical capacities. Ms. Medha Moti, Mr. Vinaye Anacharaz and Ms. Mary Francois were members of the evaluation team. Their experience and knowledge of local conditions were essential to the quality of the evaluation. Each of them drafted some parts of the report. Mr. Lucien Back, Senior Programme Officer from NYHQ Evaluation Office played a key role. He designed key questions for the TOR, guided and advised all steps of the process, supervised and substantially contributed to the final report writing.

Governmental and non-governmental partners in Mauritius actively supported the evaluation. Special thanks are due to Mr. G. Wong So, Mr. Ujoodha and Mr. S. Govinda of the Ministry of Economic Development, Ms. Nathalie Andrée, Ministry of Women's Rights, Child Development and Family Welfare, as well as to Mrs. Rita Venkatasamy, CEDEM.

Mr. Detlef Palm, Senior Programme Officer at the Programme Guidance and Quality Assurance (PGQA) Section at New York Headquarters, participated in the workshop in December 2001. Mr. Richard Morgan, Chief of the PGQA Section in New York, with support from Mr. Detlef Palm, contributed valuable comments on draft versions of the report. Mr. Mahesh Patel, Regional Project Officer Monitoring and Evaluation at the Eastern and Southern Africa Regional Office (ESARO) gave valuable advice at the beginning of the evaluation. Mr. Lakshmi Narasimhan Balaji, Regional Planning Officer in ESARO, commented on the final draft of the report. All these contributions are gratefully acknowledged.

I would like to also thank Mr Sergio Soro, Area Representative of UNICEF based in Antananarivo (Madagascar) for his support to the exercise. Mr. Stanislas Czaplicki, Assistant Representative in Mauritius, played a very active role in coordination and management of the evaluation process. Mr. Fockseng Hotunam and Ms Mariam Gopaul, Assistant Programme Officers, also devoted much time and energy to the evaluation. The evaluation would not have been possible without their valuable insights and generous sharing of information.

Jean Serge Quesnel
Director Evaluation Office
New York Headquarters

New York, October 2002

COMMENTS FROM THE MAURITIUS COUNTRY OFFICE

Since its independence in 1968, Mauritius has achieved an exceptional and sustained economic development. Thanks to an economic growth rate averaging six percent over the past twenty years, Mauritius has become a middle income country. The country now faces a series of new challenges and responsibilities. Economic growth based on the sugar industry, free zone textile manufacturing, tourism and financial services is currently being broadened and adjusted with development of a new Information Technology sector. It is particularly noteworthy that Mauritius has combined rapid economic growth with exemplary social achievements: elimination of malaria and polio, universal access to primary health care, to safe water and to primary education. The Infant Mortality Rate decreased to 14.3/1000 in 2001. All Mauritian children have access to school until the age of 12.

The 1997/P/L.17 Decision of the Executive Board of UNICEF that modified the allocation of general (regular) resources for programmes had important consequences for the cooperation between UNICEF and Mauritius. The country had reached the combined threshold of GNP per capita above US\$ 2,895 and an U5MR of less than 30 per 1,000 live births as early as during the 1990s. The 2001-2003 Country Programme Recommendation for Mauritius approved by the UNICEF Executive Board in 2000 describes the new UNICEF Country Programme for Mauritius as a “*transitional programme leading to the end of a full-fledged programme of co-operation*”. As a middle-income country, Mauritius had entered, in UNICEF parlance into the category of *countries in transition*. In this capacity, Mauritius would receive a reduced level of programme funding (US\$ 1.5 million) over a period of three years (2001-2003). Upon completion of this transition phase, there would be no more *full-fledged programme of cooperation*.

The Evaluation of the Country Programme was launched in 2001 not only to account for performance and achievements between 1996 and 2000, but also with the expectation that the exercise would yield lessons that might guide the transition process and the modified UNICEF presence in Mauritius after the end of the full-fledged programme. The evaluation would empower national partners and support strategic decision-making. The learning process that is intrinsically linked to evaluation was found to be particularly important, since UNICEF has limited experience with such transition processes. Apart from being useful in and for Mauritius, the evaluation was also expected to provide learning on what ways the pioneering effort of Mauritius could serve as an example for the approximately 30 other countries in the world that will soon be falling into the category of transition countries.

In many ways, the evaluation *process* proved to be as important as the evaluation *product*, i.e. the present report. The evaluation was jointly coordinated by the Country Office and the Evaluation Office at New York Headquarters and carried out by a team of one international consultant (a former senior staff member of UNICEF) and several national consultants. The evaluators engaged both national partners and UNICEF in several learning events, the most important of which was a workshop organised in December 2001. The workshop benefited from the presence of high ranking representatives of the Government of Mauritius, (who renewed their commitment to the welfare of children), of advocates for children’s rights from the non-governmental and private sectors as well as of the UNICEF Area Representative for Mauritius based in Madagascar. UNICEF Headquarters supported the workshop by making experts in evaluation management and programme guidance and quality assurance available. The workshop resulted in several new insights into the dynamics of the transition process and the challenges for the future.

The Government of Mauritius and civil society institutions accept the end of the full-fledged cooperation with UNICEF with deep regrets. *Mauritius is a victim of its own success* – is a commonly heard statement. On the other hand, transition is seen as an opportunity for the country to renew its commitment to children. There is a need to continuously monitor the respect and fulfilment of children's rights. A comprehensive national policy based on a commonly shared vision for children and an analysis of the situation of children are being prepared. Renewed commitment means the revival of appropriate institutions and the creation of new strategic alliances. There are plans for the creation of the position of Ombudsman for Children. Civil society, NGO's and the private sector are also preparing major new initiatives. Most importantly, the Government plans to reform the National Council for Children (NCC) that is in charge of the co-ordination of activities for children with public, private sector and civil society and also ensuring the monitoring of children rights. There is a remaining challenge to turn the NCC into a strong institution, where Government, civil society and private sector work harmoniously and effectively work hand in hand.

It is important that functions that have so far benefited from direct UNICEF support will be ensured on a continuous basis. One of the lessons inspired by evaluation is about the need for continuity of the process. The brunt of responsibility concerning transition and post-transition is with national partners. As the evaluation rightly points out, the end of the UNICEF supported Programme of Co-operation does not mean that children's problems are all solved. The wealth and availability of resources does not prevent children's rights from being violated. Rapid development of Mauritius has brought along problems for the most vulnerable members of society and especially insufficient child protection remains an unfinished business. Pockets of poverty, child and women abuse, sexual exploitation, increasing drug and alcohol dependency of youth, exclusion of disabled are some of the most pressing problems that need to be addressed. The existing services in support of children in need of protection are not yet inadequate. There is a scarcity of trained personnel in the area of social work, counselling, rehabilitation, and child psychology. There is a need for better co-ordination between Government, non-governmental organisations, civil society and the private sector. In the long term, this may eventually lead to the creation of a UNICEF National Committee with its functions of advocacy and fundraising.

In the mean time, it is important to explore the role that UNICEF can usefully play upon completion of the last full-fledged Country Programme. The official position of the Government was expressed in the speech made by the Prime Minister of Mauritius to the United Nations General Assembly Special Session on Children on 9 May 2002: *'Our thanks also go to the UNICEF for its valuable support to projects aimed at improving the welfare of children in general. UNICEF has maintained an active presence in Mauritius over the past three decades. Its expertise has been crucial in implementing Government programmes targeted at children. We intend to explore new avenues of co-operation between this UN agency and Mauritius once we will no longer qualify for direct assistance in view of our per capita income.'* (emphasis mine).

The evaluation report presents five options for transition and post-transition, which are said to be complementary rather than mutually exclusive: a) strengthening of national institutions and especially of the National Children's Council; b) creation of a UNICEF National Committee (NATCOM) in Mauritius; c) more involvement of other UN agencies; d) maintaining a trimmed-down office of UNICEF in Mauritius (i.e. without the allocation of regular resources); and e) more involvement of the UNICEF Area Office in Madagascar with responsibility for Mauritius.

While there is limited scope for the involvement of other UN agencies, as all of them are also in the process of down-scaling their representations in Mauritius, the last two options present UNICEF with a challenge. The role and mandate of UNICEF may best be fulfilled by keeping a

trimmed down office at a cost that is comparable with that of remote presence through the Area Office. The solution would have to be limited in time and be re-assessed periodically taking into account national capacities to address issues related to children's rights. The trimmed down office option would imply some contributions from the national side. It is difficult to imagine a credible and influential UNICEF office without even a small programme budget. Feasibility of playing the same role as before (only without resources) should be questioned, as it is not the same thing to advocate with resources or without resources in hand.

Both UNICEF and national partners will have to show vision and creativity to respond to this challenge. Time should be allowed to build the 'critical mass' in Mauritius to address persisting and new challenges related to the realization of children's rights.

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Port Louis, October 2002

EXECUTIVE SUMMARY

1. Background and context

UNICEF presence in Mauritius dates from the early 1970s. Since 1986, the co-operation has been structured in five-year Country Programme Cycles. The third Country Programme of Co-operation covered the period 1996-2000. This Country Programme is the subject of the present evaluation.

The total approved budget amounted to US\$ 4,250,000 (US\$ 3,750,000 Regular Resources and US\$ 500,000 Other Resources). The actual total funding level was US\$ 3,397,700 (US\$ 3,228,000 Regular Resources and US\$ 169,700 Other Resources).

The evaluation took place during the first half of a transitional Country Programme of a three-year-period (2001-2003), which was approved by the Executive Board in September 2000, with a Regular Resource allocation of US\$ 1,500,000. The transitional character of the new Country Programme was in line with the 1997 UNICEF Executive Board Decision to gradually phase out Regular Resource allocations for countries having reached a combined threshold of US\$ 2,895 GNP per capita and U5MR [Under 5 Mortality Rate] of less than 30 per 1,000 live births. Since Mauritius complies with these criteria, the traditional type of co-operation with allocation of Regular Resources is scheduled to progressively come to an end and modalities of a modified UNICEF presence in Mauritius are under consideration.

The original design of the Country Programme under review was laid down in the Country Programme Recommendation (approved by the Executive Board in 1995) and in the Master Plan of Operations of 1995. Main features were the following:

- The Country Programme was to play a facilitating and catalytic role in the achievement of the goals of the National Plan of Action of Mauritius that translated global Decade Goals of the World Summit for Children (WSC 1990) into national strategies. The Country Programme would help the government to: (i) improve further the quality and utilisation of basic services for women and children, with a particular focus on education and health; (ii) reduce further disparities both within and between islands; and (iii) strengthen the sustainability of progress towards the achievements of the End-Decade Goals.
- Specifically, the programme of co-operation would focus on four of the seven End-Decade Goals: (i) Reduction of Infant Mortality Rate (IMR) to 12 per 1,000 live births and Under-Five Mortality Rate (U5MR) to 19 per 1,000 live births, respectively; (ii) reduction of the Maternal Mortality Rate (MMR) to 21.5 per 100,000, or the lowest possible incidence; (iii) reduction of severe and moderate child malnutrition to 7%; and (iv) acquisition of basic education by 80 percent of primary school-age children.
- The Country Programme's main strategies were capacity building and empowerment with lower priority for service delivery. Four further strategic considerations in the Country Programme were: (i) partnerships, (ii) targeting of children with greatest needs, (iii) women in development (WID) and (iv) inter-programme reinforcement.

The Country Programme was revised after a Mid-Term Review (MTR) in 1998. The revision sought to learn lessons from programme implementation and to reformulate the programme in

line with the concept of Rights-Based Programming [RBP]. Main features of the revised Country Programme were the following:

- The lessons learnt from the review drew attention to the need for (i) more explicit and specific objectives, (ii) an in-depth analysis of the problems and suggestions on feasible strategies, as well as (iii) revamping of the three broad Country Programme strategies. Since service delivery had not made a significant contribution to goal achievement, it was decided to progressively phase out service delivery, especially the supply component.
- The MTR called for a holistic, trans-sectoral advocacy and action for children rooted in CRC and built upon partnerships. The revised Country Programme's broad objective was to "[place] Mauritian children at the heart of the development process in order to make the child the first beneficiary of economic growth". There was a stronger emphasis on child rights protection and promotion, especially in the area of protection against abuse and within the educational system.
- The specific objectives were the following: (i) to promote CRC realisation, particularly regarding child abuse and in the educational system; (ii) to ensure greater access to quality care in early childhood and developmental services; (iii) to provide adolescents, especially those out of school, with opportunities to develop life-skills; and (iv) to promote participation of adolescents in matters affecting them.

2. Purpose, objectives and implementation of the evaluation

The accountability objectives of the evaluation of the Mauritius Country Programme of Co-operation 1996-2000 were fourfold:

- To assess the role and relevance of the Country Programme as to the situation of children and women in Mauritius
- To assess the realisation of the Country Programme objectives as spelled out in the Master Plan of Operations [MPO] (June 1995) and the Revised MPO (December 1998) against the background of World Summit for Children (WSC) and National Plan for Action (NPA) goals
- To assess effectiveness, efficiency and impact of supported projects and programmes and analyse to what extent activities and results were sustainable and / or replicable.
- To assess the approach to prepare for the transition process.

Further it was expected that the evaluation would yield lessons learned that might guide the modification of UNICEF presence in Mauritius resulting from the withdrawal of Regular Resources at the end of the transition cycle 2001-2003. It would thus contribute to empowerment of national partners, support strategic decision-making and contribute to rights-based and results-based management at the country level.

The evaluation was also expected to contribute to the development of lessons learned that might be useful for UNICEF to formulate policies and strategies related to transition processes. It would thus also contribute to UNICEF's overall strategic governance.

The terms of reference for the evaluation were drafted by UNICEF and finalised after consultation with national partners. An independent team of international and national consultants conducted the evaluation, with the support of the Evaluation Office in UNICEF Headquarters and the Mauritius Country Office. The Regional Office for Eastern and Southern Africa (ESARO) in Nairobi and the Area Office in Antananarivo were consulted.

3. Methodology and limitations

The evaluation used a variety of methods such as desk reviews of relevant documentation, interviews of key informants, as well as field visits. The evaluation team also met with the Joint Steering Committee [JSC] composed of representatives of the government ministries that were involved in the Country Programme. The evaluation was an inter-active learning process involving the organisation of a participatory workshop with key stakeholders.

Collected information was systematically triangulated through references to several sources. At the beginning and upon completion, the evaluation took into consideration the checklist contained in the draft African Evaluation Guidelines 2000 to ensure utility, feasibility, propriety and accuracy of findings, conclusions and recommendations.

The evaluation had to cope with several constraints explaining some limitations of the study.

- As the Country Programme was revised rather substantially at mid-point in 1998, it was necessary to refer to two rather different designs. Neither of these designs proved adequate for the purpose of an evaluation.
- There had been no active use of an Integrated Monitoring and Evaluation Plan (IMEP). Some objectives were too broad or confounded with national Goals.
- Periodic Review Reports of consultations between the government and UNICEF and also the Office's Annual Reports were not always comprehensive and sufficiently clear.
- As the evaluation was carried out almost a full year after the end of the programme, it was not always possible to contact key informants.
- Efficiency could not be studied for lack of adequate measurable data.

4. Findings and conclusions

4.1. Budget implementation

The total approved budget amounted to US\$ 4,250,000 (US\$ 3,750,000 Regular Resources and US\$ 500,000 Other Resources). The actual total funding level was US\$ 3,397,700 (US\$ 3,228,000 Regular Resources and US\$ 169,700 Other Resources). The actual Country Programme expenditure was about 85 percent of the planned level. This may be considered a good performance, as it reflects effective budget management.

In the original programme budget, the education sector commanded the largest share of budgetary allocations (42%), with the remainder divided equally between the health programme and the Social Policy Development, Advocacy and Monitoring (SPDM) Programme. Following the MTR, a new project – Resource Mobilisation – was added in the Country Programme to mobilise

funds locally from the private sector. Despite its initial success, the project did not generate significant amounts of funds.

The programme experienced a shortfall of Other Resources, which actually amounted to US\$ 49,300 only, i.e. less than a tenth of what had originally been foreseen. This was made up by local resource mobilisation from Air Mauritius Change for Good programme. But opportunities to raise more Other Resources internally also proved to remain relatively fragile during the Country Programme. Additional amount of 120,341 US\$ originated from local GCO sales and was also allocated to the Mauritius CP as Regular Resources through separated PBAs. Both amounts combined amounted to US\$ 169,700, which represented only 5.0 percent of the total amount funded over the duration of the Country Programme. Keeping reliance on Other Resources to the strict minimum was a prudent strategy. It avoided drastic adjustments and assured continuity of the Programme in the face of erratic flows of Other Resources.

4.2. Design, role and relevance of the Country Programme

Neither the original nor the revised Country Programme was designed in ways that were conducive to an evaluation. Country Programme and project objectives were often vague and confounded with national goals. In a general way, they were not SMART [S – specific, M-measurable, A- attainable, R – realistic, T- time bound]. Many programmes and projects had very high target numbers that were not possible to reach. Objectives did not clarify that results would involve long-term changes in attitudes and behaviour and failed to suggest any indicators to measure how progress could be measured within the Country Programme time period.

The original design of the Country Programme of 1995 was in line with government and UNICEF policies and strategies at that time and addressed major issues identified in a Situation Analysis carried in 1994. Main findings and conclusions of the evaluation concerning role and relevance of the original Country Programme are the following:

- The original Country Programme was relevant in the sense that it addressed NPA Goals. It did, however, narrow down the focus of the programme to only some of the health, nutrition and education related Goals. It omitted any reference to vulnerable children and the child protection goals in the WSC or the NPA and failed to target girls and women except through IEC and maternal health. The CPR justified this selectivity stating that the selected goals were the core of the country's commitment to its children. However, in being selective, the Country Programme failed to reflect adequately the NPA's wider concerns, as well as the country's CRC commitments. Even if limited programme funding demanded selectivity, the Country Programme should at least have included all NPA goals and all children and women's rights through identification of issues and advocacy to mobilise national resources in these areas.
- The sectoral programmes conformed to the broad policies of the government of the day while at the same time aiming at remedial or innovative strategies where needed. However, some policies went through so many changes that the Country Programme could not keep pace with them. The revised MPO was relevant to changes in government priorities and strategies while breaking new ground in the Education for Development project.
- The original Country Programme conformed to the three main strategies that UNICEF endorsed worldwide: capacity building, empowerment and service delivery. It gave a lower priority to the supply component in service delivery. The Country Programme's empowerment strategy was focused on IEC rather than on participatory processes. Capacity

building mainly targeted the government and but to a lesser extent either NGOs or the public. The four main strategic considerations [partnerships, targeting, WID and inter-programme reinforcement] were in conformity with UNICEF strategies. WID was viewed in a very limited way.

- The Country Programme pioneered a holistic approach to emerging adolescent problems. However, opportunities to develop or build on other pilot initiatives were not seized. The Country Programme failed to carry forward the experiences of the previous Country Programme, e.g. to optimally utilise relevant experiences, e.g. the Rodrigues Area Based Programme. In Mauritius Island, the programme failed to develop even a pilot initiative in the area of community-based health and education.

The revised Country Programme of 1998 was also generally found to be in line with government and UNICEF policies and strategies as well as with issues raised in the Situation Analysis of 1998. However, the evaluation concludes that some caveats apply to this general statement:

- The MPO of the revised Country Programme called for a shift in programme focus from achievement of the NPA goals to “placing children at the heart of the development process”, i.e. the adoption of a holistic and child-centred approach in line with Rights-Based Programming (RBP) that had become mandatory in UNICEF in 1997. However, it may be stated that the vision developed in the MPO was partly based on a misunderstanding of the Rights-Based Programming (RBP), as the emphasis on the fulfilment of children’s rights is by no means incompatible with the achievement of NPA Goals. Placing children at the heart of the development process had always been a firm UNICEF tenet. This focus only became more sharply articulated with RBP. The revised MPO thus viewed RBP in a very narrow and less productive way than was warranted.
- The programme structure did continue the work of the essential programmes in health and education, while infusing them with an inter-sectoral, rights-based approach. The strategy of evolution from a sectoral to an inter-sectoral structure was in tune with the holistic view of child rights embodied in CRC. It was also a useful conceptual and co-ordinating tool that was articulated as one of the main strategic considerations in the original MPO as inter-programme reinforcement. The use of CRC, CEDAW and other international instruments for both advocacy and policy and practice reforms was in tune with UNICEF policies.
- Here, again, the non-inclusion of specific gender concerns in the UNICEF supported project and in MCH services was a limitation of the application of UNICEF’s mandate on WID. Similarly, the lack of attention to some of the important child protection problems was not in tune with its wider mandate that calls for some form of support in a Country Programme to all the rights violations.
- The programme strategies could have supported attainment of all the NPA goals by national efforts in the form of advocacy, IEC, monitoring and a special focus on children of deprived families and / or groups / areas rather than service delivery for routine programmes. The strategies correctly emphasised child rights programming framework, but did not mention the need to monitor the situation and the progress towards universal coverage of all rights.

4.3. Realisation of the Country Programme – effectiveness of the programme and sustainability of results

The overall objectives of the 1995 MPO were only partially realised. This was partly because they were vague, or confounded, and partly since many were long-term objectives. The design did not distinguish clearly between outputs, different levels of intermediate and attributable outcomes and impact. The Country Programme's contribution to the achievement of the chosen NPA goals, the achievement of supporting objectives and the sustainability of supported activities cannot be measured precisely. It is nevertheless possible to make the following observations:

- *Selected NPA Goals:* The Country Programme contributed to the partial fulfilment of Infant Mortality Rate (IMR) and U5MR reduction goals through support to AnteNatal / Post Natal Care (ANC / PNC), improved monitoring of at risk pregnancies, training and research. Support to Mother and Child Health (MCH) strategies contributed to the reduction of the Maternal Mortality Rate (MMR). In 2000, the NPA target on IMR was not reached, but the U5MR goal was attained. There was progress on the MMR, but the NPA target was not achieved. Attempts to support the government on issues related to nutrition were not very successful. As far as basic education was concerned, the Country Programme launched some innovative programmes in selected low performing schools. Education sector reforms to remedy the overly competitive and elitist school system were not implemented. Although gross enrolment almost reached 100 per cent by 2000, there were persisting problems related to school retention and CPE pass rates.
- *Capacity building and empowerment:* Overall the Country Programme strategies and programme components played a complementary / facilitative / innovative role to national policies, strategies and activities. This role was compatible with the relatively high level of financial and administrative capacity existing in Mauritius. The Country Programme's flexibility made it possible to use relatively small financial inputs in a strategic manner. But replicability of innovative programmes or translation of approaches into policies and strategies could not always be ensured.
- *National partners' reception of innovations and sustainability of results:* NGOs were more receptive to innovations proposed by the Country Programme than many government agencies. A notable exception was the Rodrigues island administration. Some NGOs felt government was impeded by bureaucratic delays. Despite the free health and education services, the quality of these services needed improvements. They did not respond adequately to inherent drawbacks or to changes in lifestyles. IEC materials were developed to reach the public, but the institutionalisation of the process among national partners was but partially successful.
- *Role of Supply Assistance:* The supply component of the Country Programme was given a low priority, as the government had the financial capacity to cover equipment and materials costs. The government and UNICEF signed an agreement on (reimbursable) procurement services many years ago, but no government department ever availed of such services.

The revised objectives based on RBP contained in the MPO of 1998 were only partially achieved. The Country Programme's focus on child rights was implemented through various programmes and activities. The ultimate objective of making the child the first beneficiary of economic growth was not realised but obviously this was a long-term goal. Main achievements were the following:

- *CRC:* Attempts to harmonise national laws with CRC and to make full use of the umbrella function of the CRC were not fully successful. Children’s rights were still considered primarily the responsibility of a single agency, the Ministry of Women, Child Rights and Family Welfare, and attempts to restructure and strengthen the National Children’s Council (NCC) remained at a relatively low level.
- *Basic health services:* The Country Programme's inputs into reform moves, training and other capacity-building activities began to orient these services in a more equitable and effective direction.
- *Child protection:* Some key milestones included the setting up of a pilot Child Protection Unit, a study on child prostitution, a review of the juvenile justice system, and campaigns on various CRC issues. Several innovative steps were taken with good results especially in adolescent programmes.
- *Education.* As far as the Basic Education Project was concerned, it was noted that CPE pass rates did improve in most of the involved schools. The project did not affect the national level of performance or significantly reduce the gap between Mauritius and Rodrigues. Moreover, attempts to make the system less elitist were not compatible with targeted performance improvements in examinations.
- *Children's greater access to quality care in ECD services:* *The first phase of the implementation of the new ECCD policy focused on policy development, training and quality assurance whereas the second phase targeted parenting education, training and quality assurance. The priority given to parenting education was justified. However, the finalisation and implementation of this policy needed to be speeded up.*
- *Provision of opportunities to adolescents for life-skills development:* Several innovative steps were taken and with good results, but a number of problems still existed, e.g. a too restrictive definition of “teen pregnancy” (ignoring pregnancies occurring at 15-19 years of age) and limited attention for the child’s right to participate in decision-making.

Overall, the Country Programme had a reasonable degree of effectiveness, as far as the achievement of outputs and outcomes was concerned. Key informants were not always satisfied with the quality of the outputs in terms of timing, quantity and quality. To the extent that reliable information is available, it can be stated that a reasonable level of intermediate outcomes was achieved, e.g. in terms of new strategies on ECCD and child protection. The effectiveness of the Country Programme was less obvious in terms of follow-up to recommended approaches for community empowerment and involvement. Reasons for the limitations in attributable outcomes included lack of strategic decision-making in terms of policies and strategies by national partners.

It is generally difficult to establish a cause-effect relationship between programmes and projects, on the one hand, and improvements in the situation of children, i.e. to gauge the impact of a given programme. One can only surmise that improvements noted during the period under review may be partly due to the Country Programme. The selected NPA goals were not fully achieved nor were children indeed placed “at the heart of the development process”. Improvements in accessibility to health and education, coverage, utilisation, quality, etc. were still incomplete. Reduction of disparity and of social exclusion continued to be marginal.

Sustainability of Country Programme supported activities also varied. The Country Programme was not always perceived by all as a programme of co-operation, but as one of assistance. This endangered ownership, shared responsibility and balance. The exemplary take-over in Rodrigues of the Area Based Programmes at the end of the previous Country Programme was preceded by a careful assumption of ownership for all the management aspects by the local authorities and NGOs. This model needed to be emulated.

4.4 Preparation of the transition process

UNICEF informed the various stakeholders about the transition at the time of the 1998 MTR, though the term "transition" was not used. The explicit reference to transition came later, i.e. at the beginning of the planning exercise for the 2001-2003 Country Programme as embedded in the Regional Director's letter dated 18 May 1999 addressed to the then Minister of Economic Development .

In 1998, the Country Office began to make deliberate attempts to support the national institutions to prepare for the transition through creation of awareness and assistance to diversify sources of funding by attempting to raise local Other Resources. However, due to the late start of the transition process, the major brunt of the preparatory work was left to the Country Programme of 2001-2003. Little time was allowed for the Country Programme partners to lay the groundwork for a smooth transition process in the forthcoming Country Programme.

Unfortunately, support from the UNICEF Regional Office in Nairobi and the Area Office in Antananarivo was very limited. This was probably due to the perceived wealth of Mauritius and assumed well being of its children as compared with other countries of the region. It could also be understood as a tribute to the management of the Country Office and good relations with the government and other partners.

There was good co-ordination under the leadership of the United Nations Resident Co-ordinator. In a period where all UN agencies were facing scarcity of funds, they were looking for opportunities to coordinate their activities. The UNDAF assistance objectives and strategies included the protection of child rights and related issues. However, it must be noted that the social development section of the Common Country Assessment (CCA) document had no reference to children, health or education. There were no specific inter-agency initiatives to tackle issues arising from the transition process.

4.5 Lessons learned and recommendations

Along with a strong economic base and sustained economic growth, Mauritius has a firm democratic tradition, a welfare system and the appropriate legislative and policy framework for the protection and promotion of child rights. Its expenditure in the social sectors has consistently increased over the past decade, indicating the potential to achieve a well-functioning welfare system that can adequately cater to the needs of the population. In financial terms, absorption of programme expenditures so far supported by UNICEF should not pose any problem for the government.

On the other hand, the optimal realisation of child rights, and even the attainment of certain goals of the last decade, still need to be addressed. Many policies in favour of children largely exist on paper only. There is a need to set in motion the formulation of policies and strategies that will truly make CRC the instrument, which rules actions for and attitudes towards children. There has been little decentralisation in planning. People's and especially children's participation is low. It

is essential to have some continuity in social policies and programmes to avoid reversing progress.

The process of institution building must be taken up quickly and objectively with the best interests of children in mind. The government and, to some extent, the NGO sector, need to consider some steps towards becoming wholly responsible for safeguarding the rights of children in Mauritius.

The lack of a central focal institution for children and child rights has hindered the many good, but uncoordinated efforts by various parties:

- A restructured National Children's Council (NCC - or an alternative body) may seem crucial and urgent. The body should, however, not be primarily concerned with protection rights in the narrow sense, but rather with the advancement of all rights. It should also not seek to implement programmes or projects, but primarily be an advocacy, co-ordinating and monitoring body that helps to hold accountable those with an obligation to address the problems. It should be positioned more strategically, i.e. not under the tutelage of a single technical ministry.
- The private sector would rather see an autonomous body as a co-ordinator for civil society ventures and private sector funding than the current set-up of NCC as the focal point. Its preconditions for collaborating with UNICEF or a national focal body seem to be the freedom to choose what it will support, transparency and non-duplication of efforts or institutions, and accountability.
- The government has recently set up some funds for vulnerable groups, but these do not target children specifically or are limited to one sector only. A National Economic and Social Council was mooted to help achieve 'consensus for social integration to keep pace with economic development', but has yet to take shape.
- Other options are creation of a budget line for whichever organisation is the focal point for children's issues and a 'glass box' fund for children, managed by a national organisation for children, for which contributions would come from government and the public and private sectors.

