

KNOWLEDGE FOR CHILDREN IN THE MIDDLE EAST AND NORTH AFRICA (MENA)



COMPENDIUM OF UNICEF - SUPPORTED KNOWLEDGE
AND EVIDENCE GENERATED IN 2017

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Acknowledgments

This compendium was developed in the implementation of the UNICEF Middle East and North Africa Regional Office's (MENARO) strategy to position UNICEF as a knowledge broker for children in the region. Rose Thompson Coon put the compendium together, in consultation with UNICEF MENARO Monitoring and Evaluation section. Sajy Elmughanni from that section provided valuable comments and coordinated the process of work; Roumiana Gantcheva led the whole process and finalized the document. UNICEF colleagues from all country offices in MENA region and from the regional office provided comments and verified the information in the summaries of the reports, generated in their respective offices.

Foreword

Every year, UNICEF and its partners in the Middle East and North Africa (MENA) generate a wealth of knowledge about children in the region and evidence of the results from programmatic interventions. The purpose is to inform national dialogues around the design and implementation of child-friendly policies, and to improve interventions, thus contributing towards full implementation of the rights of all children across MENA countries.

This compendium features thirty summaries of research, studies, surveys and independent external evaluations that UNICEF and its partners in the region have completed in 2017. They capture different dimensions of child rights.

The summaries cover a wide range of topics organized by goal areas of UNICEF Strategic Plan 2018-2021, namely:

- Every child survives and thrives
- Every child learns
- Every child is protected from violence and exploitation
- Every child lives in a safe and clean environment
- Every child has an equitable chance in life

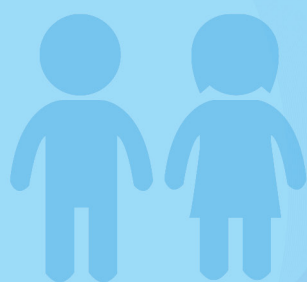
Each summary consists of the background and rationale, methodology, key findings and conclusions, and recommendations where appropriate. Links to the full reports are provided.

I hope that you will find the Compendium informative and a useful reference to the knowledge of children in the MENA region.

Geert Cappelaere

Regional Director

UNICEF Middle East and North Africa



Every child survives and thrives

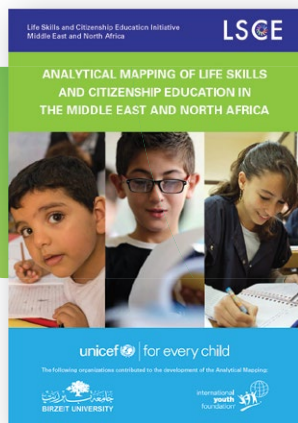
Every child learns

**Every child is protected from
violence and exploitation**

**Every child lives in a safe
and clean environment**

**Every child has an
equitable chance in life**

I | **Regional-level evidence on children in MENA**



Analytical Mapping of Life Skills and Citizenship Education in the Middle East and North Africa

Author(s): UNICEF MENA Regional Office with Birzeit University and International Youth Foundation

The MENA Life Skills and Citizenship Education (LSCE) Initiative provides an integrated, transformative and life-long vision of quality learning through life skills and citizenship education, by addressing the key questions of 'what to learn' and 'how learning should take place' in order to foster a new generation that is ready to 'LEAP into the future': ready to Learn, to be Employed, to Actively engage, and to take control over their own personal growth and empowerment. The LSCE Initiative is led by UNICEF in collaboration with partners at country, regional and global levels.

The Analytical Mapping has been designed to communicate the analysis included in the Conceptual and Programmatic Framework of the LSCE Initiative. In particular, the Analytical Mapping aims to: (i) provide an analytical overview of interventions related to life skills and citizenship education in MENA; (ii) highlight general challenges encountered in life skills and citizenship education programming, as well as focus on opportunities for mainstreaming life skills and citizenship education in MENA national education systems and (iii) propose questions for further investigation and research around life skills and citizenship education that are crucial for programming in MENA.

► **Methodology:** The Analytical Mapping covered 15 MENA countries. The methodology included an extensive desk review and both quantitative and qualitative tools for the data collection, such as qualitative and quantitative mapping surveys. Four in-depth country case studies were developed based on semi-structured interviews and focus groups discussions (with 280 participants) and national partner consultations were conducted with more than 600 stakeholders representing: (i) governmental organizations (Ministries of Education, Ministries of Labour, etc.); (ii) MENA regional organizations, such as ALECSO; (iii) international organizations; (iv) NGOs; and (v) the private sector. The report is structured around the introduction, vision and working definition of life skills and citizenship education, programmatic interventions and approaches and recommendations for areas of further research.

► **Select key findings and conclusions (see full list in the main report):**

Life skills and citizenship education definition and conceptualization in MENA. There are no clear definitions of life skills in MENA, as existing definitions vary considerably among different stakeholders (governments, NGOs, United Nations agencies, donors and the private sector) and policy makers and practitioners find it challenging to integrate life skills into education systems due to the lack of guiding conceptual frameworks that clearly define the concepts. There is also a conceptual confusion between competencies and skills, and, in some instances, both terms are used interchangeably.

Life skills landscape in terms of Dimensions of Learning and Skills clusters. Overall, a holistic approach integrating the four Dimensions of Learning in current life skills and citizenship education programmes is lacking as well as guidance in the process of identification of core skills. Perceptions of policy makers and youth also differ around which skills are most needed.

Subject areas through which life skills are addressed. Countries reported citizenship education as the most frequent subject area (51% of programmes implemented in this context) in which life skills are addressed, facilitating topics such as civic society and systems, civic principles, civic identities and civic participation. In fact, the post-conflict fragile and unstable context in MENA opened up opportunities for the emergence of many

programmes in citizenship education. 40% of the programmes are implemented within the context of health education, which focuses on life skills, such as negotiation, refusal, communication and critical thinking as a crucial set of skills to influence positive health-related behaviours. The subject areas of environment and disaster risk reduction report the lowest frequency of integration of life skills, while vocational disciplines have a limited focus on life skills, which, in turn, negatively affects the quality of Technical and Vocational Education and Training (TVET).

Teaching and learning approaches used in life skills and citizenship education. The majority of reported programmes still rely on traditional lecture-based instructional methods, though promising practices on more interactive teaching and learning approaches are emerging. Teaching and learning resources used for life skills and citizenship education are developed on a project basis and are mostly adapted from international definitions, frameworks and guides.

Life skills and citizenship education delivery. There is a need for core life skills to be mainstreamed within formal education, in line with current education reform attempts to develop a knowledgeable society, improve employment outcomes and enhance social cohesion. Of the reviewed life skills interventions implemented in non-formal educational settings 65% were in the hands of NGOs in comparison to only 8% implemented by governmental organizations. Programmes delivered through learning in both the workplace and in the 'road to workplace', including apprenticeships and internships, were found underrepresented in MENA.

Opportunities and challenges to life skills and citizenship education programming. The Analytical Mapping shows that life skills are poorly integrated in existing national policies, strategies and plans, with limited national assessment and weak participatory involvement of different stakeholders - coupled with a lack of effective national coordination frameworks representing the different stakeholders involved in life skills and citizenship education. Further, current school environments in MENA are not conducive to life skills and citizenship education programming, mostly because of limited community mobilization and weak parent-teacher associations and finally, there are no specific monitoring and evaluation systems for life skills and citizenship education, including national assessments of learning outcomes.

► Recommendations:

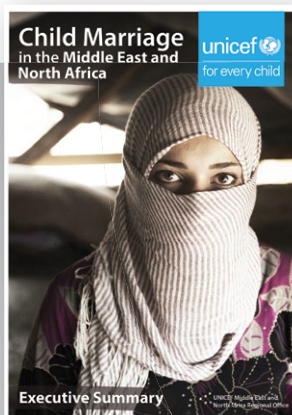
The following key areas were identified for future research in the field of life skills and citizenship education in MENA:

- **Curriculum analysis:** Aiming to identify gaps in existing national curricula and inform changes and areas for future reform in each MENA country, curriculum analysis could entail a comprehensive identification of life skills integration, as well as the mapping of existing skills clusters and Dimensions of Learning against the core skills needed for future generations, as defined in the CPF.
- **Evaluation of life skills and citizenship education programmes and learners' outcomes:** Due to the lack of comprehensive evaluations of key life skills and citizenship education programmes in MENA, particularly in relation to measuring the impact of interventions on learners and learners' outcomes, it is important to assess efficiency, cost-effectiveness and impact of life skills and citizenship education interventions, as well as learners' outcomes, in order to bring forward key issues that are crucial in future programming.
- **Assessment of existing life skills and citizenship education resources:** With a wide range of teaching and learning resources for life skills and citizenship education available and used by different stakeholders, it is imperative to assess their content, utility, relevance to the needs of target groups; embedded learning and teaching approaches and their level of adaptation to the national context; and gaps in addressing specific skills and groups. The assessment of these resources and materials could also identify best practices and be an opportunity to share experiences and lessons learned, and disseminate curricula across countries.
- **Gender mainstreaming:** Information on how life skills and citizenship education programmes mainstream gender is still scarce. Therefore, it is crucial to assess how gender issues are being mainstreamed into life skills and citizenship education curricula and materials, and to evaluate whether or not gender-aware assessment of needs is being undertaken.

• **Life skills and citizenship education in private schools:** Because the scope of the mapping did not cover private schools in MENA countries, it is recommended that a study be undertaken to assess life skills and citizenship education offered in private schools, as well as the innovative teaching and learning approaches used in these settings.

Full report available at:

[http://www.lsce-mena.org/uploads/updated_lsce_files/171020_Analytical_mapping_report_\(website\).pdf](http://www.lsce-mena.org/uploads/updated_lsce_files/171020_Analytical_mapping_report_(website).pdf)



Child Marriage in the Middle East and North Africa Region. A regional analysis of the available evidence and the current policy, legal and programmatic responses to child marriage in Egypt, Jordan, Lebanon, Morocco, Yemen and Sudan.

Author(s): International Center for Research on Women (ICRW), UNICEF MENA Regional Office

► **Background and rationale:** Child marriage includes any legal or customary union involving a boy or girl below the age of 18. The practice violates individual human rights and negatively influences health, well-being, gender equity, and development at the individual, community, and societal levels. There are nearly 70 million child brides in the world: that is, one in three girls in the developing world. As part of their mandate to combat child marriage, UNICEF and UNFPA joined efforts through the Global Programme to Accelerate Action to End Child Marriage. Effective programmatic prevention and response to child marriage is based on an understanding of the prevalence of child marriage, the nature of child marriage practices, the political and socioeconomic factors influencing child marriage practices, and the existing prevention and response activities in a given country or region. In this context, in 2016 UNICEF MENA regional office partnered with the International Center for Research on Women (ICRW) to assess programmatic responses, explore promising approaches, and identify gaps in efforts to address child marriage across the region, specifically in Egypt, Jordan, Lebanon, Sudan, Yemen, and Morocco. The study provides country-level and regional-level analysis and recommendations for programming at the local, national, and regional levels to strengthen work to end child marriage.

► **Methodology:** The study included a desk review, evidence gap mapping, primary data collection as well as stakeholder consultations. For the desk review and the evidence gap mapping the research team reviewed multiple databases to identify relevant academic publications, journal articles, programme evaluations, survey data, and other influential sources. By using inclusion criteria, a comprehensive list of data sources was identified and the evidence gap map developed. Primary data collection included key informant interviews and focus group discussions with representatives of governmental institutions, UN organizations, and non-governmental organizations and service providers. The validation of findings was done through regional level stakeholder consultation.

► **Select key findings and conclusions (see full list in the main report):**

Prevalence. From 1985 to 2010, the prevalence of child marriage decreased more quickly in the MENA region than in any other region of the world, from 34% to 18%. However, whilst the MENA region's prevalence is now lower than South-Asia, sub-Saharan Africa and Latin America and the Caribbean, low overall child marriage prevalence masks the wide variation in prevalence between different countries in the region, which ranges from 3% married before the age of 18 years in Algeria to 32% in Yemen. The increase in child marriage in conflict-affected / humanitarian contexts is in contrast to the overall declining prevalence rate. In the six countries of interest, for the countries with available data, the percent of women 20-24 married before age 15 ranged from a low of 0.3% in Jordan to a high of 11.9% in Sudan. The median age of first marriage of women 25-49 ranged from 18.2 years in Yemen to 26.3 in Morocco.

Legal and regulatory frameworks on child marriage. All the six countries have ratified the Convention on the Rights of the Child (CRC). All countries apart from Sudan have ratified the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW). Notwithstanding the high rate of ratification of international standards, Egypt remains the only country with a minimum age for marriage of 18 years. Jordan and Morocco have both set the legal age for marriage at 18 years, but provide judges with the discretion to marry girls that are younger. In both Sudan and Yemen, puberty is broadly used as the age at which marriage of girls is appropriate and acceptable. In Lebanon, religious law determines the age of marriage, which varies depending on the religion and denomination. Overall, Sudan appears to be faring the worst, relative to the other countries included in this report, with the highest percentage of girls married before 15 years of age, the second-highest percentage of girls married before the age of 18, the lowest adolescent contraceptive use, and the highest adolescent fertility rate. This is also notable as Sudan was the only country of the six in the study to not have ratified CEDAW and to continue to use puberty as the yardstick for when it is appropriate to marry. Sudan also has the lowest level of programmatic interventions.

The report concludes that across the region, domestic legal frameworks, as they relate to child marriage and influencing factors, do not meet international standards, on paper or in practice. Where child marriage laws do exist, evidence shows that they will only be effective in reducing prevalence where resources are invested in enforcement, in particular, through capacity development of law enforcement, public and judicial officials.

► Evidence of programmatic intervention on child marriage.

- An analysis of organizations working on interventions relating to child marriage illustrates that the majority of the international organizations currently working on child marriage have programmes focused on Jordan and Lebanon
- Sudan has the least amount of international organizations working on the issue, with just UNICEF, UNFPA, and PLAN active in the country
- Egypt and Jordan, which have lower prevalence of 20-24-year-old women married before age 15, benefit from a large range of programming, focusing heavily on changing national laws or policies but also incorporating interventions that increase knowledge and awareness and engage youth, among others
- Yemen presents an interesting case, with the relatively high engagement of international organization and interventions not reflected in child marriage prevalence figures. However, this could be due to the limitations faced when programming in a conflict scenario
- Very few programmatic interventions employed peer education and mentorship methods, or involved religious leaders, albeit these methods were identified by stakeholders as having the potential to be very effective
- Of the programmes implemented in the six countries of focus, few have published evidence to show what works specifically in relation to influencing attitude and behaviour change

In conclusion, the research shows that positive progress is being made in the region to address child marriage. In particular, there is an increasing understanding that girls can benefit from spending a longer time in school and delaying marriage. However, the prevalence of child marriage is still rooted in the perception that marriage is an appropriate method for protecting girls from financial and/or physical insecurity – perceived or real. As such, programming must address both the societal gender norms that belittle the agency and potential of girls, whilst addressing the physical and structural barriers that affirm these norms and practices as relevant.

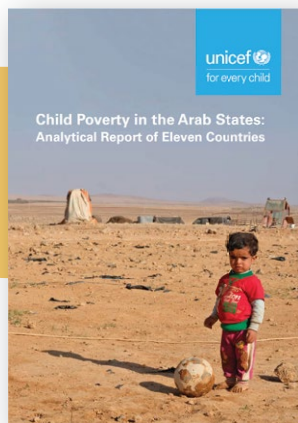
► Key regional level recommendations (see the complete set in the main report, including country level recommendations and recommendations related to the five outcomes of the Global Programme to Accelerate Action to End Child Marriage):

- Focus interventions on the realities of the context and the structural factors at play, including conflict, displacement and extreme poverty; consider how power, resources, and religious/cultural roles interplay; determine what local resources/infrastructure/organizations are present to contribute or support programming
- Support, nurture and consult the local gender expertise in the form of local women's organizations and those organizations focusing on child marriage, including through capacity development to work with men and boys, ensuring that programming is driven and informed by the grassroots
- Ensure high quality interventions by establishing a theory of change and including stakeholders in a participatory approach to design and implementation; where possible, conduct a pilot phase

- Focus the programming on child marriage and the structural factors that drive it (including schooling) recognizing that programmes that incorporate child marriage as a smaller part of broader goals (i.e. empowerment, sexual and reproductive health, HIV) are less likely to have an impact
- Ensure reliable service delivery to the most rural and remote communities through sustained and expanded funding for programming proven to best reach remote communities, such as mobile units to provide safe spaces and health services
- Ensure multi-year funding of programmes to allow for sufficient time for rigorous evaluation over a period of several years; funding to governments should have clear goals linked to monitoring so that results are seen before new money is released
- Recognize the interplay between interventions conducted at different levels and recognize that child marriage is a result of gender-related social factors at the individual, interpersonal, community, and societal levels, which must all be considered when designing effective programming

Full report available at:

<https://www.unicef.org/mena/reports/child-marriage-middle-east-and-north-africa>



Child Poverty in the Arab States: Analytical Overview

Author(s): UNICEF MENA Regional Office, in close coordination with the UNICEF Office of Research-Innocenti (OoR) and the UN Economic and Social Commission for Western Asia (ESCWA)

► **Background and rationale:** The Child Poverty in the Arab States report aims to provide a tool for policymakers, practitioners and all stakeholders striving to eliminate child poverty in the Arab States. Although the report cannot be considered representative of the full range of member states of the League of Arab States (LAS), it seeks to illustrate the various manifestations of multidimensional child poverty in the 11 countries studied. The Child Poverty Report presents several innovations for the region. Although many UNICEF country offices in MENA have supported national Multiple Overlapping Deprivation Analysis (MODA) studies and strive to document child poverty as a significant and urgent issue, a more systematic, regional assessment of child deprivation and inequities had yet to be performed prior to this report. These national studies helped to communicate the analysis conducted in the report. In the aftermath of the adoption of the Sustainable Development Goal (SDG) 1 ('End poverty in all its forms everywhere'), and in light of SDG 1.2 ('By 2030, to halve the Percentage of men, women and children living in poverty in all its dimensions, according to national definitions'), reducing child poverty is a key imperative for the 11 countries examined here, to help build social cohesion, sustainable development, peace and prosperity in the region.

► **Methodology:** The Child Poverty Report utilised a cross-country Multiple and Overlapping Deprivation Analysis (CC-MODA) methodology, adapted to the Arab States, based on the National-MODA analyses previously rolled out in the region. Household survey data sets from the 11 countries were studied, on which a standard analytical protocol was applied by OoR. Two survey data sets were used for each country, the most recent compatible survey and one with comparable data for the year closest to 2000. Seven dimensions of child well-being were analysed: for children 0-4 water, sanitation, housing, health and nutrition and for children 5-17 water, sanitation, housing, information and education. In this application of the MODA methodology, two measures of poverty are defined. The first measure, 'acute poverty', defined in the original CC-MODA methodology, has been mostly applied to low-income countries. The second measure, 'moderate poverty', which comprises the acute poverty measure, was established by taking into consideration the specific characteristics and experiences of LAS countries. The 11 countries were divided into three clusters: (1) low acute poverty and low moderate poverty (Algeria, Egypt, Jordan, Palestine and Tunisia); (2) low to medium acute poverty and medium to high moderate poverty (Iraq and Morocco) and (3) high acute poverty and high moderate poverty (Comoros, Mauritania, Sudan and Yemen).

► Key findings and conclusions:

Incidence of child poverty. The incidence of acute and moderate child poverty varies greatly across the 11 Arab States analysed, but in general, the incidence of both acute and moderate poverty is considerable and multidimensional child poverty is clearly a reality in the region. The under-18 population in the countries examined, at approximately 118 million, represents about 6% of the world's total child population. Of these children, 52.5 million suffer from moderate poverty, representing 44.1%, or close to half of all children in the 11 countries considered. At the same time, 29.3 million, or 1 out of 4, experiences acute poverty. Such levels of child poverty must be prioritised through tailored policies that take into account the different historical and development trajectories of each country, as well as current national and regional situations.

The profile of child poverty - Deprivation by dimension. The analysis demonstrates that the incidence of deprivation generally increases with each cluster, with the exception of the nutrition dimension, where differences between countries are less pronounced. In addition, there are some 'outliers', where deprivation in a particular dimension for a given country is much higher or lower than expected – for example moderate information

deprivation and acute water deprivation in Palestine. This points to country-specific experiences of child poverty that need tailored responses.

Housing: Overall, this dimension sees the highest incidence of deprivation, both at the acute and moderate thresholds. In looking at the 11-country average, nearly half of all children in the region suffer from moderate housing deprivation, living in houses or shelters with primitive flooring and dealing with the overcrowding of more than 3 people to a room. One-third of children suffer from acute deprivation, living in houses with primitive flooring and dealing with the overcrowding of more than 4 people to a room.

Water: The 11-country average indicates a significant incidence of acute and moderate water deprivation. In particular, almost half of all children in Cluster 3 countries (45%) experience acute water deprivation (relying on an unimproved water source or travelling more than 30-minutes round trip to get water), while 73% experience moderate water deprivation (no piped water in the house/yard).

Sanitation: Acute and moderate sanitation deprivation incidence varies significantly among the clusters. Acute deprivation (using an unimproved toilet facility) ranges from less than one percent in Jordan, Egypt and Palestine to well over 50% in Comoros, Mauritania and Sudan. Moderate deprivation (sharing a toilet facility with other households) is more widespread and affects over one in five children in the countries studied.

Nutrition: Incidence is similar for both moderate and acute nutrition deprivation in Clusters 1 and 2. In both clusters, 1 in 4 children experience acute nutrition deprivation (i.e. not meeting norms on breastfeeding practice or experiencing wasting). Cluster 3 shows an acute nutrition deprivation share of 31.7% of its child population, only 5 percentage points above the 11-country average. Moderate nutrition deprivation (stunting or obesity) affects over half of all children in Cluster 3 countries (54.1%). With limited differences between clusters and countries, the analysis suggests that malnutrition is a very widespread and almost universal aspect of child poverty in the countries studied. Undernutrition is slightly more pronounced among otherwise disadvantaged children and in Cluster 3 countries, while obesity affects more advantaged children at a higher rate.

Health: Health deprivation varies considerably among clusters. The average incidence of moderate health deprivation (i.e. unskilled birth attendance, incomplete immunization or lack of antenatal care) is significantly high across all three clusters as 44.1% of children on average experience some form of health deprivation.

Education: Incidence is relatively high across Clusters 2 and 3, particularly in terms of moderate education deprivation (being out of school or falling two or more grades behind), experienced by one out of every three children in these clusters.

Information: The information dimension has the lowest incidence of all the dimensions examined in Clusters 1 (second lowest for moderate deprivation), 2 and 3 (second lowest for moderate deprivation). Still, in Comoros nearly one in five children face acute information deprivation (no access to any information or communication device) and in Sudan nearly half of all children face moderate information deprivation (no access to one information and one communication device). Palestine also stands out with a high level of moderate information deprivation.

Additional analysis of background variables also revealed pronounced differences in the levels of acute deprivation experienced by *rural and urban children* in the dimensions of water, sanitation and information, whereby, for instance rural children are five times more likely to be acutely deprived in sanitation than in urban areas. Further, children in households *where the head has no education* are more likely to be acutely deprived in various dimensions. Overall, children whose household head did not receive any education are 2.3 times as likely to suffer from acute poverty than children in families where the household head received a primary education or higher. *Household wealth* was found strongly correlated with deprivation in various dimensions, at both the moderate and acute deprivation thresholds with the exception of nutrition, which shows next to no correlation with household wealth thus indicating that nutritional challenges in the region are not necessarily income-related.