All stakeholders expressed the view that neither a national body (nor another UN agency) could, at least in the short run, be a substitute for UNICEF's unique mandate, advocacy role and skills, and programming flexibility. However, the role of UNICEF in a transition and post-transition phase is to help national partners increasingly assume responsibility for these key functions so that they can deal with existing and potential problems threatening child rights on their own more meaningfully.

During the remainder of the current transition Programme (2001-2003) and thereafter, a number of complementary options to strengthen the institutional child rights framework in the medium term could be considered: (i) the strengthening of national institutions as mentioned above; (ii) the creation of a Mauritius National Committee for UNICEF [NATCOM]; (iii) the involvement of another UN agency; (iv) a modified UNICEF presence, e.g. at least a trimmed-down office with allocation of only a support budget and / or a strengthened role of the UNICEF Area Office in Antananarivo.

RÉSUMÉ ANALYTIQUE

1. Historique et contexte

L'UNICEF est présent à Maurice depuis le début des années 1970. Depuis 1986, la coopération s'effectue sous la forme de cycles quinquennaux de programmes de pays. Le troisième Programme de coopération par pays portait sur la période allant de 1996 à 2000. C'est ce programme qui fait l'objet de la présente évaluation.

Le montant total du budget approuvé s'est élevé à 4 250 000 dollars des États-Unis (3 750 000 dollars de ressources ordinaires et 500 000 dollars d'autres ressources). Le montant total des financements obtenus a été de 3 397 700 dollars (3 228 000 dollars de ressources ordinaires et 169 700 dollars d'autres ressources).

L'évaluation a été effectuée pendant la première moitié d'un programme de pays transitoire d'une période de trois ans (2001-2003), qui a été approuvé par le Conseil d'administration en septembre 2000 et auquel ont été alloués 1 500 000 dollars au titre des ressources ordinaires. Le caractère transitoire de ce nouveau Programme de pays était conforme à la décision prise en 1997 par le Conseil d'administration de l'UNICEF d'éliminer progressivement les ressources ordinaires allouées aux pays ayant atteint à la fois un PNB de 2 895 de dollars par habitant et un taux de mortalité des enfants de moins de cinq ans (TMM5) de moins de 30 pour 1 000 naissances vivantes. Puisque Maurice répond à ces critères, il est prévu de mettre progressivement fin à la forme traditionnelle de coopération que constitue l'allocation de ressources ordinaires, et on étudie actuellement selon quelles modalités modifier la présence de l'UNICEF à Maurice.

Le Programme de pays faisant l'objet de l'évaluation a été défini à l'origine dans la Recommandation de programme de pays (approuvée en 1995 par le Conseil d'administration) et dans le Plan directeur des opérations de 1995. Ses principales caractéristiques sont les suivantes :

- Le Programme de pays devait faciliter et favoriser la réalisation des objectifs du Plan d'action national de Maurice, qui transposait en stratégies nationales les Objectifs mondiaux pour la décennie du Sommet mondial pour les enfants de 1990. Le Programme de pays aiderait le gouvernement à : (i) continuer à améliorer la qualité et l'utilisation des services de base destinés aux femmes et aux enfants, en accordant une importance particulière à l'éducation et à la santé ; (ii) continuer à réduire les disparités existant entre les différentes îles et au sein d'une même île ; et (iii) renforcer la viabilité des progrès effectués dans la réalisation des Objectifs de fin de décennie.
- Plus précisément, le programme de coopération mettrait l'accent sur quatre des sept objectifs de fin de décennie : (i) réduire le taux de mortalité infantile (TMI) à 12 pour 1 000 naissances vivantes et le taux de mortalité des moins de cinq ans (TMM5) à 19 pour 1 000 naissances vivantes ; (ii) réduire le taux de mortalité maternelle (TMM) à 21,5 pour 100 000, ou au taux le plus bas possible ; (iii) réduire à 7 % la malnutrition infantile grave et modérée ; et (iv) dispenser un enseignement de base à 80 % des enfants en âge d'aller à l'école primaire.
- Le renforcement des capacités et l'autonomisation étaient les principales stratégies du Programme de pays, la prestation de services constituant une moindre priorité. Le Programme de pays répondait également à quatre autres considérations stratégiques : (i)

partenariats ; (ii) cibler les enfants ayant les besoins les plus importants, (iii) la participation des femmes au développement et (iv) le renforcement interprogrammes.

Le Programme de pays a été révisé au terme d'un examen à mi-parcours effectué en 1998. L'objectif de ce remaniement était de mettre à profit les enseignements tirés de la mise en œuvre du programme et de reformuler le programme en fonction du concept de Programmation axée sur les droits de l'homme. La version révisée du Programme de pays avait pour principales caractéristiques :

- Les conclusions de l'examen à mi-parcours ont fait ressortir la nécessité de : (i) disposer d'objectifs plus explicites et précis, (ii) analyser de façon approfondie les problèmes et suggestions portant sur des stratégies réalisables, et (iii) redéfinir les trois grandes stratégies du Programme de pays. Puisque la prestation de services n'avait pas véritablement contribué à la réalisation des objectifs, il a été prévu d'éliminer progressivement la prestation de services, et en particulier la composante approvisionnement.
- Au terme de l'examen à mi-parcours, il a été recommandé d'adopter une approche globale et trans-sectorielle de la mobilisation et de l'action en faveur des enfants, qui se fonde sur la Convention relative aux droits de l'enfant et s'appuie sur des partenariats. L'objectif général du Programme de pays révisé était de « [placer] les enfants mauriciens au cœur du processus de développement, afin qu'ils soient les premiers bénéficiaires de la croissance économique ». Une plus grande importance était accordée à la protection et à la promotion des droits de l'enfant, en particulier dans le domaine de la protection contre la maltraitance et au sein du système éducatif.
- Les objectifs précis étaient les suivants : (i) promouvoir l'application de la Convention relative aux droits de l'enfant, en particulier en ce qui concerne la maltraitance des enfants et le système éducatif ; (ii) garantir un meilleur accès à des soins de qualité dans le cadre des services de la petite enfance et de développement de l'enfant ; (iii) donner aux adolescents, en particulier à ceux qui ne sont pas scolarisés, des possibilités d'acquérir des aptitudes à la vie active ; et (iv) promouvoir la participation des adolescents aux questions les concernant.

2. Finalité, objectifs et mise en œuvre de l'évaluation

L'évaluation du Programme de coopération de Maurice pour la période 1996-2000 devait répondre à quatre objectifs :

- Évaluer le rôle et la pertinence du Programme de pays par rapport à la situation des enfants et des femmes à Maurice.
- Évaluer la réalisation des objectifs du Programme de pays énoncés dans la version originale (juin 1995) et la version révisée (décembre 1998) du Plan directeur des opérations, dans le contexte des objectifs du Sommet mondial pour les enfants et du Plan d'action national.
- Évaluer l'utilité, l'efficacité et l'impact des projets et programmes financés et analyser dans quelle mesure les activités et résultats obtenus sont durables et / ou peuvent être reproduits.
- Évaluer l'approche adoptée en vue du processus de transition.

En outre, l'évaluation devait mener à des conclusions pouvant influencer les nouvelles modalités de la présence de l'UNICEF à Maurice à la suite de la suppression des ressources ordinaires à la fin du cycle de transition 2001-2003. Elle contribuerait donc à l'accroissement du pouvoir d'action des partenaires nationaux, faciliterait la prise de décisions stratégiques et contribuerait à pratiquer à l'échelle nationale une gestion axée à la fois sur les droits de l'homme et sur les résultats.

L'évaluation devait également permettre de tirer des conclusions susceptibles d'aider l'UNICEF à formuler des politiques et stratégies relatives aux processus de transition. Elle contribuerait ainsi également à la gouvernance stratégique générale de l'UNICEF.

Le champ d'application de l'évaluation a d'abord été défini par l'UNICEF et finalisé au terme de consultations menées avec les partenaires nationaux. Une équipe indépendante de consultants internationaux et nationaux a effectué l'évaluation, avec l'appui du Bureau d'évaluation du Siège de l'UNICEF et du Bureau de pays de Maurice. Le Bureau régional pour l'Afrique de l'Est et l'Afrique australe, situé à Nairobi, et le Bureau de zone d'Antananarivo ont été consultés.

3. Méthodologie et limitations

L'évaluation a fait appel à diverses méthodes : études théoriques de documents pertinents, entretiens avec des informateurs clés et visites sur le terrain. L'équipe chargée de l'évaluation s'est également réunie avec le Comité directeur commun, composé de représentants des ministères participant au Programme de pays. L'évaluation a été un processus d'apprentissage interactif, accompagné d'un atelier participatif réunissant les principales parties intéressées.

Les informations recueillies ont été systématiquement vérifiées auprès de plusieurs sources. Au début et à la fin de l'évaluation, on a pris en compte la liste de contrôle des Conseils d'évaluation de 2000 en Afrique, afin de garantir l'utilité, la faisabilité, l'adéquation et l'exactitude des résultats, des conclusions et des recommandations.

L'évaluation a été soumise à plusieurs contraintes qui expliquent certaines de ses limites :

- Puisque d'importantes modifications ont été apportées au Programme de pays en 1998, il a été nécessaire de se référer à deux modèles assez différents. Aucun de ces modèles ne s'est avéré convenir à une évaluation.
- Aucun véritable usage n'a été fait d'un Plan de suivi et d'évaluation intégrés. Certains objectifs étaient trop généraux ou trop proches des objectifs nationaux.
- Les Rapports d'évaluation périodique des consultations menées entre le gouvernement et l'UNICEF et les Rapports annuels du Bureau n'étaient pas toujours complets ni suffisamment clairs.
- L'évaluation ayant été effectuée presque un an après la fin du programme, il n'a pas toujours été possible de contacter certains informateurs clés.
- La rentabilité n'a pas pu être analysée, faute de données quantifiables adéquates.

4. Résultats et conclusions

4.1. Exécution du budget

Le montant total approuvé au budget s'élevait à 4 250 000 dollars des États-Unis (3 750 000 dollars de ressources ordinaires et 500 000 dollars d'autres ressources). Le montant des financements obtenus a été de 3 397 700 dollars (3 228 000 dollars de ressources ordinaires et 169 700 dollars d'autres ressources). Les dépenses du Programme de pays ont été égales à 85 % environ des prévisions, ce que l'on peut considérer comme un bon résultat, témoignant d'une gestion financière adéquate.

Dans le budget original du programme, le secteur de l'éducation était le poste le plus important (42 % des allocations), le reste étant réparti en proportions égales entre le programme de la santé et le programme Élaboration des politiques sociales, mobilisation et suivi. À la suite de l'examen à mi-parcours, un nouveau projet – mobilisation de ressources – a été ajouté au Programme de pays en vue de recueillir des fonds localement auprès du secteur privé. Malgré ses débuts prometteurs, le projet n'a pas permis d'obtenir suffisamment de fonds.

Le montant des autres ressources effectivement versées au programme a été insuffisant : 49 300 dollars seulement, c'est-à-dire moins d'un dixième du montant initialement prévu. Ce déficit a été comblé par la collecte de fonds locale organisée par le programme « Change for Good » d'Air Mauritius. Mais les possibilités de recueillir d'autres ressources en interne se sont avérées relativement peu fiables pendant le Programme de pays. 120 341 dollars supplémentaires provenant du budget local de l'OCV ont également été versés au Programme de pays de Maurice au titre des ressources ordinaires, dans le cadre de PBA distincts. Le montant total des fonds ainsi obtenus – 169 700 dollars – ne représentait que 5 % du financement total pendant la durée du Programme de pays. Dépendre le moins possible des autres ressources a été une stratégie prudente. Cela a permis d'éviter de devoir procéder à des ajustements radicaux et de veiller à la continuité du Programme malgré l'irrégularité des autres ressources.

4.2. Conception, rôle et pertinence du Programme de pays

Ni la version originale ni la version révisée du Programme de pays n'ont été conçues de manière à se prêter à une évaluation. Les objectifs du Programme de pays et des projets sont souvent vagues et semblables aux objectifs nationaux. De manière générale, ils ne relèvent pas de l'approche SMART [S – spécifique, M- mesurable, A- accessible, R – réaliste, T- limité dans le temps]. De nombreux programmes et projets étaient assortis d'objectifs chiffrés très ambitieux qu'il n'était pas possible d'atteindre. Les objectifs n'indiquaient pas clairement que les résultats nécessiteraient des changements à long terme d'attitude et de comportement et ne proposaient aucun indicateur permettant d'évaluer les progrès réalisés pendant la durée du Programme de pays.

La version originale du Programme de pays de 1995 correspondait aux politiques et stratégies de l'époque du gouvernement et de l'UNICEF et visait à remédier aux principaux problèmes recensés dans une Analyse de situation effectuée en 1994. Voici les principaux résultats et conclusions de l'évaluation concernant le rôle et la pertinence du Programme de pays d'origine :

- Le Programme de pays d'origine est pertinent dans la mesure où il correspond aux objectifs du Plan d'action national. Il ne privilégie cependant que certains des objectifs relatifs à la santé, à la nutrition et à l'éducation. Il ne fait aucune référence aux objectifs du Sommet

mondial pour les enfants ou du Plan d'action national relatifs aux enfants vulnérables et à la protection de l'enfance et n'accorde aucune attention particulière aux filles et aux femmes, sauf dans le domaine de l'IEC et de la santé maternelle. Le représentant du Programme de pays a justifié cette approche sélective en expliquant que les objectifs retenus correspondaient à l'essence même des engagements pris par Maurice envers ses enfants. Mais, en adoptant cette approche sélective, le Programme de pays ne se fait pas l'écho de la portée plus générale du Plan d'action national ni des obligations incombant au pays en vertu de la Convention relative aux droits de l'enfant. Même s'il fallait être sélectif en raison du financement restreint des programmes, le Programme de pays aurait dû au moins tenir compte de tous les objectifs du Plan d'action national et de tous les droits des enfants et des femmes, en recensant les problèmes qui se posent et en encourageant la mobilisation de ressources nationales dans ces domaines.

- Les programmes sectoriels correspondent aux politiques générales suivies à l'époque par le gouvernement tout en visant à adopter les stratégies correctives ou novatrices requises. Cependant, certaines politiques ont été modifiées tant de fois que le Programme de pays n'a pu s'y adapter. La version révisée du Plan directeur des opérations est adaptée aux modifications des priorités et stratégies du gouvernement tout en innovant dans le cadre du projet Éducation pour le développement.
- Le Programme de pays d'origine correspond aux trois grandes stratégies que l'UNICEF a approuvées à l'échelle mondiale : renforcement des capacités, autonomisation et prestation de services. Il accorde peu d'importance à la composante approvisionnement de la prestation de services. La stratégie du Programme de pays en matière d'autonomisation est axée sur l'IEC plutôt que sur des processus participatifs. Le renforcement de capacités vise essentiellement le gouvernement, et, dans une moindre mesure, les ONG et le public. Les quatre principales considérations stratégiques [partenariats, ciblage, participation des femmes au développement et renforcement interprogrammes] correspondent aux stratégies de l'UNICEF. La participation des femmes au développement a été envisagée sous un angle très restreint.
- Le Programme de pays a introduit une approche globale des nouveaux problèmes se posant aux adolescents. Cependant, les possibilités de développer ou de prolonger d'autres initiatives pilotes n'ont pas été exploitées. Le Programme de pays n'a pas su mettre à profit l'expérience acquise lors des Programmes de pays précédents, et n'a notamment pas su tirer parti au mieux d'expériences utiles, comme par exemple le Programme de zone de Rodrigues. Sur l'île Maurice, le programme n'a même pas mis au point un projet pilote dans le domaine de la santé communautaire et de l'éducation.

Le Programme de pays révisé de 1998 correspond également dans l'ensemble aux politiques et stratégies du gouvernement et de l'UNICEF, ainsi qu'aux problèmes soulevés dans l'Analyse de situation de 1998. Cependant, l'évaluation a conclu que cette appréciation générale devait être assortie de certaines réserves :

- Le Plan directeur des opérations du Programme de pays révisé préconisait de changer de priorité « en plaçant les enfants au cœur du développement » au lieu de privilégier la réalisation des objectifs du Plan d'action national ; recommandant ainsi d'adopter une approche globale axée sur les enfants qui corresponde à la Programmation axée sur les droits de l'homme devenue obligatoire à l'UNICEF en 1997. Cependant, on peut dire que l'approche formulée dans le Plan directeur des opérations se fondait en partie sur une conception erronée de la Programmation axée sur les droits de l'homme, la priorité accordée

au respect des droits des enfants n'étant aucunement incompatible avec la réalisation des objectifs du Plan d'action national. Placer les enfants au cœur du développement a toujours été l'un des grands principes directeurs de l'UNICEF. Cette priorité est seulement devenue plus explicite avec la Programmation axée sur les droits de l'homme. Le Plan directeur des opérations révisé envisage donc la Programmation axée sur les droits de l'homme sous un angle très restreint et moins constructif qu'il ne le faudrait.

- La structure du programme a permis de continuer les travaux des programmes essentiels en matière de santé et d'éducation, tout en les dotant d'une approche intersectorielle axée sur les droits de l'homme. Cette évolution stratégique d'une structure sectorielle à une structure intersectorielle correspond à l'approche globale des droits de l'enfant dont s'inspire la Convention relative aux droits de l'enfant. C'est également sur le plan conceptuel et en matière de coordination un instrument utile, qui constitue l'une des principales considérations stratégiques du Plan directeur des opérations d'origine dans le domaine du renforcement interprogrammes. L'usage de la Convention relative aux droits de l'enfant, de la Convention sur l'élimination de la discrimination à l'égard des femmes et d'autres instruments internationaux aux fins de la mobilisation et de la réforme des politiques et pratiques cadre avec les politiques de l'UNICEF.
- De nouveau, la non-inclusion de questions sexospécifiques dans ce projet financé par l'UNICEF et dans les services de santé maternelle et infantile a limité l'application du mandat de l'UNICEF dans le domaine de la participation des femmes au développement. De même, le manque d'attention portée à certains problèmes importants relatifs à la protection de l'enfance ne cadre pas avec le mandat plus général, qui consiste à accorder, dans le cadre d'un Programme de pays, un appui à la lutte contre toutes les violations de droits, sous une forme ou sous une autre.
- Les stratégies de programme auraient pu faciliter la réalisation de tous les objectifs du Plan d'action national au moyen d'efforts nationaux dans le domaine de la mobilisation, de l'IEC et du suivi et en accordant une attention particulière aux enfants de familles et / ou de groupes ou de régions défavorisés, au lieu des prestations de services des programmes ordinaires. Les stratégies ont à juste titre mis l'accent sur un cadre de programmation axé sur les droits de l'enfant, mais n'ont pas fait état de la nécessité de suivre l'évolution de la situation et les progrès réalisés en matière de respect universel de tous les droits.

4.3. Mise en œuvre du Programme de pays – efficacité du programme et viabilité des résultats

Les objectifs généraux du Plan directeur des opérations de 1995 n'ont été que partiellement atteints. Cela est dû en partie au fait qu'ils étaient vagues, ou confus, et en partie au fait qu'il s'agissait souvent d'objectifs à long terme. Le projet n'établissait pas de distinctions claires entre les produits, différents niveaux de résultats intermédiaires et attribuables et les effets. La contribution du Programme de pays à la réalisation de certains objectifs du Plan d'action national, à la réalisation des objectifs secondaires et à la viabilité des activités financées ne peut être évaluée avec précision. Il est néanmoins possible de faire quelques remarques :

- *Certains objectifs du Plan d'action national* : le Programme de pays a contribué à la réalisation partielle des objectifs relatifs à la réduction du taux de mortalité infantile

(TMI) et du TMM5 en renforçant les soins prénatals/postnatals (SAN/SPN), l'amélioration du suivi des grossesses à risque, la formation et la recherche. L'appui apporté aux stratégies de santé maternelle et infantile (SMI) a contribué à réduire le taux de mortalité maternelle (TMM). En 2000, l'objectif fixé en matière de TMI n'a pas été atteint, mais le TMM5 l'a été. Des progrès ont été réalisés en ce qui concerne le TMM, mais l'objectif du Plan d'action national n'a pas été atteint. Les efforts déployés en vue d'aider le gouvernement dans des domaines liés à la nutrition n'ont pas donné de très bons résultats. En ce qui concerne l'éducation de base, Le Programme de pays a lancé des programmes novateurs dans certaines écoles peu performantes. Les réformes éducatives visant à remédier à un système scolaire excessivement compétitif et élitiste n'ont pas été mises en œuvre. Bien que le taux brut de scolarisation ait presque atteint 100 % en 2000, certains problèmes subsistent en ce qui concerne la poursuite de la scolarisation et le taux de réussite au certificat d'études primaires (CPE).

- *Renforcement des capacités et autonomisation* : dans l'ensemble, les stratégies et composantes de programme du Programme de pays ont joué un rôle complémentaire / d'appui / novateur vis à vis des politiques, stratégies et activités nationales. Ce rôle était compatible avec les capacités financières et administratives relativement importantes dont dispose Maurice. La flexibilité du Programme de pays a permis d'utiliser de façon stratégique des apports financiers relativement restreints. Mais la reproductibilité de programmes novateurs ou la transposition en politiques et stratégies des approches suivies n'a pas toujours pu être assurée.
- *Réactions des partenaires nationaux aux innovations et viabilité des résultats* : les innovations proposées par le Programme de pays ont été accueillies plus favorablement par les ONG que par de nombreux organismes gouvernementaux. Les pouvoirs publics de l'île de Rodrigues ont constitué à cet égard une exception notable. Certaines ONG ont estimé que les pouvoirs publics étaient retardés par des pesanteurs administratives. Malgré la gratuité des services sanitaires et éducatifs, la qualité de ces services reste à améliorer. Ils ne répondent pas suffisamment bien à certaines lacunes ou à l'évolution des modes de vie. Du matériel d'IEC a été mis au point à l'intention du public mais l'institutionnalisation de ce processus auprès des divers partenaires nationaux n'a été que partiellement réussie.
- *Rôle de l'assistance en matière d'approvisionnement* : la composante approvisionnement du Programme de pays a été reléguée à l'arrière-plan, le gouvernement ayant les moyens financiers de prendre en charge l'achat d'équipement et de matériel. Le gouvernement et l'UNICEF avaient signé il y a longtemps un accord portant sur les services d'achat (remboursables), mais aucun organisme gouvernemental n'a jamais fait appel à ces services.

Les objectifs révisés du Plan directeur des opérations de 1998, fondés sur la Programmation axée sur les droits de l'homme, n'ont été que partiellement atteints. La priorité accordée dans le cadre du Programme de pays aux droits de l'enfant s'est concrétisée par divers programmes et activités. Le principal objectif – faire de l'enfant le premier bénéficiaire de la croissance économique – n'a pas été réalisé, mais il s'agissait évidemment d'un objectif à long terme. Les principaux résultats obtenus ont été les suivants :

- *Convention relative aux droits de l'enfant* : les tentatives faites en vue d'harmoniser les lois nationales avec la Convention relative aux droits de l'enfant et de tirer pleinement

parti de la fonction de coordination prévue par la Convention n'ont pas toujours donné les résultats escomptés. Les droits de l'enfant continuent à relever principalement de la responsabilité d'un seul organisme, le Ministère des femmes, des droits de l'enfant et du bien-être de la famille, et les tentatives de restructuration et de renforcement du Conseil national pour les enfants (CNE) sont restées relativement peu importantes.

- *Services de santé de base* : grâce aux apports du Programme de pays en matière de réformes, de formation et d'autres activités de renforcement des capacités, ces services ont commencé à devenir plus équitables et efficaces.
- *Protection de l'enfance* : parmi les grandes étapes franchies, citons : la création d'une Unité pilote de protection de l'enfance, une étude sur la prostitution des enfants, un bilan du système judiciaire pour mineurs, et des campagnes portant sur divers aspects de la Convention. Plusieurs mesures novatrices ont donné de bons résultats, en particulier dans le domaine des programmes pour adolescents.
- *Education* : en ce qui concerne le Projet d'éducation de base, il a été noté que les taux de réussite au certificat d'études primaires se sont effectivement améliorés dans la plupart des écoles concernées. Le projet n'a rien changé aux résultats nationaux et n'a pas non plus réduit considérablement l'écart entre Maurice et Rodrigues. De plus, les efforts déployés en vue de rendre le système moins élitiste n'étaient pas compatibles avec l'amélioration escomptée des résultats aux examens.
- *Plus grand accès des enfants à des soins de qualité dans les services de développement de la petite enfance* : la première phase de mise en œuvre de la nouvelle politique de soins et développement de la petite enfance a mis l'accent sur l'élaboration de politiques, la formation et l'assurance qualité tandis que la deuxième phase portait sur l'éducation parentale, la formation et l'assurance qualité. La priorité accordée à l'éducation parentale se justifiait. Toutefois, la finalisation et la mise en œuvre de cette politique doivent être accélérées.
- *Fournir aux adolescents des possibilités d'acquérir des aptitudes à la vie active* : plusieurs mesures novatrices ont été prises et ont donné de bons résultats, mais un certain nombre de problèmes subsistent, par exemple, une définition trop restrictive des « grossesses d'adolescentes » (les grossesses des adolescentes de 15 à 19 ans ne sont pas prises en compte) et trop peu d'attention portée au droit de l'enfant de participer à la prise de décisions.

Dans l'ensemble, le Programme de pays se caractérise par un degré raisonnable d'efficacité, en ce qui concerne l'obtention des effets et résultats escomptés. Les informateurs clés ne se sont pas toujours montrés satisfaits de la qualité des résultats, en termes de respect des délais, de quantité et de qualité. Dans la mesure où l'on dispose d'informations fiables, on peut affirmer que des résultats intermédiaires raisonnables ont été atteints, par exemple en matière de nouvelles stratégies de soins et développement de la petite enfance et de protection de l'enfance. L'efficacité du Programme de pays est moins manifeste lorsqu'on considère le suivi des approches recommandées en matière d'autonomisation et de participation de la communauté. Les restrictions des résultats attribuables s'expliquent notamment par le manque de prise de décision stratégique en ce qui concerne les politiques et stratégies des partenaires nationaux.

Il est généralement difficile d'établir une relation de cause à effet entre programmes et projets, d'une part, et améliorations de la situation des enfants, d'autre part, c'est-à-dire d'évaluer l'impact d'un programme donné. On ne peut que supposer que les améliorations constatées pendant la période à l'examen sont en partie dues au Programme de pays. Les objectifs retenus du Plan d'action national n'ont pas été complètement atteints, et les enfants n'ont pas non plus été placés « au cœur du processus de développement ». Les améliorations en matière d'accessibilité à la santé et à l'éducation, de taux de couverture, d'utilisation, de qualité, etc. restent partielles. La réduction des disparités et de l'exclusion sociale demeure marginale.

La viabilité des activités financées par le Programme de pays varie également. Le Programme de pays n'a pas toujours été considéré par tous comme un programme de coopération, mais plutôt comme un programme d'assistance. Cela compromet la maîtrise du programme, le partage des responsabilités et l'équilibre. La reprise exemplaire des Programmes régionaux de Rodrigues à la fin de l'avant-dernier Programme de pays a été précédée d'une évaluation minutieuse des responsabilités des autorités locales et des ONG pour tous les aspects de la gestion. Ce modèle a valeur d'exemple.

4.4 Préparation du processus de transition

En 1998, au moment de l'examen à mi-parcours, l'UNICEF a informé les principales parties intéressées de la transition, sans toutefois utiliser le terme de « transition ». C'est par la suite que ce terme a explicitement été mentionné : au début de l'exercice de planification du Programme de pays pour 2001-2003, dans la lettre du Directeur régional adressée le 18 mai 1999 au Ministre du développement économique de l'époque.

En 1998, le Bureau de pays a délibérément entrepris d'aider les institutions nationales à se préparer à la transition en les sensibilisant à la question et en les aidant à diversifier les sources de financement en cherchant à obtenir d'autres ressources locales. Toutefois, le processus de transition ayant commencé tardivement, la plus grande partie des préparatifs doit être effectuée dans le cadre du Programme de pays de 2001-2003. Les partenaires du Programme de pays n'ont donc guère eu le temps de préparer une transition harmonieuse dans le cadre du Programme de pays à venir.

Malheureusement, l'assistance du Bureau régional de l'UNICEF à Nairobi et du Bureau de zone d'Antananarivo a été très restreinte. Cela est probablement dû au fait que Maurice passe pour être un pays riche, où la situation des enfants est relativement bonne, en comparaison aux autres pays de la région. On peut également y voir un signe de la bonne gestion du Bureau de pays et de ses bonnes relations avec le gouvernement et d'autres partenaires.

Sous la direction du Coordinateur résident des Nations Unies, la coordination a été bonne. Face à une pénurie générale de fonds, les institutions des Nations Unies ont cherché à coordonner leurs activités. Les objectifs en matière d'assistance du plan-cadre des Nations Unies pour l'aide au développement (UNDAF) portaient notamment sur la protection des droits de l'enfant et les questions s'y rattachant. Il faut toutefois noter que la section du bilan commun de pays consacrée au développement social ne comportait aucune référence aux enfants, à la santé et à l'éducation. Aucune initiative inter-organisations n'a entrepris de remédier aux problèmes liés à la transition.

4.5 Conclusions et recommandations

En plus d'une solide assise économique et d'une croissance économique soutenue, Maurice bénéficie d'une forte tradition démocratique, d'un système de protection sociale et d'un cadre législatif et politique propice à la protection et à la promotion des droits de l'enfant. Ses dépenses dans les secteurs sociaux n'ont cessé d'augmenter au cours des dix dernières années, ce qui témoigne de la possibilité de parvenir à un système de protection sociale fonctionnant correctement et capable de répondre adéquatement aux besoins de la population. En termes financiers, la prise en charge des dépenses de programme jusqu'alors assumées par l'UNICEF ne devrait pas poser de problème au gouvernement.

En revanche, le respect optimal des droits de l'enfant et même la réalisation de certains objectifs de la dernière décennie restent à mettre en pratique. Bon nombre de politiques adoptées en faveur des enfants sont restées lettres mortes. Il est nécessaire de commencer à formuler des politiques et stratégies qui feront véritablement de la Convention relative aux droits de l'enfant l'instrument de référence en ce qui concerne les actions en faveur des enfants et les attitudes à leur égard. La planification n'a guère été décentralisée. La participation de la population, et en particulier des enfants, reste faible. Il est essentiel de maintenir une certaine continuité des politiques et programmes sociaux afin de ne pas devoir renoncer aux acquis.

Le fait qu'il n'existe, dans le domaine de l'action en faveur de l'enfance et des droits de l'enfant, aucune institution centrale de coordination a freiné les nombreux efforts positifs, mais non concertés, faits par diverses parties :

- Il peut paraître urgent de restructurer le Conseil national pour les enfants (CNE ou tout autre organisme). Cet organisme ne devrait toutefois pas s'occuper principalement de la protection des droits au sens strict du terme mais plutôt de la défense de tous les droits. Il ne devrait pas non plus chercher à mettre en œuvre des programmes ou projets, mais être avant tout un organisme de mobilisation, de coordination et de suivi qui contribue à responsabiliser ceux qui sont tenus de remédier à ces problèmes. Il devrait se positionner de façon plus stratégique, c'est-à-dire ne pas dépendre d'un seul ministère.
- Le secteur privé préférerait voir un organisme autonome chargé de la coordination des projets de la société civile et du financement du secteur privé, plutôt que le système actuel de coordination du CNE. Il semble ne vouloir collaborer avec l'UNICEF ou un organisme national de concertation qu'aux conditions suivantes : libre choix des projets à financer, transparence, complémentarité des efforts ou des institutions et obligation de rendre des comptes.
- Le gouvernement a récemment alloué des fonds à certains groupes vulnérables, sans toutefois cibler précisément les enfants ou en se limitant à un seul secteur. Il a été prévu de créer un Conseil national économique et social afin de contribuer à un « consensus permettant de maintenir l'intégration sociale au même rythme que le développement économique », mais ce Conseil n'a pas encore pris forme.
- Parmi les autres options figurent la création d'un poste budgétaire à allouer à l'organisation qui serait chargée de la coordination des questions intéressant les enfants et une « collecte de fonds » pour les enfants, gérée par un organisme national œuvrant en faveur des enfants, qui réunirait les contributions des pouvoirs publics et des secteurs public et privé.

Toutes les parties intéressées ont fait savoir que ni un organisme national ni un autre organisme des Nations Unies ne pourrait, du moins à court terme, assumer le mandat propre à l'UNICEF, ainsi que son rôle et ses compétences en matière de mobilisation et sa souplesse de programmation. Toutefois, le rôle de l'UNICEF dans une phase de transition et de post-transition consiste à aider les partenaires nationaux à prendre de plus en plus en charge ces fonctions clés de façon à ce qu'ils puissent remédier plus efficacement par eux-mêmes aux problèmes actuels et potentiels portant atteinte aux droits de l'enfant.

Pendant le reste du Programme de transition actuellement en cours (2001-2003) et par la suite, on pourrait envisager un certain nombre d'options complémentaires visant à renforcer à moyen terme le cadre institutionnel relatif aux droits de l'enfant : (i) le renforcement des institutions nationales, mentionné plus haut ; (ii) la création d'un Comité national de Maurice pour l'UNICEF ; (iii) la participation d'un autre organisme des Nations Unies ; (iv) une présence modifiée de l'UNICEF, par exemple un bureau de moindre taille, disposant seulement d'un budget d'appui et / ou un rôle renforcé du Bureau de zone de l'UNICEF à Antananarivo.

RESUMEN EJECUTIVO

1. Antecedentes y contexto

La presencia del UNICEF en Mauricio data de principios del decenio de 1970. Desde 1986, la cooperación se estructuró en programas de país de ciclos quinquenales. El tercer programa de cooperación de país abarcó el quinquenio comprendido entre 1996 y 2000. Es éste el programa de país al que se refiere la presente evaluación.

El presupuesto aprobado totalizó 4,25 millones de dólares estadounidenses (de los cuales 3,75 millones de dólares correspondieron a recursos ordinarios y 500.000 a otros recursos). El total real de fondos asignados fue 3.397.700 dólares (de los que 3.228.000 correspondieron a recursos ordinarios y 169.700 a otros recursos).

La evaluación se llevó a cabo durante la primera mitad de un programa de país de transición que correspondió al trienio 2001-2003, que recibió la aprobación de la Junta Ejecutiva en septiembre de 2000, y una asignación de recursos ordinarios de 1,5 millones de dólares. El carácter transitorio del nuevo programa de país guardó conformidad con la decisión de la Junta Ejecutiva del UNICEF de 1997 de eliminar gradualmente las asignaciones de recursos ordinarios a los países donde el producto nacional bruto per cápita llegara a los 2.895 dólares estadounidenses y la tasa de mortalidad de niños menores de 5 años fuera inferior a los 30 por 1.000 nacidos vivos. Dado que Mauricio cumple con esas condiciones, la cooperación mediante asignación de recursos ordinarios se eliminará progresivamente mientras se estudian las características que tendrá la futura presencia del UNICEF en Mauricio.

El diseño original del programa de país que se examina tuvo sus orígenes en la recomendación sobre el programa para el país (aprobada por la Junta Ejecutiva en 1995) y en el Plan principal de operaciones de 1995. Sus aspectos principales eran los siguientes:

- El programa de país debía desempeñar un papel facilitador y catalítico con respecto a la conquista de las metas del plan nacional de acción de Mauricio, a fin de que las metas mundiales para el decenio de la Cumbre Mundial en favor de la Infancia de 1990 se reflejaran en estrategias nacionales. El programa de país ayudaría al gobierno (i) a mejorar aun más la calidad de los servicios básicos para las mujeres y los niños, así como a incrementar su grado de utilización, concentrándose especialmente en los servicios de educación y salud; (ii) a reducir las disparidades existentes en cada isla y entre las diversas islas; y (iii) y a reforzar el carácter sostenible de los avances hacia la conquista de las metas del fin del decenio.
- El programa de cooperación se concentraría específicamente en cuatro de las siete metas para el final del decenio: (i) la reducción de la tasa de mortalidad infantil a 12 por 1.000 nacidos vivos y de la tasa de mortalidad de menores de 5 años a 19 por 1.000 nacidos vivos; (ii) la reducción de la tasa de mortalidad materna a 21,5 por 100.000, o a la menor incidencia posible; (iii) la reducción al 7% de la tasa de desnutrición infantil grave y moderada; y (iv) la educación básica para un 80% de los niños en edad escolar primaria.
- Las principales estrategias del programa de país consistieron en la potenciación y la creación de capacidad, mientras que se otorgaba menos prioridad a la prestación de servicios. El programa de país contenía otras cuatro consideraciones estratégicas: (i) a las

alianzas, (ii) la individualización de los niños más necesitados, (iii) los aspectos relacionados con la mujer y el desarrollo, (iv) el fortalecimiento entre los programas.

El programa de país fue revisado tras el examen de mediano plazo de 1998. Mediante la revisión se trató de obtener lecciones sobre la ejecución del programa y de volver a formular el programa de conformidad con el concepto de la programación basada en los derechos humanos. Los aspectos principales del programa de país revisado fueron los siguientes:

- Las lecciones que se obtuvieron del examen pusieron de relieve la necesidad de (i) contar con objetivos más explícitos y objetivos, (ii) realizar un análisis profundo sobre los problemas así como de formular sugerencias acerca de estrategias viables, además de (iii) poner al día las tres estrategias amplias del programa de país. Debido a que la prestación de servicios no representó una aportación importante con respecto a la concreción de los objetivos fijados, se decidió eliminar paulatinamente la prestación de los mismos, especialmente en lo que concernía a los suministros.
- El Examen de mediano plazo requería que las labores en pro de la infancia y de defensa de sus derechos tuvieran un carácter integral y transectorial, que se inspiraran en la Convención sobre los Derechos del Niño, y que se basaran en las alianzas. El objetivo general del programa de país revisado consistió en "[dar] a los niños mauricianos una posición de privilegio en el proceso del desarrollo, a fin de que la niñez sea la principal beneficiaria del crecimiento económico". También se hizo mayor hincapié en la protección y el fomento de los derechos de los niños, especialmente con relación a la protección de los mismos contra los abusos, y al respeto de tales derechos en el sistema de educación.
- Los objetivos específicos fueron los siguientes: (i) el fomento de la aplicación de la Convención sobre los Derechos del Niño, en especial con respecto a los abusos contra los niños y al respeto de esos derechos en el sistema de educación; (ii) la prestación más amplia de servicios de atención de buena calidad a los niños de corta edad y de los servicios relacionados con el desarrollo de los niños; (iii) el ofrecimiento a los adolescentes, especialmente a los que no reciben educación escolar, de oportunidades para que adquieran conocimientos para la vida; y (iv) el fomento de la participación de los adolescentes en las cuestiones que les conciernen.

2. Propósito, objetivos y ejecución de la evaluación

Los cuatro objetivos principales de la evaluación del programa de cooperación de Mauricio 1996-2000 en materia de rendición de cuentas consistieron en:

- Evaluar la función e importancia del programa de país con respecto a la situación de los niños y las mujeres en Mauricio
- Evaluar la concreción de los objetivos del programa de país enunciados en el plan principal de operaciones (de junio de 1995) y en el plan principal de operaciones revisado (de diciembre de 1998) con relación a las metas de la Cumbre Mundial a favor de la Infancia y del plan nacional de acción.

- Evaluar la eficacia, la eficiencia y las consecuencias de los proyectos y programas a los que se les ha prestado apoyo y determinar en qué medida las actividades y los resultados tienen carácter sostenible o pueden volver a obtenerse.
- Evaluar el enfoque con vistas al proceso de transición.

También se esperaba que la evaluación arrojara lecciones que orientaran la modificación del accionar del UNICEF en Mauricio con posterioridad a la eliminación de los recursos ordinarios a fines del período de transición entre 2001 y 2003. De esa manera, la evaluación ayudaría a potenciar a los aliados nacionales, respaldaría la toma de decisiones de índole estratégica y ayudaría a la realización de las gestiones basadas en los derechos y en los resultados en el ámbito nacional.

Asimismo, se esperaba que la evaluación permitiera obtener lecciones que pudieran servir para que el UNICEF estableciera más eficaces políticas y estrategias relacionadas con el proceso de transición. De esa manera, la evaluación podía ayudar también a mejorar la gestión estratégica general del UNICEF.

Las atribuciones de la evaluación fueron delineadas por el UNICEF y completadas tras un proceso de consulta con los aliados nacionales. Un equipo independiente de asesores nacionales e internacionales realizó la evaluación con el apoyo de la Oficina de Evaluación de la Sede del UNICEF y la Oficina del UNICEF en Mauricio. También se consultó a la Oficina Regional para África Oriental y Meridional, con sede en Nairobi, y a la Oficina de Zona, con sede en Antananarivo.

3. Metodología y limitaciones

Para realizar la evaluación se emplearon métodos diversos, como los estudios teóricos de los documentos pertinentes, las entrevistas con los informantes principales, y las inspecciones en el terreno. El equipo de evaluación se reunió también con el Comité Directivo Conjunto, compuesto por representantes de los ministerios involucrados en el programa de país. La evaluación constituyó un proceso de aprendizaje interactivo que involucró la organización de un cursillo práctico de carácter participativo en el que tomaron parte representantes de las principales partes interesadas.

La información obtenida fue ordenada en un archivo de entradas múltiples. A fin de garantizar la utilidad, viabilidad, corrección y precisión de los resultados, las conclusiones y las recomendaciones, tanto al principio como una vez finalizada la evaluación, se tuvo en cuenta la lista de comprobación que contiene el borrador de las Directrices sobre las Evaluaciones en África de 2000.

Durante la realización de la evaluación se tropezó con varias limitaciones, lo que explica ciertas carencias del estudio.

- En 1998, cuando se llevaron a cabo modificaciones sustanciales del programa de país, fue necesario tomar como referencias dos diseños marcadamente distintos. Ninguno de esos dos diseños resultó ser el adecuado a los efectos de la evaluación.

- Durante la evaluación no se empleó activamente el plan integrado de vigilancia y evaluación. Algunos objetivos eran demasiado amplios o se confundían con las metas nacionales.
- Los informes periódicos de examen de las consultas entre el gobierno y el UNICEF, así como los Informes Anuales de la oficina, no siempre fueron suficientemente amplios o claros.
- Debido a que la evaluación se llevó a cabo casi un año después de que finalizara el programa, no fue posible consultar a algunas personas que habrían suministrado información muy importante.
- Por no disponerse de datos mensurables adecuados, no fue posible evaluar el aspecto de la eficacia.

4. Resultados y conclusiones

4.1. Gestión presupuestaria

El monto del presupuesto aprobado totalizó 4,25 millones de dólares (3,75 millones de dólares en recursos ordinarios y 500.000 dólares en otros recursos). El nivel de financiación real fue de 3.397.700 dólares (3.228.000 dólares asignados a recursos ordinarios y 169.700 dólares asignados a otros recursos). Los gastos efectivos del programa de país alcanzaron un 85% del nivel planificado, lo que se puede considerar un buen desempeño ya que es el reflejo de una gestión presupuestaria eficaz.

En el presupuesto original del programa, la mayor parte de las asignaciones (42%) correspondió al sector de la educación, y el resto se asignó por partes iguales al programa de salud y al programa de desarrollo, promoción y vigilancia de la política social. Tras el examen de mediano plazo se añadió un nuevo programa al programa de país –el de movilización de recursos– cuyo objetivo consistió en movilizar fondos del sector privado local. A pesar de su éxito inicial, el proyecto no logró captar cantidades importantes de fondos.

El programa también sufrió un déficit en el rubro de otros recursos, que sólo totalizaron 49.300 dólares, lo que equivalió a menos de una décima parte de la suma prevista. La diferencia se compensó mediante la movilización de recursos locales provenientes del programa Cambio para el Bien, de Air Mauritius. Sin embargo, y durante todo el tiempo en que se mantuvo vigente el programa de país, las oportunidades de recolectar otros recursos en Mauricio fueron relativamente escasas. Mediante las ventas locales de la Operación de Tarjetas de Felicitación se recaudaron otros 120.341 dólares que se asignaron al programa de país como recursos ordinarios mediante la asignación del presupuesto por programas separados. La suma de ambos montos arrojó un total de 169.700 dólares, que representaron sólo el 5% de la suma total de los fondos asignados durante todo el programa de país. La reducción al máximo posible de la dependencia de otros recursos resultó ser una estrategia prudente. De esa manera se evitó la realización de ajustes drásticos y se garantizó la continuidad del Programa a pesar de los inesperados altibajos de otros recursos.

4.2. El diseño, la función y la pertinencia del programa de país

El programa de país, ni en su versión original ni en su versión revisada, había sido diseñado de manera conducente a su evaluación. Tanto el programa de país como los objetivos del proyecto eran generalmente vagos y se confundían con las metas nacionales. En términos generales, no eran específicos, cuantificables, asequibles, pertinentes y de duración determinada. Muchos programas y proyectos se habían fijado como metas números tan elevados de personas a beneficiar que no había manera de que pudieran conquistarlas. En la enunciación de los objetivos no se aclaró que los resultados requerirían modificaciones de las actitudes y los comportamientos a largo plazo, y tampoco se sugirieron indicadores que se pudieran emplear para medir los avances que se logran durante el desarrollo del programa de país.

El plan original del programa de país, que databa de 1995, se adecuaba a las políticas y estrategias del gobierno y el UNICEF en aquella época, y tenía en cuenta las cuestiones más importantes que se había individualizado el año anterior mediante un análisis de situación. Los resultados y las conclusiones más importantes de la evaluación en lo que concernían al papel y la pertinencia del programa de país original fueron los siguientes:

- El programa de país original fue pertinente en la medida en que se refirió a las metas del plan nacional de acción. Sin embargo, redujo el enfoque del programa a algunas de las metas relacionadas con la salud, la nutrición y la educación, exclusivamente. Se omitió en él toda referencia a las metas relacionadas con los niños vulnerables y con la protección de los niños que se habían fijado en la Cumbre Mundial a favor de la Infancia y en el plan nacional de acción, y no se dio prioridad a las niñas y las mujeres, sobre todo en las cuestiones relativas a la información, la educación y la comunicación, además de la salud materna. El examen del programa de país justificó el criterio selectivo empleado al afirmar que los objetivos escogidos constituían el elemento más importante del compromiso del país con sus niños. Sin embargo, por ese mismo criterio selectivo, el programa de país no reflejó de manera adecuada las cuestiones más generales en las que el programa nacional de acción hacía hincapié ni los compromisos del país con respecto a la Convención sobre los Derechos del Niño. Aunque las limitaciones en materia de asignación de fondos para los programas hayan exigido que se aplicaran criterios selectivos, el programa de país debería haber incluido por lo menos los objetivos del programa nacional de acción y todos los derechos de los niños y las mujeres mediante la identificación de los problemas principales y la promoción que hiciera posible la movilización de los recursos naturales en esos aspectos.
- Los programas sectoriales se adecuaron a las políticas más amplias del gobierno entonces en el poder, mientras que se proponían poner en práctica las estrategias correctivas e innovadoras que fueran necesarias. Sin embargo, algunas de esas políticas sufrieron tantas modificaciones que el programa de país no pudo mantenerse a la par de ellas. El Plan principal de operaciones revisado fue pertinente a las modificaciones de las prioridades y estrategias del gobierno al mismo tiempo que trazó nuevos rumbos en el proyecto de Educación para el Desarrollo.
- El programa de país original se adecuaba a las tres estrategias principales que el UNICEF respaldaba en todo el mundo: la creación de capacidad, la potenciación y la prestación de servicios. Con respecto a esta última, el programa otorgó menos prioridad al componente referido al suministro. La estrategia de potenciación del programa de país no se enfocó en los procesos de participación sino en la información, la educación y la comunicación. La creación de capacidad se orientó principalmente hacia el gobierno, y en menor medida a las ONG y a la población. Las cuatro consideraciones estratégicas principales [las alianzas, el

enfoque individualizado, la mujer y el desarrollo y el fortalecimiento entre los programas] se adecuó a las estrategias del UNICEF. A la mujer y el desarrollo se le prestó muy poca atención.

- El programa de país abordó los crecientes problemas de los adolescentes con un novedoso enfoque integral. Sin embargo, no se aprovecharon otras oportunidades de desarrollar o continuar otras iniciativas experimentales. El programa de país tampoco aprovechó al máximo las experiencias pertinentes del programa de país. Por ejemplo, en el caso del Programa basado en la región de Rodrigues. En Isla Mauricio, el programa ni siquiera desarrolló una iniciativa experimental en la esfera de la salud y la educación basadas en la comunidad.

El programa de país revisado de 1998 concordaba en general con las políticas y estrategias del gobierno y el UNICEF, así como con las cuestiones que puso de relieve el análisis de situación de 1998. Sin embargo, en la evaluación se aclara que hay algunas excepciones a esta afirmación general:

- El Plan principal de operaciones del programa de país revisado indicó que el programa debía dejar de concentrarse en la conquista de las metas del programa nacional de acción y concentrarse en lograr “que los niños ocupen una posición central en el proceso de desarrollo”. Esto significaba que el programa debía adoptar un enfoque integral y centrado en la niñez de conformidad con los principios de la Programación basada en los derechos humanos, que había adquirido carácter obligatorio en el UNICEF en 1997. Sin embargo, debe dejarse constancia de que la visión elaborada en el plan principal de operaciones se basaba en parte en una interpretación equivocada de los principios de la Programación basada en los derechos humanos, ya que el interés por la vigencia de los derechos de los niños no es de ninguna manera incompatible con la conquista de los objetivos del programa nacional de acción. Que los niños ocupen una posición central en el proceso de desarrollo siempre ha sido uno de los principios rectores de la labor del UNICEF. Ese principio adquirió más importancia aún con la adopción de la Programación basada en los derechos humanos. Por lo tanto, el Plan principal de operaciones revisado consideraba la Programación basada en los derechos humanos de una manera mucho más limitada y menos productiva de lo que debía.
- La estructura programática continuó las labores de los programas esenciales de salud y educación, a los que les impuso un enfoque intersectorial y basado en los derechos humanos. La estrategia de evolución de una estructura sectorial a una intersectorial se adecuaba a la visión integral de los derechos de los niños que consagra la Convención sobre los Derechos del Niño. También constituyó una herramienta conceptual y de coordinación a la que se articuló como una de las principales consideraciones estratégicas en el plan principal de operaciones como fortalecimiento entre los programas. El empleo de la Convención sobre los Derechos del Niño, la Convención sobre la eliminación de todas las formas de discriminación contra la mujer y otros instrumentos internacionales tanto para las labores de promoción como para las reformas de las políticas y las prácticas concordó con las políticas del UNICEF.
- En este caso también, la no inclusión de aspectos específicos relacionados con el género en el proyecto que recibió asistencia del UNICEF y en los servicios de salud materno-infantil limitó la ejecución del mandato del UNICEF con respecto a la mujer y el desarrollo. De manera similar, la falta de atención a algunos de los problemas más importantes relativos a la protección de la niñez no sintonizaba con el mandato más amplio de la organización, que

exige que en los programas de los países se aborde en cierta medida cualquier forma de violación de los derechos.

- Las estrategias programáticas podrían haber respaldado la concreción de todas las metas del Programa Nacional de Acción mediante las labores en el ámbito nacional de promoción; la información, la educación y la comunicación, la vigilancia; y la concentración especial en los niños de las familias, sectores y regiones necesitados, más que mediante la prestación de servicios correspondientes a programas ordinarios. Aunque las estrategias hicieron hincapié correctamente en el marco de la programación relacionada con los derechos de los niños, no hicieron mención a la necesidad de vigilar la situación y al avance hasta la cobertura universal de todos los derechos.

4.3. La ejecución del programa de país, la eficacia del programa y la sostenibilidad de los resultados

Los objetivos generales del Plan principal de operaciones de 1995 sólo se conquistaron de manera parcial. Esto se debió en parte a que se trataba de principios vagos o confusos, y en parte a que muchos de ellos eran objetivos a largo plazo. El diseño del programa impidió distinguir claramente las diferencias entre los productos, los diversos niveles de resultados intermedios y atribuibles y las consecuencias. The Country Programme's contribution to the achievement of the chosen NPA goals, the achievement of supporting objectives and the sustainability of supported activities cannot be measured precisely No es posible medir con precisión el grado en que el programa de país contribuyó a la conquista de las metas seleccionadas del programa nacional de acción, el logro de los objetivos de apoyo ni la sostenibilidad de las actividades de apoyo. Pero es posible efectuar las siguientes observaciones:

- *Metas escogidas del programa nacional de acción:* El programa de país aportó a la conquista parcial de las metas sobre la reducción de la tasa de mortalidad infantil y de la mortalidad de niños menores de 5 años mediante el apoyo que prestó a las labores de atención prenatal y postnatal, el aumento de la vigilancia de los embarazos peligrosos, la capacitación y la investigación. Mediante el respaldo a las estrategias de salud maternoinfantil se ayudó a reducir la tasa de mortalidad materna. Aunque en 2000 no fue posible lograr los objetivos del programa nacional de acción en materia de tasa de mortalidad infantil, aunque sí el de mortalidad de niños menores de 5 años. También se logró una reducción de la tasa de mortalidad materna, a pesar de que no se conquistó la meta establecida en el programa nacional de acción. Tampoco tuvieron mucho éxito los intentos por dar apoyo al gobierno con respecto a ciertos aspectos relacionados con la alimentación. En lo que a la educación básica concierne, el programa de país puso en marcha varios programas innovadores en un número limitado de escuela de desempeño deficiente. En el sector de la educación no se pusieron en práctica reformas necesarias para remediar los problemas de competencia excesiva y el elitismo que imperaban en el sistema escolar. Aunque en 2000 la matriculación bruta llegó prácticamente al 100%, persistieron los problemas de permanencia en las escuelas y las tasas de aprobación de los exámenes primarios integrados.
- *Creación de capacidad y potenciación:* Las estrategias generales del programa de país, así como los componentes programáticos, complementaron, facilitaron y desempeñaron funciones de innovación con respecto a las políticas, estrategias y actividades nacionales. Esas funciones fueron compatibles con el nivel relativamente elevado de capacidad financiera y administrativa que existe en Mauricio. Gracias a la flexibilidad del programa

de país fue posible utilizar en forma estratégica los aportes financieros relativamente modestos. Pero no siempre fue posible garantizar la recreación de los programas innovadores o el traslado de ciertos enfoques a determinadas políticas y estrategias.

- *La manera en que los aliados nacionales revivieron las innovaciones y la sostenibilidad de los resultados:* Las ONG demostraron ser más receptivas que muchos organismos gubernamentales a las innovaciones propuestas por el programa de país. El gobierno de la isla Rodrigues constituyó una notable excepción en ese sentido. Algunas ONG opinaron que el gobierno estaba plagado de demoras burocráticas. A pesar de que los servicios de salud y educación se prestaban de manera gratuita, la calidad de los mismos debía ser mejorada. Esos servicios tampoco respondieron de manera adecuada a las desventajas inherentes o a los cambios en los modos de vida. A pesar de que se elaboraron materiales de información, educación y comunicación para que fueran distribuidos entre la población, sólo se logró parcialmente la participación permanente y plena de los aliados nacionales en ese proceso.
- *El papel de la asistencia consistente en suministros:* Se otorgó baja prioridad al componente del programa de país relacionado con los suministros debido a que el gobierno contaba con la capacidad financiera para hacerse cargo de los gastos de equipos y materiales. El gobierno y el UNICEF firmaron hace muchos años un acuerdo sobre servicios de compras reembolsables, pero ninguna oficina gubernamental se valió jamás de esos servicios.

Los objetivos revisados basados en la Programación basada en los derechos humanos que figuraban en el Plan principal de operaciones de 1998 sólo se lograron de manera parcial. Mediante diversos programas y servicios se consiguió que el programa de país se concentrara en las cuestiones relacionadas con los derechos de los niños. Aunque no fue posible conquistar el objetivo final de que la niñez fuera la primera beneficiaria del crecimiento económico, resulta obvio que esa era una meta a largo plazo. Los logros principales fueron los siguientes:

- *La Convención sobre los Derechos del Niño:* Los intentos por modificar las leyes nacionales en concordancia con la Convención sobre los Derechos del Niño y de aprovechar al máximo la enorme capacidad de inclusión de esa Convención no lograron todos los objetivos deseados. Un solo organismo de gobierno asumió principalmente la responsabilidad por los derechos de los niños: el Ministerio de las mujeres, los derechos de los niños y el bienestar familiar, y se registraron pocos y débiles esfuerzos por reestructurar y reforzar el Consejo Nacional de la Niñez.
- *Servicios básicos de salud:* Las aportaciones realizadas por el programa de país a los procesos de reforma, a las labores de capacitación y a otras formas de creación de capacidad ayudaron a darles a esos servicios una orientación más equitativa y eficaz.
- *La protección de la niñez:* Entre las medidas más importantes con respecto a la protección de los niños figuraron el establecimiento, con carácter experimental, de una Dependencia para la Protección de la Niñez; la realización de un estudio sobre la prostitución de los niños; un examen del sistema de justicia juvenil, y diversas campañas relacionadas con varios aspectos específicos de la Convención sobre los Derechos del Niño. Mediante la aplicación de criterios originales se lograron buenos resultados con diversos programas, especialmente con los que estaban orientados a los adolescentes.

- *La educación:* En lo que concernió al programa de educación básica, se señaló que las tasas de aprobación de los exámenes primarios integrados mejoraron en la mayor parte de las escuelas involucradas. El proyecto no afectó el nivel nacional de desempeño ni redujo de manera notable las diferencias entre Mauricio y Rodrigues. Además, los esfuerzos que se realizaron por disminuir el carácter elitista del sistema de educación no fueron comparables con las mejoras en el desempeño durante los exámenes escolares, que constituían uno de los objetivos del programa.
- *Mayor acceso de los niños a la atención de buena calidad en los servicios de desarrollo del niño en la primera infancia:* La primera etapa de la ejecución de la nueva política en materia de desarrollo del niño en la primera infancia se concentró en el desarrollo de políticas, la capacitación y el control de calidad, mientras que la segunda etapa estuvo orientada a capacitar a los padres o a las madres, y al control de la calidad. La prioridad que se otorgó a la capacitación de los padres y las madres estuvo justificada. Sin embargo, fue necesario acelerar la finalización y la ejecución de esa política.
- *Oportunidades a los adolescentes en materia de desarrollo de los conocimientos para la vida:* Aunque se tomaron varias medidas originales, y con buenos resultados, no fue posible superar algunos problemas, tales como la definición demasiado limitada del concepto de “embarazo de las adolescentes” (ignorando los embarazos de niñas de 15 a 19 años) y la atención limitada al derecho de los niños a participar en la toma de decisiones que les afectan.

En general, el programa de país tuvo un grado razonable de eficacia en lo que se refirió a los logros de los productos y resultados. Los informantes principales no siempre se mostraron satisfechos con la calidad de los resultados en lo concerniente a la oportunidad, cantidad y calidad. En la medida en que lo permite la información fidedigna de la que se dispone, se puede afirmar que se logró un nivel razonable de resultados intermedios. Por ejemplo, con respecto a las nuevas estrategias en materia del desarrollo del niño en la primera infancia y la protección de la niñez. La eficacia del programa de país resultó menos obvia en lo que se refirió a las actividades complementarias de los enfoques recomendados para la potenciación y participación de las comunidades. Entre las razones de esas limitaciones en materia de resultados atribuibles figura la falta de toma de decisiones estratégicas acerca de políticas y estrategias por parte de los aliados nacionales.