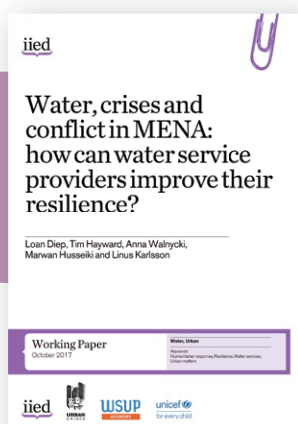
Lastly, with the indicators used in this analysis, the sex of the child does not show significant correlation with any dimension of child deprivation. This indicates that the indicators and thresholds used in this study are not particularly sensitive to gender differences. The finding should not be interpreted to mean that there are no gender disparities in childhood deprivation in the countries studied, but underlines *the data limitations hampering understanding over the gender differences and the evolution of child poverty in countries affected by conflict or large-scale population movements*.

► **Key recommendations (opportunities):**

- **A growing population of children and young people** in the 11 countries examined presents an opportunity to propel social and economic growth, especially as the demographic transition takes hold
- **Improvements in child deprivation trends**, especially Jordan, Egypt and Palestine, show tremendous improvement in both acute and moderate child deprivation over time. This allows countries to build on the momentum and gradually shift focus to more aspirational goals for children, while not forgetting the children who are at risk of being left behind
- **Child wellbeing as a basis for peace, social cohesion and growth.** Reducing the deprivation experienced by children is the first step towards breaking the intergenerational poverty cycle that many are entrenched in and is one of the keys to future peace and prosperity in the region
- **Investing in children is imperative.** It is critical that all children, regardless of their social status, have access to a full range of quality health and education services, adequate nutrition as well as social protection benefits to alleviate the impact of poverty. Governments must prioritise investing in childhood. In order to facilitate this needed investment, it is important that governments have a clear understanding of the current level of public expenditure on children. This spending needs to be assessed based on its effectiveness, efficiency and equity, as well as its adequacy, so that investments can have a broader reach and public resources, which are constrained, can be put to their best possible use

Full report available at:

<https://www.unicef.org/mena/reports/child-poverty-arab-states>



Water, crises and conflict in MENA: how can water service providers improve their resilience?

Author(s): Loan Diep, Tim Hayward, Anna Walnycki, Marwan Hussein and Linus Karlsson, International Institute for Environment and Development (IIED), Water & Sanitation for the Urban Poor (WSUP) and UNICEF MENA Regional Office

► **Background and rationale:** Protracted conflicts in the MENA region have left tens of millions of people in need of humanitarian and development assistance to have access to water. But the capacity of local water service providers (state-owned and private) to maintain adequate levels of services has decreased as conflicts and population movements across the region have continued, mainly towards urban areas. Other actors, including UN agencies, international organisations, local NGOs and independent – often informal – water providers have played an important role in filling gaps in supply. The study analyses all these actors' responses to continuing the supply of water during conflicts, focusing on factors of resilience building that particular concern to local service providers. It seeks to analyse the resilient capacity of water utilities, with a particular focus on Syria, Iraq, Yemen, the State of Palestine and the two in-depth case studies of Jordan and Lebanon. While the research focuses on the urban environment, supplying water to refugee and internally displaced person (IDP) camps and settlements is also explored. The research was developed with two audiences in mind: service providers and supporting agencies and organisations. It also seeks to point out to policymakers, humanitarian and development practitioners and donors and the range of challenges faced by utilities in order to improve the assistance and support that can benefit them.

► **Methodology:** The methodology included an in-depth literature review and primary data collection. The latter consisted of four broad categories of respondents: international and local organisations/UN agencies, government bodies and regulators, local service providers and civil society organisations and water user associations. 69 individuals from each of these categories involved in water provision were interviewed covering ten countries. Also, two-country case studies (Jordan and Lebanon) were conducted, with field research.

► **Select key findings and conclusions (see full list in the main report):**

Pre-existing vulnerabilities. The root causes of the current issues in water provision developed long before the start of the recent series of conflicts in the MENA region. Water services have long been undermined by numerous political, infrastructural and governance challenges. Pre-existing issues included unsustainable management practices and the high reliance of countries on diminishing and already-scarce freshwater resources, increasing vulnerability to the impacts of conflicts and exposing them to short and long-term risks of collapse.

Responses from different actors involved in the water supply. In countries affected by conflicts, immediate actions made by utilities have included reliance on contingency stocks, repairs and replacement with spare parts to respond to physical damage made on water infrastructure (all countries) and the use of generators during power disruptions (Yemen, Syria, Iraq, Libya, Palestine). However, with the continuation of conflicts, population movements and the associated impacts, utilities' ability to continue regular supply has typically decreased with time, either gradually or as a result of repeated disruptions. This has rendered them unable to meet everyone's water demands. As utilities' service levels have diminished, other actors have started or increased activities.

While humanitarian and development actors have filled the gaps, the focus has been mainly on refugees and IDPs in camps and collective centres and less on those living with host communities in urban areas. Operations during relief phases have commonly consisted of directly providing water, for example through water-trucking operations or bottled water.

More support during stabilisation and development phases have included rehabilitating infrastructure and drilling additional boreholes. In addition, more structural 'soft' interventions such as training staff and community mobilisation have aimed at addressing utilities' existing vulnerabilities. In all countries, the private sector and particularly small-scale operators (water trucks and vendors, but also construction contractors) have also filled an important gap in supply, working either with utilities, humanitarian/development organisations, or independently.

Resilience of water service providers in MENA. The report highlights the main challenges to resilience building, which includes utilities' growing difficulties in managing internal resources, dependency on depleting freshwater resources, multiple provision systems, adding to the complexity and utilities struggling to recover costs while customers are becoming increasingly frustrated. In order to build short and long-term resilience, utilities need to break the patterns of growing vulnerability. As such, they need to take into account pre-existing issues, and to consider future development. Their capacities will be reinforced with more efficient resource management and with enhanced relationships with the communities that they serve. Humanitarian and development interventions are more sustainable and equitable when they are coordinated with local actors, and when they are able to adopt a supporting role as opposed to a substitution role.

► Key recommendations:

Build utilities' resilience through efficient resource management;

- Emergency plans and contingency stocks should be in place to enable utilities to reduce risks of service disruptions
- Human resources and internal capacity can be sustained during crises and enhanced over time when utility staff are well trained and able to multitask
- Reducing non-revenue water, increases utilities' financial viability and autonomy while helping to serve more water to affected people
- Efficient use of water and energy resources provides more sustainable solutions
- Ensuring data are up-to-date helps to inform decision-making in relation to actual needs, particularly in camps, but also in urban settings where rapid changes have led to increased diversity

Make humanitarian and development interventions sustainable;

- Better analysis and understanding of the needs and capacity gaps of utilities by humanitarian and development agencies is required
- Relief type support, to help services recover quickly can be complemented by continuous bolstering and adapting emergency preparedness and response capabilities

Work more closely with the private sector;

- Partnerships with independent providers (formal and informal) provide multiple benefits to utilities
- Stronger/enforced regulatory frameworks to monitor independent water provision activities is required
- Maintain strong relationships with communities;
- Closer engagement of utilities with communities is necessary to maintain relationships and to improve accountability and trust
- Community mobilisation can render water services more efficient where social tensions affect service provision

Full report available at:

<https://reliefweb.int/report/syrian-arab-republic/water-crises-and-conflict-mena-how-can-water-service-providers-improve>



Progress for Children with Equity in the Middle East and North Africa

Author(s): UNICEF MENA Regional Office

► **Background and rationale:** Children in the MENA region have witnessed remarkable progress in development during the MDGs. However, the progress has been uneven both across countries and within countries. Middle-income countries have made advances in various areas of children's development; Gulf States have surpassed some targets; countries affected by on-going humanitarian crises have experienced stagnation or reversals in achievements of some MDGs in recent years. With this level of diversity in the region, the objective of the report is not to project regional averages, but to illustrate a nuanced picture of the realization of children's rights in the context of the SDGs agenda. In the MENA region, there is no consolidated source of information presenting achievements and existing disparities in the implementation of children's rights. This publication is a first attempt to consolidate the available statistical evidence and identifies some data gaps in a number of areas relevant to children, particularly in the context of the SDG agenda and its indicators' framework. Therefore, the publication can serve to substantiate in-country dialogues and inform specific commitments to strengthen national statistical systems.

► **Methodology:** The publication builds upon collating, further analysis and visual presentation of publicly available data produced in recent years, related to child-specific topics within the MDG and SDG frameworks. It consolidates available statistical evidence, for the period 1990 - 2015 which demonstrates the progress and achievements of MENA countries in the realization of the rights of children. At the end of each section of the report, the data sources used are provided in the list of references.

► **Select key findings and conclusions (see full list in the main report):**

Health. The under-five mortality rate in the region has registered significant progress between 1990 and 2015; it more than halved on average. Yet, there were still around 324,000 children dying before their fifth birthday in 2015. Progress in reducing infant and neonatal mortality rate since the early 1990s has been uneven and significant disparities between countries remain. All MENA countries have made significant progress in ensuring access of pregnant women to antenatal care since the early 1990s, though slight reversals are observed in some countries in the very recent years. Out of the 20 countries in the region, 14 have achieved measles vaccination coverage above 90% in 2015. Since 2000, MENA has remained the region with the fewest estimated total annual new infections as well as the smallest estimated number of people living with HIV among UNICEF regions. However, only one in four infected children are receiving any treatment.

Nutrition. Overall, nearly four million children under five years old in the region are estimated to be underweight, with over half of those living in Sudan and Egypt. Further, it is estimated that almost 10 million children under five years of age are stunted, with reversals in progress seen in countries affected by humanitarian crises. Yemen is particularly concerning as almost half (over 1.8 million) of under five children are stunted. Urban or rural place of residence, wealth of the household and mother's education can explain intra-country disparities in young children's undernutrition. On the other hand, available data suggest concerning overweight rates among young children, for example in Libya, Egypt, Lebanon. Available data do not suggest a single trend or pattern in practicing exclusive breastfeeding of young infants over time in the region – increase, stagnation and decrease are all present across countries.

Water and Sanitation. By 2015, half of the countries had reached over 95% coverage of their populations with both improved water sources and improved sanitation facilities. Yemen, Sudan and the State of Palestine are lagging behind in providing access to and ensuring the use of improved drinking water sources, whereas Yemen, Sudan and Djibouti continue to face challenges to provide access to and use of improved sanitation facilities. With already high rates of access to improved drinking water sources in the early 1990s, MENA upper-middle-income and high-middle-income countries made further progress, but the overall progress in other countries was not necessarily accompanied by a narrowing of the urban-rural gap.

Education. While many countries made significant progress and are on the verge of achieving universal primary-education enrolment, most recently, there has been a reversal in the progress in countries affected by the ongoing humanitarian crises. Almost 90% of primary-school-age out-of-school children in the region, or over 3.8 million children, are found in Sudan, Yemen and Syria. Young children are more developmentally on track in the learning and social-emotional domains and less in the literacy-numeracy domain. Reading and mathematics achievements of children in Grades 4, 6 and 8 are still slightly below the international threshold, with girls performing better than boys. However, literacy is almost universal among young people across the MENA region.

Child Protection. There is universal or near universal birth registration in the majority of MENA countries, but the births of an estimated six million children under five years old in the region are not registered, mostly in Sudan and Yemen. One in ten children between the ages of five and 14 years in MENA is involved in child labour. MENA has shown a fast decline in levels of child marriage over the past 25 years, but still one in five girls under age 18 are married. Violence against women remains a persistent concern and violent disciplining methods of children are widely practiced in MENA countries.

Poverty. Extreme poverty is a major concern in a few countries in the MENA region, with over 5.1 million people living in poverty in Sudan, the country with the highest poverty rate in the region. Yemen is another country with high extreme poverty rates. Where available, evidence often suggests that children are disproportionately affected by poverty in the region and significant percentages of them suffer from multiple deprivations.

► **Key data challenges, opportunities (recommendations):** Countries across the MENA region have made significant progress in producing and making available data necessary for advocacy, development and tracking of evidence-based policies and programming, as well as for resource allocation for children. National and sectoral information systems, such as Education Management Information Systems and Health Information Systems have been improving in terms of timing, volume and quality of collected data. These have been accompanied by implementation of periodic household-based surveys, such as UNICEF-supported Multi-Indicator Cluster Surveys and Demographic and Health Surveys. However, the report highlights the following data challenges and opportunities.

► **Challenges.**

Data availability: sources or platforms where consolidated information on child-related indicators can be found for further analysis are not readily available in most of the countries. Particularly challenging is the data collection environment in countries affected by the protracted and on-going humanitarian crisis. At the national and subnational levels, available data is traditionally insufficient in the areas of child protection, child poverty and social protection and collected data is not always agreed upon among all stakeholders and subsequently remains unpublished. For the SDGs, new indicators were introduced related to children, but methods of calculation for some of these indicators are still under development. *For in-country disparity assessments*, the disaggregated information by age groups required for revealing the situation of children, is quite insufficient.

► **Opportunities.**

Data collection: At the country level, government, development and humanitarian partners need to continue investing in the capacity strengthening of national statistics and sectoral information systems, to improve the availability of information with better frequency, sufficient levels of disaggregation and higher quality data. With newly introduced indicators related to SDGs, it will be cost-effective to add new questions to existing data collection tools and thus ensure that the requirements for SDG reporting are met. Existing national surveys are excellent opportunities to cover new areas to be measured, rather than investing in new parallel processes.

Data Analysis, Dissemination and Use. In some instances, the data are already gathered and available but needs to be better utilised through further analysis. Consolidating all available child related information from both administrative and survey sources in one national hub, its regular update and providing broad access to it can significantly facilitate data use in a coherent manner. Further, it can ease the process of SDG progress monitoring and allows for more effective use of data to support advocacy and underpin national policy dialogues for improved targeting of interventions to those children who need them the most. Innovative ways of presentation can make data easier to understand and use for those who do not necessarily have statistical background.

International Coordination and Support. An international concerted effort needs to be carried out in the region, in order to ensure consistency in the definition and measurement of key indicators. This is particularly true for the newly introduced SDG indicators, some of which are not yet clearly defined and/or methods of computation are not described. This will ensure consistency in measurement, and in turn, potential for comparisons between countries. Development partners should continue to support national surveys conducted in the region, including technical support and advocacy for their more frequent implementation.

Full report available at:

<https://www.unicef.org/mena/reports/progress-children-equity-middle-east-and-north-africa>

II | Country-level evidence supporting the achievement of UNICEF Strategic Plan 2018-2021 results



Goal Area 1.
Every child survives and thrives



Iraq: Maternal, Neonatal and Child Health Survey (Households) in Selected Districts of Iraq – 2016

Author(s): SM Moazzem Hossain (UNICEF), Suham M A Hamid (Central Statistics Organization Iraq), Khaloud Oada (Iraqi Ministry of Health), Shaimaa Ibrahim (UNICEF), Nabila Zaka (UNICEF), Ihsaan Jaffar (Iraqi Ministry of Health)

► **Background and rationale:** The Government of Iraq recently launched the National Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMNCAH) Strategy and Iraq Every Newborn Action Plan (IENAP) 2016-2020, with the aim to ensure the rights of every newborn and child to survive and thrive. However, a challenge remains to obtain up-to-date information on the current situation of maternal, neonatal and child health (MNCH) practices both at community and at health facility level. The MNCH Household Survey (MNCH-HHS) results will serve as the baseline for maternal, newborn and child health situation in the selected 12 districts and pave the way for better planning, implementation and follow-up of the mentioned national strategic plan of actions, especially, in underserved areas and at district level. The survey had three specific objectives: (i) to gain knowledge on the background characteristics of households, children, pregnant and lactating women in surveyed area, (ii) to increase understanding on knowledge and practices of pregnant and lactating women about pregnancy, delivery and postnatal and newborn care as well as Infant, Young Child Feeding practises and (iii) to increase understanding on knowledge and practise related to sanitation and hygiene.

► **Methods:** The MNCH-HHS followed the modified Standard Method for Assessment of Refugee and Transition (SMART) methods for sample size estimation and used modified Multiple Indicator Cluster Survey (MICS) tools for designing questionnaires, sampling procedure, data analysis and interpreting of results. The total sample was 7200 households with 7182 completed and the sample was stratified by district, urban and rural areas, and is self-weighted within each district. However, for reporting the results both at district and an aggregate level for the whole study area, sample weights are used. Three sets of questionnaires were used: 1) a household questionnaire, to collect information on all household members (usual residents), the household, and the dwelling; 2) questionnaire to eligible women aged 15-49 years; and 3) under-5 questionnaire, administered to mothers or caregivers for all children under-5 years living in the household.

► **Selected findings (see full list of indicators in the summary findings):**

Household characteristics: Only 8.7 percent of households are headed by women and about 48.5% live in urban areas. More than two-thirds (68%) of households had a family size of at least six members. The average household size is 6.6.

Literacy, Education and Exposure to Mass Media among Women: 65.3% of the under 24 years old females were literate, higher among those living in urban areas and those belonging to households in the richest quintile. Inequity was evident in geographic discrepancies in literacy rates between districts. 5.3 percent of the women had no exposure to mass media at all and 8.5 percent reported using a computer during the last 12 months and another third (34.7%) reported using the internet during the same period. Educational level and wealth index were found positively associated with mass media exposure.

Disparity in childhood mortality indexes. The overall neonatal mortality rate for the survey districts during the last 5 years was 23 per 1000 live births, which constituted two-thirds of the infant mortality rate (33 per 1000 live births). The post-neonatal mortality rate was almost half that of neonates (10 per 1000 live births). In general, the under-five mortality rate was 37 per 1000 live births.

Maternal and newborn health care. With respect to birth registration, 99.4% of children under five years of age had been registered with no significant variations along stratifies. With respect to early childbearing, the Percentage of ever married teenage women (15-19 years of age) who had a live birth was 54.5%, the Percentage of these teenagers who had a live birth before age 15 was 10.4% and Percentage of women age 20-24 years who had a live birth before age 18 was 26.5%. 95.8% of the births (preceding two years before the survey) were assisted by skilled personnel and 83.6% of the births took place in a health facility.

Postnatal care. 81.4% of women received post-natal care from any provider and/or from medically trained provider within 2 days after delivery, with a positive attribution to mother's education and wealth index. Around two-fifths (40.5%) of women age 15-49 with a birth in two years preceding the survey took Vitamin A during their last pregnancy.

Child health. Only 2.7 % of children aged 12-23 months had no vaccination of any type and this percentage reached 3.4 % for children aged 18 – 29 months. 49.9% of children were fully vaccinated by the age of two, while those achieving this target before the first birthday as recommended was 39.1%. With respect to reported disease episodes, 17% of under-five children were reported by the mother/ caretaker to have had diarrhoea in the two weeks preceding the survey, 15.4% had symptoms of acute respiratory infection and 41.2% had fever.

Water and Sanitation. Overall, 96.5% of the population had access to improved drinking water with about 80 % having the source on the premises. With respect to sanitation, flush to septic tank was the most frequently reported type of improved sanitation facility, used by three-quarters of surveyed households (74.8%), followed by flush to piped sewer system (8.8%) and pit latrine with slab (8.3%) and 92.6% were using an unshared improved sanitation. Only 35.9 percent practiced safe disposal of child faeces.

Nutrition. With respect to low birth weight approximately 19 percent of infants were estimated to weigh less than 2,500 grams at birth (with 78.9% of babies weighed at birth). Only 32.9% of newborns were breastfed for the first time within one hour of birth. 89.5% of newborns were ever breastfed and 15.6% of children less than 6 months of age were exclusively breastfed while 40.9% of children continued being breastfed at 1 year and 25.1% continued to be up to the age of 2 years. Bottle-feeding is still a common practice in Iraq with the survey revealing that more than half of children younger than two years were fed using a bottle with nipple. In 26.5% of households, salt was found to contain the recommended 15 parts per million (ppm) or more of iodine with iodized salts consumption showing important disparities between districts. 44.8% of children, aged 9-14 months received a 100,000 IU Vitamin A supplement, while only 20.4% of those of 18-23 months received the recommended 200,000 IU dose.

Full report available upon request.



Jordan: Health Care Cost Study at Ministry of Health and the Cost and Financial Impact of Expanding the Civil Insurance Program to Vulnerable Jordanians and Syrian Refugees

Author(s): Brandeis University

► **Background and rationale:** In SDG 3, universal health coverage is considered a tool toward achieving financial risk protection, access to quality essential health care services, and access to safe, effective, quality and affordable essential medicines and vaccines for all as a priority. Universal health coverage is also the goal of the Government of Jordan (GoJ) and its National Health Strategy 2016-2020 includes expanding coverage for all citizens under social health insurance. Jordan Vision 2025 calls for a unified and comprehensive health insurance system to provide the minimum health care package and medicines to all Jordanians and residents. While Jordan has made encouraging steps toward achieving universal health coverage with 63% of Jordanians and 52% of residents of Jordan (in 2015) having some kind of formal health insurance coverage, the absolute out-of-pocket expenditures have increased and Syrian refugees are facing a high financial risk due to illness and health spending. Moreover, the influx of the Syrian refugees had a major adverse impact on the quality of health care services, with an acute strain on public facilities, especially those in the northern governorates and Amman.

In this context, UNICEF contracted researchers from Brandeis University to support the Ministry of Health's (MOH) economic directorate to conduct a costing study for services provided through MOH facilities. The study aims to assist the GoJ in moving toward this goal within the fiscal space available for Jordan. To reach this objective, the study focused on the following research areas: (1) estimated the average cost of services provided at MOH facilities; (2) estimated the cost of expanding the Civil Insurance Program (CIP) coverage to vulnerable Jordanians; (3) estimated the cost of expanding the CIP coverage to registered Syrian refugees living outside the refugee camps. In addition, the study team explored modalities for health insurance coverage based on the recommendation of a recent study conducted by UNICEF.

► **Methodology:** The methodology for the study included a number of methodological approaches and tools. In the research area one – estimate of the average cost of services at MOH facilities between 2009-2016, a top-down expenditure allocation approach was used with existing published and unpublished data. For research area two, the team estimated the gross and net costs of coverage and built simulation models for the cost of a health package for vulnerable Jordanians. This required five key data items: (1) a clear definition of the target population(s) to be covered and the size of the population(s); (2) a clear definition of the services to be covered in the health benefit package; (3) the unit cost of services covered in the health benefit package; (4) the rate of utilization of each service by the target population; and (5) current levels of utilization of each service by the target population. With these data items the team calculated the actuarial cost per beneficiary and the fiscal impact as actuarial cost plus revenue impact and developed the insurance modality. A similar approach was adopted also for estimating the cost of expanding the Civil Insurance Program coverage to registered Syrian refugees in Jordan.