Resulta generalmente difícil establecer una relación causal entre los programas y proyectos por un lado, y el mejoramiento de la situación de los niños por otro. Es decir, resulta difícil medir las consecuencias de un programa determinado. Sólo es posible conjeturar que las mejoras observadas durante el lapso que se estudia se pueden deber en parte al programa de país. Los objetivos escogidos del programa nacional de acción no se conquistaron plenamente ni se dio a los niños “una posición central en el proceso de desarrollo”. Las mejoras obtenidas en materia de acceso a los servicios de salud y educación, y de cobertura, utilización, calidad, etc., fueron incompletas. También fue marginal la reducción de las disparidades y de la exclusión social.

Varió asimismo el grado de sostenibilidad de las actividades a las que le prestó apoyo el programa de país. El programa de país no siempre fue percibido por todos como un programa de cooperación sino de asistencia. Esto puso en peligro el sentimiento de propiedad, la participación en las responsabilidades y el equilibrio. Antes de la apropiación de los programas basados en las regiones al final de programa de país previo, las autoridades locales y las ONG de Rodrigues se hicieron cargo de la propiedad de todos los aspectos administrativos de esos programas, en lo que constituyó un ejemplo que debería ser emulado.

4.4 Preparativos para el proceso de transición

Aunque sin emplear específicamente la palabra “transición”, el UNICEF informó a las diversas partes interesadas acerca del proceso de transición que se avecinaba cuando se realizó el examen de mediano plazo de 1998. La referencia explícita al concepto de “transición” se produjo posteriormente, al principio del ejercicio de planificación del programa de país 2001-2003, y estuvo contenida en una carta que dirigió el Director Regional el 18 de mayo de 1999 al entonces Ministro de Desarrollo Económico de Mauricio.

En 1998, la oficina del país comenzó a hacer esfuerzos para brindarles apoyo a las instituciones nacionales de manera que pudieran prepararse para el proceso de transición mediante la concienciación y la asistencia en materia de diversificación de las fuentes de fondos y el incremento de la recaudación de otros recursos en el ámbito local. Sin embargo, debido a la demora en el inicio del proceso de transición, la carga más pesada de los preparativos recayó en el programa de país de 2001-2003. A los aliados que participaban en el programa de país se les dio muy poco tiempo para sentar las bases de un proceso de transición sin contratiempos en el siguiente programa de país.

Lamentablemente, el apoyo que prestó la Oficina Regional del UNICEF, en Nairobi, y la Oficina de Zona, en Antananarivo, fue muy limitado. Esto se debió probablemente a que se considera que Mauricio es un país rico y se da por descontado el bienestar de sus niños, por lo menos en comparación con los niños de otros países de la región. Ese apoyo limitado también puede interpretarse como un tributo a la buena gestión de la oficina del país y a sus buenas relaciones con el gobierno y otros aliados.

Bajo la dirección del Coordinador Residente de las Naciones Unidas, el desempeño en materia de coordinación fue eficaz. Debido a que todos los organismos de las Naciones Unidas sufrían las consecuencias de la escasez de fondos, se buscaron maneras en que fuera posible coordinar sus actividades. Entre los objetivos y estrategias del Marco de Asistencia de las Naciones Unidas para el Desarrollo figuraban la protección de los derechos de los niños y otros asuntos conexos. Se debe señalar, sin embargo, que la sección del documento de Evaluación común para los países dedicada al desarrollo social no se hace referencia a los niños, a la salud o a la educación. Tampoco existían iniciativas interinstitucionales dedicadas a resolver las cuestiones que se pudieran suscitar durante el proceso de transición.

4.5 Lecciones obtenidas y recomendaciones

Además de contar con una base económica sólida y de disfrutar de crecimiento económico sostenido, Mauricio tiene una firme tradición democrática, un sistema de bienestar social y un marco legislativo y político propicio para la protección y el fomento de los derechos de los niños. Las inversiones de Mauricio en los sectores sociales han aumentado constantemente durante el último decenio, lo que resulta indicativo de sus posibilidades de contar con un sistema de bienestar social eficaz que pueda satisfacer de manera adecuada las necesidades de su población. Desde el punto de vista financiero, el gobierno no debería tener problemas para hacerse cargo de los gastos programáticos que hasta ahora han recibido apoyo del UNICEF.

Por otro lado, es necesario tratar el tema de la vigencia plena de los derechos de los niños, y aun el logro de determinadas metas del decenio previo. Muchas políticas en pro de la infancia sólo existen en los papeles. Es necesario poner en marcha el trazado de políticas y estrategias que conviertan a la Convención sobre los Derechos del Niño en el instrumento rector de las acciones

en pro de la infancia y de las actitudes hacia ella. La planificación aún no ha sido suficientemente descentralizada. El grado de participación de la población en general, y de los niños en particular, es bajo. Resulta fundamental lograr cierta continuidad en materia de políticas y programas sociales a los efectos de no perder el terreno que se ha ganado hasta ahora.

El proceso de creación de instituciones adecuadas debe iniciarse de inmediato y con criterios objetivos, atendiendo al interés superior de los niños. El gobierno, y en menor medida el sector de las ONG, deben tomar medidas para hacerse absolutamente responsables de la protección de los derechos de los niños mauricianos.

La ausencia de una institución central que coordine las cuestiones relacionadas con los niños y sus derechos ha entorpecido muchos esfuerzos bienintencionados pero carentes de coordinación que realizaron diversas partes:

- La existencia de un Consejo Nacional de la Niñez reestructurado, o un organismo que lo sustituya, puede tener para algunos carácter fundamental y urgente. Sin embargo, ese organismo no debería involucrarse principalmente en los derechos de protección en el sentido más estricto, sino en el fomento de todos los derechos. Tampoco debería dedicarse a ejecutar los programas o proyectos sino más bien a ser un ente de promoción, coordinación y vigilancia que ayude a garantizar que quienes sean responsables de la solución de los problemas rindan cuentas de lo actuado. También sería conveniente que ese organismo ocupara una posición más estratégica en la estructura gubernamental; es decir, que no dependiera de un ministerio de índole técnica.
- El sector privado preferiría que en lugar de la situación actual, en la que esas labores las coordina el Consejo Nacional de la Niñez, un organismo autónomo coordinara las empresas de la sociedad civil y la gestión de los fondos suministrados por el sector privado. Como condición para su colaboración con el UNICEF o un organismo nacional de coordinación, el sector privado parece demandar la libertad para escoger a qué actividades brindará su apoyo, transparencia en las acciones, garantías de que se evitará la redundancia de esfuerzos y de instituciones, y la rendición de cuentas.
- Recientemente, el gobierno asignó algunos fondos a los sectores vulnerables, pero esos fondos no están dirigidos específicamente a los niños, ni están limitados a un solo sector. Aunque se barajó la posibilidad de crear un Consejo Nacional Económico y Social para promover “el consenso para que la integración social avance a la par del desarrollo económico”, esa dependencia aún no existe.
- Otras posibilidades que se han considerado fueron la creación de un renglón presupuestario para la organización a la que le corresponda la coordinación de las cuestiones relacionadas con la niñez y un fondo “a la vista” que se alimentaría de las contribuciones del gobierno y de los sectores público y privado, y que manejaría una organización nacional de defensa de la infancia.

Todas las partes interesadas opinaron que ningún organismo nacional (ni de las Naciones Unidas) podría, al menos en el futuro inmediato, reemplazar al UNICEF en lo que respecta a su mandato; al papel que desempeña en las labores de promoción, así como a la eficacia con que las desempeña; y a su flexibilidad programática. Sin embargo, el papel del UNICEF en una fase de transición o en la etapa posterior a la transición consiste en ayudar a que los aliados nacionales se

hagan cargo de manera creciente de la responsabilidad de esas funciones fundamentales, a fin de que puedan tratar por su cuenta los problemas existentes y potenciales que amenazan a los niños.

Durante el resto del actual programa de transición (2001-2003) y con posterioridad a éste, se podrían estudiar varias opciones complementaras para fortalecer el marco institucional de los derechos de los niños a plazo medio. Esas opciones son: (i) el mencionado fortalecimiento de las instituciones nacionales; (ii) la creación del Comité Nacional de Mauricio en pro del UNICEF; (iii) la participación de otro organismo de las Naciones Unidas; (iv) una versión modificada de las labores del UNICEF; como por ejemplo, la presencia de una oficina de dimensiones más reducidas y con un presupuesto para las labores de apoyo, exclusivamente; o el fortalecimiento de las funciones de la Oficina de Zona del UNICEF, en Antananarivo.

MAIN REPORT

1 INTRODUCTION

1.1. Background

1. UNICEF presence in Mauritius dates from the early 1970s. Since 1986, the co-operation has been structured in five-year Country Programme Cycles. The third Country Programme of Co-operation (CP) covered the period 1996-2000. The total approved budget amounted to US\$ 4,250,000 (US\$ 3,750,000 Regular Resources (RR) and US\$ 500,000 Supplementary Funds (now termed 'Other Resources' (OR))¹. This CP is the subject of the present evaluation.

2. The evaluation took place during the first half of a transitional Country Programme of a three-year-period (2001-2003) which was approved by the Executive Board in September 2000, with a RR allocation of US\$ 1,500,000. This was in line with the 1997 UNICEF Executive Board Decision to gradually phase out RR allocations for countries having reached a combined threshold of US\$ 2,895 GNP per capita and U5MR (Under 5 Mortality Rate) of less than 30 per 1,000 live births (cf. Appendix 6). Since Mauritius complies with these criteria, the traditional type of co-operation with allocation of RR is scheduled to progressively come to an end and modalities of a modified UNICEF presence in Mauritius are under consideration.

3. An international programme meeting organised by the Mauritius Country Office organised in January 2001 focused on the formulation of programme implementation strategies for the transitional Country Programme. The meeting recommended conducting an evaluation of UNICEF-Mauritius co-operation in the third Country Programme (1996-2000) as part of the preparation of the transition process. This exercise could provide lessons learned that could be useful for the transition. The terms of reference for the evaluation were drafted by UNICEF and finalised after consultation with national partners (cf. Appendix 1).

1.2 Objectives and scope of the evaluation

4. The accountability objectives of the evaluation of the Mauritius Country Programme of Co-operation (CP) 1996-2000 were fourfold:

- To assess the role and relevance of the CP as to the situation of children and women in Mauritius
- To assess the realisation of the CP objectives as spelled out in the Master Plan of Operations (MPO) (June 1995) and the Revised MPO (December 1998) against the background of World Summit for Children (WSC) and National Programme of Action (NPA) goals
- To assess effectiveness, efficiency and impact of supported projects and programmes and analyse to what extent activities and results are sustainable and / or replicable.
- To assess the approach to prepare for the transition process.

¹ In UNICEF parlance, General or Regular Resources (RR) are provided for a CP and are allocated to various component programmes and support needs. Supplementary Funds (nowadays called Other Resources or OR) refer to resources raised or given for special purposes by various sources such as donations from outside the country concerned, greeting cards as well as from other promotional sales in the country and from national public and private sources. The different types of funding will be referred to as Regular and Other Resources (RR and OR) in accordance with present practice. Regular Resources and Other Resources together form the Programme Budget. In addition there is a Support Budget, which covers operational cost of the UNICEF Country Office.

5. Further it was expected that the evaluation would yield lessons learned that might guide the modification of UNICEF presence in Mauritius resulting from the withdrawal of RR at the end of the transition cycle 2001-2003. It would thus contribute to empowerment of national partners, support strategic decision-making and contribute to rights-based and results-based management at the country level.

6. The evaluation was also expected to generate lessons learned that may be useful for UNICEF to formulate policies and strategies related to transition processes. It will thus also contribute UNICEF's overall strategic governance.

1.3. Methodology

7. The evaluation made use of a variety of methods and findings and conclusions were validated with references to several sources, i.e. through triangulation:

- *Desk Review:* The evaluation began with an extensive desk review of relevant documentation (Appendix 5). Various statistics on both the programme and background were gathered from reports and records. This process continued for over four weeks.
- *Interviews of key informants in Mauritius:* The team members held an extensive round of interviews with key stakeholders in the CP and in the transition process in Mauritius (Appendix 4). The interviews also continued into the fourth week. These provided not only facts and figures but also allowed the team to glean views across the board.
- *Meetings:* The team members interacted with the Joint Steering Committee (JSC) composed of representatives of the various Government Ministries that were involved in the CP soon after the exercise started. The JSC had held quarterly and annual review meetings of the programmes and projects in the CP. The team's meetings with the JSC gave it the members' perspectives on several issues relevant to the evaluation, and were one more form of triangulation.
- *Field visits:* The team made a three day visit to Rodrigues during which all the projects supported by the 1996-2000 CP were reviewed, and observed. Some field visits were made in Mauritius Island also in order to observe projects that the CP supported in this milieu. Field visits included interaction with the communities and children, field practitioners and community-based organisations. Though the observation was of the present situation and activities, the team was able to delve into the concepts, strategies, activities and results that were valid for the CP under review. This was done both by direct questioning of the various parties involved and by seeing the sustained activities and results first hand. A list of field visits made is included in Appendix 4.

8. The evaluation was an inter-active learning process culminating in a participatory workshop during which main findings, conclusions and recommendations of the evaluation were discussed and finalised. The results of the workshop have been added to the evaluation report (cf. Appendix 12).

9. The evaluation took into consideration the draft African Evaluation Guidelines 2000 that contain a checklist to ensure utility (ownership by stakeholders), feasibility (political viability and cost-effectiveness), propriety (impartiality, respect of rights of stakeholders, cultural sensitivity) and accuracy (adequate information) (cf. Appendix 3). At the start of evaluation, the evaluation manager and the evaluators discussed the checklist and the table was filled in. At the end of the exercise, this table was reviewed again, and validated.

1.4. Constraints and limitations

10. In the course of its implementation the third CP was substantially revised following the Mid-Term Review. In addition to the Master Plan of Operations (MPO) of 1995, a revised MPO was drawn up in 1998. The revision in the middle of the CP meant that, in actual fact, the evaluation was not of one but of two programmes.

11. At the start of the CP, an Integrated Monitoring and Evaluation Plan (IMEP) was prepared in compliance with standard UNICEF practice. However, this document was not implemented and never again referred to either in the Reviews of the Joint Steering Committee (JSC) or in the UNICEF Office's Annual Reports to the Executive Director. It was also not used in any separate monitoring exercise. If the IMEP had been reviewed at least once or more often during the CP, it would have given more precise information on projects and activities that this evaluation could have used fruitfully.

12. The overall design of the third CP did not provide a good basis for any future evaluation. The objectives stated in the key documents (Country Programme Recommendation, MPOs) of the CP were too broad. Some objectives were confounded with national objectives such as those of the NPA. This made it difficult to analyse and evaluate their effective realisation.

13. The evaluation relied to a large extent on Review Reports, which were considered by the JSC at its Quarterly and Annual meetings. However, these were of uneven quality as to comprehensiveness and analysis of problems and suggestions on resolving them. This proved to be a handicap in reviewing effective outputs and outcomes of various projects. Similarly, the Annual Reports varied in clarity and levels of detailed information concerning problems of implementation.

14. The evaluation experienced common handicaps resulting from changes in partner organisations. In many cases, the focal points in Ministries have changed. Often, new staff do not know about the 1996-2000 CP. Attempts were made to contact the persons who were in charge during the programme under review, but these were not always successful. Some Government units have closed down and this has made follow up on issues handled by them very difficult.

15. Last but not least it should be mentioned that it was not possible to study efficiency for lack of measurable data concerning costs of inputs from all sources and, in many cases, quantifiable information concerning results.

1.5. Organisation and management

16. The Evaluation Office in UNICEF HQ and the Mauritius Country Office directed the evaluation. They drew up the draft Terms of Reference (TOR) for the evaluation, which was approved by Governmental and Non-Governmental partners in Mauritius. The Regional Office in Nairobi (ESARO) was consulted. Representatives from these three UNICEF offices initially briefed the evaluation team.

17. The representative of the Evaluation Office in HQ continued to provide support to the evaluation at various stages of the exercise, especially after the initial draft and during the workshops connected with the exercise. The evaluation team also had the benefit of the JSC's views in the beginning of its work. A workshop was organised with all major national stakeholders in December 2001. UNICEF's Area Representative based in Antananarivo and a

representative from the Programme Guidance and Quality Assurance Group in UNICEF Headquarters participated in the workshop. The outcome of this participatory event is included in Appendix 12 of the present report.

18. An independent team of international and national consultants was engaged to conduct the evaluation. It was composed of an international team leader (a sociologist with many years of UNICEF experience), a development economist, a specialist in early childhood development and a specialist in adolescent protection and participation.

2. THE CONTEXT

2.1 The child in Mauritius²

19. Mauritius has had a major transformation in its economic status through rapid industrialisation. The period 1980-1995 witnessed a high average growth rate of 6.2 percent, propelling it into the ranks of middle-income countries. Along with economic prosperity have come other changes such as widening disparity, social exclusion, and increasing consumerism. The participation of women in the organised labour force has also risen rapidly resulting in heavier workloads, more stress and less time for their families. It has been equally unfortunate that there has been no corresponding support to them from families or communities.

20. The health profile of Mauritians has also changed. A good system of health care and improved standards of living led to a welcome lowering of communicable diseases that helped to bring down child and infant mortality and prosperity had also at first helped to reduce malnutrition in children to a significant extent. However, the changes in lifestyles have led to an increase in non-communicable diseases. At the same time, there are still the typical problems of developing countries as some pockets and certain groups of children still suffer from malnutrition and worrying levels of mortality and morbidity. There has been a welcome drop in the Infant Mortality Rate (IMR) in 2000, but perinatal mortality is still a problem as are Low Birth Weight (LBW) and acute malnutrition. Among the primary causes are poor maternal health and nutrition, women's heavy workload due to their multiple roles, declining trends in breast-feeding, poor weaning practices and poor dietary practices.

21. In the education sector also, while primary school enrolment is almost universal, there are still problems of quality, dropouts, and absenteeism. The rat race for a place in the star schools at the end of the primary level makes the Comprehensive Primary Examination (CPE) very competitive. To groom the students for this examination, private tuition has become a mandatory burden. The quest for academic achievements comes at the cost of the child's overall development, and its right to leisure and recreation. While education is 'free and universal' in Mauritius, this pernicious system not only poses financial strains on all parents, but makes education inequitable as the poor cannot afford to pay for tuition, thereby limiting their children's chances of educational success.

year, encouraging 22. The crying need for Early Childhood Care and Development (ECCD) has been well recognised by the Government, which has taken steps to meet the growing demand, but

² The information in this chapter was obtained from the Situation Analyses of 1994 and 1998. Appendix 6 gives a more detailed analysis of the situation of women and children.

quality of training and of the centres themselves, their regulation and programme costs are still problems. Government started to provide a subsidy for pre-primary education in 2000. But this, too, has had some negative side-effects as the subsidy is not for those less than four parents, especially the poorer ones, to delay entering their children till that age. There is also a lack of recognition of the need for even mothers who stay at home to be trained on early child stimulation.

23. A major lacuna in attention to child problems is in the area of child protection. Of late, this was remedied by a focus on child sexual abuse, child prostitution, HIV/AIDS, substance abuse and, to a lesser extent, on disability. Studies have been done, special units set up, Acts passed and Information, Education and Communication (IEC) campaigns launched. But child labour or children at risk of it have not been focussed upon. A great deal still needs to be done in this area.

24. Adolescent problems are coming to the fore especially given the changes in society and lifestyles. Major symptoms are the high drop out rates at the end of primary education, with the students being semi-literate or illiterate; alarming prevalence of abortions and pregnancies among teens, poor knowledge of sexuality and the practice of unprotected sex, that leave the teens vulnerable also to STDs and HIV/AIDS; and, drastic changes in consumption patters in food, alcohol and drugs. Again much needs to be done in this field.

25. Disparity between the islands of Mauritius and Rodrigues is evident in many areas of development. Within Mauritius Island itself, there are also pockets of deprivation. Social exclusion is a problem affecting some groups. Despite its lack of development and its economic backwardness, Rodrigues is ahead of Mauritius Island on some counts. This is partly at least due to a slower pace and simpler lifestyle, and partly due to excellent community-based health and social systems. But overall, it lags behind, and has the lowest Relative Development Index of all the country's districts, according to the 1990 Housing and Population Census³. These issues have not receded with growing prosperity. On the other hand, the Gini Coefficient, a measure of disparity, moved from 0.396 in 1987 to 0.379 in 1992 and 0.387 in 1997 (a coefficient of 1 indicates perfectly equitable distribution of income)⁴. Whether this short-term improving trend will continue remains to be seen.

2.2 The CRC, the World Summit for Children (WSC) and the National Plan of Action (NPA)

CRC and the World Summit for Children

26. The Convention on the Rights of the Child (CRC) was adopted by the General Assembly of the United Nations in 1989. It places the onus of ensuring child rights primarily upon its parents till such time that the child can increasingly participate in this concern, attaining it fully by the time he/she reaches adulthood. At the same time, it recognises that parents and the family or the community, the next tiers of responsibility, generally need help and support in various ways. Hence, CRC enjoins the State to shoulder this responsibility, and ensure that the various immediate and intermediate caregivers have the knowledge and means to provide the child the opportunity to realise its rights.

³ This index is a composite one, using a number of socio-economic indicators like the HDI, but over a wider range, for comparing the relative development of districts and even wards in the country.

⁴ Both measures are from MEDRC/CSO, 1996.

27. CRC is a Human Rights instrument applicable specifically to children, i.e. all persons under 18 years of age. As such, it enshrines the key human rights principles such as universality, non-discrimination and equity, indivisibility, and inter-dependence. It also lays down a number of rights that children are entitled to. These can be classified into four groups for convenience sake, though the principle of indivisibility and inter-dependence makes them all inter-related. The four groups are: Right to Survival; Right to Protection; Right to Development; and Right to Participation.

28. In 1990, Heads of State and Government attended the World Summit for Children. The UN also sponsored the event. It adopted the Decade Goals for Children (WSC Goals). These were based on various previous UN resolutions, and meant to help implement several rights in the CRC. Almost all countries have signed and ratified the CRC and adopted the WSC goals. Mauritius signed the Convention in 1991. It has also adapted the WSC Goals in its National Plan for Action (NPA) in 1992. This is then the benchmark to measure progress on fulfilling children's rights in the country during the 1990s.

National Plan of Action

29. The Government translated WSC Goals into the NPA in 1992, and updated it 1999. It has reviewed laws relevant to children and amended those that needed it (e.g. the Child Protection Act of 1994 was amended in 1996). Other important landmarks are the National Policy on Early Childhood Development (ECD) (1998) Some important legislative steps forward were taken at a later stage: the passage of the Protection from Domestic Violence Act (1997), and of the Protection of the Child Miscellaneous Provisions Act in 1998; and the setting up of a task force in September 2000 to review all laws concerning children.

30. The Mauritian NPA was based on an intersectoral approach with the aim of making it cost-effective and realistic. It envisaged ' a major review of social welfare and social policies' (Republic of Mauritius, 1992). It adapted all the major goals of the WSC to the Mauritian situation, resulting in national objectives. It also set out target actions and strategies that would help achieve them.

31. The NPA recognised the importance of IEC to tackle several key health issues that were related to lifestyles. It noted the need for improvement of the quality of health care, health system financing, and health education. In the sphere of education, it stressed the need to 'further operationalise' the Master Plan for Education. It also noted the need for legislative support to fill in the lacuna in Child Protection legislation and to translate CRC into national laws. The need for a national monitoring mechanism to effectively follow-up and realise the set goals was also stated. The NPA noted the need for acceptance of the goals it had put forth as those of society at large, and for them to be politically supported. It asked that they should be part of the current country's budget.

32. The NPA indicated that the Ministry of Women's Rights, Child Development and Family Welfare (MWRCDFW) was to be given the overall responsibility for co-ordinating action, monitoring programmes and reporting. Optimisation of the institutional machinery was sought through the setting up of the NCC in 1990, followed by a review in 1998 to help make it more dynamic and responsive to children's needs. The new Bill that was recommended by the review has so far not yet been finalised. A Child Development Unit was set up in 1995. Both that and the National Adoption Council were put under the MWRCDFW.

33. Mauritius carried out a mid-term review of the NPA in 1995 to assess the progress towards the achievement of its goals for children. It found that progress in some areas was good such as the overall level of nutrition and 100 percent enrolment in primary education. However, the progress in some indicators was not sufficient. These included IMR, which showed no major reduction; U5MR, which had slightly increased; LBW increase and the persistent high school dropout rate; and an increase in child abuse. Several recommendations were made to correct the situation, including better intersectoral co-ordination and convergence of services, intensive IEC on health problems, and specific measures to improve child health, education and protection. It called for the establishment of an Ombudsperson for child rights, adequate budget allocations for implementing child rights, a continuing information campaign on CRC and the dissemination of the NPA to the public.

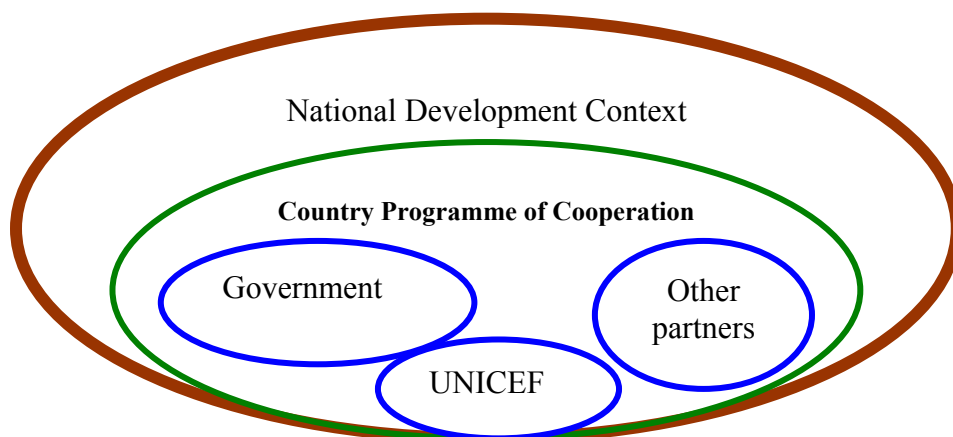
34. The Government submitted its first child rights report in 1995, wherein it committed to withdraw its reservation to Article 22 of the CRC (on refugee children). The End-Decade Review of the NPA that had been agreed upon at the WSC was started in Mauritius in July 2000. The Mauritius Country Report on Follow-Up on the World Summit for Children (CRFUWSC) that came out in May 2001 provided information on the results of this review and actions that the country still had to take to ensure achievement of NPA goals and the fulfilment of child rights.

35. The report reviewed the specific actions taken during the decade for child survival, protection and development. It contained a review of various sectors such as Maternal and Child Health, Water and Sanitation, Nutrition, Gender issues, Education and Training, Early Child Care and Child Protection issues. The report acknowledged that there were still gaps to bridge in order to fully realise all child rights and the decade goals. It also noted problems of poverty, unemployment and environment degradation. The report cited a number of preventive, promotive and curative actions being taken by the Government and NGOs to tackle these problems.

36. The review drew some general lessons from its work including the need for better enforcement of laws, better dissemination of CRC and for changes in attitudes and behaviours towards children. It noted that there was no children's policy and no mechanism to ensure that efforts of various organisations were co-ordinated so that the approach to the issue of child rights was coherent; that data collection and compilation has to improve to allow accurate measurement of goal achievements and programme impacts. The report noted that the multi-cultural makeup of Mauritian society had aroused some controversies on certain issues. Financial resources were inadequate for child protection and the NCC.

37. Chief among the future actions that the report suggested was a new structure to co-ordinate dissemination of the Convention and to formulate a national strategic plan for its implementation. It also called upon both Government and NGO sectors to take into account the rights of the child in their programmes.

Figure 1: Spheres of Accountability



2.3 Levels of accountability for child rights: WSC / NPA Goals, the Country Programme (CP) and the role of UNICEF

38. Figure 1 depicts levels of accountability for child rights in the country context. The broad national sphere comprises the full accountability for all CRC principles and the WSC/NPA Goals. Within this outer sphere, a CP supported by UNICEF attempts to contribute to the fulfilment of child rights and NPA goals, especially focussing on those that the situation analysis of women and children in a given country has indicated as priorities. It also takes into account the roles of various other agencies and potential partnerships with them. Within this sphere, there are many actors, such as the Government, Civil Society as well as UNICEF and other external partners, including other UN agencies.

39. This figure clearly shows that the CP and even more so, the UNICEF Country Office, operates only with limited accountabilities, i.e. providing support to the fulfilment of child rights and the attainment of NPA goals.

3. FEATURES OF THE COUNTRY PROGRAMME OF CO-OPERATION (CP) 1996 - 2000

3.1 The Country Programme Recommendation.

40. The UNICEF Executive Board approved the 1996-2000 CP in March 1995 (E/ICEF/1995/P.L.23). The Country Programme Recommendation (CPR) sought a total of USD 4,250,000 for the programme, of which USD 3,750,000 was requested from General Resources

(later termed RR) and the remaining 500,000 was to be raised through Supplementary Funds (later called OR).

41. The CP was to play a facilitating and catalytic role in the achievement of the goals of the Mauritian NPA. It would help the Government:

- To improve further the quality and utilisation of basic services for women and children, with a particular focus on education and health;
- To reduce further disparities both within and between islands; and
- To strengthen the sustainability of progress towards the achievement of the decade goals.

42. Specifically, the CP would focus on four of the seven Decade Goals, on the premise that they represented the centrepiece of the country's commitment to its children. These were:

- Reduction of IMR and U5MR to 12/000 and 19/000, respectively;
- Reduction of the MMR to 21.5 per 100,000, or the lowest possible incidence;
- Reduction of severe and moderate child malnutrition to 7 percent; and
- Acquisition of basic education by 80 percent of primary school-age children.

43. UNICEF support to the proposed programme was to be used as a pre-investment strategy prior to the expansion of Government programme. The CPR proposed three sectoral programmes:

- Social policy development, advocacy and monitoring;
- Health;
- Education.

44. The sectoral programmes were seen as inter-related. It was expected that the operational research and studies in the first programme would feed into all programmes to enhance both quality and coverage. Successful aspects of the other programmes would also be used to increase coverage through sharing of information, development of policy and advocacy. IEC would be used for promoting changes in attitudes and behaviour as well as to generate demand for quality services.

45. Thus capacity building and empowerment were to be the CP's main strategies. Assistance for services was seen as a limited input, to be used as a critical complement to these. The CP's activities were to be targeted using local indicators to better reach vulnerable groups, especially women and girls, and for disparity reduction.

46. The CPR contained a brief reference to the need for this CP to initiate a transitional phase leading to a gradual diminution of programme inputs after the year 2000. The recommendation was motivated by achievements in Mauritius in terms of child survival and development. It should be noted that this observation was not taken up in other documents related to the CP, e.g. the MPO 1996-2000.

3.2 Original MPO 1996-2000

3.2.1. Original objectives of the CP

47. The 1996-2000 CP was designed to take into consideration the process of socio-economic change shaping the country as well as the persistent problems in the health sector and the deep-seated systemic problems in the education sector (see chapter 2.1 above). The main objectives as stated in the original MPO were in consonance with those outlined in the CPR (3.1 above).

48. The MPO elaborated upon the objectives. Its empowerment and capacity building were aimed at the people to reduce IMR, MMR and malnutrition, and to improve the psychosocial and education development chances of their children. The MPO stated that the CP would directly contribute to the achievement of all the supporting/sectoral goals that corresponded to the four goals selected for attention.

3.2.2 Programme strategies of the original MPO 1996-2000

49. The main strategies adopted in pursuance of the stated objectives were capacity building, empowerment and, to a lesser extent, service delivery. The MPO's rationale for the choice of the three main strategies was the Government's strong budgetary position, the high educational level of the population and the Government's ability to cover equipment and material costs. It viewed the supply component as needed only when it could be targeted and serve to complement capacity building and empowerment.

50. The MPO also posited four further strategic considerations for all the programme components:

- *Partnerships*: Recognising that NGO and community organisations had proved effective in some action areas, it envisaged a partnership with them. A proper mix of support to these, depending on their capacities would be used. Networking among them would also be assisted.
- *Targeting*: Since the evaluation of the previous programme showed that projects did not always reach beneficiaries efficiently, the MPO proposed to target its support on the basis of decentralised indicators. This would help to identify the location of pilot projects, to restrict the use of resources to the most needy (both in absolute and relative terms, and to determine the phasing of implementation, as needed).
- *Women in Development (WID)*: The MPO noted that Mauritian women and female children did not share most of the difficulties common in the rest of Africa. However, there were some special problems that affected them specifically: domestic violence, anaemia among girls, teenage pregnancies, adult female illiteracy, and the division of labour at home. It proposed to address these issues through IEC and advocacy.
- *Inter-programme Reinforcement*: The MPO proposed to design programmes such that they would explicitly reinforce one another, to the extent possible so as to converge on problems related to children's nutrition and early childhood development. This would be done through joint training of the staff, and through research, analysis and advocacy.

51. Further, the MPO outlined UNICEF's strategic role in the CP. It would reinforce the quality of basic services in high priority programme areas on a targeted basis. It planned to promote positive behavioural change in families in key health and/or development practices affecting women, infants, young children and youth. It would advocate for policies favourable to children and women, and to the poor or vulnerable, and their children. It planned to assist in social policy development and monitoring in areas critically relevant to the UNICEF mandate, through research and analysis.

3.2.3 Programme components in the original MPO 1996-2000

52. The CP comprised three programmes: Health, Basic Education and Social Policy Development, Advocacy and Monitoring. These in turn were divided into seven projects (Figure 2).

53. The objective of the Health programme was to address the principal causes of infant mortality and morbidity that have been persistent problems, poor nutritional status of children and women, worm infestation and diarrhoea, two major causes of child morbidity. It sought to tackle the issue of sustainability through quality assurance and better utilisation of services at the local level. It was divided into two projects: Mother and Child Health (MCH) and Behavioural Health.

54. The Education programme sought to contribute to national efforts to address identified weaknesses so that the efficiency of the education system could be improved. It would use all the main strategies highlighted in the CP, and would specifically employ advocacy, research, analysis and policy formulation to help achieve improvements in quality, relevance and equity at all levels. The two projects in this programme were Early Childhood Care and Development and Basic Education.

55. The Social Policy Development and Monitoring programme aimed at research, information and advocacy to help address the inter-sectoral concerns of the CP. Specifically, it would deal with the further development of a national data base to monitor the progress towards the NPA goals; child-and-women-centred studies and surveys as needed; support to social sector policy development through research and consultancies, especially regarding financing and management; advocacy for children's and women's rights; and the monitoring and evaluation of the CP itself.

3.3 Mid-Term Review (MTR) and Revised MPO

3.3.1 Rationale for the revision

55. The rationale for the revision of the CP lay in the 1998 MTR recommendations. These took into consideration both the concept of Rights-Based Programming (RBP) that had become the basis of all UNICEF programming in 1998⁵ and the lessons learned from the CP so far. The former called for a holistic, trans-sectoral advocacy and action for children as it was deemed necessary to cut across boundaries to protect and meet children's rights. Broader partnerships were also to be sought.

56. The lessons learned from the review included a realisation that some of the CP objectives were too broad and incompatible with the changing situation. It was felt that they should be more explicit and specific and should be preceded by an in-depth analysis of the problems as well as suggestions on feasible strategies. Another lesson was that the three broad CP strategies, capacity building, empowerment and service delivery, were not always successful, and needed to be revamped. This was partly because the communication strategies used were limited, depending largely on mass media, with little interaction with the public. It was also noted that there was some resistance to a participatory and empowering approach in health promotion and life skills

⁵ CRC guided UNICEF programming throughout the 1990s, but became the formal basis for its programming strategy from 1998 onwards. The adoption in 1996 by its Executive Board of UNICEF's new mission statement, based on this Convention, was followed by a directive from its Executive Director that included policy and programme guidelines for country programmes (EXD 1998/004 - 'Guidelines for Human Rights-Based Programming').

programmes. The effectiveness of supplies and equipment provided in the programme was limited, due to delayed distribution and low utilisation.

57. The MTR made some comments on three of the other strategic considerations mentioned in the original MPO (Targeting, WID, and Inter-programme Reinforcement, though not on Partnerships). It found targeting was difficult due to lack of disaggregated data and limited funds, except in Rodrigues with its limited area and adequate funding. There was no specific WID programme, but CEDAW was promoted. Joint planning and training were used to reinforce collaborative inter-agency approaches. The sectoral break-up of the current programmes was found to be an obstacle to a holistic approach. Hence it was suggested that they should be replaced by a cross-sectoral and child-rights based programme involving a wider range of stakeholders. This suggestion was based on the point that child rights are indivisible, and, therefore, many cross-sectoral actors who have duties towards the child need to be involved. Enhanced collaboration between civil society and the public sector would lead to more effective implementation of the programmes.

58. Yet another observation was that there was potential for local fund-raising for children's programmes in the country. Some moves during the ongoing programme to mobilise extra resources to substitute for a 20 percent decrease in UNICEF funding for the CP led to the view that more potential lay in local private sector funding for children's programmes. Such a strategy if well designed could help fill the budget gap that would be created by the gradual phasing out of UNICEF RR started in 1999. In addition, partnerships with professional and specialised institutions and pooling together of present UNICEF resources with those of other agencies for future investments could be worthwhile steps to take.

59. The MTR observed that monitoring of funded projects was being carried out satisfactorily, though improvements were needed, in particular for impact measurement. The monitoring of projects and activities was done through quarterly, mid-year and annual reviews that were coordinated by the Ministry of Economic Development and Regional Co-operation (later the Ministry of Economic Planning and Development or MEPD), and remedial actions taken each time. However, the impact of project outputs was difficult to assess.

60. ESARO reported on the MTR to the Executive Board in its 1999 Summary of Mid-Term Reviews and Major Evaluations of Country Programmes. The report announced that the Country Office would assess the potential for the local mobilisation of resources for children, that the Country Office would be further streamlined and that a final, short-duration CP, with a reduced level of general resources, would be recommended to the Executive Board to cover the period 2001-2003 (cf E/ICEF/1999/P/L.1, paragraph 29).

Figure 2: Original 1996-2000 CP structure

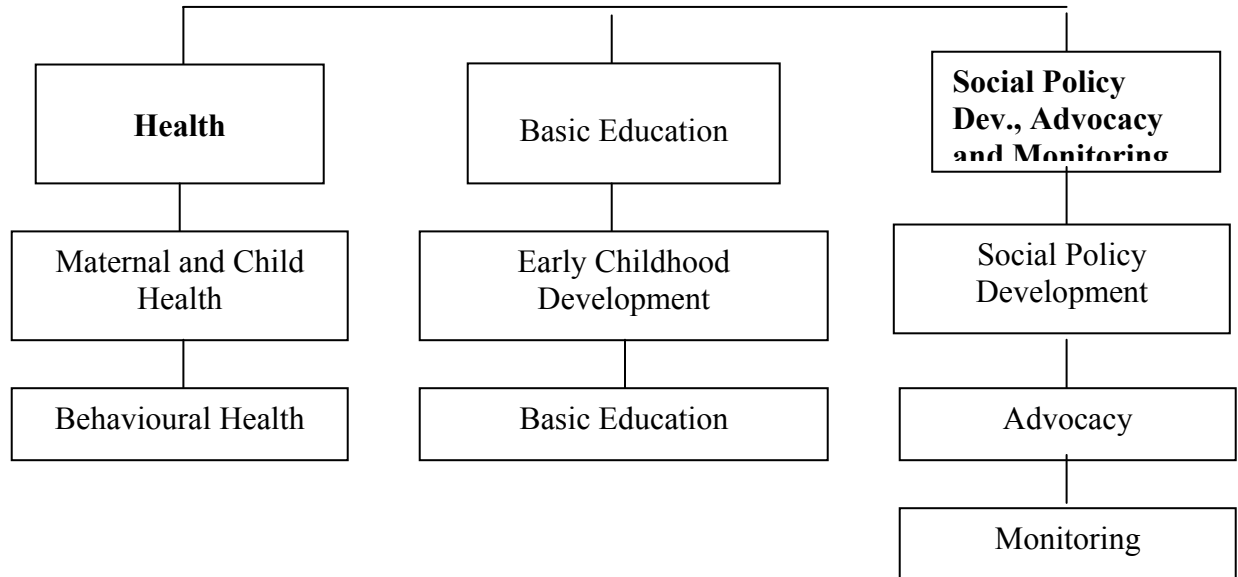
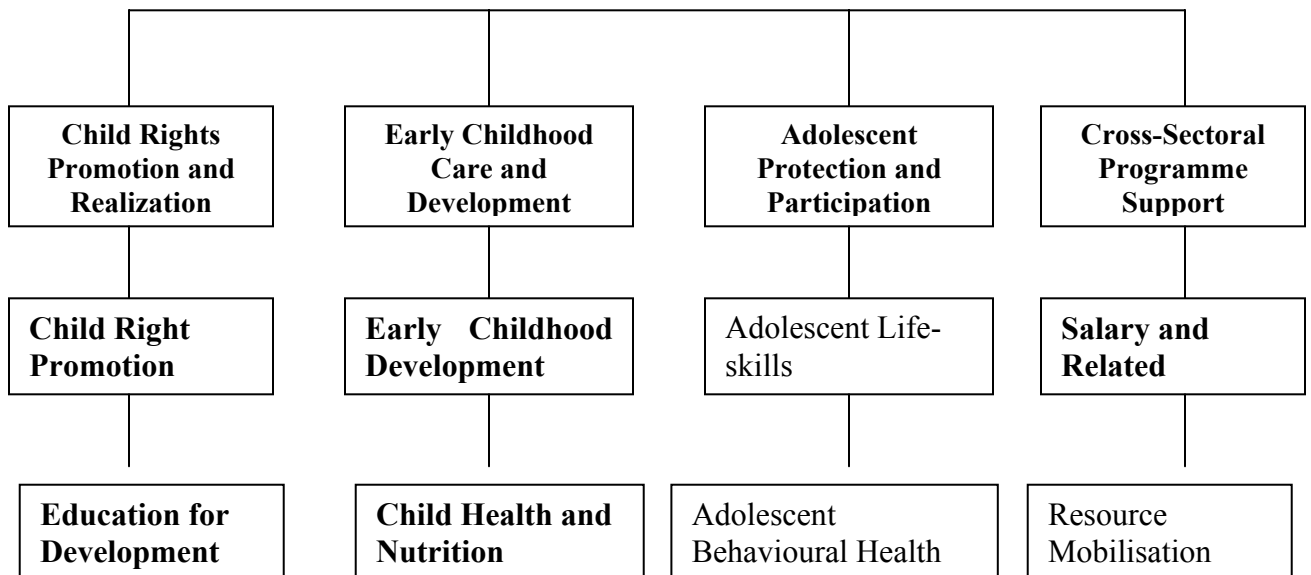


Figure 3: Revised 1999-2000 CP structure



3.3.2 Objectives of the revised MPO

61. Following the 1998 MTR, the CP was reoriented in favour of a holistic approach with crosscutting priority themes. The structure of the CP was revised to reflect the evolution from the needs to the rights approach that UNICEF had adopted globally. This shift in focus entailed changes in objectives and design. The revised CP had a stronger emphasis on child rights protection and promotion, especially in the area of protection against abuse and within the educational system. The broad objective was to "(place) Mauritian children at the heart of the development process in order to make the child the first beneficiary of economic growth" (Revised MPO). More specifically, the following objectives underpinned the 1999-2000 CP:

- Promote the realisation of the CRC, particularly with respect to protection against child abuse and within the educational system;
- Ensure greater access to quality care in early childhood and developmental services
- Provide adolescents, especially those out of school, with opportunities to develop life-skills; and
- Promote participation of adolescents in matters affecting them.

3.3.3 Strategies in the revised MPO

62. The overall programme focus of the revised MPO shifted from the NPA goal achievement to placing children at the heart of the development process, so that they could be the first to benefit from the country's economic growth. Hence it:

- Reformulated the CP to 'pursue a holistic, cross-sectoral advocacy and action for children'.
- Reiterated its strategy of co-operation with NGOs and civil society in this effort.
- Affirmed support to NCC to play its role in favour of children, especially with reference to their protection.

63. The MTR had found that, while two of the three main strategies, viz., capacity building and empowerment, which were tried in the original programme, had proved efficient, service delivery did not make a significant contribution to goal achievement. It was therefore decided to consolidate advocacy, institutional capacity building and empowerment, and to progressively phase out service delivery. This especially applied to the supply component. Accordingly, the share of supplies in the total CP expenditure was slashed from 32 percent in 1996-97 to less than 10 percent by 2000.

64. Strategies for implementation were also readjusted in the revised MPO. There was a shift from 'sectoral' or isolated projects and activities to holistic advocacy and action for children'. There was a greater emphasis on international instruments such as CRC and CEDAW in advocacy and in national policy, legislation and administrative practice reforms. UNICEF's experience in communication and social mobilisation was to be used more explicitly. The family unit was to be strengthened so as to provide an enabling environment for children. The consolidation of civil society and private sector and media partnerships were emphasised in order to bring about social changes in favour of children.

65. The strategies of the initial CP, capacity building, empowerment and service delivery, were to merge in a cross-sectoral approach, geared to targeted empowerment and advocacy, thus preparing the way for the transition programme.

66. The revised MPO took into account changes in priorities and strategies reflecting those of Government (e.g., Action Plan for Education 1998, which, however, was not implemented as such; the National ECD Policy 1997; the Child Protection Act of 1994 and the plan of action to combat sexual exploitation of children.

3.3.4 Programme components in the revised MPO

67. The revised CP was not directly comparable to the original one since it was characterised by an integral approach that cut across sectoral lines. Thus, child health and nutrition, and adolescent health, which belonged to separate programmes in the 1999-2000 CP, fell under a single programme – namely health – in the original programme. Similarly, the EDEV project was under the Child Rights programme, but was more related to the Basic Education component of the education programme in the original CP.

68. Sectoral programmes were reorganised under three programmes: Children's Rights Promotion and Realisation (CRPR), ECCD, and Adolescent Protection and Participation (APP). The purpose was to adopt a holistic approach based on the principles of the CRC and to address crosscutting themes. Nevertheless, there was a sectoral emphasis in the revised CP. For example, the ECCD Programme, which took up the bulk of the 1999-2000 budget comprised of projects with essentially the same intent and purpose as those in the education and health sectors of the original CP, with the addition of a specific ECCD component. The revised budgetary allocations were in keeping with the priorities, which had not shifted substantially following the review, just that some had been emphasised more than others have.

69. The CRPR programme aimed to contribute to the realisation and internalisation of child rights. It also planned to review and strengthen the role and functions of the NCC so that it could offer better services to children. The programme was to look at the juvenile justice system and other child protection issues, support in-depth sociological studies on the situation of children in various areas of difficulties as a precursor to action plans. It would provide technical support for expansion and consolidation of the EDEV project, citing it as the best vehicle for application of child rights in the educational system. It also planned to support NGOs to integrate CRC concepts and participatory approaches in their functional literacy and out-of-school programmes.

70. The ECCD programme's objective was to give all Mauritian children in the 0- 8 year age group the opportunity to realise their full potential in health and learning. One of the proposed activities was support to the translation of the new national ECD policy into initiatives that could respond to the child's developmental needs and for the enhancement of pre-primary education. The Child Health and Nutrition project's priority problems of LBW, infant mortality and malnutrition would be researched from the socio-cultural, genetic and/or economic perspectives. These studies would be used to formulate innovative pilot schemes. The project also envisaged the setting up of nutritional information surveillance system and extensive child growth monitoring.

71. The APP programme was aimed at the health and development needs of the most vulnerable and disadvantaged adolescents, empowering them to become agents of social change. The

Adolescent Life Skills project was to focus on the consolidation of interventions in this area in Rodrigues, and on the institutional capacity building of educational agencies in Mauritius Island, with a view to improve programmes for adolescents with low academic ability. The Adolescent Healthy Behaviour project sought to improve the knowledge and skills of adolescents for healthy practices through their improved access to appropriate information and through counselling.

72. The Cross-Sectoral Programme Support consisted of two projects, Salaries and Related Operations Costs, and Resource Mobilisation. The latter was introduced in view of the reduction in the RR funding level and the potential for mobilising funds locally for children's programmes.

3.4 The CP Budget and its implementation

3.4.1 Overall budget allocations and performance

73. The approved level of funding for the Programme Budget amounted to US\$ 3,750,000 in General Resources (nowadays called Regular Resources) and US\$ 500,000 in Supplementary Funds (Other Resources), hence a total of US \$ 4,250,000. Table 1 summarises originally approved and actual funding levels as well as actual expenditure.

Table 1: Programme budget allocations and performance (CP 1996-2000) - (USD, 000)

Year	CPR Approved Ceilings			Programmable amounts				Actual expenditure
	RR	OR	Total	RR	OR external	OR local	Total	Total
1996	750.0	100.0	850.0	750.0	3.0	21.5	774.5	592.0
1997	750.0	100.0	850.0	638.0	19.7	25.0	682.7	616.2
1998	750.0	100.0	850.0	638.0	5.0	24.1	667.1	698.7
1999	750.0	100.0	850.0	601.0	21.6	23.8	646.4	695.1
2000	750.0	100.0	850.0	601.0	0	26.0	627.0	716.5
Total	3,750.0	500.0	4,250.0	3,228.0	49.3	120.4	3,397.7	3,318.5

Source: Country Office records⁶

⁶ The figures are indicative and do not meet auditing standards. They were not validated with DFAM at NYHQ. The reason is that there is some discrepancy between different sets of records, as some records were apparently not updated on a regular basis and upon closure of accounts on the 1996-2000 CP. However, the discrepancy is minimal and does not affect the present analysis.

74. Figures 4 and 5 show the allocations between sectors and projects in the original (1996-2000) and revised (1999-2000) budgets, respectively. In the original programme budget, the education sector commanded the largest share of budgetary allocations (42 percent), with the remainder divided equally between the Health programme and the Social Policy Development and Monitoring programme.

Figure 4 Budget Allocations in the 1996-2000 MPO

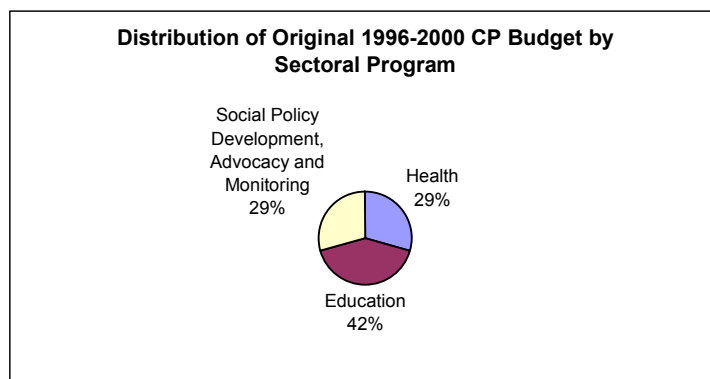
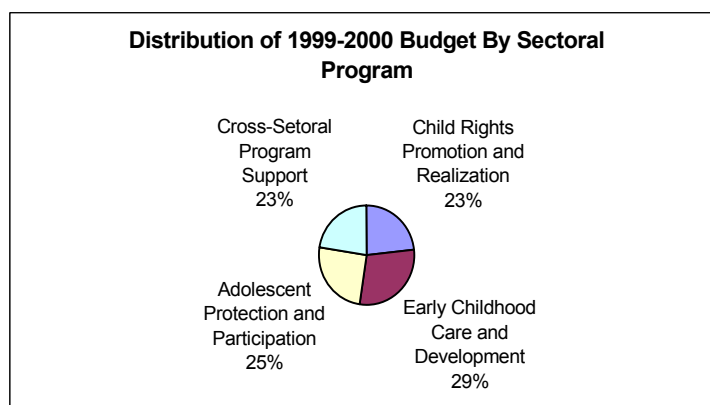


Figure 5: Budget Allocations in the 1999-2000 MPO



3.4.2 Specific budget performance

75. Table 3 summarises the budget performance of the original and revised CPs. The records suggest that the budgetary provisions were largely carried through and, subject to availability of funds, most projects were implemented and fully financed. The actual expenditure was about 85 percent of the planned level. This may be considered a good performance, reflecting effective budget management.

76. Table 2 shows the phasing of actual expenditure over the duration of the CP. Two observations may be made in respect of the cross-sectoral support programme:

- Following the MTR, a new project – Resource Mobilisation – was added in the CP with the goal of exploiting fully the existing potential to mobilise funds locally from the private sector

through a partnership with UNICEF. This was in view of the reduction in the funding level of general resources for Mauritius for the next (transition) CP. The records suggest that, despite its initial success, the project has not generated significant amounts of funds.

- Salaries and programme operation costs accounted for 23.4 percent of total expenditure. This amount may seem to be out of proportion for a "small" Programme, but keeping in mind that the CP focussed less on supplies and more on advocacy and capacity building, and that a core staff and a minimum of operational expenses are needed for any level of programme, it might not have been unwarranted. In fact, the staffing was scaled down at the start of the programme.

77. Due to its unpredictability, little recourse was given to Supplementary Funding (OR) at the budget planning level. Of the total original programme budget of \$ 4,250,000 only \$ 500,000 (i.e. less than 12 percent) was staked on OR. External Supplementary Funds actually approved amounted to US\$ 49,300 only, i.e. less than a tenth of what had originally been foreseen. Thus, keeping reliance on such funding to the strict minimum was a prudent strategy that proved fruitful. It avoided drastic adjustments and assured continuity of the Programme in the face of erratic flows of OR.

78. The shortfall external Supplementary Funding was made up by local resource mobilisation, notably sales of UNICEF greeting cards, proceeds of which the Office was allowed to keep. Some funds were also mobilised from Change for Good/Air Mauritius. However, the project's dynamism seems to have died down after a short period of relative success. Together, such resources amounted to \$ 169,700, which represented 3.5 percent of the total amount funded over the duration of the CP.

Table 2: Programme Budget Performance, 1996-1998 and 1999-2000

Program	Project	Expenditure (USD '000)	
		Planned⁷	Actual
1996-1998			
Health	Maternal and Child Health	600.0	418.8
	Behavioural Health	150.0	34.8
Education	Early Childhood Development	630.0	225.3
	Basic Education	420.0	320.5
Social Policy Development, Advocacy and Monitoring	Social Policy Development	360.0	155.7
	Advocacy	300.0	270.5
	Monitoring	90.0	23.0
1999-2000			
Child Rights Promotion and Realisation	Child Rights Promotion and Protection	150.0	135.9
	Education for Development	175.0	177.4
Early Childhood Care and Development	Early Childhood Development	226.0	267.2
	Child Health and Nutrition	178.0	155.2
Adolescent Protection and Participation	Adolescent Life-Skills	170.0	201.8
	Adolescent Healthy Behaviour	180.0	145.0
Cross-Sectoral Programme Support	Salary and Related Operations Costs	275.0	775.4
	Resource Mobilisation	40.0	12.0
TOTAL		3,944.0	3,318.5

Source: Country Office Records

⁷ Planning figures do not correspond to CPR ceilings or to the approved budget figures, but reflect projections made in the process of the preparation of the CP. They are included here for the purpose of a rough assessment of budget performance.

Table 3: CP Expenditure Structure, 1996-2000

Programme	Project	1996	1997	1998	1999	2000	Total
<u>1996-1998</u>							
Health	Maternal and Child Health	115.2	127.1	176.5	–	–	418.8
	Behavioural Health	12.6	11.2	11.0	–	–	34.8
Education	Early Childhood Development	95.1	60.1	70.1	–	–	225.3
	Basic Education	88.2	117.0	115.3	–	–	320.5
Social Policy Development, Advocacy and Monitoring	Social Policy Development	70.5	72.4	12.8	–	–	155.7
	Advocacy	64.3	58.6	147.6	–	–	270.5
	Monitoring	6.9	5.8	10.3	–	–	23.0
<u>1999-2000</u>							
Child Rights Promotion and Realisation	Child Rights Promotion and Protection	–	–	–	70.9	65.0	135.9
	Education for Development	–	–	–	112.4	65.0	177.4
Early Childhood Care and Development	Early Childhood Development	–	–	–	111.1	156.1	267.2
	Child Health and Nutrition	–	–	–	69.2	86.0	155.2
Adolescent Protection and Participation	Adolescent Life-Skills	–	–	–	111.8	90.0	201.8
	Adolescent Healthy Behaviour	–	–	–	60.6	84.4	145.0
Cross-Sectoral Program Support	Salary and Related Operations						
	Costs	137.2	154.0	155.1	159.1	170.0	775.4
	Resource Mobilisation	2.0	10.0	0.0	0.0	0.0	12.0
TOTAL		592.0	616.2	698.7	695.1	716.5	3,318.5

Source: Based on data obtained from Programme Summary Sheets 1996-2000, UNICEF Port Louis.

4. Evaluation Findings and Conclusions

4.1. Role and relevance of the CP

4.1.1. Fulfilment of NPA goals

The CPR and Original MPO

79. The CPR and the original MPO focussed on the health, nutrition and education goals of the NPA, but failed to address any child protection problems. The following goals of the NPA were addressed: Infant Mortality and U5MR (Goal 1), Maternal Mortality (Goal 2), Malnutrition (Goal 3) and Basic Education (Goal 5). Goals not addressed were: Water, Environment and Sanitation (Goal 4), Adult Literacy (Goal 6) and Children in need of special protection (Goal 7). The CPR's justification for this selectivity was that the selected goals represented the centrepieces of the country's commitment to its children. However, in adhering to the then key concerns of the Government, the CP failed to reflect adequately the wider concerns of the NPA, as well as the county's commitment to CRC. The CP could have adopted a different strategy, e.g. address those Goals where there was a need in terms of capacity building and "filling gaps", and leave out Goals for which adequate national capacities existed. Such a dynamic vision would have been more consistent with the need to gradually consider transition. This omission was a major lacuna in the CP's objectives.

80. In confining itself to four of the seven NPA goals, nowhere did the CP documents give any explanation for ignoring child protection issues. There were programmes on adolescent health and education/development in the original MPO, but there was no focus on preventive, promotive or rehabilitative aspects of child protection. Nor did any of the Programme Plans of Operations (PPOs) specifically mention these issues. Thus activities that could prevent or halt damages to the child, if tackled early, were not posited. It should be mentioned that this lacuna was not uncommon in UNICEF supported CP at that time.

81. Another lacuna was that in the original MPO the only goal related to women was maternal mortality reduction. The NPA had also targeted adult illiteracy and under-nutrition, especially anaemia, among women. The CP's operational focus was mainly on their role as mothers (MCH), in that mothers and other women are usually the target group, on their own behalf and that of their children in all health and nutrition programmes. The Programme Plan of Operations (PPO) on Social Policy Development, Advocacy and Monitoring did have sub-component objectives related to women's rights. However, the strategies included only IEC and advocacy on such issues. Thus, the CP failed to target girls and women or support any programmes that could contribute to their overall development.

82. Even if limited programme funding did not allow for operational interventions in all areas, the CP should at least have addressed all NPA goals and the broader context of children's and women's rights in terms of identification of issues and advocacy. This could have resulted in the mobilisation of national resources in these areas. It should be mentioned that one advocacy project addressed these broader issues (see below), albeit in a limited way.

83. The MPO also failed to address other issues raised in the Situation Analysis, e.g. the dimension of ECCD. One issue that could have been tackled was the unavailability of hospital data by age (a serious lacuna that hampers analysis, policy decisions and remedial actions on disease patterns). The Situation Analysis has also drawn attention to drinking water problems. 21 percent of the taps had been found contaminated in 1992-93 and floods could cause

contamination from sewer pipes. This aspect could have been included in the health programme - IEC, quality testing, training of relevant personnel.