► Key findings and conclusions:

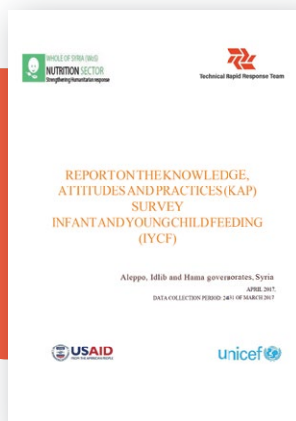
- The study found that *the average unit cost of services at MOH facilities* in 2016 JD were JD 383.80 per admission, JD 122.98 per bed day, JD 39.35 per hospital outpatient visit, JD 8.24 per health centre visit, and JD 16.403 per average ambulatory visit (combining hospital and health centre). These unit costs are all inclusive, in the sense that the outpatient services include consultations, tests, and medications, while the inpatient services include hospitalizations, procedures, inpatient tests, and medication.
- The analysis of survey data found that out of Jordan's resident population of 6,613,587 persons, 4.94% or a total of 326,082 are *vulnerable Jordanians*. Combining the lost revenue with the actuarial cost, the overall cost to the MOH per enrollee is JD 158.37. The aggregate cost for 326,082 vulnerable Jordanians is JD 52 million - 18% due to ambulatory services and 82% due to inpatient services, when assessed through cost by setting. Under a more restrictive insurance plan that would cover only MOH facilities, the MOH-only benefit, the additional actuarial cost per enrollee is JD 60.69. The lost revenue per enrollee is JD 4.89 and the overall fiscal impact per enrollee is JD 65.58. The aggregate fiscal impact on the CIP is JD 21 million. The breakdown by setting shows 61% due to ambulatory services and 39% due to inpatient services.
- *For Syrian refugees*, the projected ambulatory visits for insured Syrians were 2.45 annual visits at a cost of JD 16.40 per visit for a total of JD 40.27 for inpatient services; the projected annual bed nights were 2.76 at a cost of JD 122.98 per night for a total of JD 339.85. Projected ambulatory visits for uninsured Syrians were 2.35 annual visits for a total cost of JD 38.63 for inpatient services; the projected annual bed nights were 2.65 for a total cost of JD 325.98. The expansion in insurance coverage will reduce annual ambulatory revenue per Syrian refugee to the CIP by JD 9.22, annual inpatient revenue by JD 117.35 and annual overall revenue by JD 126.57. The net cost to the MOH of covering a Syrian refugee under CIP is JD 268.66 per person, with an aggregate cost of JD 139 million.

► Key policy recommendations (see the complete set in the main report)

- The study suggested that the *funding for the expansion policy should* come from both the international donors, as supporting Syrian refugees are a global responsibility, and Jordanian sources. The 2-year, US \$150 million World Bank project, initiated in August 2017, provides an invaluable start towards needed funding. As the working group of the Ministry of Health and donors prepare the 2018 Jordan resilience plan, funding should be included in support of the *CIP for registered Syrian refugees living outside of camps*.
- With respect to *efficiency gains and special initiatives* the study suggests measures such as; (i) more intensive use of staff during the afternoons at public facilities. With anecdotal evidence suggesting patients preferring morning visits, consumer incentives (such as transport vouchers) for patients who come in the afternoon could be combined with provider incentives (bonus payments to staff based on the hours and quality of their afternoon work) could be an option; (ii) training and oversight of clinicians in protocols for the management of chronic and other non-communicable diseases, such as cancer; (iii) offering hospice care to patients with advanced cancer. Hospice care would avoid expensive, disabling, and often ineffective chemotherapy or radiation; (iv) creating additional revenues from "Foreign Exchange Reserve" by moving away from cash, deposit and treasury bills with low return to develop an "alternate investment strategy" to invest in fostering local development and finally (v) introducing sin taxes, particularly on tobacco and other harmful products, such as sweetened beverages, would discourage their use and the cost of treating the associated conditions.

Full report available at:

https://www.unicef.org/jordan/financial_impact_report_07_reduced.pdf



Syria: Report on the Knowledge, Attitudes and Practices (KAP) survey Infant and Young Child Feeding, Syria, 2017

Author(s): Nutrition Technical Rapid Response Team

► **Background and rationale:** Six years into the crisis, the humanitarian situation in Syria continues to deteriorate with 13.5 million people in need of humanitarian assistance, including 5.8 million children; with more than 4 out of 5 persons living in poverty. As of November 2016, 4.8 million people had sought refuge in the neighbouring countries and beyond, 6.3 million people were internally displaced and 974,080 besieged. 2016 saw an increase in the number of people living in besieged areas by 147% compared to the previous year. Due to the dire food security situation in northern Syria, the nutrition situation has also been significantly affected. In 2017 it was estimated that 4.4 million boys and girls aged 6-59 months and pregnant and lactating women are in need of preventive and curative nutrition services. Of these, an estimated 75,000 children aged 6-59 months were acutely malnourished, 840,000 children suffered from micronutrient deficiencies, and the remainder required different kinds of preventative services to ensure adequate nutritional status and to prevent undernutrition.

In 2016, an Infant and Young Child Feeding in emergency (IYCF-E) operational strategy was developed as a first step to enhance the capacity of partners and to improve IYCF delivery mechanism. The Knowledge, Attitude and Practices (KAP) survey was conducted in Aleppo, Idlib and Hama in order to obtain an updated understanding of IYCF practices in Syria and to provide recommendations for basic and effective responses. The specific objectives were to determine IYCF baseline indicators for children aged 0 to 23 months, and collect additional information on maternal nutrition; to establish IYCF baseline indicators for children aged from 0 to 23 months; to identify key IYCF practices that need to be further studied with a barrier analysis; and to collect information on maternal nutrition.

► **Methodology:** The primary sampling unit consisted of children from 0 to 23 months - 929 interviews of caregivers of children less than 2 were carried out, gathering data for 976 children less than two years of age. The Emergency Nutrition Assessment (ENA) software was used to calculate the sampling size. A desired precision of 6 percent was selected as a sufficient level of precision to make IYCF programmatic decisions. The sampling design proposed a two-stage cluster sampling; the design effect applied was 1.5.

► **Summary of key findings:**

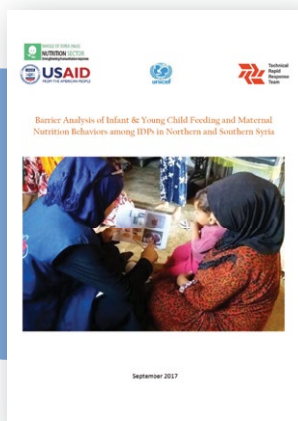
Key Indicators		Definition of Indicator	Results (95% CI)
Maternal Health	Delivery by skilled attendants	Percentage of births attended by skilled health personnel– among children less than 6 months only	97.8% (95.3% - 99.3%)
Breastfeeding Initiation	Early initiation of breastfeeding	Percentage of children born in the last 24 months who were put to the breast within one hour of living birth children only, no historic recall for deceased children	37.8% (34.6% - 41.0%)
	Colostrum rate	Percentage of lactating women who did not leak out colostrum before initiating breastfeeding	90.9% (86.7% - 93.9%)
	Pre-lacteal feeding rate	Percentage of children 0–5 months of age who were fed with any liquid or food before initiating breastfeeding in the first three days after deliver	73.1% (67.4% - 78.4%)
Exclusive and Continued Breastfeeding	Exclusive breastfeeding under 6 months	Percentage of infants 0–5 months of age who are fed exclusively with breast milk	30.9% (25.3% - 36.8%)
	Continued breastfeeding at 1 year	Percentage of children 12–15 months of age who are fed breast milk	71.6% (65.1% - 77.5%)
	Continued breastfeeding at 2 years	Percentage of children 20–23 months of age who are fed breast milk	36.8% (27.4% - 47.2%)
	Children ever breastfed	Percentage of children born in the last 24 months who were ever breastfed	93.0% (91.3% - 94.6%)
	Age- appropriate breastfeeding	Percentage of children 0–23 months of age who are appropriately breastfed	54.7% (51.3% - 58.0%)
Non- Breastfed Children	Milk feeding frequency for non-breastfed children	Percentage of non-breastfed children 6– 23 months of age who receive at least 2 milk feedings	61.8% (55.5% - 67.7%)
Bottle, Cup, Pacifier Use	Bottle feeding	Percentage of children 0–23 months of age who are fed with a bottle	33.6% (30.6% - 36.7%)
	Cup-feeding	Percentage of children 0–23 months of age who are fed with a cup	62.2% (59.1% - 65.3%)
	Pacifier use rate	Percentage of children 0–23 months of age using a pacifier	30.0% (27.2%-33.0%)
Complementary Feeding	Introduction of solid, semi-solid or soft foods	Percentage of infants 6–8 months of age who receive solid, semi-solid or soft foods	86.6% (79.0% - 92.4%)
	Minimum dietary diversity	Percentage of children 6–23 months of age who receive foods from 4 or more food groups	57.3% (53.4% - 61.1%)
	Minimum meal frequency	Percentage of breastfed and non-breastfed children 6–23 months of age, who receive solid, semi-solid, or soft foods (but also including milk feeds for non- breastfed children) the minimum number of times or more	43.7% (40.0% - 47.6%)
	Minimum acceptable diet	Percentage of children 6–23 months of age who receive minimum acceptable diet (apart from breast milk)	31.9% (28.4%-35.5%)

► **Key recommendations. The report provides the following set of specific recommendations which the partners agreed upon:**

- Train, encourage and support capacity building of Health and Nutrition staff on quality IYCF counselling
- Engage community health workers in the zones (where they exist) and pilot techniques like Trial of Improved Practices (TIPS) that involve counselling on recommended breast feeding practices, follow up visits to assess progress made, and confirm the outcome of the trials
- Increase the awareness of stakeholders at the community level (key influencers; Sheikhs, grandmothers, fathers, etc.) and build their capacities to promote appropriate knowledge and practices of infant and young child feeding
- Strengthen the behaviour change communication in the IYCF programme through expanding the range of behaviour change strategies used, strengthen the social support behaviour change strategies, and tailor messages to the local contexts with a focus on visible improvements in health
- Support events and advocacy initiatives like the IYCF and the World Breastfeeding Week. Efforts should also be made to expand the scope to cover both rural and urban areas, liberated and besieged areas, and cross-line and cross-boarder operations
- Scale up the use of micronutrient supplementation using sprinkles and link it to complementary feeding sensitization and counselling
- Engage stakeholders like the Rapid Response Mechanism partners to yield a better understanding of the negative effects of breast milk substitutes hence reduced distribution
- In line with the recommendations of the IYCF-E strategy, advocate for the integration of IYCF with other sectors (e.g. Food Security and Livelihood, WASH, Protection)
- Conduct a barrier analysis to identify the reasons for the poor practices, like poor exclusive breastfeeding and poor minimum dietary diversity or minimum acceptable diet for children; and meal frequency for pregnant or/and lactating women, as well as to identify the determinants affecting those behaviours
- Expand the scope of reach for Breast Milk Substitute Standard Operating Procedures to ensure that there is a clarity of understanding and appreciation from key community stakeholders

Full report available at:

<https://www.humanitarianresponse.info/en/operations/whole-of-syria/document/report-knowledge-attitudes-and-practices-kap-survey-infant-and>



Syria: Barrier Analysis of Infant & Young Child Feeding and Maternal Nutrition Behaviours among IDPs in Northern and Southern Syria

Author(s): Shiromi M. Perera Technical Rapid Response Team, Majd Alabd, UNICEF and Physicians Across Continents

► **Background and rationale:** The Syrian crisis continues to be one of the worst humanitarian and protection crises of our time and conflict has impacted the basic needs of the population, such as nutrition, health, and access to safe water, sanitation and hygiene. Of those 13.5 million people within Syria in 2017 requiring urgent humanitarian assistance, 7 million were unable to obtain the basic food required to meet their nutritional needs. In 2016, an Infant and Young Child Feeding in emergency (IYCF-E) operational strategy was developed as a first step to enhance the capacity of partners and to improve IYCF delivery mechanisms and a Knowledge Attitude and Practices (KAP) survey was conducted in Aleppo, Idlib and Hama in 2017. The KAP indicated that despite the extensive programming by partners, the prevalence of certain IYCF behaviours were either low or largely unchanged. Three behaviours in particular stood out as needing further investigation: 1) exclusive breastfeeding, 2) complementary feeding for minimum dietary diversity, and (3) eating an extra meal during pregnancy. In response, the Nutrition Cluster requested that a Barrier Analysis should be conducted to determine the reasons behind the continued poor IYCF and maternal nutrition practices. The Barrier Analysis (BA) assessment represents the first to ever be conducted in Syria.

► **Methodology:** The study followed closely the Barrier Analysis methodology, which is a rapid assessment tool used to identify barriers that are preventing a target group from adopting a preferred behaviour, as well as identifying the facilitators or motivators to adopting the behaviour. The approach involves a cross-sectional survey, carried out among a sample of 45 “Doers” (those who practice the behaviour) and 45 “Non-Doers” (those who do not), for a total of 90 participants per BA. Individuals are screened and classified according to whether they are Doers or Non-Doers, and then asked questions according to their classification. The BA assessment team conducted initial interpretation of findings, and drafted “Bridges to Activities” and recommendations. A results workshop was held with participating partners, and later with Cluster partners, to help communicate the interpretation of results and recommendations based on findings. In total, 551 mothers were interviewed for all three behaviours of interest in North Syria (n=271) and in South Syria (n=280) including urban internally displaced people (IDPs) and camp IDPs.

► **Select key findings and conclusions (see all BA findings in the main report):**

Behaviour 1: Mothers of children (ages 0-6 months) who Exclusively Breastfeed.

For North Syria, the results for Doers indicate there are several facilitating factors that make it easier for mothers to exclusively breastfeed such as knowledge of IYCF, family support, private spaces to breastfeed, having time to breastfeed, not working outside the house, not needing to prepare breast milk, the mother being able to access and consume diverse food in order to produce milk, and having enough and continuous breast milk. Facilitators stated by Non-Doers include the mother having enough and continuous availability of milk, the mother needing to be relaxed in order to breastfeed, both mother and baby enjoying breastfeeding, economic benefits of breastfeeding and the baby being able to suckle.

For South Syria, Doers stated that the convenient accessibility of breast milk was a facilitating factor for Mothers, while barriers for Non-Doers included mothers perceiving that they were unable to produce enough milk, the baby not being satisfied with the breast milk and the concern over passing a mother’s sickness through their breast

milk. These results suggest that misconceptions about satiety, milk production and mother-child transmission of viruses need to be addressed through tailored counselling and skilled support. Additionally, a possible reason for babies not accepting a mother's breast is that they are being fed infant formula. While the price of formula in the South is very expensive, there is an issue with large-scale distribution of free formula through private sector donation. Mother's need to be convinced not to accept formula or to instead use the formula for their children above 2 years of age. Furthermore, the International Code of Marketing of Breast Milk Substitutes needs to be reinforced and further advocated for in targeted areas.

Behaviour 2: Mothers of children 6 – 23 months feed a diverse diet to their children containing foods from at least 4 of the 7 food groups per day.

For North Syria, Doers indicated that factors that facilitate feeding their child a diverse diet include support from husband and family members, accessibility to markets, availability of foods in the house, enough time to feed their child, the child loves/ wants food, having electricity to cook food, and receiving advice about complementary feeding.

In the South, Non- Doers specified that having diverse foods in markets would make it easier to feed their child a diverse diet, however a barrier to buying such foods is a lack of money. These results reveal that programmes implementation need to focus on how to make diverse foods more accessible in the South and how to make them more affordable.

Behaviour 3: Pregnant women consume an additional meal daily during pregnancy.

For North Syria, the results indicate that facilitators for Doers include having a supportive husband, availability of food in the house and accessible markets, kitchen appliances to store and cook food, organized meals, advice from nutrition workers, supported by NGO food basket distribution, and finally the Mother having an appetite, not being stressed or sick. Non- Doers are more likely to point to barriers such as pregnancy- related sickness (vomiting, pressure, stomach pain), markets being far away, lack of money to buy foods, no privacy, not having enough time to cook food, not receiving NGO food baskets and regular displacement.

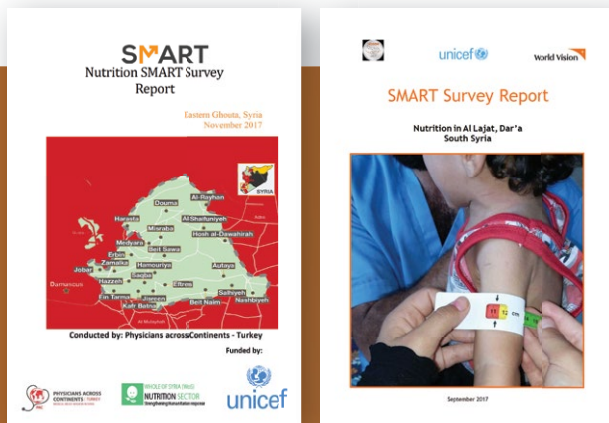
In the South, Doers indicate that encouragement from family and availability of food in the house help them eat an extra meal, while Non- Doers indicate lack of pregnancy related sickness makes it easier. Non-Doers state that the stress due to displacement causes a barrier to the proper practice of the behaviour. It is critical for cluster programmers to continuously assess needs as each wave of displaced individuals resettle in program areas.

► Key overall recommendations (in support of the behaviour specific recommendations which can be found in the main report).

- Recommended (behaviour specific) messages and talking points require capacity building efforts by partners in order to ensure that health providers, community health workers, nutrition counsellors and other service providers all deliver the same correct information. Similarly, all materials should be reviewed and revised to reflect the same information in order to ensure harmonization
- Scale-up of IYCF and maternal nutrition programming is critical in order to lead to significant behaviour change of the population. Proven approaches such as Mother Support Groups, especially Care Groups, should be expanded to increase access and coverage. Groups should follow a specific model so that they can equitably reach every beneficiary household, provide a structure for a community health information system, and provide improved monitoring of mothers and households. The educational and practical nature of these support groups will increase the likelihood of behaviour change in the communities that are being targeted
- It is critical for Nutrition Cluster partners to continuously assess the needs and access to markets and services as each wave of displaced individuals resettle in programme areas

Full report available at:

<https://www.humanitarianresponse.info/en/operations/whole-of-syria/document/barrier-analysis-infant-young-child-feeding-and-maternal>



Syria: SMART Survey Reports for Eastern Ghouta and Al-Lajat, Syria, 2017

Author(s): World Vision International, Union of Medical Care and Relief Organizations (UOSSM) for the Al-Lajat Report and Physicians Across Continents -Turkey for the Eastern Ghouta Report.

► **Background and rationale:** Six years of ongoing conflict has significantly impacted the health and well-being of children and families in Syria. Health and nutrition services are among some of the most affected sectors in the country. This has particularly affected the most vulnerable population groups in Syria - children under-five years of age and pregnant and lactating women. In this context and in order to determine the prevalence of malnutrition for children 6-59 months of age, UNICEF supported two SMART surveys in Al Lajat (eastern Dar'a governorate) and East Ghouta in Rural Damascus respectively. In Al Lajat malnutrition levels of pregnant and lactating women as well as Infant and Young Child Feeding (IYCF) practices were surveyed. Al Lajat is a rural area with a mix of internally displaced persons (IDPs) and host communities and somewhat different to other areas controlled by the opposition in southern Syria as it was cut off from access to service centres by conflict line. The latter, East Ghouta, contains approximately 70 communities, including an internally displaced person (IDP) ratio of around 33% of the population. Since November 2016 the entire enclave has been considered besieged, with an estimated population of 393,000 people and has been subject to periods of intense military activity during 2017 with the deteriorating humanitarian situation.

► **Methodology:** Both surveys followed the Standardized Monitoring and Assessment of Relief and Transitions (SMART) methodology, using the Emergency Nutrition Assessment (ENA) for SMART software for sample size calculations and data analysis. For Eastern Ghouta the sampling frame contained only the list of villages considered secure and accessible. Of a total population of (55,535) besieged areas were included in this survey, representing 60% of the entire population living in Eastern Ghouta whereas for Al-Lajat some 44,000 people live in the surveyed area. The total number of sampled households was 454 in Al-Lajat and 270 in Eastern Ghouta.

► **Select key findings (see the full list in the main reports):** The below table provides the summary of key indicators for both surveys.

Key indicators	Eastern Ghouta		Al-Jalat	
	(n)	% (95% CI)	(n)	% (95% CI)
<i>Prevalence of acute malnutrition based on weight-height z-scores</i>				
Prevalence of global acute malnutrition (WFH <-2 z-score and/or edema)	37	11.9 (9.5-14.8)	44	7.8 (5.6- 10.9)
Prevalence of moderate acute malnutrition (WFH <-2 z-score and >=3 z-score, no edema)	32	10.3 (7.7-13.5)	39	6.9 (4.8 – 9.9)
Prevalence of severe acute malnutrition (WFH <-3 z-score and/or edema)	5	1.6 (0.7-3.7)	5	0.9 (0.4 – 2.1)
<i>Prevalence of underweight based on weight-for-age z-scores</i>				
Prevalence of underweight (WFA <-2 z-score)	69	22.4 (18.4-27.0)	89	16.0 (12.2 – 20.8)
Prevalence of moderate underweight (WFA <-2 z-score and >=-3 z score)	46	14.9 (11.4-19.4)	72	12.9 (9.5 – 17.3)
Prevalence of severe underweight (WFA <-3 z-score)	23	7.5 (4.8-11.4)	17	3.1 (1.8 – 5.1)
<i>Prevalence of stunting based on height-for-age z-scores</i>				
Prevalence of stunting (HFA <-2 z-score)	111	36 (28.9-43.9)	148	27.5 (23.0 – 32.4)
Prevalence of moderate stunting (HFA <-2 z-score and >=-3 z-score)	75	24.4 (18.4-31.4)	118	21.9 (17.7 – 26.7)
Prevalence of severe stunting (HFA <-3 z-score)	36	11.7 (8.5-15.8)	30	5.6 (4.0 – 7.6)

► **Key recommendations:**

For Al-Lajat

- Undertake a follow up nutrition survey in the area in the future to measure the impact of nutrition programmes which began in May 2017
- Conduct an IYCF survey to better understand the actual IYCF practices and to explore the causes behind the IYCF malpractices
- Implement ongoing nutrition programmes in the area and enhance the ongoing programmes
- Implement and enhance IYCF programmes to engage mothers and provide them with the proper feeding practices for infants and young children
- Scale up Community Health Worker programmes in the area to focus on improving the knowledge and practices of caregivers at the community level
- Continue and scale up treatment programmes for all malnourished pregnant and lactating women in the area

For Eastern Ghouta

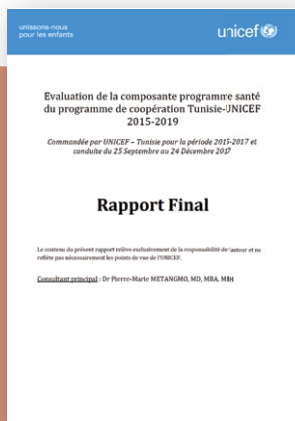
- Scale up IYCF interventions in 100% of the communities in Eastern Ghouta. Five sector partners have a plan in place to cover 23 communities out of the 23 in Eastern Ghouta with IYCF counselling and education
- Scale up Community Managed Acute Malnutrition (CMAM) services in Eastern Ghouta. Five sector partners have a plan in place to establish six additional CMAM sites (5 fixed and 1 mobile)

- Scale up a multi-sector response of the food security, WASH and health sectors to ensure adequate coverage with the basic required services to prevent malnutrition
- Advocate for additional preventative nutrition supplies to be delivered to Eastern Ghouta via UN convoys so that blanket supplementary feeding can be delivered to 25,152 children between 6-24 months (according to availability of supplies)
- Establish nutrition surveillance sites for monitoring in order to activate a timely response

Full reports are available at:

<https://www.humanitarianresponse.info/en/operations/whole-of-syria/document/smart-survey-nutrition-report-al-lajat-dar%E2%80%99-south-syria-september>

<https://www.humanitarianresponse.info/en/operations/whole-of-syria/document/smart-survey-eastern-ghouta-november-2017-0>



Tunisia: Evaluation of the Health Programme within the UNICEF Country Programme in Tunisia 2015-2019, (Evaluation de la composante programme santé du Programme de Coopération Tunisie-UNICEF 2015-2019)

Author(s): Dr Pierre-Marie Metangmo

► **Background and rationale:** Since 2011 Tunisia has continued its long transition to democracy, but despite reforms and revision of policies and strategies the health system remains weak. In 2014 the Government of Tunisia and UNICEF signed the Country Programme Action Plan for the period 2015-2019 with UNICEF's support was intended towards accelerating the reduction of maternal mortality rates and the fight against AIDS in line with the third pillar of the UNDAF 2015-2019, which focuses on social protection and equitable access to quality social services. In particular, UNICEF's support focuses on the high number of neonatal deaths and inequitable access to quality services between regions, social classes and age groups.