Role and relevance of programme components of the original MPO 1996-2000

84. Generally, the sectoral programmes reflected a valid role and relevance in the context of Mauritius. For example, the Education PPO stressed its facilitating and catalytic role in the achievement of the WSC/NPA goals. Its relevance was grounded in the Situational Analysis of 1994. The programme was also relevant to the Jomtien commitment to 'Education For All'.

85. The Health PPO stressed improved MCH and Behavioural Health and Nutritional care, quality and management, striking at the social as well as medical causes of persistent problems, health sector reform needs and demonstration projects. These were valid roles for the CP given the situation of women and children, the existence of a welfare-oriented health care system and the capacity of the Mauritian Government to handle its own supply needs and basic services. However, the lack of strategies to use community-based health activities in Mauritius Island resulted in an absence of any initiative, even on a pilot scale, in this direction. The PPO also did not look at girls' health and nutrition, that often determine a woman's (and thus mother's) health/nutrition.

86. The 1996-2000 CP's role in the Adolescent projects was a pioneering one as it used a holistic approach to the emerging adolescent problems and sought to prepare adolescents for life in various ways. It rightly addressed the adolescent issues in the NPA and those related to the economic and social factors affecting the life and well being of adolescents, specially the most vulnerable ones, as identified in the Situation Analysis. Thus, Behavioural Health and Illiteracy Reduction were on top of the agenda in this sector.

87. The CP's role in the SPDAM programme took into consideration the gaps in social policy development and monitoring, as well as the advocacy needs to help fulfil the child rights and NPA objectives of the Government. It correctly sought to focus on decentralised and disaggregated data and analysis systems that could feed into policy formulation, advocacy, NPA monitoring and the management and financing of social services. This was especially needed to target the vulnerable groups. The NPA and the situation analysis had also identified these as lacunae.

88. The central foci of the Advocacy project, to advocate for the application of CRC, a more child- and family-friendly environment, and the empowerment of women and children to demand their rights related very well to the NPA and CRC's principles. They were also relevant to the situation of women and children in the country, as a number of problems were shown to be the result of ignoring such rights. However, the lack of any reference to CEDAW was unfortunate, despite the inclusion of objectives related to women's welfare and protection. This non-inclusion of specific gender concerns in this project and in MCH project, i.e., no targeting of girls and women other than pregnant or lactating, revealed a lack of relevance as far as the situation analysis was concerned.

89. An important role of a new CP is to carry forward the experiences of the previous CP, as well as to optimally utilise that of other relevant experiences, such as those of other agencies. This CP, however, failed to build upon the Rodrigues ABP, even though the MPO noted that it was "efficient and cost effective" and that most of the activities had "a positive impact" - in particular,

the role of the Community Health Workers (CHWs) on the reduction of infant and child mortality and morbidity. This CP could have expanded or adapted this programme and/or approach to Mauritius Island, but it did not even consider it on the grounds that the Island did not have the same community spirit as Rodrigues. In Rodrigues itself, the programme was phased out, apparently because it was so successful (cf. Appendix 9).

90. A more serious consideration of adaptations to the strategies successfully used in Rodrigues could have led to some useful initiatives. For example, not all women in Mauritius work outside the home and some even are informal caregivers to the very young of their neighbourhood. So a community health worker scheme based on very local part-time activities, suitably compensated, could have been explored (cf. Appendix 10). Similarly an adaptation of the 'Agent d'Education' idea in the ABP could have been tried.

Relevance of the revised MPO

91. The revision of the CP in 1998 was inspired by UNICEF's adoption of the Rights-Based Programming (RBP) approach and involved a critical "lessons learned" exercise on the occasion of the Mid Term Review (MTR) and a substantial update of the Situation Analysis. The Government, NGOs and the media appreciated the greater emphasis on CRC and also the more holistic programming approach.

92. Some shortcomings of the first MPO were addressed, e.g. increased attention for ECCD and some issues related to child protection. However, as far as the latter was concerned, the programme only focused on abused children and still left out most other categories of Children in Especially Difficult Circumstances mentioned in the NPA. It should have been possible to include these categories, especially disabled children, school dropouts and child labourers, at least as secondary targets, to be addressed through IEC and research, if resources did not permit a primary focus on them. The new project on child disability was too tentative and did not deal with proven strategies such as early detection and treatment, prevention, community rehabilitation, and integrated education.

93. The revision in the programme responded to some extent to the updated Situation Analysis of 1998 that highlighted some persistent problems and their causes. For example, it concluded that the health problems of children and women were rooted in non-medical, sociological reasons. The revised CP tried to address these issues by research, innovative pilot schemes, systematic monitoring, etc. However, some specific nagging issues such as teen pregnancy and abortion were not mentioned here though the Situation Analysis of 1998 did bring out the worrying trends in these areas. The revised programme also tried to respond to both new and emerging problems such as HIV/AIDS.

94. The strategies in the revised MPO also reflected the MTR view as to the need to revamp the strategies of the earlier MPO. On the institutional side, Government had set up the National Children's Council (NCC) in tune with the NPA's call for a national co-ordinating body. A review of NCC in 1998 recommended its restructuring. This was reflected in the MPO's objective of support to this restructuring.

95. The lower priority given to service delivery, which had not proved as effective as advocacy, empowerment and institutional capacity building, was justified. Some of the supporting strategic considerations in the original MPO (inter-sectoral approach and partnerships) were reiterated, but

others were not specifically mentioned (e.g. WID and targeting of specific groups of children). No reason was given either in the MTR or the MPO for this omission of the latter two considerations that were very relevant to the country's needs. It is unfortunate that the MTR recommendation to adapt the Rodrigues participation model to disadvantaged areas on the Island of Mauritius was not followed.

4.1.2. Conformity with Government and UNICEF policies and strategies

Conformity with Government policies and strategies

96. The CP's formulation came after Mauritius had taken a number of important steps in favour of children and women. It had ratified CRC and CEDAW and endorsed the Jomtien commitment to EFA. It had adopted its NPA after WSC and had also amended many of its laws to conform to CRC. Its policies and plans were generally based on the same concepts. As a democratic welfare state, it subscribed to the idea of universal access to basic services.

97. The original MPO, in noting such points, had taken as its main rationale to make a contribution to the achievement of NPA's goal. The sectoral programmes conformed to the broad policies of the Government of the day while at the same time aiming at remedial or innovative strategies where needed. Thus, while country priorities were evolving away from child survival to child development and protection, the MPO called for a programme mix of all three as needed. The CP supported health sector reform and restructuring of the NCC.

98. The original MPO was compatible with changes in the Government policies such as the Master Plan for Education 1991 and the intentions to reform the health sector. However some policies went through so many changes that the CP could not keep pace with them (e.g., Education policies, Action Plans, White Papers, Master Plans, each of which came in succession but many have yet to be implemented). The revised MPO was relevant to changes in Government priorities and strategies, e.g. Action Plan for Education 1998 (which, however, was not implemented as such); the inclusion of child protection (absent in the first MPO); and the follow-up to the new ECCD policy. On the other hand, the Education for Development project broke new ground in addressing primary education quality.

Conformity with UNICEF policies and strategies in 1995

99. The original CP conformed to the three main strategies that UNICEF endorsed worldwide: Capacity building, empowerment and service delivery. At the same time, taking the country situation into account, it accorded a lower priority to the supply component in service delivery. The four main strategic considerations (partnerships, targeting, WID and inter-programme reinforcement) that the CP included were also in conformity with UNICEF strategies.

100. However, in elaborating on these strategies, the CP had some drawbacks. For example, it moved out of mainstream support to women/gender issues as such, though WID was one of the strategic considerations of the MPO, which also mentioned women's rights, breast-feeding and other issues. Its only gender-related inputs were training on CEDAW, health, nutrition, and working mothers. Yet, advocacy and some capacity building could have been focussed upon in

favour of improving the status of all women and girls. The wide network of women's associations could have been suggested for use in various projects aiming at women and/or children.

101. Empowerment, another key UNICEF tenet, could be addressed by various means, such as IEC, training, involvement in the issue - via participatory processes and management, or improvements in legal and socio-economic statuses and institutions. Similarly, capacity building could connote training, enhancing financial, managerial, organisational, technical, communication and other capacities. The CP followed its objectives statement with two separate programme strategies 'Capacity building' and 'Empowerment'. This evaluation has taken the terms in the objective statement to be defined by these strategy statements. It appears from these statements that the CP's empowerment strategy was focussed on the IEC aspect rather than the others. It also appears that the target for capacity building was the Government, exclusive of either NGOs or the public. These were limitations of strategy in the MPO (though the implementation was not so limited).

Rights-Based Programming and the revised MPO

102. In basing itself on RBP, the revised MPO called for a shift in programme focus from achievement of the goals of the NPA to 'placement of the Mauritian children at the heart of the development process'. This negated one major guideline in the global directive, i.e., that RBP does not mean a moving away from programming to meet all children's basic needs (which is what most of the NPA goals seek to achieve). On the other hand, the directive states that CRC and CEDAW together are the guiding frame of reference for UNICEF. These entail not only some protection activities and attention to adolescents, legal issues regarding child rights, attitudes towards children, etc. as the revised MPO seemed to imply, but also greater attention to UNICEF's regular concerns regarding non-discrimination and equity in the fulfilment of all types of rights.

103. Another point is that placing children at the heart of the development process has always been a firm UNICEF tenet. The only development since UNICEF's new mission statement was issued was that this focus became even more sharply articulated as RBP. The main difference between the need-based and the rights-based approach is that children, and their parents, are no longer considered recipients of services, but rights-holders and claimants. Hence, the revised MPO was viewing RBP in a very narrow and less productive way than was warranted. The CP also seems to have missed the point that goals are milestones on the road to achieve rights. In other words, it needed to state that the focus was on such placement through support to the achievement of the goals as well as changes towards a child-friendly society, institutions and processes. Thus these conceptual problems reduced the relevance of the revised CP.

104. This is not to imply that the strategy mix should have stressed service delivery more than or even as much as advocacy, empowerment and institutional capacity building in Mauritius. Rather it means that the programme strategies should have included attainment of all the NPA goals by national efforts with support from the CP in the form of advocacy, IEC, monitoring and a special focus on children of deprived families and/or groups/areas. The CP should also have brought to the fore those violations or shortfalls in children's rights as emphasised by the NPA.

105. To turn to the strategies themselves, the emphasis on a child rights programming framework was valid, but the new foci did not mention the need to monitor the situation and the progress towards universal coverage of the various rights (possible, partially at least through goal achievement).

106. The section on the programme structure however did continue the work of the essential projects in health and education, while infusing them with the inter-sectoral, rights approaches. The strategy of evolution from a sectoral to an inter-sectoral structure was in tune with the CRC view of child rights as indivisible and with the CP move on RBP. It was also a useful conceptual and co-ordinating tool that was articulated as one of the main strategic considerations in the original MPO as inter-programme reinforcement. The use of CRC, CEDAW and other international instruments for both advocacy and policy and practice reforms was also in tune with CRC and UNICEF policies. Here, again, the non-inclusion of specific gender concerns in this project and in MCH services was a limitation of the application of UNICEF's mandate on WID. Similarly, the lack of attention to some of the important child protection problems was not in tune with its wider mandate that calls for some form of support in a CP to all the rights violations.

4.1.3. Links with civil society and the private sector.

107. The original MPO affirmed its faith in working through NGOs. They were identified in the CP as supporters of efforts towards, and targets for their own, empowerment and capacity building. Its overall strategies were supportive of NGO/civil society initiatives, but this orientation was not always reflected in the specific strategies, as may be illustrated by the following examples:

- The MPO targeted only health and education professionals for training on child nutritional development, and not communities, families and caregivers (Original MPO 1996-2000, paragraph 7.8.1)
- In Rodrigues, it shifted to a 'targeted' approach to the still continuing problems there, rather than building upon the good work by local NGOs throughout the entire island, which was the most backward district in the country.

108. The revised MPO reaffirmed the need for consolidation of partnerships with civil society, the private sector and the media in order to bring about social changes favourable to children. Further in the CRPR programme, it planned to support NGOs in their conceptualisation and participatory work. It launched a component on resource mobilisation that hoped to work with the private sector in generating local funds for children's programmes. In view of Mauritius's level of income and economic activity, these were moves in the right direction.

4.1.4. Design of the CP

109. The original MPO's first two objectives were to further improve basic services quality, reduce disparities, and ensure sustainability of goal achievements; and to empower and build capacities of Mauritians to improve survival and development of their children). These were too broad and the targets too ambitious, given the duration of the CP and the amount of its resources. It is not clear if these objectives were those of the CP or of the country itself, as a CP on its own cannot accomplish all the objectives. On the other hand, the CPR was clearer and envisaged the role of the CP as a facilitating and catalytic one. Similarly, one other objective, i.e., to contribute to the NPA goal achievement and to focus on four on the seven NPA goals also had the more limited objectives that rightly belonged to such a programme.

110. The confounding of different levels of objectives was noticeable in other sections of various CP documents. Quite often, the objectives were not SMART (S – specific, M- measurable, A- attainable, R – realistic, T- time bound). The reasons were the following:

- ***Specificity and Measurability:*** Some project level objectives were stated in terms of impact or contribution to impact. For example, the MCH project rightly stated it would 'contribute to' reduction of LBW, but did not state the supporting project level objectives in terms of outputs or intermediate outcomes. It is unclear what specific outputs or outcomes the project aimed at that would help attain this impact objective. Thus when trying to assess the achievement of this project objective, one finds that some studies (and campaigns) were undertaken, but failed to mention specific outputs (e.g. reports, information materials etc.) or intermediate outcomes (e.g. levels of awareness and information, behavioural changes etc.) Even sub-projects or project components often stated their objectives in terms of outcomes and not of the supporting outputs. The output statement was only at the activity level and even here, it was not specific or measurable.
- ***Attainable/Realistic:*** Many projects had very high target numbers that were not possible to reach, even though the activity was done as per plan. For example, the plan was to inform over two hundred thousand teenagers on HIV/AIDS in the Behavioural Health project, which was far above the number actually reached. In the adolescent literacy project also, only 1,300 out of school children were reached as against the planned 60,000. An example of unrealistic objectives was that of preventing mental health problems among adolescents in the Adolescent Lifestyles project, rather than of lowering its incidence or minimising its effects.
- ***Time-bound:*** Many of the results that involve changes in attitudes and behaviour were long-term ones, and the objectives did not clarify this, nor suggest any indicators to measure how much progress was aimed at within the CP time period.

4.2 Realisation of CP objectives

111. The overall objectives of the original MPO were only partially realised, as will be noted from the following sections. This was inevitable firstly since the objectives were couched in vague terms, secondly because the level of national objectives and those of the CP were confounded, and thirdly, since many of the objectives would seem to need more time for full achievement. It is hence difficult to pinpoint to what extent the objectives were achieved, but some indications for each of the objectives are discussed below.

4.2.1. Contribution to NPA Goal realisation

112. Contributions to the selected NPA goals were the major objectives of the original CP. The table below gives the goals and the country's achievements towards them. It is not possible to measure with any precision the CP's contribution to the achievement of these goals, but some comments on the nature and extent of contribution can be made.

Table 4NPA Goals included in CP

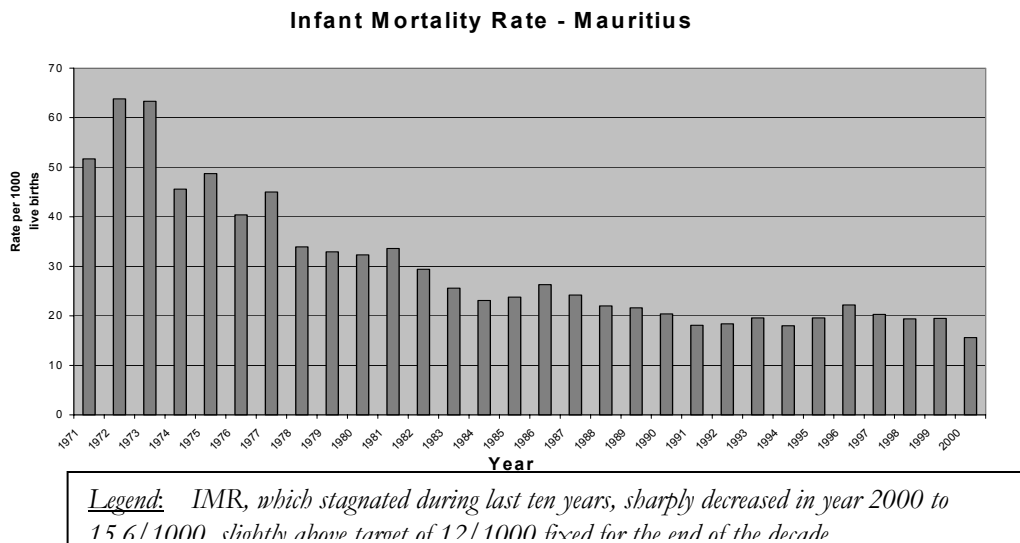
Goals	Status In 1990	Goal For 2000	Actual in 2000
IMR	19,9	12	15.9
U5MR	22.4	19	18.7
MMR	15	Lowest incidence possible	7
Malnutrition (Severe/Moderate)	14 (1985)	7	7 (1995)
Education (CPE Pass Rate)	60.3	80	66.4

Source: Country Report on Follow-up to the WSC, May 2001 (except IMR in 2000 where the CSO figure of July 2001 has been used)

Infant Mortality Rates (IMR)

113. IMR was almost stagnant from 1990 to 1999, and then dropped to 15.9 in 2000. Figure 6 shows the trend in IMR levels over the past thirty years. It can be noted that this sharp fall is not an atypical pattern. Even with this improvement, the NPA goal has not been fully achieved. What is welcome is that, allowing for the short-term rises and falls, the overall trend is definitely downward. Lower IMR has been attributed to monitoring of at risk pregnancies and antenatal care.

Figure 6:



Source: Mauritius Annual Report 2000 [quoted Child Info]

114. The CP's contribution to the achievement of this goal could have been partially through the training in provision of the quality of, and on new techniques in, ANC/PNC, and of community leaders and NGOs in Rodrigues. IEC campaigns could also have helped. Further contributions were partially made, for example, through the Health Sector Reform and the studies on LBW - these were not fully implemented or followed up during the CP.

115. The causes of IMR were mainly: about 31 percent due to slow foetal growth, foetal malnutrition and immaturity, 18 percent due to respiratory conditions of the new-born, and 17 percent due to congenital anomalies, together accounting for about two-thirds of all infant deaths. Septicaemia and other infections in the perinatal stage were about six percent; all other causes were less than five percent of total infant deaths (MOH Statistics, 1999).

116. Thus, apart from monitoring and services for the at risk pregnancies, clearly a large part of IMR could have been reduced both by improved hospital practices/care and better care of the pregnant woman's health and nutrition. More attention to adolescent girls' health and their and women's lifestyles might also have helped in some aspects. A purely medical approach to health, nutrition and IEC problems seems to have restricted its effective impact. In this, the CP's efforts did not succeed though these aspects were part of its strategies and activities.

Under Five Mortality Rates (U5MR)

117. The NPA goal for U5MR was 19, and this was reached. But the difference in percentage points between the two rates slightly increased since 1990, i.e., a slightly higher percentage of children 1-4 years of age as compared to infants (under one year) died in 2000 than in 1990. The overwhelming proportion of deaths of children under five was in infancy, with only fifteen percent being those of children between 1-4 years. Among these deaths, congenital anomalies was prominent (about 17 percent), which could be reduced but not fully prevented. Neoplasm and pneumonia were next with nearly ten percent each. The next highest preventable cause of death was bronchitis with over seven percent. If all types of accidents were clubbed together, they added up to over 14 percent. This pattern of child deaths could indicate that effective maternal, pre-natal and infant care, training of caregivers, IEC and referral was not provided adequately.

118. The CP's role in this reduction was part of its contribution to that for IMR reduction: training, IEC and studies. Quite a large part in fact converged as training in MCH normally covered both infancy and the child under 5 and the basic care of the infant's health and nutrition would bear fruit for some years into childhood. Also the U5MR indicator included IMR and hence any contribution to the latter was also good for the former.

Supporting goals for IMR and U5MR

119. For both these goals, there were several supporting goals: reduction of Low Birth Weight incidence, promotion of breast feeding, reduction of ARI and diarrhoea. By and large, these were also not fully achieved. There was substantial progress towards some but stagnation in others (CRUWSC). Low birth weight incidence actually increased from nine percent in 1990 to almost 14 percent in 1995 while the goal was a five percent reduction. The proportion of women breast-feeding aimed at was 80 percent up to three months and 40 percent for nine months, but the figure remained at 59 percent even in 1995. Acute respiratory infections accounted for 33 percent of IMR; the NPA looked for a reduction of a third. In 1999, this proportion had come down to 24,

only slightly above the target of 22. There was, on the other hand, considerable reduction in U5MR due to diarrhoea, from over ten percent to less than one, the goal being a 50 percent reduction. The CP contributed to whatever progress was had on these indicators through ANC/PNC, IEC on utilisation of services, breast-feeding and the Health Sector Reform process, and tried to tackle the LBW problems by more research that did not, however, materialise.

Maternal Mortality Rate (MMR)

120. Figures for this indicator vary, probably because the reference dates used were different in various documents. CRFUWSC of 2001 gave it as 15 in 1990 and 7 in 2000. Overall, the progress in this indicator was perhaps more satisfactory than in the other major health indicators taken up in the NPA. Still, if one interprets 'lowest incidence rate' to mean the WSC goal of 4, there was some way to go in this goal too. 121. The CP's influence in this progress seemed to have been through the support it gave to MCH strategies and activities as there were no separate strategies or activities related to MMR reduction. As mentioned above regarding its contribution to IMR/U5MR reduction, the CP supported national efforts in health sector reform, ANC/PNC training, community-based health services in Rodrigues, and IEC on women's health and nutrition.

122. Supporting goals for MMR were universal protection against unwanted pregnancies and prevention of teenage pregnancies. Unfortunately, there was regression for the first indicator, as contraception came down from 80 percent to 75. Teen fertility rates however, fell from 40 percent to 35. The CP did not specifically address these two issues.

Severe/moderate malnutrition reduction

123. Nutrition surveys were conducted decennially in the country, the last having been carried out in 1995. Here too the baseline figures given in the NPA (14) and the Country Report (24) for underweight prevalence were different. The MPO used the target given in the NPA. The 1995 figure is cited in the Country report as 17. Unless one knows the figures for around 2000, it is difficult to assess the achievement during the entire CP period. But the progress made already by 1995 from 1985 seems good if one uses the CRFUWSC data. Supporting goals in nutrition were institutionalisation of Growth Monitoring and awareness of household food security.

124. The general view voiced in quite a few interviews was that both under-nutrition and over-nutrition (in some) had been for some years (and still are) of considerable concern. The key findings from a longitudinal study conducted in Mauritius (Liu et al) was that 'malnutrition at age three is associated with poorer verbal and full scale ability at age three, and poorer verbal IQ, spatial IQ, full scale IQ, reading ability, school and neuropsychological performance at age 11'. This underscores the importance of both assessing nutritional and developmental statuses of children from the earliest ages and of ensuring the proper nourishment of the young child through appropriate strategies and schemes.

125. The CP had some specific nutrition goals and projects but most of them either did not materialise or were not completed. Campaigns on breast-feeding and infant feeding seemed to have had positive results. However, the Nutritional Surveillance system was a non-starter and growth monitoring did not begin in the CP period. The CP did not venture into household food security.

Basic education acquisition

126. Government made primary education compulsory in 1992. Although CRFUWSC reported that gross enrolment almost reached 100 percent by 2000, there was much concern for absenteeism and children staying at home watching TV when the parents had gone to work. A high rate of school dropouts especially at the end of the primary cycle persisted over the years. Children leaving the primary school were sometimes semi-illiterate or illiterate and not even knowing how to write their names.

127. The education sector reform had yet to be implemented during the CP period. A system geared to rote learning and culminating in the CPE after five years, had generated an elitist school system along with an almost mandatory private tuition supplementing the classes. The reform sought (among other aspects) to replace this system by one that emphasises creative learning, continuous assessment and abolition of private tuition. The reform would not only allow more children to graduate from school but also make for true learning achievement and the possibility of the fulfilment of the child's right to leisure and recreation.

128. The CP supported the EDEV project, which had very good results, and aided the improvement in selected low performing schools. It also supported some innovative projects such as BEFA for dropouts. However, it did not try to help remedy the system itself.

129. Supporting education goals were on the spread of ECCD activities and adult literacy. CRFUWSC reported that pre-school development activities covered 78 percent in 1993 and 99 percent in 1999. The CP did not take up literacy objectives, with the rates in 1990 being 85 and 76 percent respectively for men and women.

4.2.2 Achievement of other objectives of the original MPO.

Quality of basic services, disparity reduction, and sustainability of goal achievement.

130. Mauritius was (and is) a welfare state with a wide network of free health and education services, which formed the institutional base for universal coverage in these aspects. Yet, the deepening disparity and continuing deprivation of a section of the population nullified in effect their full utilisation.

131. The quality of these services was in need of improvements, as detailed project analysis (Appendices 7 and 8) and field visits indicated. It also came through in many of the discussions that the team had with various stakeholders, both Government officials and NGOs, in the different sectors. While both health and education services were free and widespread, they did not respond adequately to inherent drawbacks or to changes in lifestyles. A positive shift in the pattern of Ante-Natal Care (ANC) by medical staff towards the end of the CP was the domiciliary monitoring of at risk pregnancies since many working women fail to make the recommended number of ante-natal visits to the health centres. This is said to have helped bring down the IMR in 2000.

132. On the other hand, neither the CHW nor the Agent d'Education schemes that were working well in Rodrigues were incorporated into the respective systems on Mauritius Island (cf. Appendix 10). The school system continued to be unfriendly to children and violated a number of

their rights such as all-round development, leisure, participation in extra-curricular activities, and above all equity (as the poor could not afford the private tuition that was an inherent part of the system). Both health and education sector reforms had been worked out but had not yet been adopted as such, though some aspects of both were implemented.

133. As pointed out in chapter 2, disparity continued during the CP period, and in some cases, as both the MPO and the Situation Analysis of 1998 pointed out, might have increased. Among the key strategies envisaged in the CP was targeting through micro-interventions, based on decentralised indicators, either to justify pilot locations, focus resources or phase implementation according to priority need (Original MPO 1996-2000). However, neither the total strategy nor any of the component steps were taken. It might seem on the face of it, that in a small island like Mauritius, there should be no need for micro-planning and micro-interventions in the social services, but the wide disparities and existence of pockets of deprivation and exclusion did make it a very necessary strategy. The CP's failure to implement this strategy even on a pilot scale was a major lacuna in the realisation of its objective of contributing to disparity reduction, and to the fulfilment of child rights.

134. The Education sector's aim to target vulnerable groups, women and children, and reduce disparities was only partially achieved. There was no specific attempt to target women or girls. Only 10 percent of the disabled were catered for by specialised institutions. The rest (90 percent) were not catered for in any manner. The targeting of low performing schools was the only attempt in this sector, and this was successful.

135. With reference to the sustainability of the NPA goals attained, there were signs of trends that could hinder this objective such as the rise in the incidence of HIV/AIDS (even if as yet not alarming), changes in lifestyles that might increase problems of malnutrition, and health risks of mothers and adolescent girls. Already, these might have been partially responsible for stagnation (as in IMR) or even reversal (gains in nutrition seemed to be getting eroded by changes in food habits, lack of adequate care and nutrition to the young child and rise in incidence of low birth weight babies).

Empowerment and capacity building to achieve the Goals

136. As mentioned above, the MPO statements on these strategies seemed to limit them to IEC and training for civil society and capacity building for Government. In practice, the public in general was reached by IEC, and through NGOs. The CP's extensive support to IEC was mostly through posters, leaflets, etc., and the mass media. TV impact was found to be more effective than that of the radio but the Mauritian consumer seemed to view a lot of TV, and air time was costly. There was not enough free or discounted time available for messages in the public interest. Hence, TV was used only very sparingly while radio and the print media were used more. But this was not sufficient to rely only on mass media even in a country so well served by that as Mauritius in order to reach all sections of the public, especially deprived ones. Word of mouth interactions (change agents, group discussions in women's and community associations, child-to-child and child-to-family strategies, etc. and folk media such as songs, skits, competitions, etc.) could have convinced people more than just the standard approach of mass media. The CP did not seem to favour these methods.

137. The IEC materials prepared in support of programmes and projects were often not pretested thoroughly, and revised before general release till UNICEF directly managed this process. This could have allowed the CP to disseminate crucial information in a more powerful way, but did

not serve the important purpose of institutionalising the process in Government or NGOs and building their capacity to manage IEC strategies increasingly on their own. Thus an important opportunity to further the other CP objective of national capacity building was lost.

138. It is also doubtful if the overwhelming reliance on putting across messages, even in a very informative and interesting way, did lead to internalisation of knowledge, changes in attitude and, above all, behaviour. Perhaps more face-to-face communication through change agents, as mentioned above, could have been tried. IEC was also expected to build demand from people for improved services. However, demand for quality services was still timid, for example in pre-schools and schools.

139. The CP took the leading role for creating networks, partnerships and alliances as far as NGOs were concerned. NGOs that were working in isolation joined a network e.g. RADO (information and counselling services for out of school adolescents), RESEAU (Basic Education and life-skills for out of school adolescents).

140. The CP also tried to build the capacity of the NGOs through training and networking. However, it supplied equipment and furniture to allow the NGOs to extend their services to more adolescents. This resulted in a mixed result as the target was unachievable in full being too ambitious for the resources at the disposal of CP. UNICEF Programme staff gave much of their working time with the NGOs as most of the NGOs had very weak capacity concerning planning, budgeting, management of the activities. While NGOs often produced good results, as they were closer to ground realities, they ranged from well established to fledgling ones.

141. NGOs were asked to implement projects initiated and conceptualised at the level of CP. The objectives were sometimes not SMART and very often NGOs could not follow CP's pace and respect its time frame or even targets. In this sense, the support was not facilitative enough.

142. The CP made it possible for Government and NGOs to try out new ideas, for e.g. in the child protection area, and supported a network of local NGOs with exchange of information and possible sponsorships. This helped to build capacity and produce a systematic work plan. The CP also took a number of steps to build the capacity of NGOs and to continue to support community management initiatives in Rodrigues.

Innovative and facilitative roles

143. A major UNICEF concern regarding its support to countries is whether it is facilitative and innovative, or underpinning implementation; and to what extent it is complementary to Government actions or substitutive. Overall the CP strategies and programme components stressed the complementary/facilitative/innovative roles as regards the implementation of national policies, strategies and activities. Training, policy development, institution building and models were some instances. This was justified considering the relatively high level of Mauritian capacity in both financial and administrative terms to handle programmes for children and women.

144. During implementation, the CP was flexible, and thus was of great help in times of need. It strategically targeted and used its relatively small financial inputs. With reference to specific projects, it helped develop the innovative EDEV project and the ECCD policies and strategies. But it was unable to always ensure their replicability or translation into policy. These outcomes were obviously not in the control of the CP alone (e.g., the EDEV project). Sometimes the

follow-up actions could not happen till after the CP period, or depended upon a more propitious environment (e.g. the study on child prostitution was not acted upon for various reasons till late in the CP). In some specific projects, however, there was a tilt towards substitutive training, supplies etc. that could have been supported by the national budget itself (for example, regional training and the initial supplies in the health sector).

National partners' reception to innovations

145. NGOs in general and those in Rodrigues in particular were more receptive to innovations such as CHWs, the agents d' Education, Cellule Pédagogique, BEFA, etc. than many Government Ministries and departments. The Rodrigues island administration was a major exception in that it had been supportive of community and NGOs initiatives even as they tried out such innovations and had also supported their continued use and growth to the extent their funding allows.

146. Some innovations such as the EDEV project were both accepted and nurtured by the department, but it appears it became a victim to changes in the top leadership. Some Ministries such as MOH and MOWRC DFA were very sceptical about specific innovations. MOH had resisted one that had in fact stood the test of time in other countries - the use of non-health personnel for health/nutrition education. The CP made an audio-visual cassette on Community Health Workers (CHW) and distributed it to other African countries, but not in Mauritius, as there was no interest in it. MOWRC DFA was reluctant to accept the placement of NCC outside any Ministry, which would have helped it become a valid focal point for child rights advocacy, implementation and co-ordination.

147. The Government used a top-down approach and macro rather than micro implementation steps and phasing and monitoring of these prior to going national. The CP needed to make more valid examples such as in Rodrigues using this approach on Mauritius Island. Some NGOs maintained the problem was one of two cultures. Government was slow, with bureaucratic delays while CP had the ability to just go ahead and was flexible. The Ministry of Education also mentioned this point about CP's flexibility, for example to move between budget heads.

The role of Supply Assistance

148. One of the three key strategies that the original MPO cited was service delivery. The supply component of service delivery was given a lower priority as the Government had the financial capacity to cover equipment and materials costs. The idea was to critically complement capacity building and empowerment with service delivery on a limited, targeted basis. Moreover, it was decided to phase service delivery out in the revised CP since it was not believed to have made a significant impact. This trend was also linked to the shift from a goal-oriented programme to one focussing on child rights dissemination and internalisation through advocacy, IEC, training and studies. Most of the limited supplies and equipment provided in the latter part of the CP consisted of printing of various IEC materials and teaching aids, some special types of stationery, a few computers and other electronic items, new types of medical equipment (e.g. HIV test kits) and furniture (this for NGOs).

149. To a large extent, children's needs were now increasingly satisfied by supplies from internal resources (e.g. vaccines), but in some other instances, activities were said to have been affected due to the lack of some necessary supplies after decreases in CP assistance in this respect. Some Government services such as those handling the Basic Education project also had continued to

look for supply assistance, and some had cited some supplies and equipment that the CP did provide as key to the success of their projects, as these were either pilot projects or lower in Government's priority.

150. The decision of the CP to progressively phase out of the supplies and equipment component was correct, as the items cited as examples of crucial support could be obtained by a country in the financial situation of Mauritius on its own (and a welfare state committed to children at that). In going over the case of the Health Ministry, it appeared that the rejected demand was for nebulisers for asthmatic children that were not costly; also the same Ministry had recently invested hugely in some sophisticated equipment for by-pass surgery. The choice of priorities and balance between a large volume of low cost items that were deemed essential for children and a couple of high cost items that might benefit a few persons could be questioned.

151. In addition, the Government and UNICEF had signed the agreement on procurement services (or reimbursable procurement) many years ago. Yet no Government department has ever availed of such services. UNICEF periodically tried to interest some key Ministries in items where this type of procurement could be of immense savings to them (vaccines, essential drugs and some medical equipment) but without any success.

4.2.3. Realisation of Rights-Based Programming in the revised MPO

152. The revised objectives based on RBP were only partially achieved. The CP's focus on child rights and on placing Mauritian children at the heart of the development process was implemented through various projects and activities. The ultimate objective of making the child the first beneficiary of economic growth was not realised but obviously it was a long-term goal.

CRC

153. Looking at the more specific objectives, a lot of headway was made in the objective of the promotion of CRC. Noteworthy were the study on commercial sexual exploitation of children and its follow-up, the setting up of a pilot Child Protection Unit, the reviews of the juvenile justice system, and CRC campaigns on various CRC issues. The NPA was reviewed mid-term and again at the end of the decade culminating in a country report (CRFUWSC). Some other activities were only partially completed, to be continued in the next CP. These included the harmonisation of national laws with CRC, the effort to establish a restructured NCC and then reinforce its capacity.

Basic health services

154. As mentioned above, though health services were widespread and free, children and women from the deprived groups had difficulties in accessing quality care. The CP's inputs into reform moves, training and other capacity-building activities began to orient these services in a more equitable and effective direction, and needed to be consolidated. The innovative CHW project of the past CP could have helped to even more, if it had been utilised in Mauritius Island. A multi-sectoral approach to IEC was also lacking.

Child protection

155. The revised CP stressed child protection issues and supported the Government initiating studies as well as action on violation of such rights. But a paucity of institutional framework and

capacity hindered this process. For example, NGOs tried to take up child sexual abuse cases but as there was no institution to deal with it in localities where it occurred, they could not be followed up satisfactorily. Other child protection issues concerned child labour and exploitation, as well as street children. Action taken towards the prevention of school dropouts was marginal. School dropouts (between age 12 and 15, the working age) remained a problem. They often became vulnerable to exploitation and prostitution. Children, failing to complete school, further failed to find work and could not become economically productive and socially responsible citizens. The proposed eleven-year schooling system, with the incorporation of qualitative improvements, which could have played a crucial role in this respect, was not implemented.

Education

156. As far as the Basic Education Project was concerned, it was noted that CPE results did improve in most of the involved schools, but did not affect the national level of performance or significantly reduce the gap between Mauritius and Rodrigues. Moreover, there was a dichotomy between trying to make the system less elitist on the one hand (EDEV), and, at the same time, improving performance in the very examinations that entrenched competition by serving as an instrument of selection. The whole thrust of ensuring access to quality basic education for all children could have been geared to the EDEV project. Its approach could have been used to catalyse the whole education system and create the much-needed learning society. Two flaws noted in the conception of the project:

- The Inclusive Pedagogy sub-project was designed and implemented independently, thus weakening the overall strategy for development.
- Difficulties of working outside formal, institutional structures with NGOs and youth groups were under-estimated at the outset.

157. The 1998 Situation Analysis mentioned the conflict of opinions on the ancestral languages (the three-language requirement) and cited the possibility that the pedagogical issues might be drowned due to political considerations. The CRC principles of the best interests of the child, of non-discrimination and of universality needed to be taken into account to arrive at a resolution of this conflict and to satisfy the interests of all groups of children.

Children's greater access to quality child care and pre-school services

158. The areas of attention for the first phase of the implementation of the new ECCD policy were policy development, training and quality assurance whereas the foci for the second phase were parenting education, training and quality assurance. The priority given to parenting education was justified in view of the fact that 40 percent of children are cared for by their mothers, 42 percent by home caregivers and only 18 percent by the formal sector (De Chazal et al). However, there were a number of problems. The finalisation and implementation of this policy needed to be speeded up. Some key activities were not carried out: research into changing child-rearing practices, training of volunteers for home visits. More emphasis could have been laid on training of supervisors, home visitors and referral services for parents in need of support

159. The two components of the ECD project, child care and pre-school, seem to have been planned and implemented as two separate sub-projects with little attempt at cross-sectoral collaboration and co-ordination, even in obvious areas such as parenting education and quality assurance.

Provision of opportunities to adolescents for life-skills development

160. This objective was realised through specific projects targeting adolescents. Several innovative steps were taken and with good results (see Appendix 8). Yet, a number of problems still existed. These included:

- The activity that was planned in the CP to tackle the increasing problems of depression, alcoholism/drugs and mental stress among adolescents was not given due attention and was not implemented.
- Sensitisation of parents and young people on the risks and problems related to early marriage and teenage pregnancy that were sometimes occurring was not fully realised. Defining 'teen pregnancy' as pregnancy of girls below 15 years, ignored pregnancies between 15-19 years of age and allowed for complacency. This was a health as well as a social hazard.
- In the Behavioural Health project, reproductive health education within the school curriculum was not provided despite an increasing demand for it.
- CRC Article 4 dwells on the child's right to participation. Although in the revised PPO there was an activity on participation of adolescents in decision-making, that activity was not implemented.
- The different stakeholders did not use the cross-sectoral approach stipulated in the project documents.
- The child to child and the Triple A approaches, initiated by UNICEF, ran counter to the top down approach prevailing in the Ministries, and were not fully utilised.
- The terms of partnership between Government and NGOs were not clearly defined. So there was a mismatch between expectations of the two. There was no co-ordination mechanism comprising both Government and NGOs.

Strengthening of the Government's policy and institutional frameworks to realise CRC

161. The PPO on Child Rights Promotion and Realisation programme had a sub-project on the capacity building of NCC and NGOs. One major move on this front was the CP's support to National Children's Council (NCC) and continuing advocacy and programme support to help shape it as the premier institution in the country to help all children realise their rights. Despite this continued effort, the NCC did not fulfil its intended role due to constraints of structure and relationship to other Government bodies, funds and staffing.

162. NCC had the mandate to promote children's rights and welfare, as well as to facilitate programme implementation, and to monitor and evaluate their impact on children. However, it was largely unable to fulfil these objectives due to structural and organisational limitations as well as inadequate human and financial resources. Since NCC was handled by the Ministry of Women's Rights, Child Development and Family Welfare (MWRCDFW), other sectors were said to see its co-ordinating role as a threat to their control over sectoral issues that were relevant to the child.

163. Overall, the policy framework of the Ministry was strengthened. Apart from the NCC, the Child Protection Act, shelters for abandoned children and the pilot Child Protection Unit were some major initiatives. Goodwill that existed in the Government towards the realisation of the provision of CRC was built upon. The second phase of the NPA was done with the help of the

UNICEF office in this programme. However, the organisational structures and mechanisms for the realisation of the CRC needed to be further professionalised, properly staffed and evaluated.

164. The MPO outlined the advocacy and policy support role of the CP in almost all sectors. However, the programme framework was sectoral and not conducive to a holistic view of children and women. This limited policy interventions to sectoral ones through projects. Even the potential umbrella of the CRC was disabled due to its being relegated to one Ministry.

165. The CP also explored the development of institutions, processes and funding sources for sustaining CRC implementation and goal attainment. It explored strategies to secure private sector funding, stimulated efforts at restructuring of the NCC so that it would serve as the focal point for CRC in the country and provided valuable support to NGO initiatives.

166. In sectoral programmes also, there were moves to strengthen Government's policy and institutional frameworks. The CP supported some studies and workshops towards evolution of policies that could work in this direction. For example, it provided support to the work on the Child Protection Bill, the Health Sector Reform (not yet adopted). It supported the ongoing ECCD policy development. Studies on juvenile justice, child abuse (child prostitution, domestic violence), etc., as precursors to policy formulation and action plans on such problems, were also initiated.

167. The CP was less successful in retaining Government's priority attention to communicable diseases as the latter viewed health problems as mainly related to non-communicable diseases (despite significant levels of peri-natal mortality, low birth weight (LBW), under-nutrition and pre-maturity).

168. Due to the lack of focus on some child protection issues, as mentioned above, there has been no attempt to strengthen the Government's policy framework in these areas.

4.2.4. Role of UN partnerships

169. By all accounts, UN consultations were stronger and more sustained in the period under review than before. This was largely due to the preparation of the CCA and of UNDAF that was underway during the CP period. It is noteworthy that the UNDAF period was set for the three years that UNICEF and UNDP had already taken as their programme period. On the other hand, there were differences of approaches favoured by UNICEF and others in the UNDAF group. UNICEF wanted children to be a distinct theme/chapter but the others carried the day so that children were mentioned only as part of certain specific sections: the Social Development and Drug Abuse, and the Health and Population, HIV/AIDS sections of UNDAF Objectives of Assistance and Co-operation Strategies.

170. Partnerships as such were not evident in the CP. However, note was taken of UNFPA programmes that covered women and adolescents and overlap was avoided even though in the beginning, UNICEF and UNFPA projects had overlapping objectives and even target groups. Similarly, seeing that UNDP and UNFPA had programmes that were oriented towards gender and women's development issues, UNICEF refrained from taking up such issues.

171. WHO had been focussing on Non-Communicable Diseases. While Government's focus seemed mainly to be in the secondary and tertiary levels, WHO advocated a comprehensive strategy - striking at the primary, secondary and tertiary care needed to tackle such diseases. It felt

that a high profile national campaign on prevention/promotion was needed. This move was complementary to UNICEF's focus on primary health problems (mainly communicable diseases but also nutritional and unhealthy life style related ones) and their prevention through both IEC and other PHC strategies.

4.3. Effectiveness and sustainability of results

172. Both the original and the revised CP comprised several programmes and within them, several projects. This evaluation examined the activities for their results (outputs and attributable outcomes – cf. Appendix 8), as well as the match between plans and achievements of project objectives and strategies (Appendix 7). Some across-the-board conclusions could be drawn, as well as others, specific to certain projects, as they varied in their achievements. Based on this detailed examination, it appears that, overall, the country programme had a reasonable degree of effectiveness. This exercise was also used to make a broad assessment of the CP's possible, attributable contributions to the impact on various children's/women's rights.

173. Sometimes, the information on outputs and outcomes in the annual review comments were not quantified but vaguely couched. This made it difficult to assess the effectiveness of the activity. It was also difficult to gauge the quality of the outputs and outcomes from these data. Discussions with key informants revealed that they were not always satisfied with the quality of the outputs. The anecdotal evidence should have been backed by regular monitoring and periodic internal evaluations so as to assure course corrections in implementation. Further, they could have been useful for such evaluations. The IMEP, which was an integral part of the original MPO, was dropped in the revised one. Nor was the first used in regular monitoring and periodic evaluations. If it had been, it could have provided specific evaluative information on a number of points in a consistent manner.

4.3.1 Programme/project outputs

General observations

174. Several planned activities were postponed or indefinitely delayed or had not been carried out. The annual reviews did not always explain why. When they did, the reasons were either that the consultant needed was not available, or that the Ministry concerned had changed its policy or priorities.

175. Outputs actually achieved in some projects were far below the planned levels due to their overly ambitious targets. The RHT component of the Behavioural Health project and the AHB component of the Adolescent Lifestyle project were examples. The implementation process was somewhat disturbed due to high turnover of focal points at Ministries and closing down of certain units. In a few cases, it seemed that Government officials did not pursue matters to see the projects implemented. In such cases whatever implementation occurred was carried out by NGOs and not by the Government.

176. In general it appears that training and IEC activities were carried out as planned, even if the outputs were not up to expectations always, while studies and surveys, as well as more participatory types of activities were often either delayed or shelved.

Issues in specific programmes/projects

Health and Nutrition

177. The planned nutritional surveillance system, the institutionalisation of Growth Monitoring never saw the light of day. These delays occurred even though UNICEF was ready to release funds. This applied also to the LBW follow-up study and the teen pregnancy study.

178. MOH's approach started to become a little less medical only in the CP under review, with a stronger IEC component. It began to do more through NGOs after '99. However, it still seemed to be chary of working through and with the non-medical groups even to tackle some of the root causes of health problems that were socio-cultural.

IEC

179. The IEC approach was still top down in most Ministries. They did not involve the community in conceptual or material preparation stages, and did not do pre-tests or impact analysis. The only exceptions were in Rodrigues until recently, schoolteachers in Mauritius Island were involved in producing child-friendly materials. The CP assisted a number of NGOs in producing IEC campaigns and materials with good results, for example, material preparation through peer training on parenting.

Education

180. Government officials perceived BEFA as an effective project, even if some of its planned activities did not take place. The 30 percent CPE pass rate cut-off point for inclusion in the low performing schools support activity was raised to 40 percent, resulting in increased number of schools covered by this project. Even in the Basic Education Project, two components did not materialise:

- The Nutrition Survey because Ministry of Education was addressing other urgent matters. Links with Ministry of Health could not be established. It should have been designed as a joint project in the first instance.
- The Adolescent Literacy programme because the National Reading Centre was not equipped to initiate such an activity.

181. A number of valuable project components were lost on the way. Some examples were: the data bank on child development, training of education welfare workers, a survey of schoolchildren's food habits during school hours, literacy programme by the national reading centre, etc.

182. Responsibility for the ECCD sub-project was assigned to two Ministries and two parastatal institutions while the basic education sub-project was to be implemented by (1) a project advisory committee and (2) the national reading centre as well as two NGOs and the Bureau of Catholic Education. This may have affected implementation and results differently - activities initiated by well-structured and fully operational institutions were smoothly and efficiently executed, for e.g., upgrading of 17 low-achieving primary schools, pre-school teacher training, the EDEV and the Inclusive pedagogy projects.

183. Moreover when differences in values, approaches and priorities among stakeholders were not acknowledged right from the start, misunderstandings caused delays and other setbacks in implementation, for e.g., of the pre-school curriculum due to misunderstanding by some NGOs.

184. Coverage of the EDEV Project was limited by factors internal to the system: staff shortages, administrative reservations due to lack of understanding of pedagogical issues, chronic crisis management and fire fighting. The project was evaluated as a highly relevant and successful one (Plante and Wegimont). Its result was due to efficient use of external expertise made available by UNICEF, institutional backup of the Mauritius Institute of Education (MIE) and Ministry of Education and Scientific Research (MESR), adequate provision of funds and equipment, sustained capacity- building and leadership.

Adolescent Programmes

185. While both the Government Ministries concerned and UNICEF had agreed upon each project and activity in the CP, these were not necessarily the only or first priorities of Ministries, so the implementation rate was sometimes low, as in respect of the Adolescent Development Programme.

Child Rights and Child Protection

186. A number of initiatives resulted in outputs as planned. Several IEC campaigns and workshops to train national partners on CRC were carried out. The CP organised the training of officials on rehabilitation of abused children, and of childcare workers on ECD, etc. A workshop on domestic violence was conducted and a task force set up to follow up on its recommendations. An assessment of the administration of the juvenile justice system was carried out and Government was considering the report.

4.3.2. Attributable programme/project outcomes

187. The CP could at best contribute to programme and project outcomes as there were many actors involved and many factors influenced them. So, only indications of outcomes that can be attributed in part, at least, to the CP can be given. Some examples are cited here and Appendix 8 has more details⁸. In all cases, the actual outcome was assessed against the planned one, as given in the programme and project documents.

Good Attributable Outcomes

188. There were major national policy decisions and new strategies on ECCD, HIV/AIDS and child protection. Some progress was apparent in the revised CP goal of putting the child at the centre of the development process, as indicated by Government's strong efforts to reduce IMR and U5MR, improve educational access and quality, and to delve into child protection issues that were not taken up earlier.

189. Training of various types and at various levels for both Government and NGO organisations and individuals led to their improved technical capacities. For example, health personnel at all levels and in all districts on ANC/PNC and on the use of equipment helped improve RHT performance (probably contributing to children's better survival rates).

190. The CP's main contributions in this area were to help create a climate that was more child-friendly and put the child closer to the centre stage. It also helped both Government and NGOs move towards the realisation of child rights and the NPA goals in a more systematic and speedier manner. It initiated their thinking on local responsibility for CRC. Child Rights promotion was taken up both by Government and NGOs, in addition to UNICEF itself, through advocacy,

⁸ These are based on the Annual Review information. In some cases, anecdotal additions from key informants have also been used.

communication, training and networking. The CP also widely disseminated CRC concepts through IEC using the channels of NCC, NGOs and the media resulted in 70 percent of the public becoming aware of them. Sensitisation of officials to children's issues was done to some extent.

191. Examples in other sectors were:

- BEFA made school dropouts functionally literate; the capacity of vocational training improved. The social integration of disadvantaged children was facilitated.
- The Adolescent Literacy Project helped improved quality of education for out of school adolescents who thus got a second chance for basic education.
- Through the AHB project, adolescents could speak freely about their problems within their group and get advice from the adult animator.
- Outcomes in Rodrigues that depended on CHWs and the Agents d'Education were generally positive, for example in wide dissemination of health and nutrition information or decrease in pupil absenteeism (cf. Appendix 10).
- Social policy projects had better outcomes with respect to data desegregation, but not enough on cost analysis. In Rodrigues, the training on disaggregation produced detailed data that has been computerised, with plans to use it implementation by NGOs as well as officials.

192. During interviews, a general opinion of the key informants was that the CP projects and programmes had helped in moving towards the realisation of many objectives and innovations (e.g. the vocational education package for out of school children). In general, it had helped in capacity building through training and critical support for badly needed supplies and equipment.

Limited Attributable Outcomes

193. On the other hand, there were many activities and projects where the outcomes fell far short of the planned objectives as per the review documentation.

194. Some CRC /NPA goals were still not part of the national agenda – e.g. those related to child labour, children at risk such as absentees, dropouts, teen pregnancies, malnutrition, etc. The results of studies and surveys were not always used in decision making, for e.g. in the health and nutrition sector, as noted above.

195. While child protection issues became part of Government's policy and actions, there were still lacunae in reaching disabled children and adolescents. Disabled children often did not get the services they needed, as the system was not yet geared to meet this entitlement. Although gross enrolment had reached 100 percent, absenteeism and children watching TV at home with parents at work, school dropouts, often illiterate or semi-literate, etc., were outstanding problems. There was no scaling up of the EDEV and the various adolescent projects.

196. Despite all the improvements in the health sector that the CP had contributed to through training, the reform process and support to goal achievement, the quality and accessibility of basic services still needed improvements. This could be gauged from the still considerable number of women who did not utilise the antenatal services as required the problem of neo-natal deaths.

197. Recommended approaches for community empowerment and involvement and improvements in the quality of basic services were not followed. For example, though both some

adaptations of community health worker and education aide were discussed, they were never tried out in Mauritius Island.

198. There was widespread awareness about CRC, but a majority of the general public had no idea what to do with this instrument. Sensitisation of parents and young people on the risks and problems related to early marriage, unprotected sex, unsafe abortions and teenage pregnancy had not been fully realised. The NPA had reported that induced abortions were major causes of maternal deaths). Another continuing concern was that the number of teenage pregnancies had not dropped for years.

199. The CP objective of adolescents to be given full attention in respect of issues concerning them was not translated into implementation due to uneven progress in some of the activities.

200. An integrated approach of all the sectors was lacking even though all of them related to the family and the child. No solid mechanism was forthcoming from either the Government or CP. ('Interprogramme reinforcement' was in fact one of the strategies stressed in the original MPO). Even though CRC was supposed to be the common platform, it had not been mainstreamed so far.

201. There seemed to be many different reasons for the limitations in attributable outcomes. Timely administrative decisions were sometimes not taken and there were delays in policy decisions also inter-sectoral co-ordination was often lacking. Quality aspects were not planned for adequately; at the beginning of a project. Priorities of the Ministry changed in some cases. There was scepticism about new strategies such as non-medical health education, the more open educational systems, etc.

Impact

202. Even more so than in the case of outcomes, one cannot establish a cause-effect relationship between programmes and projects on the one hand and improvements in the situation of children. Often too, impact is a long-term effect. In this case, one can only surmise that impact noted in the period may be partly due to the CP. All the objectives were only partially achieved (as detailed above). The most important contribution that the CP aimed at was to help fulfil child rights and achieve selected national goals. These NPA goals were not achieved in full. Neither was the shift from contribution to achievement of NPA goals to placing Mauritian children at heart of development process, which could be taken as another step towards fulfilment of child rights.

203. Improvements in health accessibility and utilisation, education quality, coverage, utilisation, etc. were still incomplete. The relationship between health outcomes and socio-cultural factors had not been probed enough, and thus the underlying causes of health problems could not be tackled.

204. Reduction of disparity and of social exclusion seemed still marginal, as per the various socio-economic indicators. The CP could have had only a very limited impact on this, as it was a root problem but even in access to and benefit from, the social services for women and children, there was no major impact, as mentioned above.

205. NGOs working on child rights were concerned that some traditional practices contravened children's rights but were not seen to be so — corporal punishment at home and in school, restrictions on privacy and participation and taking children for granted, for example. Also, most people still did not see the connection between adult abusive and violent behaviour and child

abuse including prostitution. Some people, especially those in charge of children's services, were unhappy that CRC was giving a voice to children and upsetting the (traditional) power balance.

206. IEC campaigns showed short-term impact during impact analysis (e.g. improved attendance at ANC/PNC after campaign); long-term influence on changes in attitudes and behaviour could not yet be gauged.

207. Almost all programmes had projects that seem to be less effective or efficient than expected. One shining exception had been a programme that was supported in the previous CP (1990-1994), i.e., the Rodrigues ABP (cf. Appendix 9). It was now, by and large, handled on its own by the Rodrigues island administration with mechanisms and strategies that had continued from the ABP approach. Obviously, the island administration did get a share of the Mauritian Government resources and of CP support also. But it did not have the special support, whether personnel inputs or funds, that the ABP had. While there was some anxiety regarding possible further withdrawal of CP support, the programmes/projects there had either just continued with other inputs or adapted to the changed circumstances.

208. The Rodrigues CHWs and the AHCs (Area Health Centres) that were open 24 hours, unlike in Mauritius, and the check-up of new-borns by paediatricians immediately after birth, were said to have contributed to the lowering of IMR there. Doctors in Mauritius Island had recently intensified their home visits and followed up on high risk pregnancies and that had brought down the IMR (to less than 16 in 2001). Among the other major reasons for this unique success were: a strong community spirit; a focal authority - the island administration; inter-sectoral co-ordination at all levels; active NGOs who were collaborating with the Government and vice versa; a manageable size of area and population; and the taste of initial success and of strategies that led to it

4.3.3. Sustainability of activities and positive outcomes

209. The extent to which sustainability of CP supported activities was ensured by Government and NGOs also varied. It was worth noting that CP support to the education sector was seen in the PPO as a pre-investment strategy prior to the expansion of Government programmes. However, in some projects, the plan to phase out support so as to ensure sustainability, potential national expansion/replication or policy formulation possibilities was not incorporated carefully enough. For example, innovative projects such as EDEV did not have this element built into their project agreements. This resulted in an unfortunate suspension of the expansion of this project during the CP, though its concepts and strategies were used in other levels such as ECCD and secondary stages.

210. Support to several ongoing activities in the third CP continued into the 2001-2003 programme at the level of training and supplies, aspects that should have been assumed by Government itself. However, goodwill existed on the part of both Government of Mauritius and NGOs to sustain CP-supported activities, even if an activity was sometimes, not their first priority, for e.g. adolescent health.

211. The exemplary take-over in Rodrigues of the ABP programmes at the end of the previous CP was preceded by a careful assumption of ownership for all the management aspects by the local authorities and NGOs. This model needed to be emulated (cf. Appendix 9)

212. Some Government departments produced IEC campaigns and materials without community consultation, pre-tests or impact analysis. The UNICEF office felt that this did not lead to the

desired impact. There were also bureaucratic delays when Government handled the activity. So, the UNICEF office later took upon itself to implement such activities on its own, using external consultants. This worked very well in terms of impact, but defeated the purpose of capacity building and institutionalising such strategies in Government

213. Where both human and financial resources were limited, e.g. at MWRCDF, this might have proved to be a constraint to extension, coverage and quality improvement. There was often a need for a better system of project management of resources and time.

214. Sustainability was threatened in many ways. One example was that in spite of improvements in low achieving schools, the success of EDEV and of inclusive pedagogy, a critical mass had not been reached in educational improvements and hence the catalysing effect did not take place. Commitment to sustain and replicate effective programmes should have been spelt out from the beginning and renewed at regular reviews.

215. The CP was not always perceived by all as a programme of co-operation, but as one of assistance. This endangered ownership shared responsibility and balance. Changes in programme structure had to be understood by all concerned to ensure continuity. Some activities that were funded by the CP were said to be in danger of not being sustained due to non-allotment of Government resources, other priorities, or slow recruitment.

216. Micro- projects, limited in scope and ambition, were easier to implement, smoothly and within deadlines, but they often had short-term surface effects rather than long-term impacts. Advocacy at policy and grass roots level needed to be strengthened to support these efforts and scale them up to macro level.

4.3.4. Role of monitoring, evaluations/studies and Annual Reviews in CP decision-making

217. An evaluation of the second CP (1990-1994) was conducted, as well as a Situation Analysis preceded the third CP (1996-2000). The revised programme was launched after a Situation Analysis again and the MTR. All the documents connected with the CP exercise referred to most of the evaluations and studies, and drew lessons from them. However, some had not been used or discussed, for e.g., the two evaluations of the Rodrigues ABP. Such formal evaluations, whether periodic or final, external or internal, needed to be followed up by thorough dissemination and used in further policy formulation, and/or corrective measures. This did not always seem to have happened.