In 2017 UNICEF commissioned this formative MidTerm Evaluation to learn and assess the approach utilized up until 2017, in order to inform, adjust and improve the remaining programme period. The evaluation focused on the six key interventions implemented under the health programme, namely those of (i) Support for the revision and development of maternal and child health strategies, (ii) Elaboration of reference and guidance material for maternal nutrition; (iii) Support to strengthening the first phase of the prevention of Mother-to-Child transmission (e-TME) strategy and its extension; (iv) Support to the Breastfeeding Promotion project in the North West Region; (v) Support to strengthening the information system in maternal and neonatal health and (vi) Support to the SWITCH from tOPV to bOPV. Of these six interventions, only three were implemented during the evaluation period of 2015-2017.

► **Methodology:** The evaluation applied a mixed-method approach, though mainly relying on qualitative tools. The secondary data (quantitative) were collected through the document reviews and the primary data was collected through key informant interviews covering various stakeholders and partners. The primary data were analysed using the Content Analysis Methodology. The evaluation applied the OECD-DAC evaluation criteria of relevance, effectiveness, efficiency, impact and sustainability and paid specific attention to the gender, equity and human rights concerns in programme implementation.

► **Key findings and conclusions:** The evaluation findings and conclusions are presented in two sets, the first set describing those related to the three interventions implemented during the period and the second set presenting the findings and conclusions vis-à-vis the evaluation criteria.

Interventions during 2015-2017. During this period, UNICEF supported only the following interventions: promotion of breastfeeding, strengthening of the information system in maternal and neonatal health and support for SWITCH-Polio. The e-TME strategy support was suspended after the pilot phase and when UNAIDS joined the UNDAF towards the end of the period, it took over this intervention. With regard to support for the revision and development of maternal and child health strategies and elaboration of reference and guidance material for maternal nutrition, UNICEF launched a number of unsuccessful calls for tenders, leading UNICEF to abandon the intervention. According to the evaluation, all three interventions were well implemented, in line with national policies and with the needs of beneficiaries. For each intervention, UNICEF provided substantial financial support and technical assistance through capacity building and behaviour change communication. However, joint

implementation with other partners faced a number of challenges, including coordination, mutual accountability and capacity issues. No formal platform existed for health sector coordination in the UN common system or with other partners. Further, during 2015-2017 UNICEF lacked a health coordinator for more than a year and national partners struggled to take ownership of programme delivery while the health system was becoming more and more fragile.

Relevance: The evaluation found the UNICEF health programme largely relevant to the national context and policies. However, the evaluation notes the lack of leadership in the joint programming in the health sector, including a gap in UNICEF's own health staffing. In addition, the involvement of beneficiaries in the planning, monitoring and evaluation of activities was found insufficient.

Effectiveness: The evaluation found the programme effective in reducing mortality and improving maternal and child health, though it was noted that the implementation was based on rather ad-hoc planning. Further, due to lack of funding, only two interventions were completed and with no post-completion follow-up.

Efficiency: The entire health budget was allocated to the three interventions and while procedures were rigorously followed, operational efficiency was hindered by issues such as high turnover of staff and weak cold chain management.

Sustainability: Efforts to involve the government and other local partners have been successful in varying degrees. Consultations with partners have enabled complementarity of interventions and averting duplication. However, the sustainability of the programme was found compromised by the weak ownership, relating to lack of human and material resources and inadequate involvement of national counterparts – at central level in particular.

Gender, equity and Human Rights: In Tunisia UNICEF is a recognized leader in advocacy around these issues. However, the evaluation revealed a lack of specific consideration during the programme implementation. This is reflected at the operational level by the lack of adequate strategies and monitoring systems for targeting the most vulnerable, despite the fact that it has been identified and defined in the relevant programme documents.

► **Key recommendations** (please note that the UNICEF Country Office has not endorsed all of these recommendations and the views and subsequent recommendations expressed in this report are those of an independent consultant and do not necessarily represent the views of UNICEF).

Restructure and strengthen the capacity of the health section by:

- Increasing human resource capacity to ensure that UNICEF's support adds value to the government and contributes to the technical advocacy platforms for improved health in the country
- Re-attaining UNICEF's leadership in the maternal and child health sector
- Focusing support on the two flagship interventions; immunization and Monitoring Results for Equity System (MoRES). Increase operational planning, in line with the Results-Based Management framework, for these two interventions. For MoRES, select indicators to monitor the inclusion of equity and integration of the indicators to the decentralized monitoring system.

Strengthen monitoring with the institutional partners and the UN system, including:

- Facilitating establishment and operationalization of the coordination unit between the Ministry of Health and its technical and financial partners
- Conduct a joint evaluation to assess the effectiveness of UNDAF implementation and develop tools to ensure complementarities in the planning and implementation of UNDAF activities

Strengthen planning with the institutional partners and the UN system, including:

- Continue advocacy for (i) national ownership and leadership; (ii) continued reforms in favour of the most vulnerable, (iii) improved strategic planning; (iv) consolidation of information systems, (v) revisions and effective implementation of legislation, and (vi) the coordination of development assistance and increased dialogue around efficiency

Strengthen inclusion of equity in planning, implementation, monitoring and evaluation by:

- Mapping and identifying population groups at risk of exclusion and conduct bottleneck analysis for identification of major issues preventing poor and disadvantaged population's access to basic services
- Develop specific equity strategies to be integrated in the various social sector planning processes
- Integrate equity indicators to the decentralized monitoring system

Harmonise support by:

- Encouraging the harmonization of support through frameworks such as COMPACT, which is a non-binding Memorandum of Understanding for the signatory parties and aims at improving aid effectiveness by strengthening MOH leaders' capacity for the national health policy.
- Harmonizing inter-agency planning processes and supporting joint operations

Ensure inter-sectoral approach and effective integration of sub-components:

- Develop integrated tools for planning, implementation and monitoring
- Support the implementation of the National Health Information System (SNIS) Development Plan by ensuring the integration of key monitoring indicators
- Contribute to studies and surveys that produce more data and information for reviews and evaluations which can in turn be used to inform advocacy and fundraising

Lessons learned:

- Tunisia's difficult socio-political context since 2011 presents both a challenge for the implementation of some of the interventions under the joint programme, but also an opportunity to develop partnerships with the other UN agencies of the UN, civil society, private sector and other actors.
- Qualitative data indicate that programme impact could be increased if interventions, rather than focusing entirely on policy and central level support, focused more on neglected areas such as perinatality and also covered services in the most disadvantaged areas.
- The issue of maternal and child health is multi-sectoral and needs to be addressed in a holistic manner. Increased collaboration between components and sub-components of the program would be beneficial.

Full report available at:

https://www.unicef.org/evaldatabase/files/Rapport_evaluation_de_la_composante_sante_du_programme_de_cooperation_TunisieUNICEF_2015-2019.pdf



Yemen: Nutrition and Mortality Survey Report, Ibb Governorate and Shabwa Governorate, Yemen

Author(s): UNICEF Yemen, the Yemen Ministry of Public Health and Population

► **Background and rationale:** Almost two years of conflict in Yemen have left 18.8 million people – some 70 percent of the population – in need of humanitarian assistance. Close to 4,000 civilians have died as a direct result of the conflict, including 1,332 children. At least 14.5 million people lack access to safe water and sanitation and 14.8 million have limited or no access to health services, compounding a cholera crisis that has put 7.6 million people at risk. The nutrition situation has deteriorated, with 2.9 million children and pregnant or lactating women (1.8 million under-five children and 1.1 million pregnant or lactating women) suffering from acute malnutrition and 377,000 children under-five suffering from severe acute malnutrition (SAM). In order to ensure a predictable, timely and effective nutrition response, UNICEF, together with the Ministry of Public Health and Population, conducted several Standardized Monitoring and Assessment of Relief and Transitions (SMART) surveys in Yemen in 2017. The surveys in Ibb and Shabwa Governorates have been summarized here.

► **Methodology:** For both surveys, a two-staged cluster cross-sectional assessment was conducted. The methods used, including sampling design and sample size determination, were following the SMART approach and using the Emergency Nutrition Assessment (ENA) for SMART software. The SMART methodology is based on the two most vital and basic public health indicators, namely those of nutritional status of children under-five and the mortality rate of the population, for the assessment of the magnitude and severity of a humanitarian crisis.

► **Key findings and conclusions (see complete sets in the main reports).**

In Shabwa Governorate: acute malnutrition ranged from 6.2% to 8.5%, underweight from 20.1% to 22.9% and stunting from 26.2% to 28.4%. These levels are classified as poor for acute malnutrition, high prevalence of underweight and medium prevalence of stunting. Infant and young child feeding practices are extremely poor and even below the national levels. Vitamin A supplementation during the last 6 months was found only in every fourth child. More than half of the children were suffering from diarrhoea, respiratory infection and/or fever.

Socioeconomic situation was found poor, with an illiteracy rate of more than 70% of household caretakers (mostly women), and with an expenditure rate of less than US\$ 7 per day for a household with average 9 members.

Three out of five households were using unimproved drinking water source and more than 50% were using unimproved latrine facilities. Only half of household caretakers were found practicing hand washing with water and soap after toilet and little more of were found practicing hand washing before meal.

Malnutrition among women of childbearing age was found in every fifth woman.

Child nutrition status was found associated with morbidity (especially acute malnutrition and diarrhoea in children aged 24 to 59 months in Plateau Zone). Acute malnutrition and underweight levels were found associated with types of drinking water sources, cleanness of drinking water storage, type of latrine, hand washing after toilet and before meal, expenditure, food consumption score (food security level), and caretaker education.

In Ibb Governorate: relatively low acute malnutrition levels (by Weight-to-Height measurement) were reported compared to nearby governorates such as Taiz and Hodeidah. These levels are 5.6% (poor) and 3.9% (acceptable) in the Western Highlands and the Eastern Highlands respectively. However, acute malnutrition levels of 6.3% and 4.2% (by MUAC measurement) in the Western Highlands and the Eastern Highlands respectively should be given an attention. High levels of underweight and very high levels of stunting were found in Ibb with no differences between the two survey zones.

Infant and young child feeding practices are poor with exclusive breastfeeding around 13% and Minimum Acceptable Diet around 5%, while vitamin A supplementation during the last 6 months was below acceptable thresholds of Sphere Standards. High prevalence of diarrhoea and respiratory infections was reported among children under-five.

Socioeconomic situation was found poor, with an illiteracy rate of almost 70% of household caretakers (mostly women) and of those only 6.6% with basic education. More than 85% of households reported losing the income source, either fully or partially and household expenditure was found less than US\$3.5 per day for a household with average 7 members.

Although the rate of using improved drinking water sources is significantly higher in the Eastern Highlands than in the Western Highlands, there is still one out of three households using unimproved sources in the whole Governorate. Almost half of the Governorate households use improved latrine facilities, while open defecation is still practiced by 8% of households. Only two out of five household caretakers were found practicing hand washing with water and soap after toilet and before meals.

Child nutrition status was found associated mainly with WASH factors, including the types of drinking water source, latrine type and hand washing practice. Diarrhoea prevalence was also found a factor associated with acute malnutrition. Expenditure and food insecurity were found associated with underweight and/or stunting in the Western Highlands, while the education of household caretaker was associated with stunting in the Eastern Highlands.

Acute malnutrition in women of childbearing age was found at 15% - although much lower than the national level, malnutrition among child mothers was found associated with acute malnutrition and underweight in children.

► Key recommendations:

- For both Governates, poor Infant and Young Child Feeding practices should be addressed through intensive education campaigns targeting schools, women's movements and other community platforms. Educating communities on using locally available foods for feeding young children is critically required
- For both Governorates, WASH interventions, including those made through Communication for Development (C4D) activities are required, to improve utilization levels of improved latrines, improved drinking water sources, and mobilise for hand washing to be a regular practice by household members
- For both Governorates, C4D activities should include prevention of child illnesses particularly diarrhoeal diseases
- For both Governorates, support is needed to assure children are supplemented with vitamin A every six months with the aim to achieve minimal Sphere Standard levels
- Planning for Community Management of Acute Malnutrition (CMAM) service delivery in Ibb should consider using the combined acute malnutrition levels (described in table 31 of the main report) whereas expansion of the CMAM programme is required in Shawbwa especially for the SAM treatment components (OTP and TFC) as these are lifesaving services particularly important in conflict times

- If no change in the context, another survey in Ibb is recommended after two years and it should be conducted either in March or in November. For future surveys in Shawbwa, the Governorate can be considered as one survey stratum as there is no need for division

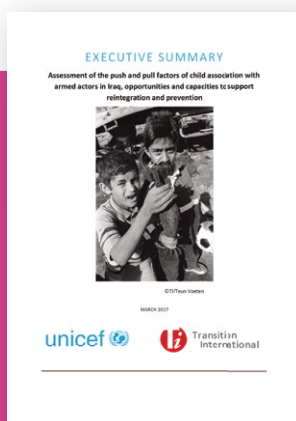
Full reports available at:

<https://reliefweb.int/report/yemen/nutrition-and-mortality-survey-report-ibb-governorate-yemen-25-march-6-april-2017>

<https://reliefweb.int/report/yemen/nutrition-and-mortality-survey-report-shabwa-governorate-yemen-14-26-january-2017>



Goal Area 2.
Every child learns



Iraq: Assessment of the push and pull factors of child association with armed actors in Iraq, opportunities and capacities to support reintegration and prevention

Author(s): UNICEF with Transition International

► **Background and rationale:** The assessment had two main objectives, namely those of (i) to identify the push and pull factors of the child association with armed actors in Iraq, the opportunities and capacities to support the reintegration and prevention in Iraq and (ii) to inform the design of a strategy to provide support to children who disengage from the different armed actors, and strategies for the prevention of recruitment and radicalization of young people in Iraq.

► **Methodology:** The methodology for the research was tailor-made to the context and the realities of Iraq and the specific realities of children, young people and communities. The methodology applies sex and age disaggregation, and includes a control group of community children that were never associated with armed groups. In addition, the methodology is informed by international and national standards for the protection of children affected by conflict.

Data collection methods included individual and group consultations with children, parents, commanders, community leaders, religious leaders, teachers and other key stakeholders. Due to the complexities of the country, only purposive and snowball sampling were applied, as random sampling would have been unrealistic. UNICEF Iraq and their implementing partners were key in providing support in the selection of children and key stakeholders for the interviews which in turn were used for identifying further respondents. The analysis of the assessment is based on data from 851 informants, including 374 children, 170 key informants and 307 adults who participated in the focus group discussions.

► **Some select key findings and conclusions (see full list in the executive summary, available on request):**

Family situation. In Iraq, the number of female-headed households for engaging, disengaging and non-associated children is significant and should be considered when developing response programmes. In Iraq, the boys are culturally expected to take on the roles of their absent fathers, regardless of their age. With very few decent job opportunities and support available, these boys can easily be pushed to join armed actors to earn money to care of their families. A significant number of child respondents indicated that they first heard about armed actors from their family members, and around half of the children interviewed had at least one family member in either the army or armed actors. The association of family members with an armed actor is likely to contribute to a child's decision to join. Socialization into violence in the family is further illustrated by the fact that 21% of engaged and disengaged boys and 30% of non-associated boys said they were taught by their father to use a gun.

Reasons to join. The strongest drivers for children to join armed actors were found financial, followed by defending or liberating the country or their villages from ISIS, and religious motivations, mostly answering to the fatwa to fight ISIS. Other reasons frequently given by the children included lack of job opportunities (also a financial driver), revenge for family members killed by ISIS, and for prestige or power. Reasons given by children

for needing money were mainly to support their families and money for marriage. It should be noted that many of the children provided more than one reason for joining armed actors, and often these reasons are interrelated. The reasons given varied across the different regions where the research was conducted and also differed between the adults and children, whereby adults, mostly mention money, religion and poverty or lack of employment as three of the strongest motivators for joining armed actors, while children mention money, defending Iraq and religious motivation or the Fatwa as the three main drivers.

Recruitment. Two dimensions of recruitment were highlighted. Generally, recruitment starts with motivating children to join an armed actor, in many cases this arousal comes from a religious leader, especially following the Fatwa issued by Iraq's supreme Shia religious leader Al-Sistani in June 2014, and sometimes from a family member or a friend. A large group of engaged/disengaged respondents said that they first heard from a religious leader about the armed actor they would later join. This shows that religious leaders are instrumental in arousing interest, after which the child eventually finds the relevant recruiting officers, either by himself/herself or through family or friends. The second dimension of recruitment is when armed actors actively recruit children and young people. In the most extreme cases, this is the forceful recruitment by ISIS. In the North, respondents also indicated that representatives from other armed actors have entered IDP camps and actively engaged with the children. In other cases, children approach representatives of armed actors either alone or with family and friends. This is more common in Central or South than in the North. The research also established that the most common age to join an armed actor is 15 years in Central and South, and 16 years in North.

Radicalization and religious leaders. The research sought to understand children and adolescents' current state and potential for radicalization, and several questions were asked to try to establish this. Most importantly the responses indicate lower levels of radicalization than envisioned, however, some of the children's responses show that the potential for radicalization exists. The responses indicated that family, religious leaders and sheikhs have the highest influence on boys, and therefore, these can potentially help form opinions regarding recruitment to armed actors. While there is no clear indication of any radicalisation at this level, the fact that many of the engaged and disengaged boys cite religious leaders as their idol needs are further explored.

Education. With 3.5 million school-aged children out-of-school, a shortage of teachers and mass destruction of educational facilities, Iraq risks losing a generation of children to radicalization and extremism. Of the engaged and disengaged children consulted 60% are not in school, compared to 50% of the non-associated children. In North, 84% of the engaged or disengaged children explained that they were not going to school when they were with the armed actors, the highest of all regions. This can partly be explained by the fact that many of them are IDPs, but mainly that they go far from the camps to fight ISIS. In Central Iraq, 62% are/were not going to school during their time with the armed actors and in the South only 41% said not to be in school during the association, as many only join during school breaks and holidays.

Sexual violence. Sexual violence has proven to be an extremely sensitive subject in Iraqi society. Many respondents deny that it is happening or do not want to know about it. Thus, very few children disclose that they were sexually harassed and/or abused by members of the armed actors. Early marriage is a major problem in Iraq; according to UN and NGO staff, child marriage often goes unreported because it is an illegal practice in Iraq. The hidden nature of this problem may further increase the vulnerability of children associated with armed actors to sexual violence.

Mental health and psychosocial wellbeing. Most adults indicated that the increase in violent and aggressive behaviour is one of the most common impacts that the conflict is having on children in their communities. Furthermore, interviews revealed drug abuse, sadness, and depression of children as additional impacts and parents admitted having difficulties in solving problems with their children. These findings call for the development and implementation of community based psychosocial support programmes, reaching all family members and by extension other community members. These psychosocial services must be linked to the mental health services in case there is need for referrals.

Children in detention. While the exact number of children in detention for suspected terrorism related activities is unknown, interviews with staff working in the detention centres visited indicated that this number continues to increase. This increase was led by the overcrowding is making the already poor conditions in the detention centres worse. The treatment of the children in some detention facilities and the methods of investigation need urgent review so that they can be harmonized with international and national legal standards. The risk posed by prolonged detention without bringing the children to trial can be quite damaging in the short and longer term once they have served their sentences; these children will have serious challenges finding their place in society and becoming productive citizens once they are released.

► **Recommendations for priority programming actions (see full list in the executive summary):**

- The lack of *social services* is significant, while the needs of the engaged and disengaged children are high. There is a lack of places in school, schools require rehabilitation and expansion, but recreation facilities should also be prioritized within the reconstruction efforts. Sports teams can serve multiple purposes, from reintegration into the community to psychosocial support networks.
- The main reason for joining armed actors mentioned by the children is an economic one, directly related to the lack of support for decent income generating opportunities for adolescents, combined with the pressure on boys to start finding money for marriage and to provide for the families where fathers are absent. Priority interventions are the provision of *economic services*, such as market responsive vocational training business and start-up support to small groups of adolescents, followed by long term business mentoring. This will provide a safer and more constructive alternative to earn money to improve their social status and for the boys, this will help curb the trend in correlation between masculinity and violence
- Better handling and treatment of *the children in the detention centres* is urgent and requires that all those who deal with the children, including judges, investigators, and lawyers are provided with training in child sensitive procedures. The situation of the children detained suspected of terrorism opens a much wider issue related to detention of children in Iraq. The need for reform and stronger and systematic coordination amongst the responsible authorities such as the Ministry of Justice, the Ministry of Interior, the Ministry of Labour and Social Welfare, the State Security Institutions and by extension the judiciary is imperative.
- The importance of religious motivations for joining armed actors, the risks for radicalization and the role of religious leaders in motivating recruitment requires immediate attention. Close working relations with *religious leaders* and institutions should be developed, including reviewing and supporting the curricula of religious education providers.
- *Restoring education* is a priority and will provide a sense of regularity in a community that re-enrolment will have a positive effect on the children's psychosocial well being. As such schools can be regarded as key providers of stability that can help to foster the development of social support networks during the current crisis in Iraq. Enrolment; curriculum review and pedagogy must be supported for Iraqi schools, and adult respondents stressed the need to reform the Islamic studies curricula. Peace education and civic education were also mentioned by adult respondents as additional subjects that could help challenge more extreme beliefs some of the children have been exposed to.
- *Gender responsive services* need to be developed to assist girls in their reintegration. There is also a need to address the issue of violent masculinities of boys who have disengaged, as well as in the prevention of recruitment.

Full report available upon request.



Iraq: The Cost and Benefits of Education in Iraq: An analysis of the education sector and strategies to maximize the benefit of education

Author(s): UNICEF, Government of Iraq.

► **Background and rationale:** In the 1980s, before the Gulf War, Iraq's education system was one of the most advanced in the region with near universal primary education. However, the economic sanctions in the 1990s and repeated international and domestic conflicts in the 90s and 2003 lead to deterioration in infrastructure and shortage of teaching-learning materials. Since then, there has been remarkable progress in education and enrolment in primary education grew over 4.1% per year. The total enrolment in primary education reached six million children in 2012 from 3.6 million in 2000. Also, lower secondary enrolment increased significantly from 49.2% in 2000 to 79.1% in 2013. Nevertheless, the overall education situation has not yet recovered to the pre-Gulf War level.

The rising number of students and recent financial crisis in Iraq pose new challenges in terms of providing sufficient resources for the students. Unless Iraq increases the public education resources, the expanding enrolment will continue to strain existing education resources. As of 2013, 13.5% of school-aged Iraqis (1.2 million children) did not have access to basic education and for those who are in school there are large drop-out and repetition rates. The quality of education and learning outcomes is decreasing, due in part to multiple shifting of schools and dropping teacher retention rates. Government spending on education, infrastructure also remains low, although there is a marked increase in private schools yielding higher investment rates.

The Cost and Benefit of Education in Iraq report focuses on Iraq Center and the Kurdistan region of Iraq (KRI) and aims to update the situation, quantify the economic benefits of education, and identify sources of inefficiencies as well as key priority themes in the education sector with clear links to the National Education Strategy 2011-2020.

► **Methodology:** The research utilized existing Government data, such as Education Management Information System (EMIS) and public budgets and expenditures. A literature review was conducted, including the 2012 Iraq Household Socioeconomic Survey (IHSES). A series of key informant interviews with government officials and other stakeholders was conducted and the report was finalized through a consultative process with the two Ministries of Education. The research quantifies the unit cost of public education, the benefits of education as observed in the labour market, and the forgone economic benefit of education due to drop-out at the primary and secondary level for both boys and girls.

► **Key findings and conclusions:**

Around 355,000 *internally displaced children* remain out of school in Iraq, representing 48.3% of the total internally displaced school-age children. In conflict, affected governorates such as Salah al-Din and Diyala, more than 90% of school aged children are left out of the education system.

Relatively large *gender gaps remain in secondary education* in Iraq Centre where (in 2015-2016) there were 142 boys and 121 boys for every 100 girls at lower secondary level and upper secondary level, respectively, highlighting the need for efforts to bring more girls to higher level of education. Also in primary education, the out-of-school rate of girls is 11.4% - more than double the rate for boys at 5.4%.

Dropout rates in primary and secondary education in Iraq Centre (2015-2016) and KRI (2014-2015) are 2.6% and 1.7%, respectively and the overall rate is on the rise. Repetition rates are also increasing and in 2014-2015, 16.8% of all students across Iraq Centre and KRI repeated grades, with the highest level in the lower secondary level in the Iraq Centre (27%). The report estimated that through dropout and repetition, about 20.1% and 13.7% of the education budget in Iraq Centre and KRI were wasted in 2014-2015, constituting a critical inefficiency with an economic cost of dropouts and repetition amounting to 1.5 trillion IQD or 18.8% of the total education budget.

The Iraq Centre spends 1.3 million IQD per student (about 1116 USD) covering from pre-school to upper secondary education, significantly higher than KRIs spending of 47,125 IQD (about 40 USD) in 2014-2015, while infrastructure spending has remained almost non-existent, half of the public schools either require rehabilitation or is unqualified according to the national school construction standards. With decreasing trend, in 2015-2016 Iraq spent only 5.7% of the government expenditure on education, placing it on the bottom rank of Middle Eastern countries in any given year.

Given the above findings, the *quality of education* remains a significant concern. Three out of ten public schools in Iraq run with a multiple shift with adverse effect on learning outcomes. Achievement data from 2011-2012 shows that 92% of the mornings shift pass the primary school exam, while 97% of the private school students pass, in stark contrast to only 72% of the students enrolled in the evening shifts passed. Despite recent growth in total number of teachers, the number and share of qualified teachers has decreased in all educational levels except pre-school, with the biggest drop seen in primary school.

Unsurprisingly, the *growth of private schools* has far outpaced growth in the public system. To mitigate the financial barriers of the poor to access private school education, the report found that Iraq's education policy to promote private schools needs to be coupled with financial assistance and/or low cost private schools should be promoted in order to close the gender and wealth gap.

Finally, by using the IHSES 2012 the report estimated *returns to additional years in education, the present value of the lifelong earnings of workers and missed wages that would have been earned by children who dropped out of different levels of education*. The report estimated that a total of 1.1 trillion IQD would be lost in 2014-2015 alone due to unrealized potential wages caused by drop outs from education. While for the men financial return on education can be better compensated by work experience, for women the analysis showed that education has an outsized economic benefit that cannot be replaced by work experience to the same extent as men. This provides strong evidence in support of the efforts to expand girls' enrolment across all education levels in Iraq Centre and KRI.

► **Key policy recommendations:** The report identifies three major pillars of inefficiency in the Iraq education sector: (a) overall inefficiency, (b) inefficiency due to limited access to education, and (c) internal inefficiency of the education system. It provides seven policy recommendations to address these sources of inefficiencies in Iraq Centre and KRI.

(A) Improving Overall Efficiency and Effectiveness of Education Policy

1. Information management systems for education statistics (EMIS) and public financial information need improvement.
2. Coordination within the Ministry of Education in both Iraq Centre and KRI should be improved, and the coordination mechanism among the education stakeholders to implement and monitor the progress of the National Education Strategy should resume. Use of block grant mechanisms could improve overall efficiency in utilizing Iraq's education budget.

(B) Reduction of out-of -school Children

3. Constructing schools, focused on primary, lower secondary and basic levels, should be considered a top priority in Iraq, given the high number of multiple shift schools that need rehabilitation.
4. Sustainable education finance should be established for both Iraq Centre and KRI. Education expenditure is drastically decreasing and fewer capital investments have been made.

5. Promotion of private education should be complimented with income transfer programmes or programmes to support children from lower socioeconomic status in order to address the potential issues of widening wealth and gender gaps in education.
6. Provision of quality education to internally displaced children should be accelerated in order to provide protection and education to these children, especially girls.

(C) Improving Internal Efficiency

7. An overall strategy to improve the internal efficiency of the education system should be developed for both Iraq Centre and KRI, and implemented accordingly. The strategy needs to cover various issues discussed in the report, such as impact of the automatic promotion policy, methods of learning assessment, and extension of compulsory basic education to lower secondary education.

Full report available at:

<https://www.unicef.org/iraq/TheCostOfEducationInIraq-EN.pdf>



Jordan: Evaluation of The Ma'An (Together) towards a Safe School Environment Programme 2009-2016

Author(s): AAN Associates, Pakistan

► **Background and rationale:** As part of the global response to curb down Violence Against Children (VAC), a series of international policy and legal instruments have been produced and enacted to safeguard children's rights. The enactment of the Convention on Rights of the Child (CRC - 1989) remains the most significant of all of these instruments. In Jordan corporal punishment in schools was banned in 1981, under the School Discipline Regulation. However, no instrument exists to prohibit corporal punishment in the home or family. According to the national Violence Against Children (VAC) Study conducted in 2007, two-thirds of Jordanian children aged 2 to 14 years, experience physical, sexual, or emotional violence.

The 2007 VAC study findings contributed to the 2009 launch of a nationwide, joint (UNICEF, Ministry of Education (MoE) and other partners) campaign programme - 'Ma'An (Together), towards a safe school environment' aiming at reducing VAC in schools. The Programme goals included the creation/shifting social norms; educating teachers about rights and responsibilities and fostering accountability amongst caregivers. The objective was to 'reduce the incidence of violence by teachers and educators in all public and UNRWA schools by 40 percent in the first year and by 90% in the third year'. In response to a campaign assessment conducted in 2011 revealing that teachers felt incapable of managing their classrooms without resorting to violence, UNICEF added the 'Tarbiyah' programme for behaviour management and introduction of classroom management tools that reinforce positive social behaviours among teachers and students in 6 pilot schools across Jordan. Positive outcomes of the pilot phase lead to scaling up to 50 additional schools. In 2016 UNICEF commissioned an independent ex-post, summative evaluation with the purpose to determine the relevance, efficiency, effectiveness, sustainability and impact of the programme and scope covering all programme aspects from 2009 to 2016. AAN Associates were selected to undertake the evaluation.

► **Methodology:** The evaluation methodology used participatory, child-friendly mixed method approach. For primary data collection, a range of qualitative data collection methods such as key informant interviews (n-17), focus group discussions (n-64 for school-based groups) and field observations (non-checklist based) were used. Secondary data sources included programme documents, reports and records from UNICEF and MoE files.

► Key findings and conclusions:

Programme relevance. The evaluation found the programme design (in terms of components and strategies) relevant and comprehensive, as it sought to address the most significant causes of the VAC in schools. The design blended complementing strategies and actions to address causes, including a series of institutional interventions, e.g., regulatory, school-based and capacity development interventions as well as outreach interventions through media and community/religious leaders, to reinforce the message of behavioural change. Nevertheless, the evaluation notes limited focus on addressing or advocating on systemic issues contributing to VAC in schools such as, but not limited to, overcrowded classrooms, depleting infrastructures, institutionalization of pre and in-service training.

Programme effectiveness. The evaluation found progress around teacher-student violence (i.e. reduction in verbal violence, reduction of physical violence, and increased use of positive disciplinary methods by teachers) encouraging with significant reduction in verbal and physical violence across all grades. The evaluation noted that

where the counsellor-school ration is one counsellor to one or a maximum of two schools, the progress was far better than in cases where a counsellor's attention is divided between many schools. UNRWA schools show a greater reduction in physical violence due to better facilities, smaller number of schools and students, with added focus on other initiatives related to VAC and human rights, stringent accountability and management systems. The evaluation found the additional Tarbiyah programme component successful, and highlighted the good results achieved in schools which were initially worst performing vis-à-vis VAC. In conclusion, the programme was deemed to be well on course, despite the fact that it was behind on the rather ambitious targets and the defined broader goal.

Programme efficiency. The evaluation conducted a cost-benefit analysis which resulted in an average cost per child and school at JOD 2.02 and JOD 699 respectively. The Tarbiyah component costs were higher at JOD 6.6 per child and JOD 4,628 per school, but the evaluation concludes that given the Tarbiyah schools were the 'worst VAC related' schools to start with yet yielded better results, value for money has been established. For the 2,000 (revived) School-based Advocacy Groups (SAG), the cost was JOD 11.8 per SAG, JOD 0.24 per child and JOD 94.43 per school. However, the Ma'An Online Survey System (MOSS) was found in need of an overhaul to improve data accuracy. In conclusion, the results were realized at an astoundingly low cost, which the evaluation found commendable.

Programme impact. According to the evaluation, the most significant impact was the increased awareness on various VAC in school aspects such as recognition of many forms of violence, its implications for children, reasons of violent behaviour, complaint resolution mechanisms in schools, and above all the rights of children amongst the most relevant stakeholders i.e. education authorities, teachers, parents, students, and others. Other impacts highlighted include the visible transformation from the state of 'Hesitant Acceptance' to an 'Open Admission' that VAC in schools (including communities) is a 'reality', and a problem that merits immediate and comprehensive solutions. Also, parents became more aware of the VAC issue and its implication on children and the programme gave them a 'voice' and understanding of the complaint mechanisms and engaged them more with schools. In conclusion, the programme created a national acceptance and momentum against VAC in schools.

Programme sustainability. The evaluation noted an explicit willingness of MoE to continue the programme activities, but the acquired capacities to continue implementing a campaign of such scale and complexity were deemed, less promising with unavailability of public funding a major bottleneck. For UNRWA the situation is similar to MoE – the ownership and commitment to continue with Ma'An interventions is high. With UNRWA the acquired capacities are noted better than with MOE. However, UNRWA may continue to rely on UNICEF technical and financial assistance. The evaluation noted a lack of exit or sustainability strategy.

► Key recommendations (see the complete set in the main report):

- Programme Management: Reactivate the steering committee and make it more proactive and empowered to resolve inter and intra departmental and organizational level issues. For this purpose, the larger advocacy agenda needs to be implemented by engaging influential platforms.
- School Advocacy Groups (SAGs): Strengthen the role of SAG by; (a) increasing the number of parents in SAG and ensure their participation using community based approaches; (b) ensure a better ratio of counsellors with respect to number of students and schools to reduce workload; (c) ensure that counsellor positions are filled at the earliest; (d) use the online survey system, a cost-effective tool to determine best performers and hold the principals accountable for school that consistently shows a higher or prevailing incidences of VAC.
- Communication and dissemination: Enable all key actors to become ambassadors, advocates and catalysts and acknowledge, recognize and reward the highest achievers by making such children 'Peace Ambassadors'. Explore the potential of the social media for Ma'An related social messaging.
- Capacity development: Continue the recently started capacity development and sensitization training for media entities and the staff associated with Media reporting on VAC issues. Prepare minimum standard operating procedures (SOPs) for reporting on VAC.
- Knowledge and documentation: Introduce the tried-and-tested behavioural modification approach into the regular curriculum of all teacher training institutions and universities imparting degrees in education. The Tarbiyah training approach and content should be used for further trainings. Review and improve the MOSS architecture. Proactively invest in (a) completing the missing documentation trails; (b) preparing English versions of all Programme Documents; and (c) collecting valuable data aligned to the TOC and results framework, knowledge and case studies.

- Leverage support funding: Create a Ma'An Fund. Use the money for events at the school level for students, teachers and SAG. Funds can be solicited from the private sector and philanthropists.

Lessons learned (see the complete set in the main document):

- A programme aiming to bring a change in social norm requires enduring efforts of behaviour change communication with multiple strategies.
- Without active participation and strong ownership of relevant Ministries, a national level programme cannot fully achieve its objectives.
- VAC in schools cannot be eliminated through standalone school-based intervention; this will require parallel work at the community level to abandon the existing social norm of using violent means to discipline children.
- A balanced approach of sanctions and positive reinforcements is required to achieve better results. Though the role of the school principal and the counsellors emerged as a pivotal intervention, the accountability of poor performers and recognition for high achievers remained weak.
- Community mobilization events at national level are a useful strategy and behavioural change must be seen in the long term.
- Frequent changes in top level positions negatively affect progress; therefore, programme level management structures must be able to withstand transitions of top level leadership.
- Without proper exit planning, institutionalization will remain a challenge.

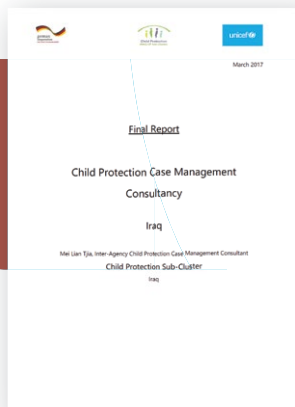
Full report available at:

https://www.unicef.org/jordan/MAAN_EvalReport_FINAL_20170623_Eng.pdf



Goal Area 3.

**Every child is protected from
violence and exploitation**



Iraq: Child Protection Case Management Consultancy, Final Report

Author(s): Mei Lian Tjia, Inter-Agency Child Protection Case Management Consultant

► **Background and rationale:** Iraq has experienced a number of crises and emergencies over the past four decades, including several wars and internal conflicts, severe economic sanctions imposed from 1990-2003, the US-led invasion in 2003, the influx of Syrian refugees starting from 2011, and the proliferation of extremist groups. By 2016, following the rise of the Islamic State of Iraq and Syria (ISIS) and the related escalations in conflict, the number of Internally Displaced Persons (IDPs) had surged to an unprecedented 3.2 million individuals. It is estimated that in 2017, some 11 million people in Iraq may need some form of humanitarian assistance and some 8.9 million individuals would be estimated to need protection assistance with around 48% of those in need estimated to be children. Child protection concerns include issues such as grave violations of child rights, lack of access to safety, family separation, child labor, child marriage, and street children. Scarce availability, presence, and quality of services presents a barrier to fulfilling children's basic needs. In 2014, the Child Protection Sub-Cluster was activated in Iraq to scale up existing interventions and ensure that both refugee and IDP children have access to timely, effective and quality child protection services and case management was identified as a priority area. Subsequently, the Sub-Cluster included child protection case management as a key activity in its 2017 Minimum Package of services. Further, to support child protection case management actors in line with relevant minimum standards, the thematic Child Protection Case Management Working Group (CPCM WG) was established. In 2017 UNICEF, in support of the Sub-Cluster members in the achievement objective 4 of the 2016 strategy, hired an inter-agency consultant to review current case management systems and practices in Iraq, with the objective to understand what is in place as well as to identify, and act on, gaps and capacity building needs.

► **Methodology:** Combining both quantitative and qualitative methods, the research aimed to generate

relevant and specific data to inform how case management systems and practices can be improved and/or harmonized. The secondary data was based on a desk review of policy documents, country reports, research reports, and other related documents and the primary data collection tools included Key Informant Interviews (KIIs), skills assessment survey, pre- and post-tests for training and training evaluations. Tools were developed to support achievement of the following specific tasks: mapping of child protection systems, specifically child protection case management; mapping of case management capacities; skills analysis of caseworkers and their supervisors; development of capacity building plans; and recommendations related to information management.

► **Highlights of key findings and conclusions (see the main report for the full set):**

Laws, Policies, Guidelines and Standard Operating Procedures (SOPs). Based on the document review the report concludes that the legal framework in the Kurdistan Region of Iraq (KRI) in theory offers better protection to children, as is exemplified for example by the higher minimum age of marriage and the fact that there is a specific law for child protection (in 2017, the National Child Protection policy has been endorsed by the Republic of Iraq Government. Also, a number of SOPs have been developed for KRI, resulting from cluster-driven efforts and the presence or previous presence of humanitarian agencies in KRI. However, lack of effective implementation and enforcement of laws was cited as a challenge by 60% of the KII respondents.

Child Protection Case Management Services in Emergency Situations.

Concerning the government services in emergency settings, the report found that government case management

service provision seemed to be centered mainly on residential care, and reintegration of those who were in residential care. The State homes, operated by both the KRI and the Iraqi government are residential institutions and are considered the last resort - provision of alternative care for children in need, such as unaccompanied and separated children, is therefore organized mainly through informal channels by relatives and community members. By law, only Iraqi and Palestinian children can be accommodated, with some exceptions vis-à-vis Syrian children. According to the report, government authorities appear to favor informal care arrangements over-referral to State homes.

Services of humanitarian child protection agencies. Due to the limited capacity of government actors against overwhelming needs in emergency settings, humanitarian partners are often the primary point of contact for cases of violence, abuse, and neglect of children. Especially in camp settings, humanitarian child protection agencies are involved in supporting and overseeing alternative care arrangements. Issues that are commonly encountered by case management actors include child marriage, sexual abuse, child labor, and neglect, as well as psychosocial distress. However, many humanitarian partners highlighted the challenge to respond to abuse and neglect cases as there is little recourse internally, and suggest having technical support for difficult cases, while each agency needs to address capacity development to address these cases.

Child Protection Case Management Organizational Capacity. The report explores the essential elements required for implementing case management services. These elements include vulnerability, risk and eligibility criteria; risk levels; human resources; information management; safe work practices; and adequate funding. The report notes several issues hampering the organizational capacity for case management, such as lack of eligibility criteria, high caseloads for government social workers, lack of standard job descriptions for caseworkers, lack of data protection protocols and code of conduct for government institutions, lack of harmonized approaches to information management, lack of strategic fund allocation, need for improved coordination and enhancement on several training aspects etc.

► **Key recommendations (see the complete set in the main report):**

For All Case Management Actors and Donors.

- Information Management, database: review and decide on the possible steps forward for a linked or shared database. This will require a locally led assessment that can technically be supported by the global Child Protection Information Management coordinator. Given the differences between KRI and the federal level regarding SOP and case management forms, the two areas would probably follow two different processes.
- Guidance on standard job descriptions: agencies should ensure that job description including those for case management staff are in place.
- Child protection case management capacity building: There is a need for practical, on-the-job training of case management staff, including mentoring and peer-to-peer type support. Donors should encourage agencies to include training targeting supervisors. Funding for a centralized training program through the Sub-Cluster should be prioritized.

For the Sub-Cluster/CPCM WG.

- The KRI SOP is reviewed annually, and the report provides certain recommendations for further improving the KRI SOP – see the main report.
- The Sub-Cluster can play a coordinating role in setting criteria for vulnerability assessment, for example in providing guidance on carrying out proper needs assessments.
- The Sub-Cluster and CPCM WG should continue to coordinate between government and humanitarian actors and help determine what the standard practice is or should be vis-à-vis alternative care.
- Terms of Reference and a concrete work plan for the CPCM WG should be developed to make the group more focused and effective.
- Case management actors have agreed to start sharing more extensive statistical data on a monthly basis. To do this safely and in line with applicable guidelines, a data protection and information sharing protocol needs to be put in place.

- The Sub-Cluster and CPCM WG should advocate with donors for longer-term and more strategic fund allocation for child protection case management.

For Government Agencies and NGOs delivering Case Management Services.

- Humanitarian actors (particularly international agencies) need to plan for internal child protection case management capacity to be available to support their staff on, particularly challenging cases.
- Agencies should develop data protection protocols, and government institutions should develop and put in place code of conducts.

For Donors.

- Donors should critically review suggested staffing structures in project proposals, and ensure that case management actors plan and budget for adequate technical support.
- Donors should provide longer-term funding allowing agencies to set up internal processes that are required to support good quality and safe case management services.

Full report available upon request.



Jordan: Journalistic Practices on Child Protection. Issues in Jordan. Assessment Report

Author(s): National Council for Family Affairs

► **Background and rationale:** Violence against children continues to affect millions of lives across the world. In Jordan, UNICEF research from 2007 shows that nearly 2/3 girls and boys suffer from physical violence every year at homes, schools, other institutions and in the community. While efforts by the Government of Jordan and partners continue to curb violence against children, there is an urgent need for a more comprehensive approach that includes a strong partnership with the media sector, especially with the journalists' community. With this rationale, UNICEF, in partnership with the National Council for Family Affairs, commissioned the Assessment of Journalistic Practices on Child Protection issues in Jordan. Information from this study will feed into a comprehensive strategy that aims at strengthening the capacity of, and engagement with journalists towards enhanced quality reporting on child rights and protection issues in Jordan. The assessment is part of a broader set of initiatives being carried out by UNICEF in strengthening the partnership with news media professionals towards the goal of ending all forms of violence against children in Jordan.

► **Methodology:** The assessment was based on a multi-method approach including a desk review of published research, qualitative interviews, and a quantitative online survey. A total of 16 in-depth interviews were conducted with industry experts representing all forms of news media. In the absence of a sampling frame, a list of 444 journalists was identified for an online survey, mostly from the data made available by the Jordan Press Association. A total of 118 journalists responded to the survey representing the response rate of a little more than one-fourth of the total.

► Key findings and conclusions:

Coverage: The issues and areas most covered by the media are Politics (17%), followed by Child Protection (13%), Civic Affairs (12%) and Education (12%). The least covered areas are Science and Technology, and Defense. A little less than half (45%) the respondents reported to be covering social issues quite regularly, with coverage in radio (58%) and print (48%) to be the highest as compared to other media channels, followed by Digital/Web (29%) and Television (28%). While many respondents believed that issues concerning children are not the priority for news media in general, women journalists were more likely to cover social issues, and far more likely if they are working for print media when compared to men.

Knowledge and opinions: Regarding knowledge on child protection issues, 58% reported to have poor or unsatisfactory knowledge of children in armed groups and 39% poor or unsatisfactory knowledge about children in contact with the law. Around 60% of respondents stated to have adequate knowledge about child labor and child marriage. On child-rights, national laws and international conventions, half of the respondents reported poor or unsatisfactory knowledge of the proposed Juvenile Bill (50%) and the Children's Rights Bill (49%). In all areas, less than half of the respondents considered having good or very good knowledge of child-rights related laws and conventions. Only a quarter of journalists have ever attended training on child protection (23%) or on reporting on children (26%) in general. Further, on selected violence against children issues only half (53%) of the respondents disagreed to pick up unattended street children and to lock them up. Similarly, 24% agreed with children working for paid labor under extreme poverty and the same proportion of respondents (24%) agreed with parents sometimes disciplining their children with physical punishment.

Practices: The assessment found that some journalistic practices were not aligned with ethical standards of reporting. For instance, 11% reported a trend of bribing children with money, goods or promises of help for an interview. Moreover, 20% of respondents do not ensure that a parent/guardian is present when interviewing a child, while 19% have interviewed women and children in a state of distress. The findings show a high demand and willingness among journalists to be part of a network that contributes towards promotion and protection of child rights in Jordan. Respondents, in general, felt that many journalists are more interested in stories with sensationalized content.

The findings of the assessment show that a large section of journalists in Jordan either lack understanding of what constitutes as violence against children or their own attitude towards many of the child rights issues is, at best, ill-disposed. Journalists also lack essential skills for effective and ethical reporting on violence against children and many cannot undertake specialized journalism. Those who cover or are interested in covering child protection issues face numerous challenges such as access to information and resources and the refusal of parents or the victims to give consent to or come forth with their story. Cultural sensitivity prescribes discussion on several child protection issues as taboo according to many survey respondents.