218. Several studies were carried out in the first three years of the CP (Appendix 5 on the bibliography includes these; they were also referred to in Appendices 7 and 8). However not all of them were put to their full use either for decision making or formulating strategies, IEC messages, or information to the project workers. Some other planned studies were cancelled or postponed. Various reasons led to such problems:

- The study on non-medical reasons for LBW was not taken up, as MOH personnel were not convinced of its utility.
- The breast-feeding study was found to have too many inconsistencies and therefore not disseminated or used at all.
- The Nutrition Surveillance system was not set up. Its absence made it difficult to gauge the nutritional status and problems of young children.

- Government had not yet cleared the Health Sector reform, and hence only some aspects were taken up as ideas in various activities.
- The report on the Review of NCC, though approved by the cabinet, was not implemented as no consensus had yet been reached on many key issues.
- The desk review on the status of Rodriguan children had yet to be followed up as the planned workshop was postponed to the next CP.
- The planned studies on cost-effective and sustainable strategies in the transition of the economy had not been carried out.
- An assessment of the impact of media on adolescent behaviour was not done due to difficulty in identifying a suitable consultant.

219. As mentioned above, the loose formulation of the objective statements in the MPOs, led to difficulties in evaluations (such as the present one). This was due to the way the objectives were written – it was confusing as to whether they were objectives of the CP or objectives / goals of the Government or of CRC. Moreover, indicators of achievement for objectives, inputs and outputs, often were not clear and measurable. These indicators were not in-built in the project write-up and the planning process.

220. Yet another problem was the lack of follow-up on the IMEP (1996-2000) worked out in the MPO. There was later no reference to this plan and its implementation, or changes in it, in any of the Government-UNICEF reviews including the MTR. Since IMEP had been mandatory since 1995, this omission was regrettable. It appears that the lapse was due to the considerable time lag between the MPO documentation and the actual start of the new programme, which led to changes in the priorities on M and E. Instead the plan could have been revised after the start of the programme, and updated annually.

Government - UNICEF Annual and Quarterly Reviews.

221. These reviews provided suitable occasions for discussing results of evaluations and the progress as well as constraints of all projects. However, often the review reports contained no explanation for gaps in achievement, delayed or dropped activities and diversion of funds to an activity or project other than the originally stipulated. Reasons for non- implementation of an activity or a project should have been recorded in the review reports so that the idea could have been pursued in some other way, if worthwhile, or if not, abandoned. Also, the inconsistent formats for review tables in the annual review reports made summarising over the years very difficult. Cumulative tables and reports were needed in a multi-year CP.

Monitoring

222. A good monitoring system in any CP is a sound basis for course corrections, as well as for evaluations. The MPO and review documents in this CP stressed the need for such a system but there was no evidence that this intention had been put into practice on a comprehensive scale. In fact, the exhortation to do so kept cropping up in successive MPOs and the MTR.

223. Programme staff of UNICEF regularly followed up on projects. However, micro- and project-level joint monitoring by Government and UNICEF as a major input was evidently used to improve programme management mainly on supply issues. Programme issues that could be monitored through field visits and reviews at project/community level were not then brought up in higher level joint reviews or reported as used for course corrections.

224. Sometimes, the joint field visits by Government and UNICEF staff to monitor supplies made by the CP revealed that supplies received by a Ministry were not sent out to the end user, or not used by them. Such problems were followed up by discussions and memos, and most were then satisfactorily resolved. In cases where a project was much delayed but still on the cards, the option was just to wait or turn to an alternative use in another project. Some of these cases were still pending at the end of the CP.

4.4. Preparation of the transition process during the CP under review

225. As was mentioned before, the need to envisage transition after 2000 was mentioned in an early document submitted to and approved by the Executive Board, viz. the CPR of 1995 (cf. 3.3). The idea was, however, not taken up explicitly in either the original or the revised MPO 1996-2000. ESARO's Summary Report on MTR and Major Evaluations of 1999 renewed the commitment to the Board to consider transition. UNICEF shared the information on the Executive Board's Decision on the transition criteria with Government immediately after it was taken. UNICEF informed the various stakeholders about the transition at the time of the 1998 MTR, though the term "transition" was not used. The idea of a transition was elaborated on more explicitly only at the beginning of the planning exercise for the 2001-2003 CP as embedded in the Regional Director's letter dated 18 May 1999 addressed to the then Minister of Economic Development (now MEPD).

226. The office began to make deliberate attempts to support the national institutions to prepare for the transition through creation of awareness and assistance to diversify sources of funding. One activity was a study on private sector fund-raising and a 'Change for Good' arrangement with Air Mauritius (a programme by which passengers are encouraged to donate any loose cash they might have, especially on international trips, to a particular cause). The information concerning the transition period was communicated to the media during the CP period in the course of interviews the Assistant Representative gave to the press and during one or two public speeches.

227. Due to the late start of the transition process, the major brunt of the preparatory work on it had to be left to the CP of 2001-2003 to handle. At the same time, this CP was also dealing with unfinished business, much of it spilling over from the previous CP but some new ones. Thus, the transition turned out to be more abrupt than strictly necessary, as little time was allowed for the CP partners to lay the groundwork for a smooth transition process in the forthcoming CP.

228. At the same time, the highest levels of Government were well aware of the Board Decision as soon as it was made and the pending phasing out of UNICEF assistance. There had been mixed reactions to this with some saying at first that Mauritius was capable of managing on its own, but most stressing the need for some kind of UNICEF presence.

229. The evaluation team invariably found that key informants both from Government and NGOs had been stressing the need for a liaison office during the CP under review. They had stressed the need for an (external) advocate with a specific mandate for children, information dissemination, networking, fund-raising, and innovative ideas.

230. At the current time, there seems to be a similar situation. Some stakeholders have been waiting for UNICEF to negotiate for financial assistance from other sources (private sector) for them. Again some stated that they would cut down their activities. Some examples may illustrate this point:

- The national AIDS unit held that it would not be able to continue the universal screening of pregnant women after the phasing out of UNICEF support. Only those cases considered to be at risk would benefit from the HIV/AIDS screening.
- RADO said it would not be able to extend its information and counselling services to all out of school adolescents.
- RESEAU would not be able to extend its coverage and ameliorate its services.
- NGOs in Rodrigues opined that certain periodic surveys such as the village profiles that were built up in Rodrigues in 1997 even now await funding from UNICEF for a second round. Otherwise the community-based projects would suffer from lack of periodic monitoring and evaluation. This could, however, be overcome by training the NGOs and the island administration in community-based, or community self-surveys and their utilisation.

231. Some stakeholders felt that UNICEF should continue to help after the phasing out in the identification of international consultants for the capacity building of the national organisations. Several arguments were developed in this regard. UNICEF has the mandate that enjoins it to ensure that the CRC will be effectively and realistically adhered to. Mechanisms should be set up for the co-ordination of the rights of the child. It should become a national concern before UNICEF phases out. It was mentioned by one NGO that the present set-up in the responsible Ministry could not cope with emerging problems. According to some, the 2001-2003 Country Programme was completing the unfinished business of the 1996-2000 CP - such as adolescent's protection and development rather than being a truly transitional programme.

Support from UNICEF Regional and Area offices.

232. Unfortunately, there was little or no support from the UNICEF Regional Office in Nairobi or the Antananarivo Area Office to the Mauritius transition process. The reasons seem to have been the lack of major problems compared with other African countries, the relative well being of children, at least on the surface, the higher income level as well as the welfare orientation of the Government, and the smallness of the programme. It also seems to be a tribute to the office management and good relations with the Government and other partners.

UN Roles in the transition process

233. There was good co-ordination under the leadership of the Resident Co-ordinator on many issues. In a period where all UN agencies were facing scarcity of funds, they were looking for common or co-ordinated action. UNDAF was the major means through which such action could take shape. The UNDAF assistance objectives and strategies included the protection of child rights and related issues. However, it was noticeable that the social development section of the CCA document had no reference to children, health or education. This did not augur well for the future. (During the UNDAF workshop, UNICEF had expressed its reservations on this point).

234. Apart from the typical foci and complementarity of other UN agencies in their ongoing programmes, those of direct interest to UNICEF and its mandate were gender (UNDP/UNFPA) and HIV/AIDS, for which a theme group had been set up under the UNDAF. However, in terms of the transition process as such, the UN did not make any direct interventions or moves.

5. CHALLENGES

5.1 Commitments to fulfil children's rights

235. Mauritius has experienced sustained economic growth over the past decade and a half, and economic fundamentals are currently strong. The country has a firm democratic tradition, a welfare system that stipulates universal, free public services, including education and health; and a socially fair distribution of income. Moreover, the country has, by and large, the appropriate legislative and policy framework for the protection and promotion of child rights.

236. Government expenditure in the three major sectors, namely education, health and social security has consistently increased to comfortable levels over the past decade. In 1995, for example, per capita expenditure on health and education amounted to and US\$ 64 and 130 respectively. While these figures cannot compare with industrialised countries, they are nevertheless indicative of the potential to achieve a well-functioning welfare system that can adequately cater to the needs of the population. In absolute terms, both education and health expenditures rose by more than half over this period, while that on social security and welfare (SSW) did so about three times. This appears to be a positive trend, allowing for factors such as inflation. In terms of relative proportions, education accounts for about 14-18 percent of the total Government expenditure, health for about 8-9, and SSW 13-21 over the past several years (Source: Government Finance Statistics, 2000). Looking at the break-up of the education sector expenditures over the last six years, there was a rapid increase in pre-primary spending, almost eight-fold, while the much heavier spending on primary education also increased by over half. Together, they still did not hold their share at the same level throughout. Their combined share was 35 percent in 1995-96 but has come down to less than 34 percent in 2000-2001. Given the large numbers of children that need to be catered to in these two levels, their shares must be safeguarded, if not increased. Similar situations will obtain in the fields of health and social security and welfare.

Table 5: Education Expenditures (Rs. Million)

Levels Of Education	FY 95-96	FY 96-97	FY 97-98	FY 98-99	FY 99-00	FY 00-01
Pre-primary	6.8	30.9	55.3	54.0	54.0	55.0
Primary	787.2	821.1	968.4	1,146.8	1,250	1,264.9
Secondary	972.7	959.1	1,092.9	1,314.0	1,356.7	1,472.0
Technical and Vocational	27.1	42.8	55.3	65.5	68.0	74.0
Post-secondary	237.5	304.6	329.3	418.3	446.0	504.3
Other	230.7	221.3	265.6	532.9	494.6	536.4
Total	2,262.0	2,379.8	2,766.8	3,531.5	3,669.3	3,906.6
Share of pre-primary and primary in total (%)	35.1	35.8	37.0	34.0	35.5	33.8
Average over 6 years =	35.2					

Source: Digest of Educational Statistics, CSO, 2000

237. In absolute terms, the expenditures in the pre-primary and primary sectors (28.4 m. \$ in 1996-97 and 44.0 m \$ in 2000- 2001) are manifold times greater than UNICEF's financial inputs during the CP period (on average 0.210 m. \$ p.a.). Hence, in financial terms, absorption of expenditures so far supported by UNICEF should not pose any problem for the Government. The issue, rather, is one of priorities and budget allocations.

238. On the other hand, as noted above, several gaps and shortfalls still exist in the attainment of the WSC/NPA goals and the full realisation of child rights, as well as in institutions and strategies to address these problems. There is a lack of inter-district and intra-district parity in socio-economic indicators. Public awareness, attitudes and behaviour regarding many child rights issues is still not at a sufficiently high level. Some child rights violations occur in the child welfare schemes themselves - e.g., the education system violated the child's rights to all-round development, leisure and participation; and do not ensure equity. These types of systemic violations need to be examined and remedied.

239. While Mauritius is a welfare state and has been proactive in policies and programmes in favour of children, many of these were more on paper, according to some, than implemented. Another problem was that most programmes in the country were conceived and implemented on a macro-level; there was little decentralisation and even less room for people's participation. If the disparity trends noted in chapter 2 continue, there may be more poor and ultra-poor who do not benefit from all the economic gains that the country has made over the past decades.

240. The RBP guidelines call for decentralised, disaggregated data by age, sex, location and ethnicity in situation analyses, decentralised, participatory monitoring and reporting but this is almost entirely absent. RBP also entails encouragement of children's participation in tune with their evolving capacities, and that of parents and families as guides responsible for ensuring realisation of their children's rights, while taking children's own participation rights into consideration. There is little movement in these directions in Mauritius.

241. On Government's part, several steps need to be taken to meet the challenge of attaining child rights more fully. Realisation of child rights necessarily means attention to the most unreached. Despite generally good data at the macro-level, the country lacks a systematic and comprehensive compilation of data on many indicators relevant to children (NPA - section on 'Areas for Action' and MPO 2001 - regarding situation analysis). This is especially with regard to children of deprived groups, maternal and child nutrition and children in need of protection (the disabled, the abused, and children out of school being some important categories). Monitoring of child rights implementation and violations is woefully lacking at micro-levels. To pinpoint such problems and suggest appropriate solutions for each vulnerable group, a disaggregated database needs to be put in place as a priority. The database can be in a central data bank, but accessible to the districts and other local institutions for their own use also. It can be used to work out and implement sustainable processes and strategies to reach them in each specific area. This needs to be supplemented by social mobilisation and advocacy, on a targeted basis, in addition to implementation of schemes to address the identified issues.

242. The process of institution building must be taken up quickly and objectively with the best interests of children in mind. The Government and, to some extent, the NGO sector, needs to consider some steps towards becoming wholly responsible for safeguarding the rights of Mauritian children. There is also a need to set in motion the formulation of policies and strategies that will truly make CRC the instrument which rules actions for and attitudes towards children.

243. It is essential to have some continuity in social policies and programmes. Otherwise, a lot of energy is lost in proving previous policies and priorities wrong or reinventing the wheel, thus impeding the strong implementation of child-friendly steps.

244. Neither health nor education is really free. What is needed are a health insurance plan and graded user fees for higher education, with subsidies for the poor and the socially disadvantaged. (User fees were introduced some years back, but the step was too drastic and had to be withdrawn). This may help assure more equity in access to services. Moreover, the economic future of Mauritius may not escape global recession and export problems. Unless adequate safety nets are provided for the poor and the vulnerable sections of the population, they may suffer disproportionately from such trends.

5.2 Functions that need to be assumed⁹

245. The CP assumed a number of key functions in support of efforts of the Government and other national partners to fulfil children's rights:

- Advocacy on behalf of children and women, the attainment of their rights and the solution of their problems
- Support to situation analysis, national planning and policy formulation for children and women, especially from the vulnerable groups;
- Support to the development of a national agency to spearhead the CRC movement; and
- Service delivery or the assistance to implementation of programmes including programming support from the office staff, identification of consultants and other cash and supply assistance

246. The challenge under transition is to ensure that these functions be assumed in a continuous manner. All stakeholders expressed the view that neither another UN agency nor a national one could, at least in the short run, be a substitute for UNICEF's unique mandate, advocacy role and skills, and programming flexibility. At the same time, efforts were needed to build up an alternative agency, a national one, to step into this role. They felt that, till that time, UNICEF would need to attend to unfinished business on behalf of Mauritian children.

247. On the other hand, the role of UNICEF in a transition and post-transition phase is to help national partners increasingly assume responsibility for these key functions so that they can deal with existing and potential problems threatening child rights on their own more meaningfully. This role can be classified thus:

- Help identify unfulfilled rights and vulnerable children and women whose rights are most severely unmet as well as the magnitude of these problems, through ongoing situation analysis, and focussed research as needed.
- Help raising awareness among those affected as well as advocate to the decision-makers suitable attention to the problems.

⁹ During the workshop of 05-06 December 2001, Detlef Palm, Sr. Programme Officer of Programme Guidance and Quality Assurance in NYHQ presented "a model for transition" (cf. Appendix 9). The following analysis is partly inspired by this presentation.

- Help identify those in a position to solve or mitigate the problems (Government policy and operational levels, parents, community, and other civil society in general) and suggest solutions, strategies, participatory planning processes and essential reforms, if any.
- Help strengthen the capacity of those responsible to carry out their duties in an optimum fashion with respect to the fulfilment of the rights of children and women. Only in case a country faces severe resource constraints, will the need for funding for essential activities arise.

248. Hence the nature of UNICEF's support to national efforts in Mauritius hereafter may have to take a different form than so far. The many forms of violations of child protection rights (including those of adolescents) need to be advocated for, and national agencies helped to tackle them in a comprehensive and sustainable manner that includes promotion, prevention and rehabilitation. Even the basic health and education rights will not be realised by an increasing proportion of children as deprivation and social exclusion continues, and socio-economic conditions worsen. UNICEF does not have to support the implementation of schemes to thwart this trend, but work with national agencies to evolve optimum policies and strategies that can utilise the resources of the country.

249. Resource mobilisation was one of the projects in the revised CP. Various attempts were made on both institutional and the financial aspects, but without signal success on either front. The study on private sector partnerships with UNICEF indicated that some of the private sector organisations were interested but had specified some pre-conditions and framework within which such partnerships should be tried. Very little headway was made on this front during the CP (UNICEF 1998) after the good beginning made with Air Mauritius.

250. The programme had been supporting efforts to develop an institution that would be the torchbearer for CRC and all child-friendly policies and advocacy. However, in actual practice, the NCC was not able to function in this comprehensive manner. This vital function is hence still one that UNICEF is performing. The restructuring of NCC so as to function effectively as the co-ordinating national body for child rights and to act as a channel or facilitator for fund raising for various children's needs is one very important task that must be reiterated.

251. The idea of an ombudsman had also been aired for some time but even now is still in a preliminary stage. Even if it materialises, the typical ombudsman does not take up the range of tasks that needs to be done in the post-transition stage.

252. Intersectoral co-ordination would be sorely lacking but for UNICEF's efforts to pull in the various sectors as needed. A mechanism to institutionalise these links needs to be set up. Co-ordination facilitated through advisory or steering committees for all multi-sectoral projects/activities to ensure that their progress and impact are not jeopardised.

253. While acknowledging that NGOs have contributed a great deal, the Ministries/departments are still wary of too close a collaboration. Unless this barrier is removed, the synergy that might result from both NGOs and the Government working together will not be realised in Mauritius.

5.3 Mobilisation of alternatives to UNICEF's Regular Resources

254. The budgeted allocation of general resources to the tune of USD 3,750,000 for the entire 1996-2000 CP amounted to a mere 1.1 percent of Government spending on health and education. Thus, it may appear that the withdrawal of UNICEF regular resources would have little impact, if

at all, on the financing of projects. This statement needs to be qualified, however. UNICEF's funding had been important in a catalytic sense, even though not large compared to the overall needs, in certain spheres such as innovations, IEC, pilot schemes, capacity building of both Government and NGOs, and advocacy and filling in where budget lines were not yet available.

255. As noted above, the service delivery component had a rather small share of UNICEF funding even in the CP under review. This is even more so in the CP of 2001-2003. It was clear even in the 3rd CP that the country had the capacity to deal with this aspect of the support, even if the system needed to be less bureaucratic so that delays and barriers to speedy and effective NGO and Governmental action could be minimised. On the other hand, service delivery outputs might be more "tangible" than outputs of capacity building and empowerment activities, which had more prominent shares in the CP. UNICEF's comparative advantage in the areas of capacity building, advocacy and empowerment allowed it to play an 'intangible' role that might have been more central to the furthering of child rights than service delivery. This role is less easily transferred to a national institution or to national authorities/systems.

256. To overcome the consequences of the withdrawal of such catalytic funding, various public and private sector initiatives had been proposed to be launched and institutionalised, as mentioned above. Yet, these are also still in an incipient stage. Since the major lacuna in the institutional resources, the restructuring of the NCC or any other set of alternatives, has still not been plugged, it is difficult to envisage an adequate flow and channelling of alternatives to RR. This, despite the fact that in a country with Mauritius's GNP and interest in children, it should not be difficult to garner the relatively small amounts that UNICEF is providing. The proper channelling, utilisation and inter-programme reinforcement of these amounts are the key issues.

257. The private sector also has its own concepts as to what its role should be. The current set-up of NCC as the focal point is not what the private sector feels is needed. It would rather see an autonomous body as a co-ordinator for civil society ventures supported by private sector funding. Some of its preconditions for collaborating with UNICEF were brought up by the study on private sector partnerships. They included the freedom to choose (actions, beneficiaries, size and duration of commitments, feedback or result for the donor firms, the identification of ultimate responsibility in the case of the Government's mandate (e.g. health, education etc.), transparency and non-duplication of efforts or institutions, and accountability. Some of the same concerns underlay its hesitation to endorse NCC, as it was constituted, to be the coordination or channelling body for private-public partnerships on child rights programmes. Further, there is talk about an "entreprise-citoyen". One organisation (Fondation Espoir Développement) has set up something similar to what is needed and this seems a good move. But it is not a joint effort of many, and so will not be sufficient to play the role of a national mechanism.

258. The Government has, of late, set up some funds for vulnerable groups, such as the President's Poverty Alleviation Fund and the Trust Fund for Social Integration of Vulnerable Groups, but these do not target children specifically. There is also a Trust fund for Education, which will obviously help them, but only in that field. In September 2001, a National Economic and Social Council was mooted to help achieve 'consensus for social integration to keep pace with economic development', but this idea has yet to take shape.

259. The MEPD voiced the need to create a budget line for whichever organisation is the focal point for children's issues, as without that, the organisation would not be effective. Even if only a token amount is budgeted first, it could be augmented later.

260. The department also shared with the team a proposal for a 'glass box' fund for children, managed by a national organisation for children, to 'assume the role and responsibilities of UNICEF'. The proposal envisages contributions to this fund from a Government budget line, a fixed percentage of the annual profits of public enterprises, and voluntary contributions from other companies, all of which would be encouraged with attractive tax-deductible provisions. If Government accepts this proposal, the financial resources needed for children's programmes and for ensuring children's rights might well be on a sure footing. However, this does not resolve the question of the restructuring of the NCC or of establishing an alternative.

261. There has been some external pressure to introduce fees for social services. However, the Government has made no moves on this. Such a move might release funds for other social services and at the same time make the services more equitable and sustainable, adding the element of ownership and responsibility on the part of the consumers as they will feel they have paid, at least partly, for these services.

6. LESSONS LEARNED FROM THE EVALUATION

6.1 Lessons for the transition process

262. The lack of a central focal institution for children and child rights has hindered the many good, but uncoordinated efforts by various parties. A restructured NCC or an alternative is crucial and urgent.

263. NCC has been primarily concerned with Protection Rights rather than the protection and advancement of all rights. This drastically limits its capacity for playing a wider role co-ordination, policy formulation, rights monitoring and reporting. The difference needs to be clarified. It also should be clarified that such a body is not meant to implement programmes or projects, but that it should be primarily an advocacy, co-ordinating and monitoring body that helps to hold accountable those with an obligation to address the problems.

264. Interactive meetings such as the annual and quarterly reviews held by the JSC have much learning and capacity-strengthening potential and enhance the motivation to implement projects. This body has no constitutional, legal or financial powers. It may be necessary to strengthen it administratively; for example, it could be placed as the intersectoral co-ordinating arm of a restructured NCC.

265. RBP must include a focus on goals and their achievement also, not primarily on advocacy and IEC. At the same time, quantitative goal achievement is not sufficient; qualitative and process goals must also be borne in mind all along. To ensure that RBP is firmly in place in the country by the end of the transition period, the CP needs to focus on micro- and project-level implementation and monitoring using a system of home visits and the services of multi-purpose animators and social workers.

266. The need for community committees in Mauritius Island for local planning, management of programmes, community self-surveys, and monitoring and support to various sectoral programmes. Such programmes need not involve voluntary service - the committees can oversee even Government employees. These committees should be trained in child rights and key aspects of child welfare and development. They could form a network up to the national level and be linked to the national child-focussed organisation as child rights committees. The example of

Rodrigues in the area of voluntarism can be adapted for Mauritius Island, using women who stay at home, senior citizens, NGOs and local community-based organisations, if any. All such volunteers should probably be part-time and be paid a suitable honorarium. This will not obviate the need for Government, especially in a welfare state, to ensure that its basic services do cover all children or other beneficiaries satisfactorily.

6.2. Lessons for UNICEF processes and strategies

267. A lesson may be learned from the process adopted for the handing over the Rodrigues liaison officer's post. It was first an UNICEF staff post; then it became one funded by UNICEF but under the authority of the island administration. Now, it is both funded by, and part of, the administration. The various stages of this transition seem to have worked well but have also taken years to be achieved. The country office does keep in contact with the liaison office. This kind of planned, progressive handing over the responsibilities and roles will be needed for CITs. At each stage, there needs to be a monitoring of the efficacy of the actual arrangement and adaptations to the situation. An abrupt withdrawal will be counter-productive for the children of the country.

268. A preparatory period of three years is not sufficient for the transition process. Moreover, the transition programme needs to be fully focussed on actively building up a network of supporting institutions and processes to help prepare the country for transition rather than in trying to mop up the unfinished tasks of the previous CP.

269. Institution building as part of the phasing out strategy has to be given more emphasis. At the same time, it does not depend only on a CP. National realities and political will also play an important part. For example, the CP initiated EDEV project was successful, but Government has yet to replicate it.

270. In some circumstances, UNICEF may have to step in to speed up certain urgent or long overdue tasks, such as in participatory IEC processes in the CP, but it must ensure that national partners are associated, in one way or the other, with it at various levels and steps so that capacity-building is not sacrificed.

271. All problems cannot be tackled successfully` within one CP. Also emerging ones may call for continued UNICEF presence in a modified form for some time, if necessary, even in a country that satisfies the criteria for transition. Hence such issues need to be examined on a case by case basis before determining whether a country is ready for transition.

272. Evaluations on all programme components need to be conducted at the end of a programme cycle and used in full.

7. OPTIONS FOR OPTIMISING THE TRANSITION IN MAURITIUS

273. Some options for optimising the transition process in the country that have arisen from the evaluation exercise are set down here to kick off a discussion among all national stakeholders and UNICEF so that firm recommendations can emerge for short and medium term actions by both. It must be stressed that the options are not necessarily mutually exclusive, as some may be complementary to others, or lead to them.

274. Whichever of the options are chosen, a joint GOM-UNICEF task force would be useful, to specifically monitor progress of the transition and assess readiness - as long as it does not duplicate the role of the JSC. The Government as well as UNICEF, both in the country and at the highest level of the organisation, must agree upon this strategy to enable it to work smoothly.

Option A

275. One option that has been considered for some time is strengthening of national institutions before the end of the transition period (2001-2003), so that they can assume full responsibility for advocacy on child rights, co-ordination of the efforts of all actors in the national scene, support for their capacity building, and the monitoring and reporting on the rights of children and women.

276. A major move in this direction so far has been the attempt to restructure the National Children's Council, which was envisaged to play this role, but has been unable to do so for various reasons (see above). So far this effort has not been successful. If that task is taken up as a priority, it must be ensured that the organisation is outside a specific Ministry (under the PMO for instance, or an autonomous body like the Human Rights Commission) to be able to play the role needed after UNICEF phases out its local presence. It will also then be able to enlist the financial support for extending advocacy, monitoring and support to programmes from the private and public sector. Already, there have been moves to generate such support from the private sector. The idea of the glass box fund mentioned above includes both public and private sector support. Other possible sources are the various Trust Funds, and the newly proposed National Economic and Social Council.

Option B

277. Another alternative is to form a Mauritius National Committee for UNICEF (Natcom) that would focus mainly or wholly on advocacy, IEC, child rights monitoring and fund raising for the country rather than internationally.

Option C

278. One other option is to have UNICEF's role being carried out instead by another UN agency such as UNDP. The Mauritian CCA and UNDAF underline the responsibility of UN agencies jointly to support national efforts in all the major issues that affect children and women, especially the more deprived ones. Still, this option is fraught with uncertainties and potential drawbacks. The other UN agencies are themselves stretched and most probably cannot undertake this extra task without further capacity in terms not only of funds but also of expertise and sensitisation.

Option D

279. A modified UNICEF presence may be envisaged in Mauritius in the short term, say another three years after the ongoing transition programme. This may take the form of a trimmed-down office, with minimal allocation of only a support budget. In order to establish this modified presence, two possibilities can be explored. The UNICEF Executive Board can be requested to approve another transition programme, on the grounds that the lead-time Mauritius had to adjust to the transition was far too short. If RR funding is not available through this means, OR funds must be sought for this purpose. It is debatable whether enough OR will be generated on a regular basis to sustain this minimal office structure for some years, but perhaps both Government and

UNICEF could make an initial arrangement to set up such an office and see if funds do flow in, each year.

280. UNICEF's role should solely be to support Government's and civil society's endeavours to provide a more enabling environment for the growth and development of children, and for the protection and promotion of child rights. This will mean a focus on advocacy and capacity building and not on programming or operations. A specific focus will be on building up a body or a group of organisations that will assume the roles and ensure the thrusts needed to ensure the fulfilment of child rights.

Option E

281. The fifth possible option, which is complementary to the others, is for the UNICEF Area Office in Antananarivo to be in direct contact with the Mauritian actors, instead of a local office. This would entail the Area office designating at least one staff member to be in charge of this task, with time and funds to travel periodically to the country for face-to-face interactions with the local organisations, meetings and field visits. In case a local presence is maintained for some time to come, there will still be a need for increased support from the Area office, especially since the staff in Mauritius would be minimal in number.

Final consideration

282. The evaluation team is confident that the Government of Mauritius and UNICEF will find the best possible solution to minimise adverse effects on the well-being of children that might arise from a less pronounced presence of UNICEF in the country as from 2003. It is recommended that programme partners consider above-mentioned options, which are complementary to each other, during the remainder of the transition programme, i.e. before the end of 2003.