► Key recommendations (see the complete set in the main report)

Based on the assessment, in the short-run, and through sustained engagement with journalists' community and news media in Jordan, the following set of activities were recommended:

- Engage editors from the very onset of any intervention with journalists and the news media sector. This will help create their buy-in as well as ownership and support for such an initiative.
- Help and assist a small group of journalists, men and women to be specialized in child-rights based reporting. This will be manageable and also help establish child-rights based reporting as a specialized beat.
- Increase journalists understanding of legal frameworks, either in view of the international conventions and treaties or the national laws, about child rights.
- Invest in creating and sustaining a network of dedicated journalists from all sectors of news media who have interest in and willingness towards contributing to addressing the issues of violence against children in Jordan from within their respective spheres. A network's strength is its membership, which is defined by how well knitted and vibrant the community is.
- Announce an inter-agency award on rights-based reporting
- Increase access of journalists to published material. This may be made a function of a network created on protection and promotion of child rights to transform relevant published material into more readable documents, such as by creating factsheets, vignettes, and summaries of the reports. This will help to advance the agenda of protection and promotion of child rights to a great extent by highlighting contemporary challenges faced by the Jordanian society and agenda-setting around those for policy reforms and resource mobilization.

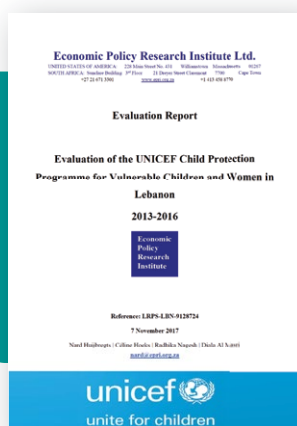
In the long run, and in the perspective of broad-based capacity needs of journalists in Jordan, the following set of activities were recommended:

- Build the capacity of journalists engaged with online news media. Develop a capacity strengthening package that entails short-term training on basic elements of principles and elements of journalism as well as more in-depth orientation to journalistic, i.e., ethical journalism, and thematic subject, child-rights reporting.
- Organize training for young journalists on child protection issues, and what the news media can do to respond to this challenge.
- Partner with the academic and training organizations that have courses on journalism and media, for the promotion of specialized reporting; including child-rights based reporting. This will also help introduce aspiring and young media professionals to ethical guidelines and practices from the very onset. Such a partnership will also help sustain the effort to instill knowledge and skills for practicing ethical journalism and making it norm rather than an occasional consideration.

- Develop a code of conduct for journalists or standard ethical guidelines.
- Conduct case studies of successful journalists from Jordan who made reporting on social subjects their identify and form of recognition to build motivation and promote reporting on child-rights issues.

Assessment report summary available at:

https://www.unicef.org/jordan/Journalistic_practices_CPissues_Jordan_summary_english.pdf



Lebanon: Evaluation of the UNICEF Child Protection Programme for Vulnerable Children and Women in Lebanon 2013-2016

Author(s): Nard Huijbregts, Céline Hoeks, Radhika Nagesh, Diala Al Masri from Economic Policy Research Institute (EPRI)

► **Background and rationale:** As part of the emergency response to the Syrian crises, 2013 UNICEF Lebanon scaled up the Child Protection Programme in partnership with the Lebanese government and non-governmental actors, to address the protection needs of the affected population in line with UNICEF's corporate responsibilities in emergencies. Between 2013 and 2016, the emergency situation in Lebanon turned into a protracted crisis with growing needs for refugees and host communities. Consequences of displacement and worsening socioeconomic conditions are most felt by women and children, with growing reports of child marriage, child labor and out of school children.

UNICEF commissioned EPRI to conduct an independent evaluation to assess the relevance, efficiency, effectiveness, coverage, cohesion & coherence and sustainability of the Child Protection Programme and its promotion, prevention and response interventions on the well-being of children and women from the host community and Syrian and Palestinian refugee population. The evaluation was also to identify good practices and lessons learned from the Programme, including those arising from both intended and unintended outcomes as well as to provide concrete and actionable recommendations to inform future programming of UNICEF and partners.

► **Methodology:** The evaluation used quantitative and qualitative methods, with the latter including key informant interviews (KIIs) with UNICEF, implementing partners and other stakeholders, focus group discussions (FGDs) with frontline staff, child and females. Purposive stratified sampling resulted in the selection of seven districts in five governorates, where the evaluation team conducted in total 19 KIIs and 39 FGDs. The qualitative data collection was complemented by a desk review and a review of guidelines, tools and Psychosocial Support (PSS) curricula used by UNICEF and its implementing partners. Quantitative methods included data analysis of reports, budgets, and the ActivityInfo platform used by UNICEF and implementing partners for reporting. The evaluation builds on the multi-country real-time evaluation of the UNICEF Gender-based Violence (GBV) programme conducted in 2016 and complements the simultaneous review of the Ministry of Social Affairs' (MoSA) National Plan for the Safeguarding of Children and Women in Lebanon 2014-2017, which investigates the specific cooperation between UNICEF and MoSA.

► **Key findings and conclusions:** In response to the rapidly evolving context, the Programme considerably improved coordination and standardization of child protection and GBV within each sector at national level, with some tangible results at field level. The Programme has succeeded in alleviating worsening circumstances for children, girls, and women. Overall, the evaluation showed notable changes in the well-being of children, girls and women and their protective environment, in particular, reduced domestic violence and increased and improved positive parenting, as a result of awareness, outreach, psychosocial services, and case management. Reported changes are more profound and sustainable where the family and wider community are mobilized to promote sustained social change within their family and community for both child protection and GBV.

The specific findings under the evaluation criteria are outlined below (see the full set in the main report).

Coverage increased for Syrian refugees, along with a growing number of beneficiaries from vulnerable host communities. Reach to beneficiaries with sensitization and awareness was more successful than with case

management and specialized services, mainly due to high costs of case management and poor links with other sectors for specialized services. Geographic coverage, based on the national geographic vulnerability ranking, remained somewhat imbalanced across districts, often due to political challenges. Moreover, the ranking did not take into account all child protection and GBV vulnerabilities in communities.

The relevance of the interventions seems to decrease due to deteriorating socioeconomic circumstances in and restrictions on access to services and livelihoods for refugees, considered as root causes for child protection violations and GBV. Conceptualization of child protection and GBV has evolved since 2013, with an increased focus on the caregiver and husband of direct beneficiaries, though this conceptualization is less well understood at field level. Almost all beneficiaries underlined the relevance of including their family, as well as the wider community in prevention and awareness, but interventions that go beyond the singular focus on the child, girl or woman are still implemented on a limited scale. Children rated self-protection skills, places to vent and socialize, and identity-building sessions as most relevant to their needs. Caregivers most valued sessions on positive child discipline and having a place to vent. Regarding GBV, girls, and women most appreciated empowerment sessions. To prevent domestic violence, child marriage or child labor in their household, males prioritized livelihood support and other services to meet their basic needs over child protection and GBV sessions. The relevance of the division between community-based PSS and focused PSS for child protection is rated as mixed, with reported difficulties in assessing risk levels of children, and differing viewpoints among implementing stakeholders, wherein some prefer investment in case management. Beneficiaries exposed to child labor or child marriage did feel more at ease in focused sessions with children who faced a similar vulnerability

Efficiency. The national coordination on child protection and GBV improved, led by the Child Protection Working Group and the Sexual and Gender-Based Violence Task Force, with growing engagement of MoSA. While the technical committees were rated as most useful in driving change through drafting standards, guidelines and tools, the work of the regional working groups was rated as less effective, and their role was less well understood. Coordination at the community level remains challenging. The vast majority of the programme budget has been directed to the provision of PSS.

Effectiveness. The evaluation noted improvements and positive rating in areas such as, but not limited to, accountability within UNICEF and implementing agencies, training, and supervision for frontline staff and referral pathways. The variety of awareness and outreach tools also increased. Guidelines and tools - especially child protection and GBV Minimum Standards and Safe Identification and Referral - were rated as useful, but uptake at local NGO, government and community level remains slow and incomplete. Use of M&E tools for child protection and GBV expanded. Pre and post-tests, and feedback sessions with beneficiaries were seen as most effective, but compliance with guidelines remains limited, mainly due to lack of knowledge or duplication with tools of implementing agencies. Implementing agencies rated the Strengths and Difficulties Questionnaire as relevant to develop qualitative case studies, and pointed at the opportunity to assess the data based on qualitative. Most child beneficiaries reported improved happiness, psychosocial well-being and feelings of safety during the child protection activities and less violence among each other while caregivers reported to feel capacitated and to engage more in positive child discipline, which reduced domestic violence. For GBV, girls and women reported feeling more empowered, safe and aware of their rights. Quality of case management improved, but implementation between implementing agencies differed, as standardized criteria for beneficiary registration, case management, referral, and follow-up are limited and poorly understood.

Coherence and Cohesion. Implementing agencies often succeed in integrating child protection and GBV for service provision at the individual level, while maintaining separate mechanisms with specialized staff and spaces for GBV and child protection. Coordination and synergy between child protection and GBV at the system-building and structural - policy and legal reform - level improved due to combined working groups and guidelines but remained insufficient. Importance of cross-sector synergies has increased with improved linkages of child protection and GBV with other sectors, though integration remains limited and lacks a clear strategy.

Sustainability. The programme lacks a clear exit strategy. Despite increasing focus on building capacities at the national and community level increased, it remained inadequate, lacked a clear long-term strategy and insufficiently prepared the government, local NGOs and communities for independence.

Key recommendations (see complete set in the main report): To promote a protective environment for children and women in Lebanon and anticipating reduced funding and resources, the report identifies the following recommendations for UNICEF and implementing partners at strategic level (see recommendations for UNICEF and implementing partners at operational level in the main report):

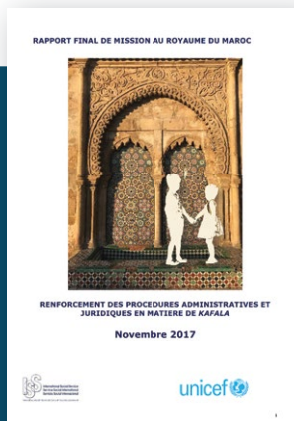
- **Prevention.** It is recommended to promote sustained social change and a conducive and protective environment for children and women that prevent risks and vulnerabilities from escalating into child protection violations and GBV.
- **Holistic approach.** It is recommended to further promote the shift from a focus on the individual beneficiary, to modeling increased efforts around the family and wider community as a unit of intervention to improve prevention of child protection violations and GBV, while safeguarding the confidentiality of individual girl and women beneficiaries.
- **Systems approach.** It is recommended to complement these shifts with increased efforts to approach child protection and gender-based violence from a systems perspective, better embedded in local government, NGO, community and family structures targeted at both refugees and host communities, with explicit linkages to other sectors.

Lessons learned: The evaluation identified some key lessons that could be applied to a variety of contexts.

- In a protracted refugee context, as in Lebanon, the limitations for refugees in their access to basic services and livelihoods and the increasing pressure on host communities may undermine the relevance of child protection and GBV services.
- When moving from a crisis to a protracted context, the growing attention to building the national system through capacitating ministries can be identified as a good practice.
- Standardization of child protection and GBV by the creation and sharing of guidelines and tools at the national level, adapted to the country context, succeeded in contributing to a shared understanding and minimum standards of interventions. These standards form an essential basis for the capacitation of the national and local implementation system of a country.
- Interventions that promote a holistic approach and include the wider family and community of the child or woman beneficiary in prevention and awareness are more successful in promoting a protective environment for children and women in Lebanon. The inclusion of the school environment is of specific importance, due to increasing violence and discrimination, especially against refugees, in and among schools in Lebanon.
- In a context where tensions between refugees and host communities are growing, promoting mixed activities that include both refugees and host communities might be more challenging to implement in the short-term, but is of key importance to cultivate a protective environment for children and women in the long run. Segregated activities further perpetuate tensions and entrench misconceptions and biases.
- Next, to the capacitation of the national system, increasing capabilities of the local implementation system, consisting of local government, NGO, community and family structures, can be identified as a good practice.
- Child protection and GBV coordination committees at the community level, which may include representatives from the municipality, local NGOs and stakeholders hold the potential to improve coordination and referral, better embed CBGs in existing local government and community structures and contribute to the sharing of guidelines and tools at the community level.
- A variety of M&E tools developed and endorsed by national working groups can contribute to standardized quantitative and qualitative data collection and learning and development across organizations and institutions.

Full report available at:

<https://www.unicef.org/evaldatabase/files/UNICEFLebanonCPGBVEvaluationReport.pdf>



Morocco: Final Mission Report for Strengthening the Legal and Administrative procedures concerning Kafala, (Rapport Final de Mission au Royaume du Maroc – Renforcement des Procédures Administratives en Matière de Kafala)

Author(s): UNICEF Morocco, International Social Service

► **Background and rationale:** In 2017 the Ministry of Justice and Freedoms with facilitation support from UNICEF, in the framework of the Himaya Project, commissioned an assessment study on the Kafala system (a family-based alternative care option for abandoned children) in Morocco. Morocco is the first country in the region to conduct such an assessment of the system, and the study was also intended to guide and inform other countries in improving their respective alternative care systems. The objectives of the study were the following: (i) to evaluate the Kafala from a judicial and administrative point of view; (ii) to identify the strengths and obstacles in implementing Kafala while safeguarding the best interest of the child and (iii) to provide recommendations in order to address main gaps and prevent potential illegal practices that would jeopardize the well-being and fulfillment of the rights of concerned children.

► **Methodology:** The methodology relied mainly on qualitative research tools, including a desk review of relevant literature, structured interviews, and field mission. The first phase of the research consisted of drafting the methodological note based on the literature review and remotely administered structured interviews with key Kafala stakeholders. The second phase included the preparation of the interim research report, based on over 100 interviews carried out during the field mission and the third phase included the finalization of the report with recommendations aimed at strengthening the practical and legal framework of the kafala system at both national and international levels. The technical committee for the study, composed of UNICEF, Directorate of Civil Affairs at Ministry of Justice and Freedoms and the Collectif Kafala Maroc, guided the design of the methodology and report finalization.

The research adopts a global approach whereby Kafala must be seen as a child protection measure in a wider child protection system. The report is structured according to the main elements of the report; (i) issues related to child protection; (ii) three levels of prevention, (iii) placement protection (informal, host families and institutions); (iv-vii) national Kafala system and (viii) international Kafala. The findings and recommendations were enriched by promising practices emerging from Morocco and abroad.

► **Some select key findings and observations with recommendations (see complete sets in the main report):**

Regarding **child protection**:

- Significant progress in child well-being (vis-à-vis 2015-20 Action Plan)
- Lack of a unified legal and policy framework, that would encompass all issues related to child protection, and clearly designate responsible entities

- Involvement of many structures in the provision of child protection services, including family - based and residential care
- Absence of harmonized system with case management procedures, reflecting clear roles and responsibilities, as well as reference mechanism for individual situations and guidelines for its implementation
- Non-centralized data management system
- Significant shortage in number and qualification of specialized social workforce

Related recommendations on:

Inter- and intra-sectorial coordination. Short-term: establish consensus on actions/responsibilities and identify and review cooperation mechanisms; medium-term – develop task checklist for alternative care/kafala; strengthen cooperation mechanisms within and between ministries; multidisciplinary training; allocation of adequate public funds for services;

the database of at-risk children and children in care. Short-term: identify existing records, consider sub-categories with disaggregated data; medium-term – law/policy for management and access, piloting and fundraising.

Basic and continuing training for professionals. Short-term: Promoting the profession of social work, centralization and standardization of existing training (Himaya project), sensitization of professionals such as judges engaged in abandoned children cases; medium-term – technical training on eliciting child opinions and on how to determine/evaluate the best interest of the child, continuous training for social workers, complimentary training (for example para-social workers and specialized psychologists, to consider an accreditation system for professionals and concerned institutions, including voluntary entities.

Findings and observations regarding the three levels of **prevention**:

- Existence of various government and non-government services to support vulnerable families
- Creation of child protection units in identified cities
- Concerns about the sustainability of the services provided (budgets set for one year at a time) and lack of allocated resources
- Persistent and high risk of child abandonment, especially by single mothers
- Existing and effective efforts to avoid unjustified family separations but replication of these experiences at the national level needed
- Lack of initiatives of family tracing and reintegration

Related recommendations:

First level. *Empowering parents and identification of factors risks leading to family separation.* Short-term; green number, the matrix on existing services, inventory of services/centralization of information, dialogue with civil society; medium-term - work on birth registration, multidisciplinary mobile team, analysis and evaluation of programs, allotment of public funds over several years, consider sponsorship replication.

Second level. *Measures for single mothers.* Short-term; awareness campaigns, medium-term – specific projects, day care services; long-term – social assistance development and abolishment of Article 490 of the Penal Code. *Measures for the host families.* Short-term - information gathering, development of pre- and post-placement support services.

Third level. *Creation of an efficient 'gatekeeping' system.* Short-term; mandatory child-at risk warning system, more effective reporting system on abandonments, awareness campaign, the inclusion of 'gatekeeping' in the

assessment of residential care structures; medium-term – unified admission to care criteria, capacity and skills strengthening of ‘gatekeepers’ and free schooling. Family reintegration efforts. Medium and long-term; register for abandoned children, supervision and revision placements, quality standards, child participation program, professional training on Child’s Voice and option in case of emergency (respite care).

Findings and observations regarding **alternative care**:

- Cultural preference is given to family-type placements in line with international standards (Kafala, the institutionalization of foster care programs currently in progress)
- There is a need to introduce short-term placements (beneficial especially in emergencies and for unaccompanied and separated children)
- Informal placements (e.g., Kafala adoulaire) unquantifiable and out of any regulatory framework, likely expose children to risks. Institutional care remains excessive (about 150 000 children placed in institutions in 2015)
- Creation of new children’s shelters, including for infants, counter to the global trend of advocacy against institutional care due to evidence of its long-term adverse impact on concerned children

Related recommendations:

Informal and intra-family placements. Short-term; establish consensus on actions and responsibilities, identify cooperation mechanisms and allocate funds for the 2015-20 Action Plan; medium-term – checklist function for alternative care/Kafala, strengthen cooperation mechanisms within and between ministries and multidisciplinary training.

Foster families. Short-term; assessments of the benefits of a potential national host family program; medium/long-term; if benefits are found, introduce a normative framework (legislation, eligibility criteria, child profiles, minimum standards, procedures, vocational training), piloting experience, database development, specialized services for the care of children with special needs.

Institutions. Short-term; inventory of private and public institutions operating in Morocco as well as profiles of the children placed (to be included in the database), clarify and define roles and responsibilities, define minimum quality standards; medium-term – introduce a supervision and evaluation system (legal and practical framework), develop deinstitutionalization strategies, closed structures that are in breach of the international minimum standards (decree, ministerial circular), personal training institutions (child-centered approach, work with family of origin), adequate budget allocation, specialized structures.

Children with special needs. Medium/long-term: development of adapted structures, specialized training.

Findings and observations regarding **national Kafala (see the full list in the main report)**:

- Specific legal framework (Law No. 15-01) has been an important step forward
- Active role of the civil society (Collectif Kafala and Moroccan League)
- Availability of social workers in the courts
- For some child profiles (such as children “in a difficult situation”) it is very difficult to, or they cannot benefit from kafala placement
- Need for implementation guidelines for the law and potentially legal reforms
- No clear provisions on rights and obligations ensured by Kafala (especially in the case of transition to adulthood, the death of caretaker or return biological mother, unsuccessful Kafala)
- Limitations in the Kafala placements for certain child profiles (such as boys and children with disabilities)
- Lack of centralized database for available data (such as court lists)

Related recommendations:

Legal and policy framework reform. Include, in an amended law, in the short-term – preparation and accreditation of candidates, age difference, consent of biological parents, monitoring frequency and modalities, response to unsuccessful placements; clarify the effects of the Kafala order, in the short-term – clarify the concrete effects, provide uniform guidelines on patronymic effects, voluntary sector dialogue, sensitization of professionals; medium-term – clarify issues related to transition to adulthood (girls and boys), provide adequate measures/services to support the foster children, distinction simple Kafala or full Kafala or introduction of another option with more long-term rights.

Strengthening the cooperation between different ministries and other stakeholders. Short-term – clarify current roles and responsibilities, national policy for case management; medium-term – improve cross-sectoral communication (multidisciplinary training), sensitization methods to address discrimination against foster children, long-term – specialized center for preparation, support, and follow-up, adequate budget allocation.

Sensitization of professionals and the general public; ‘to give a family to a child rather than a child to a family,’ unsuccessful Kafala, access to one’s origins. In the short-term sensitization and dissemination tools, training and workshops, prevention and management of unsuccessful cases, implementation of a system for safeguarding and accessing one’s origins.

Findings and observations regarding **international Kafala**:

- While Morocco is the only country with Islamic law who has ratified the 1996 Hague Convention on Parental Responsibility and Protection of Children, awareness creation among professionals on the importance of the Convention and related procedures remains necessary
- There is a need to collect data on the number of placements and profiles of children/candidates (kafils)
- The principle of subsidiarity is not well known among child protection professionals
- Due to divergent policies and practices in Morocco and host countries, there is a lack of coherent approaches regarding legal, policy and practical frameworks
- Challenges in monitoring across borders
- Addressing Kafala in others country in the non-compliance with Moroccan legislation in its entirety. Some host countries partially comply with international standards in this area (assessment, preparation, monitoring of candidates) but international Kafala system in full compliance with these standards remains non-existent (Article 33, 23 of the 1996 Convention in respect of recognition and enforcement of a transnational measure/non-conversion to adoption)
- Denaturation of unwanted Kafala by Moroccan authorities
- Existence of an environment conducive to illicit practices (unaccredited intermediaries, promotion of adoption in Morocco by host countries bypassing Moroccan law)
- Significant amounts of money pass under the radar of the Moroccan authorities

Related recommendations:

Collecting information on international placements. Short-term – specify the number and profile of children leaving the country under international Kafala, specify the number of applications, identify major challenges encountered (by professional, families, foster children, inventory of different cooperation mechanisms with other countries).

Unambiguous criteria to determine the international character of Kafala. Short-term - clarify the effects and implications of the Circular No. 40/S2 and No. 47/2; medium-term – introduce the habitual residence concept as a decisive factor, procedures with clear criteria and conditions, sensitization of judges and other actors on decisive criteria.

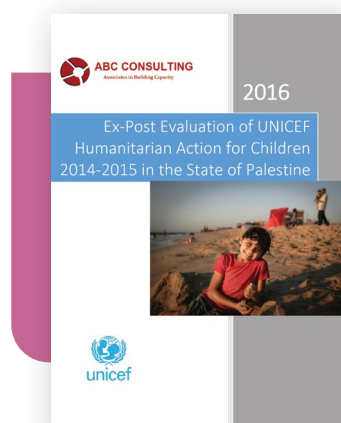
Legal and procedural framework. Short-term – strict application of the 1996 Convention; medium-term – law/policy respecting national procedures, care system and supervision of competent judges, implementation of a cross-border monitoring system, transparency regarding costs involved; long-term – if current system persists, consider ratification of the 1993 Convention.

Promotion of national Kafala placements. Short-term – analysis of the current challenges, assessment of the regional cooperation possibilities; medium-term – national advocacy strategies for promoting national Kafala, sensitization on the cause of the children with special needs, specialized support to foster families (before, during and after the procedure).

Recognition in host countries. Short-term – audit of the international cases to assess legal and practical obstacles, clarify the requirements on the Moroccan side, ensure the functionality of the central Authority 1996 Convention, adequate human and financial resource allocation; medium-term – consider the development of bilateral agreements, clarify practical issues.

Collaboration with host country authorities. Medium-term – training of foreign and Moroccan embassies and consulates; long-term – assess the introduction of reversal flow of files.

Full report available upon request.



State of Palestine: Ex-post Evaluation of UNICEF Humanitarian Action for Children in the State of Palestine, 2014-2015

Author(s): Associates in Building Capacity (ABC)

► **Background and rationale:** In response to the 2014 Gaza War which UNICEF deemed “very much first and foremost a crisis of children,” UNICEF conducted a needs assessment in August 2014, immediately after the ceasefire. Consequently, UNICEF adopted a two-phase response approach whereby first phase aimed to respond to immediate needs in 2014 and into 2015, while the second phase focused more on reconstruction and early recovery in 2015 and into 2016, involving more extensive outreach to children in need as well as a strengthening of services and systems that support children’s needs in the medium-term. Broadly, UNICEF’s aim in 2014 and 2015 was to address the Palestinian children’s protracted and compromised access to adequate health care, safe water, sanitation and safety and quality education in the West Bank and Gaza with a set of humanitarian interventions. In 2016 UNICEF commissioned an evaluation of these interventions to inform and strengthen future humanitarian programming and to improve the connection between UNICEF’s development and humanitarian work. In particular, the evaluation focused on the following components implemented during 2014 and 2015: (i) Emergency Response to Improve Access to Water Services and Protect Vulnerable Families in the Jordan Valley; (ii) Emergency E-Voucher Assistance, (iii) Support to remedial education in Gaza; (iv) Protected and safe access to schools as an emergency response for vulnerable communities in West Bank (Family Centers and Child Protection Mechanism); (v) Adolescents are Agents for Positive Change; (vi) Community Based Humanitarian Child Protection Mechanisms in Gaza and (vii) Urgent child health care and improved young child feeding for affected communities.

► **Methodology:** The evaluation employed a mixed-method methodology with qualitative and quantitative evaluation tools. The main evaluation tools included a desk review of key documents such as progress reports, evaluations, situation reports and other secondary sources. Primary data collection was done through key informant interviews with UNICEF staff and management, partner organization’s staff, governmental officials, consultants, focus group discussions with beneficiaries and affected population and surveys. The evaluation tools included three surveys; the Gaza Conflict survey (n-393), which was administered as a face-to-face household survey for affected populations and two online surveys which were administered to cluster/working groups members (n-46) and implementing partner organization staff (n-49). The evaluation sought to answer to two key evaluation questions, namely (1) *How successful was the programme in responding to changes in the context occurring between 2014 and 2015, specifically the Gaza war in 2014?* (2) *To what extent were activities of a short-term emergency nature carried out in a context that takes longer-term into account and was policies consistent with humanitarian and human-rights considerations?*

► **Key conclusions and recommendations (see key findings vis-à-vis the focus components in the main report):**

In conclusion, the evaluation found that *emergency preparedness* was adequate in the Gaza Strip on both the organizational level, the field office having recently conducted an emergency simulation, and at the intervention level, with stocks of life-saving supplies available and distribution partners already identified. Prepositioning of medical supplies and medicine, however, was non-existent in mid-2014 due to the lack of funding for prepositioning of such supplies at the time, which greatly affected the efficiency and cost-effectiveness of the response. Given the high probability of recurrence of escalation of violence, the evaluation recommended the following to be undertaken:

- Emergency supplies (specifically medicine and medical consumables) be prepositioned both in the West Bank and Gaza
- Regular emergency simulations are undertaken, and each program has a tailored emergency plan for how it can be adapted to future humanitarian crises.
- Funding must be sought and ear-marked for prepositioning and emergency planning
- Measures should be taken to stabilize staffing and prepare for efficient human resource procurement procedures in the case of a future conflict through ensuring that that personnel on the organizational staffing matrix have updated UNLP documents and visas.
- Continued negotiations with the Palestinian Red Crescent Society on partnership agreements are pertinent to formalize work with this key front-line agency.
- Unification of the location of a future Emergency Operation Center in Gaza should also be a key point of focus for UNICEF in emergency planning.
- Lessons learned from the Supply and Logistics Department from the 2014 conflict should be documented and provided to all staff in the department

Accountability to affected populations. While the use of the already-existing e-voucher platform was found to have accelerated aid provision to target groups quickly during and after the conflict, the evaluation notes that beneficiary selection processes need to be revisited and strengthened to avoid overlaps in provision of aid and to ensure that children are the primary beneficiaries of UNICEF- sponsored aid. Based on this conclusion the evaluation recommended that:

- UNICEF undertakes its own beneficiary selection process, informed by government and partner data
- UNICEF re-visit the complaints systems used for each programme, specifically for aid through e-vouchers that is a recently-instated aid distribution mechanism for UNICEF

Interventions in Area C of the West Bank fostered a high level of community participation and ownership and were found to be a best practice to be replicated in this context. This local ownership and commitment was found to be achieved through three key aspects: the necessity of inclusion of local capacities and support in implementing the project; the inspiration created among beneficiaries and stakeholders by fulfilling one of their most basic needs in an area characterized by neglect and vulnerability; the work of the implementing partner, Action Against Hunger, in fostering a team mentality and working through a ground-up approach. The evaluation recommended

- continued support to interventions similar to that of the Jordan Valley WASH component (which use same implementation mechanisms) and to enhance advocacy for the rights of the children and families living in Area C, many of which are the most vulnerable segments of the Palestinian population

Child Protection and the Family Center Model. The model and referral mechanism are well-functioning after much effort put into their development and piloting, and lessons learned documented and used for improvement. Local partners, Tamer for Community Education and MAAN Development Center, are well-positioned to continue this intervention, while UNICEF's added-value was evident in the set-up and development phases of the model and referral mechanism. The Family Center Model is, by nature, human-resource intensive in a context in which similar types of service are not otherwise available. Given the high cost, the financial sustainability of family centers and partner organizations is at risk, as these function on donor funds and have little prospect for income generation. The evaluation recommended that

- the support to the family center model and referral mechanism should be continued while tackling the issue while researching alternative funding mechanisms, specifically from donors that can provide long-term, core funding and are committed to the model, understanding its human-resource-heavy nature

The remedial education component faced challenges regarding scheduling activities. Although mitigated by UNICEF staff and implementers to the extent possible, it was found that these challenges are inherent to working in the education sector and with students and teachers outside of the regular school day. Further, project funding cycle needs to be synchronized with the academic schedule of semesters to ensure the success of the intervention.

Additionally, teacher training was not overwhelmingly seen as relevant to the teacher's needs, and educational materials produced were not fully used in the regular classrooms. The component was also lacking a rigorous monitoring mechanism through which children's numeracy and literacy skills could be continually assessed, and outcome reporting done. Considering the short-term nature of the intervention to support children who have fallen behind in their classes due to the effects of the conflict, the evaluation recommends the

- non-renewal of this component

The **protective presence component** was found to be extremely relevant to the needs of the affected populations. In order to mitigate the risk of the unintended negative effect of dependence of affected populations on international presence and a decrease in local resilience, integrated Palestinian and international protective presence for students and teachers in West Bank affected communities is needed, while it has been concluded that one group without the other is likely to be less effective in providing protection and documentation of rights violations. Therefore, the evaluation recommended

- not to replace international groups with local Palestinian. It may be pertinent, however, to support local protective presence groups and actors to provide a complementary presence to what is currently provided by the international volunteers

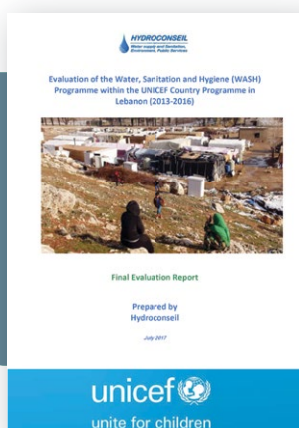
Full report available at:

https://www.unicef.org/evaldatabase/files/Ex-Post_Evaluation_of_UNICEF_Humanitarian_Action_for_Children_2014-2015_in_the_State_of_Palestine.pdf



Goal Area 4.

**Every child lives in a clean
and safe environment**



Lebanon: Evaluation of the Water, Sanitation, and Hygiene (WASH) Programme within the UNICEF Country Programme in Lebanon (2013-2016)

Author(s): Hydroconseil

► **Background and rationale:** Lebanon's water resources are stressed with available water, including from rivers and springs, storage dams and groundwater, exceeding projected water demand. Widespread pollution and substandard water infrastructure further restrict the Government's ability to meet water demands in the future. According to UNHCR, the country has also registered 1.02 million Syrian refugees, including 550,000 children (54%), as of September 2016 which has exacerbated the effects of chronic under-investment in Lebanon's water, sanitation and solid waste management systems and services - reflected in an estimated 10% increase in total water demand, 16% increase in solid waste generation, and 11% more wastewater produced.

UNICEF WASH programming in Lebanon, re-activated in 2012, focuses on reaching the most vulnerable populations, refugees in informal settlements and the Lebanese host communities. The expected results are 'for girls, boys and women to have protected and reliable access to sufficient and safe water and gender-appropriate sanitation and hygiene facilities. The WASH programme has three separate but interlinked components, designed to address the major gaps identified for water, sanitation and hygiene provision in Lebanon namely; strengthening the capacities and information systems of authorities in Lebanon; improving access to WASH services for Syrian refugees in informal settlements (WASH in Emergencies); and improving WASH infrastructure.

In 2017 UNICEF commissioned an independent evaluation to generate substantial knowledge and learning on the results of the WASH programme to strengthen UNICEF and national strategies for improved national systems capacity, water quality, water supply, sanitation services, and public health behavior in Lebanon. The evaluation specific objectives were to (i) learn from the previous implementation of the WASH Programme on the impacts on targeted children, women and the vulnerable population; (ii) learn from UNICEF's partnership with Ministries and local authorities addressing WASH vulnerability and (iii) provide specific recommendations on the basis of lessons learned in order to improve planning and implementation for better delivery of results for the most vulnerable. Hydroconseil was selected to carry out the evaluation.

► **Methodology:** The evaluation methodology was qualitative and participatory whereby various social groups including the most marginalized were involved, and their opinions elicited. The evaluation tools and data collection methods included document reviews, focus group discussions, one-to-one discussions with host communities, site visits, and individual interviews with representatives from municipalities, Water Establishments (WE) and the Ministry of Energy and Water (MoEW). The evaluation criteria included relevance, effectiveness, efficiency, sustainability, and coverage.

► **Key findings and conclusions:**

- The *capacity-building component* activities are fully aligned with the National Water Strategy and a step forward for the sector. However, they do not include the municipalities, despite there being strong demand for technical and institutional support.
- No or few activity overlaps have been identified for both the stabilization and emergency components of the programme.

- The shift in partnership from the WEs to the MoEW in 2016 for the stabilization projects allowed for a better implementation of the Water National Strategy but hindered effective handover and caused operation and maintenance difficulties.
- For the *stabilization component*, the most vulnerable people are targeted as the programme covers the most vulnerable geographic areas (as defined in the vulnerability map). However, this does not necessarily result in the most vulnerable people inside the area being reached, as they are not directly targeted in the project design and implementation.
- For the *emergency component*, depending on the NGO and informal settlement, not all refugees have access to the same quality of WASH services, with some having access to greywater treatment or regular desludging for example, while others not.
- Although the water delivery service benefits women and children as they no longer have to walk long distances to get water, the men remain the primary users of the water. In addition, women and children oversee dealing with the rubbish, water, and cleaning, whereas men are not involved in WASH activities creating a gap between the intended and final results.
- There has been no strong improvement in hygiene practices among the refugees following the implementation of hygiene promotion sessions. Nevertheless, the refugees recognize the positive changes resulting from improved sanitation and the host communities are satisfied with the project's results.
- A third-party monitoring system with implementing partner assessments is in place, which makes it possible to verify the implementation quality and take corrective measures if necessary. However, the data is not compiled in a comprehensive table resuming all existing programme data, which makes it difficult for any external actor to get clear and complete information on the programme.

► Key recommendations:

- Consolidate the coordination mechanisms, coordinating with the water establishments for the stabilization projects and with municipalities for emergency and stabilization components;
- Support host communities along with refugees through stabilization projects and capacity building activities, by working closely with the municipalities to define their needs in a precise and equitable way, providing them with technical input and institutional support, and thus reinforcing their capacities on water, sanitation, and solid waste collection;
- Improve the stabilization projects selection process, by asking for detailed information on the water establishments and Ministry of Energy and Water selection criteria, by conducting assessments to determine the project's ability to reach the most vulnerable people and by including relevant aspects other than a vulnerability in the UNICEF selection criteria.

► Key lessons:

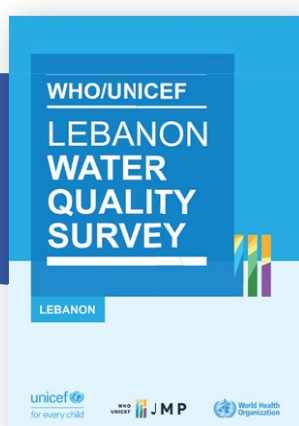
Flexibility. The evaluation found the flexibility of the programme to be one of the main added-values of UNICEF's intervention in Lebanon. It helped adapt the activities to the changing context, and especially to the highly volatile political situation in Lebanon. The ever-changing and new situations, the evolution of political and social contexts, and the changing needs of the target population make it necessary for the activities and objectives to evolve and adapt, whatever are the context and outputs of a programme.

Coordination. The experience of the UNICEF WASH programme highlights the importance of coordination between all relevant stakeholders in programme implementation. It can facilitate the implementation of activities and ensure ownership of the activities, both from partners and beneficiaries.

Designing multi-faceted projects. The activities implemented in Kobbé/Jabal Mohsen demonstrated a high level of ownership, which in turn is a basis for sustainability. Involving all categories of the population, including children, in a proactive process through adapted multifaceted activities that combine WASH and social aspects, and which have an immediately tangible impact (the areas are clean, conflict is reduced, etc.), has helped the programme to initiate a long-term process.

Full report available at:

https://www.unicef.org/evaldatabase/files/EVALUATION_OF_THE_WASH_PROGRAMME_WITHIN_THE_UNICEF_COUNTRY_PROGRAMME_IN_LEBANON_2013-2015_2017-001.pdf



Lebanon: WHO/UNICEF Lebanon Water Quality Survey

Author(s): UNICEF, WHO

► **Background and rationale:** While Lebanon has long been considered to have a near full coverage (99% in 2015 according to WHO/UNICEF Joint Monitoring Programme (JMP)) with regards to providing its population with access to 'improved' water source, it is well accepted locally and internationally that the reality for vulnerable communities in Lebanon may differ markedly from the official national data. The continuous influx of refugees from Syria since 2012 has put additional strain on the existing fragile infrastructure and impacted the ability to provide basic water and wastewater services to the most vulnerable populations in Lebanon. In 2016, UNICEF, with the support of the MoEW and the Ministry of Public Health (MOPH) and the WHO, implemented the first-ever nationwide household water quality survey in Lebanon (LWQS). The LWQS objectives were to assess drinking water quality in households at the national and governorate (domain) levels; assess the modalities of safe drinking water supply for all populations living in Lebanon; examine inequalities in safe drinking water safety, including disparities based on settlement type, such as between permanent residences, Palestinian Camps and Informal Settlements (IS); provide baseline estimates for the newly established SDG 6.1 and to inform policy and planning entities on the potential health impacts of drinking water.

► **Methodology:** The survey utilized a standardized questionnaire to record household demographic data, water supply information needed for the assessment of SDG 6.1, as well as water quality data at the household distribution point and cup (point of ingestion). Four water quality parameters were tested including *E. coli*, free chlorine, nitrates (in Bekaa and Akkar), and turbidity. To evaluate SDG 6.1, household water safety was assessed based only on levels of *E. coli*, observed at the household water distribution point. The total sample size was 2,770 households, distributed over six separate domains, including four permanent residence domains, one Informal Settlement (IS) with Syrian refugee population and one Palestinian Camp.

► **Selected key findings and conclusion (see the main report for a full set of findings):**

- For *drinking water safety*, no *E. coli* contamination was detected at the distribution point in 47% of the sampled permanent residents, 51% of sampled residences from Palestinian Camps, and 41% of sampled residences from IS. The data showed IS having more samples with very high-risk *E. coli* contamination levels (> 100/Colony Forming Unit 100 mL), reaching 29%, as compared to only 10% for permanent residences and 2 percent for Palestinian Camps. On the other hand, 5% of samples collected at IS with very high *E. coli* contamination levels at the distribution point improved at the level of the cup - possibly due to the water treatment initiatives at the settlement or household level.
- When looking at *E. coli* levels by mode of drinking water supply at the distribution point, bottled water had on average the best quality, with 53% of the samples exhibiting no *E. coli* contamination, followed by piped water, with 44% of no *E. coli* contamination. Water samples from tanker trucks were the most polluted with 45% of the samples presenting high risk.
- The results showed that almost 95% of households at the national level had an unacceptably low level of *residual chlorine* in the water they consumed whereas *turbidity levels* at the point of distribution were consistently low and within the acceptable range for water safety. Higher levels of turbidity were observed in drinking water accessed by households in IS. Nitrate levels were only tested in the predominantly agricultural domains, and the results indicated that the water samples were within acceptable levels.
- Concerning households using *improved water supply infrastructure*, and whether water is accessible on premises and available when needed, 96% of households at national level access drinking water from an improved water supply - majority having a piped water supply (83%), with 38% also using bottled water. Around

97% and 99% of households in the permanent residences and Palestinian Camps, respectively, were using an improved supply, compared to only 39% of households in the IS, which rely primarily on informal (private) water providers, particularly water trucking.

- With regards to *accessibility*, households in permanent residences had the highest level of access on premises (81%), primarily because they have access to formalized/regulated piped networks. Households in the Palestinian Camps had reduced access on premises (55%), as most of the water is supplied through the formalized UNWRA managed services while the households in IS had low accessibility (27%) as these were heavily reliant on privately (informal) managed water trucking and bottled water.

The assessment concluded that while the MDG 7c baseline for Lebanon (regarding household access to improved drinking water supply) reported achieving 99% of the target in 2015, the 2016 baseline results showed a much more discouraging situation; whereby only 36% of the population had access to 'safely managed' drinking water services as defined by SDG 6.1. Although Lebanon had a high proportion (95%) of households accessing an improved water supply (except IS) and while the supply was generally accessible (80%) and available (95%), fewer households use a source free of fecal contamination (47%) rendering water unsafe to drink, and thus compromising otherwise safely managed drinking water supplies. The assessment also noted that based on a rapid assessment for large and medium scale Waste Water Treatment Plants (WWTP) conducted separately in 2016, around 3 percent (2 percent if refugees are included) of the population were connected to WWTP with secondary treatment capabilities. Should the Lebanese authorities undertake an upgrading and expansion program for the existing WWTP's, the population served by secondary wastewater treatment could increase from 3 percent up to 75%. Furthermore, if all the existing WWTPs were to be made functional and operational, the actual treatment percentage would increase from 15% up to 80%.

► **Key recommendations:** The following set of recommendations – presented as an action plan SDG 6.1 were developed based on the LWQS and upon consultation with key government stakeholders and the WHO Lebanon office:

- Map key stakeholders in the water sector and current interventions to improve water quality protection. Develop a holistic approach for water quality protection at all levels of the supply chain using water safety planning approaches.
- Provide training and guidance documents to water supply authorities for effective chlorination of the drinking water supply.
- Improve the quality and quantity of public and private reservoirs to regulate supply frequency and reduce the risk of householders accessing unsafe water through awareness-raising campaigns and through training of water service providers.
- Replace aging water supply networks, particularly asbestos and galvanized pipes.
- Improve public awareness on (1) regulated water bottlers and the need to purchase water only from certified bottled water companies; (2) adequate household water handling and storing practices and (3) household water treatment techniques and measures to ensure safe water, including boiling.
- Develop and implement procedures to protect water sources from septic tanks and sewer contamination. Publish and advocate guidance documents with all implementing stakeholders in the water sector.
- Increase funding for safe water supply providers and wastewater and water treatment plants across Lebanon, to reduce contamination risk and improve quality of distributed water.
- Increase the capacity of the WE in operation and maintenance of WWTP.
- Upgrade, rehabilitate, and expand the existing WWTPs to increase secondary treatment coverage.
- Conduct detailed water quality surveys targeting water at the source, during distribution, and at the household level, to determine points of contamination for each supply modality in targeted locations.
- Provide equipment and training to WEs and MoPH laboratories to improve water quality testing capability, including testing for viral contaminants.
- Integrate water quality and health data into a central database that is collected by regulating authorities, such as WEs and MoPH. Map results showing water quality disparity and clusters of contamination, and overlay with water quality related interventions.

Author(s): Oxfam, UNICEF

Increase transparency in the WASH sector as the sector doesn't have an information-sharing culture. Decisions are taken based on the previous experiences of WASH's sector employees. The lack of transparency in the sector and some of its activities create fertile ground for corruption.

Improve mapping of WASH networks and infrastructures. Further analysis, especially regarding the network is necessary. SWSLC have to be supported to reduce the high ratios of non-revenue water in some parts of the network either the commercial type (water theft or meters inaccuracies) or the physical type (water leaks), and it is widely believed that the aging of pipes cause contamination. Reducing non-revenue water is an important way to ensure longer-term availability of water in Sana'a.

Support cost-recovery for SWSLC. Since the beginning of the war in March 2015, SWSLC has increasingly struggled to collect revenues, as customers with falling incomes cannot afford to pay their bills. The Corporation is now in a vicious circle, whereby services were reduced due to lack of finance, meaning customers are even less inclined to pay. To improve the performance of the service, it is necessary to rebuild trust between SWSLC and its customers.

Protect water sources in Sana'a. Water tables are getting lower, wells are being depleted, and it is becoming increasingly difficult to find new water sources. For years, the private sector has been digging boreholes in the city without authorization or control, and it is impossible to measure how much water is pumped every day/year. In the current crisis, protection of water sources is not a priority for the WASH stakeholders. However, the long-term prospect of Sana'a running dry needs to be considered.

Improve the monitoring of water quality. SWSLC have to be supported to improve the role of water quality monitoring by providing the required facilities for SWSLC's lab which will help SWSLC to test the water beyond its source, and the quality of water when it reaches household.

Adapt business models and make realistic contingency plans. SWSLC, the City Cleaning and Improvement Fund (CCIF) and the Cleanliness Fund had contingency plans before the crisis, other than the contingency/emergency plans for specific events (holidays) or for much smaller emergencies than the crisis which occurred. Business models are also not adapted to the current situation.

Explore the potential of public-private partnerships to improve water coverage. Previous simple attempts in Yemen to pilot public-private partnerships were not successful or were abandoned due to the conflict, but given the current challenges faced by both the public and the private sector in reaching the population, it is important to explore this option. This would also help to address some of the issues in the private sector, especially regarding control, quality, and pricing of water.

Improve solid waste management (SWM) and recycling. Despite a few recent studies, the SWM sector remains largely undocumented. Sana'a faces a landfill crisis and waste workers face serious health and safety risks, with waste piled dangerously high on the city's landfill site, and run-off is contaminating nearby farmland. Recycling could help to address this, but the public sector is currently not active in the recycling sector. It's unknown how many private sector companies are still active, and whether (and what) they are exporting. A clearer understanding of this is needed before any project is implemented.

Increase coordination and collaboration among WASH actors. The WASH sector comprises a large number and variety of actors. The WASH Cluster enables the international non-governmental organizations (INGOs) to talk to each other and to government institutions, but some of the INGOs and the institutions in the cluster are not very active. The new Urban WASH Committee is not yet in place and is still to show its added value and larger membership. Some Institutions and INGOs don't always know what others are doing, especially at the national level.

Address the needs of the most vulnerable people. SWSLC need to be supported and financed by INGOs to have a pro-poor strategy. Because of the crisis, a growing number of poor and vulnerable people are now living in Sana'a. The current financial status of SWSLC makes it impossible for it to meet the population's needs without charging, even though a growing number of households can't afford to pay.

Adopt gender-specific approaches. Women in Yemen suffer from poverty, discrimination, and low participation in decision making, etc. Because of social norms that restrict women's mobility, women-headed households cannot always access aid and basic services.



Goal Area 5.
**Every child has an equitable
chance in life**



Egypt: Children in Egypt 2016. A Statistical Digest

Author(s): Central Agency for Public Mobilization and Statistics (CAPMAS) and UNICEF

► **Background and rationale:** Understanding children's living conditions and the progress made in protecting their rights requires a comprehensive set of updated and high-quality data. The data, together with research evidence, represent key prerequisites to supporting decision makers in shaping policies and programme interventions (including improving targeting) for the progressive realization of the rights of every child to survival, development, protection, and participation. Children in Egypt aims to give decision-makers, professionals, and the general public access to a comprehensive selection of the most recent and high-quality statistics available on children and to support effective planning, management, research, and policy-making in Egypt.

► **Methodology:** Children in Egypt is an annual statistical digest which brings together a wide spectrum of data relevant to child well-being. It combines statistical data from primary and secondary statistical sources, representing official national data (derived from administrative sources or household surveys), in some cases accompanied by data extracted from international databases managed mainly by United Nations' agencies, which contain standardized statistics intended for international comparison.

► Key findings and conclusions:

Demography and Child Population: Egypt's population reached 90 million in December 2015 making it one of the most populous countries in the Middle East and Africa. The total population has been growing at a rate of roughly two percent annually between 2000 and 2015. The proportion of people living in urban areas has remained steady over the past ten years, with almost 43% of the population located in urban areas. As per CAPMAS 2016 demographic figures, the child population between 0 and 17 years of age is 33.4 million, representing 37.1% of the total population.

Challenges Facing Population Growth Rate: The acceleration in population growth poses some challenges such as concerns with reference to the ability of governments to provide services like education, health, potable water, and sanitation; and complicates government poverty alleviation efforts. Egypt's population size of 90.1 million reflects an acceleration in demographic dynamics and growth in fertility rates in recent years. The fertility rate has been increasing gradually, from 3.1 children per woman in 2005 to 3.5 in 2014.

Child Poverty: Despite the Egyptian government's efforts and strategies to reduce poverty, child monetary poverty has been on the rise over the past 15 years, both in absolute numbers and in percentages, with a marked acceleration since 2010/2011. National poverty rates, according to the CAPMAS Household Income and Expenditure Survey (HIECS) rose from 20% in 2005 to almost 28% in 2015. In 2013, 28.8% of children were reported to be living in extreme monetary poverty, compared to 21% in 1999/2000. Over the last 3 decades, Egypt has recorded important progress in many child well-being dimensions (in child survival, education, and access to water); however, multidimensional poverty remains widespread. Based on the Child Multidimensional Poverty Analysis conducted, almost 3 out of every 10 children in 2014 suffered from multidimensional poverty (a child is considered multidimensionally poor when severely deprived in at least 2 wellbeing dimensions).

Child Malnutrition: Malnutrition among children under five years of age can be measured using various indicators, including stunting, wasting, underweight, anemia, and other food insecurity indicators. In 2014, nationwide rates of stunting affected approximately 21.4% of under-five children; while wasting was recorded at

8.4 percent, and underweight at 5.5 percent nationwide. The highest prevalence of stunting was found in urban and rural Upper Egypt with rates of 24.8% in rural Upper Egypt and 29.8% in urban Upper Egypt. However, the rate of wasting among children under five years is almost consistent among all regions. The breastfeeding practices for children under the age of two is a great determinant of child health and wellbeing. Negative breastfeeding practices (refraining from breastfeeding, non-exclusive breastfeeding for children under 6 months of age, and pre-lacteal feeding) in Egypt continue to grow as the proportion of exclusively breastfed children under 6 months of age dropped from 56% in 2000 to 40% in 2014.

Child and Maternal Mortality: Egypt has achieved remarkable improvements in reducing maternal and child mortality. According to a Ministry of Health and Population (MoHP) press release in 2016, maternal mortality in 2015 was 49 maternal deaths per 100,000 live births; which is below the global mortality ratio of 70. Between 2005 and 2014, under-five mortality rates dropped from 41 to 27 deaths per 1,000 live births. Under-five mortality rates are not evenly spread across all regions in Egypt and are concentrated in rural areas.

Education: Egypt has made significant progress towards expanding access to basic education and closing the gap between boys' and girls' enrolment. According to the latest release of the Ministry of Education's (MoE) Statistical Yearbook 2015/16, the net enrolment rate in primary education was 92%, while it was around 83% in preparatory school and approximately 60% in secondary school. However, many children do not attend school. According to the 2006 census, some 8.1 percent or 1.4 million children between 6 and 17 years of age were never enrolled in school or dropped out of basic education.

Child Protection: Although the rate of Female Genital Mutilation/Cutting (FGM/C) has been declining, Egypt still ranks among the highest countries worldwide where the practice is widespread regarding absolute numbers. The Egypt Health Issues Survey (EHIS) 2015 indicated that 87% of women between 15 and 49 years of age had undergone FGM/C - a slight decline from 91% in 2008. However, data from the Egypt Demographic and Health Survey (EDHS) of 2014 confirmed a lower prevalence of FGM/C among younger women. The trends in the prevalence of the practice among girls between 15 and 17 years of age dropped 15.4 percentage points from 76.5 in 2005 to 61.1% in 2014.

Youth Participation and Employment: In 2015, the number of unemployed persons stood at 3.6 million with an unemployment rate of 13 percent. For youth between 15 and 29 years of age, unemployment reached 26%. The situation is worse for female youth, with an unemployment rate reaching nearly 37%.

Disciplinary Practices and Violence: According to the 2014 EDHS, 93% of children in Egypt have been subject to some form of violent disciplinary practice by their parents/caregivers, often in combination with non-violent discipline. Only four percent of children experienced exclusive non-violent disciplinary practice.

Full report available at:

<https://www.unicef.org/egypt/reports/children-egypt>



Egypt: Evaluation of the Meshwary Project, Phase II (2013-2016)

Author(s): Dr. Gihan A. Shawky & Mr. Sherif Abou Shady

► **Background and rationale:** The Meshwary “My Journey” Project tackles the issue of economic exclusion and the lack of career opportunities faced by the young people of Egypt. Meshwary is an outcome of the global partnership between Barclays Bank and UNICEF entitled “Building Young Futures” and phase II of the project started in 2012, targeting adolescents (13-17-year-olds) and youths (18-24-year-olds). The geographic focus was on the disadvantaged young people of Assiut, Sohag, and Sharkeya as well as urban slum areas in Cairo and Alexandria. The main project components included skills development, career guidance, work placement, micro-enterprise support, and skills-sharing.

In 2016, Meshwary extended to new governorates and in June of the same year, UNICEF support phased out and the nodal ministry for the project, Ministry of Youth and Sport (MoYS), was expected to continue the project by targeting ten additional governorates. In this context, it was deemed necessary to evaluate the Phase II, to support the GoE in the scale-up of the project as well as to support and guide UNICEF in its future programming. The main objectives of the evaluation were to 1) evaluate the project's accomplishments, by assessing its achievement of planned results and objectives; 2) gauge the sustainability and scalability of the project's interventions; and 3) provide success stories, findings, recommendations, and lessons learned for future UNICEF and governmental programmes.

► **Methodology:** The evaluation used a mixed-methodology approach. The main evaluation tools included a survey of 239 respondents, semi-structured face-to-face interviews and focus-group discussions. Secondary data collection and review included a desk study of all relevant project documents and related literature.

► **Key findings and conclusions:** As per the OECD/DAC guidance for evaluating development assistance programmes, the key findings and conclusions are assessed around the following criteria; relevance, effectiveness, efficiency, impact, and sustainability. The evaluation also reviewed the scalability of the project.

Relevance: The Meshwary project was found relevant to UNICEF's mandate and GoE's national development priorities concerning its targeting mechanisms as well as the objectives, activities, and services provided by the project. The timing of the project was found convenient and critical, given the period of political transition and subsequent hardship faced by the country. Further, with a special emphasis on empowering the young people in deprived areas, the project contributes to the addressing the national concern of irregular migration.

Effectiveness: Meshwary is a successful example of collaboration between UNICEF and the government (represented by MoYS), and this is demonstrated by the GoE's decision to invest further in the project. The Meshwary project was included in the GoE budget for the fiscal year of 2017, and a provision of 4,300,000 LE was allocated for implementing the project in 10 governorates. MoYS contributed to the institutionalization of the skills development and career guidance components as well as the mainstreaming of the skills development curricula. Due to the strong partnership with the MoYS, the project exceeded its outcome and output indicator targets. The number of adolescent and youth beneficiaries in the skills development component and career guidance centers (CGGs) achieved 149% and 257.5% of the targeted number respectively.

Further, the project was effective in reaching disadvantaged young people (13 – 24 years old) in impoverished areas with a notable percentage of female participation - in life skills and career guidance training this was 42.65% and 46.22 respectively. The project also proved to be a channel for providing life skills and employability skills and opportunities to young people with mental disability; including on-the-job training and/or job opportunities.

Efficiency: The evaluation found that the project funds were fairly and proportionately distributed across the different components and at the top level the project can be considered efficient. The cost per beneficiary was 36.8 (US\$) for the Skills Development Programme and 31 (US\$) for Career Guidance, which can be considered efficient. On the other hand, upon a closer look at local level efficiency, it was found that the day-to-day management of the project requires a robust mechanism for coordination between the actors on the ground and streamlining the project's administrative functions would result in greater efficiency. Furthermore, while not impeding the project's overall functioning, the project's database was found not user-friendly and in need of improvement. Unattended, this issue could adversely impact the monitoring and evaluation in the future.

Impact: According to the evaluation, the project left an impact on the beneficiaries because it equipped them with critical knowledge and skills, which in turn enabled them to become socially empowered. More than 80% of the sampled beneficiaries indicated that the project was the main source of information about the life skills, career qualification skills, planning, and feasibility and financial skills. Another key aspect to the project's success relates to the assurance and sense of empowerment of the project participants. The qualitative analysis revealed that 91.4% of sampled beneficiaries described a significant change in their self-confidence and sense of leadership, which they believed was reflected in their everyday lives. Further, 92% of respondents stated that they felt more empowered and confident in pursuing jobs due to training and services offered by Meshwary. Finally, it is important to note that Meshwary led to results regarding job-seeking. The percentage of youth who accepted occupations to enhance their standard of living was 63.3% versus 57.4% in the baseline study.

Sustainability: The evaluation found the project sustainable due to several factors, such as: (1) UNICEF succeeded in building a sense of ownership by the ministry (considered a significant factor); (2) MoYS was responsible for the overall management; (3) a good cadre of trainers in the ministry was established, which will help in training new trainers during the expansion period. The project is in need to establish long-term, effective relationships with partner NGOs, to ensure that the activities and services will resume regularly.

The components relevant to career development and job placement needs to be enhanced in coordination with existing developmental and national initiatives as well as vis-à-vis the new UNDAF. A feasible financial plan is needed with strong partnership strategy for sustaining the program. Therefore, a 3-year strategic planning exercise for the project's sustainability was conducted with UNICEF support. The strategic plan aims to ensure the project's sustainability and expansion by linking young people to different development opportunities made available at the Ministry and its public and private sector partners. Special consideration should be paid to exploring private partnerships beyond individual firms, with focus on bigger foundations who give importance to female employment.

Scalability: The evaluation concluded that the interventions have the potential for replication and/or scale-up if the required financial resources are made available. Furthermore, the MoYS and its local directorates are capable of taking the project forward and maintain its strategies and approaches in five additional governorates. Securing a more coherent day-to-day management will eventually contribute to the achievement of the project's scalability.

► Key recommendations (see the complete set in the main report):

- **Expand on the project's strengths:** The life and employability skills training modules should be mainstreamed to reach more young people. By integrating more interactive methods using sports, arts and other recreational activities in the delivery of the training packages, the project would attract and engage the younger age group (adolescents) more successfully. A cadre of master peer educators and Master Trainers should be created to enable the rollout of the program to other MoYS-affiliated staff in other areas beyond the targeted governorates.
- **Enable Monitoring and Evaluation:** Project database needs to be more user-friendly, and it should cover all the project activities, records, and contact information to ensure decentralization and more efficient data inputting. This should be done alongside applying verification methods at the central level to ensure the accuracy of collected data as well as maintaining accountability at the central level. MoYS should be supported in enhancing its capacity of educating the Meshwary trainers in Monitoring and Evaluation.

- **Capitalize on the Meshwary project's outreach:** The project should be considered as an entry point to the upcoming programmatic priorities in UNICEF 2018 – 2022 CPD. This can include, but is not limited to, programs promoting youth and adolescents' and in particular girls' empowerment and engagement. These are relevant to combatting harmful practices such as FGM/C and child marriage, nutrition awareness, reproductive health and hygiene, adolescent irregular migration, adolescent girls' empowerment, and adolescent and youth participation. The design should take into consideration innovative ways to capitalize on achieved wide outreach in raising young people's awareness in different fields and how to inspire their engagement.

Full report available at:

https://www.unicef.org/evaldatabase/index_102644.html



Egypt: Understanding Child Multi-Dimensional Poverty in Egypt

Author(s): UNICEF, Ministry of Social Solidarity and the Central Agency for Public Mobilization and Statistics

► **Background and rationale:** The report is a joint effort by the Ministry of Social Solidarity (MoSS), the Central Agency for Public Mobilization and Statistics (CAPMAS), and UNICEF Egypt to bring child-related issues to the forefront of the policy debate. The report 'Understanding Child Multidimensional Poverty in Egypt' was prepared following several consultation workshops with national stakeholders to adapt the Multi-Dimensional Overlapping Deprivation Analysis (MODA) methodology. The participants included the National Council for Childhood and Motherhood, Ministry of Health and Population, Ministry of Planning, Ministry of Finance, National Nutrition Institute, and academia and international organizations. The main objective of the report is to provide practical information on child poverty to inform the design and implementation of policies and programs, and to aid GoE efforts to eradicate poverty and achieve sustainable development.

► **Methodology:** The report was prepared using an adapted Multi-Dimensional Overlapping Deprivation Analysis (MODA) methodology for a country level analysis with national data sets. The main dataset used for the analysis was the Egypt Demographic and Health Survey (EDHS) 2014. After consultations with national stakeholders, the MODA methodology for Egypt was adapted to measure multidimensional child poverty through eight dimensions, namely those at the household level (access to water, sanitation, housing, and information devices) and those at child-level (nutrition, health, education, and protection from violence). To include the life-cycle approach and therein age-appropriate development needs, the methodology varies across three distinct age groups: a) children under-five, b) children between five to 11 years of age, and c) children between 12 and 17 years of age.

► Key findings and conclusions:

- Poverty in Egypt, as measured in monetary terms through the National Poverty Line, has been increasing over the past 15 years, reaching 27.8 percent of the population in 2015, with higher poverty prevalence among children.
- The report reveals severe deprivation in two or more of the wellbeing dimensions and 29.5 percent of children (or about 10 million children) were multidimensionally poor in 2014. The report points out several important patterns:
 - among multidimensionally poor children, 3.0 million face a more intense form of multidimensional poverty being severely deprived in three or more dimensions;
 - as compared to other age groups among children, children under-five years of age are subject to the highest prevalence of multidimensional child poverty (37.1 percent) and they represent the majority of multidimensionally poor children (41.2 percent). The prevalence of multidimensional poverty among children between five and 11 years of age, and those between 12 and 17 years of age is 27.2 and 23.8 percent, respectively,
 - as is the case for monetary poverty, large geographical disparities are found. However, the incidence and magnitude of child multidimensional poverty by geographic location differs considerably in comparison to monetary poverty. For example, the 'Rural disadvantage' is more pronounced, with 4 out of 5 multidimensionally poor children in Egypt residing in rural areas, and the incidence varies between governorates and across child age groups.

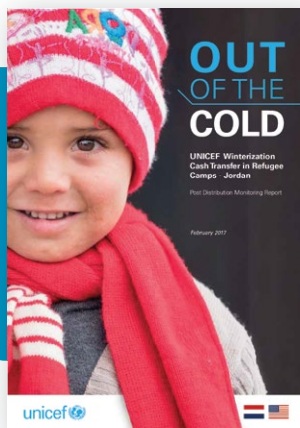
- Overall, the analysis of the determinants of child poverty identifies three factors which have a consistent and significant effect on increasing the probability of a child being multidimensionally poor, namely: household wealth (children from the poorest wealth quintile); parental education (children whose parents have low or no formal education); and number of children within the household (children in households with a high number of children).

► **Key policy recommendations reflecting concluding analysis (see the complete set in the main report):**

- **Integrated Response for Early Childhood Development (ECD):** the situation of under-five children calls urgently for an integrated response and policies. Also, the main contributors to child poverty (deprivations in health, nutrition, and child protection), need to be addressed through linkages between interventions to promote early childhood development. A good example of this integrated approach is the Takaful and Karama cash transfers programme, which is designed as an integrated response to the tackle the causes of child poverty. This is also seen in the focus on early childhood development and interventions in the first 1,000 days of a child's life, in ending violence against children, and in promoting inclusive quality education.
- **Integrated Response to the Underlying Causes of Child Poverty:** The analysis of single dimensional contributions and overlapping deprivations identifies very different regional scenarios, calling for a decentralized approach to social policies to address specific multidimensional poverty profiles at the local level. To achieve this, it is crucial that households are provided with the knowledge and skills required to help children achieve their full potential. It is also important to ensure access to affordable and good quality services, to enable families to make informed decisions on their reproductive choices and to help them fulfill their children's developmental needs.
- **Systemic Response to End Violence Against Children:** Violence against children is widespread in Egypt. The approach to end violence against children needs to address the underlying causes of such a violent practice, as well as, tackle preventative measures at home, at school, and in the street.
- **National action plans to address malnutrition:** Nutrition is the second largest cause of poverty for children under-five. Egypt has a high prevalence of severe stunting and obesity with inequities across different socioeconomic groups. Thus, it is significant to address nutrition through policy response to account for its effect on child poverty
- **Prioritize Governorates with High Prevalence of Poverty and Tailor Responses to Governorate Level Priorities:** To reduce child poverty effectively; national policies need to prioritize governorates where the prevalence and intensity of poverty are higher. Also, the analysis points out varied dimensional contribution to poverty across governorates, meaning that priorities between sectors vary spatially.
- **Inclusive Quality Education:** The evidence clearly shows that addressing deprivation in education is central to the reduction of poverty among children 12-17 years old has long-lasting positive effects in reducing the transmission of deprivation and poverty to future generations.
- **Improved efficiency and effectiveness:** For policies and programmes to be efficient and effective in tackling multidimensional child poverty they need to be integrated but tailored geographically, with sensitivity to a range of differing child and household socio-economic characteristics. This recommendation is based on the findings of the report that clearly show that the prevalence of multidimensional poverty, the probability of a child becoming poor, and the main contributors to child poverty differ widely by child age, geography, and child and household socio-economic characteristics.
- **Leverage the Use of Data on Children within Social Policy Programs:** Monitoring systems, impact evaluation, and analysis of effects of an economic scene or policy changes on child poverty need to be part of any program, to inform its course of action and sustain its relevance in addressing child poverty.

Full report available at:

<https://www.unicef.org/egypt/reports/understanding-child-multidimensional-poverty-egypt>



Jordan: Out of the Cold. UNICEF Winterization Cash Transfer in Refugee Camps – Jordan. Post Distribution Monitoring Report.

Author(s): Aristide Kielem, Jawad Aslam, UNICEF

► **Background and rationale:** In 2017, Jordan hosted 656,170 registered Syrian refugees (of which 51.6 percent children). Of the Syrian refugee population, four out of five people live outside of the official camps, in Jordanian communities. Azraq and Za’atari were the largest refugee camps hosting Syrian refugees in Jordan, among which 63,700 children. The harsh winter months require additional support for the refugees such as winter clothes and shoes, repairs and upgrade of shelters, and heating of dwellings. At the beginning of the 2016-2017 winter season, UNICEF targeted over 154,000 of the most vulnerable children living in different settings, including refugee camps in Jordan, using a mixed strategy of cash support and in-kind distribution. In the Za’atari and Azraq camps, all children were offered a ‘one-off’ unconditional and unrestricted cash transfer of JD 20 per child, with a maximum cap of JD 120 for families with 6 or more children. The cash distribution was preceded by an intensive communication campaign to raise awareness on the cash transfer and its intended use. The report presents the findings of the Post Distribution Monitoring (PDM) of UNICEF Winterization Cash Transfer programme that took place in December 2016 in Za’atari and Azraq camps.

► **Methodology:** The sampling frame for the PDM included all individual families with children living in the camps, based on figures from UNHCR. A total of 394 families in Azraq and 418 families in Za’atari camp were randomly selected, providing camp level representative samples with 95 percent confidence intervals. While in Azraq camp the PDM survey was completed and analyzed by UNICEF, it was not possible to complete a similarly comprehensive assessment in Za’atari where the survey was carried out jointly with UNHCR. Data collected in Za’atari included information about three cash interventions: UNICEF children winterization cash assistance (JD 20 per child in the family, up to JD 120); UNHCR cash for gas (heating and cooking) assistance (JD 48-96 depending on family size); and UNHCR cash for shelter maintenance assistance (JD 20 per family).

► **Key findings and conclusions:** The PDM report found that UNICEF programme was successful in decreasing the adverse effects of the harsh winter on children in the camps. About 97% of families in Za’atari camp and 98% in Azraq camp considered that their children were prepared for the winter following receipt of the winterization cash transfer. The report also highlights that unconditional and unrestricted cash transfer is effective in improving children’s well-being, including in camp settings, if the market can respond and communication campaign is conducted to raise awareness on the intended purpose of assistance. The report shows that in-kind assistance, which continues to be the main modality of assistance in humanitarian settings globally, is not the preferred mode of assistance for the refugees. In addition to being the preferred modality of the refugees, cash transfer programmes also build local economies in the camps, empower beneficiaries to make choices based on their priorities, and result in the availability of quality goods at reasonable prices within the camps.

► **More specifically, the report highlights the following findings:**

- **Effectiveness of the cash distribution mechanism:** The organization of the camp-wide distribution faced many logistical challenges. The main challenge noted by beneficiaries was the waiting time of more than an hour at the distribution point (noted by 49% of those surveyed in Azraq and 70% of those surveyed in Za’atari). This long waiting time, especially in Za’atari camp, was mainly due to people starting to queue up as early as 4:00 AM for a distribution starting at 8:30 AM. In addition, with the absence of ATMs on the camps, the cash transfer programme had to be delivered hand to hand.

- **Effectiveness of the winterization cash transfer programme:** About 96% of refugees in Za'atari and 97% in Azraq prefer cash to in-kind assistance or vouchers. Regarding the amount received, 68% of the beneficiaries find it at least somewhat adequate to cover their children's winter needs in Za'atari, while 70% in Azraq found the amount at least fairly sufficient.

The assessment also showed the importance of effective communication strategies for making cash transfer successful. Through a proactive communication campaign, 98% of those surveyed were aware of the programme, with 94% in Azraq and 98% in Za'atari understanding the purpose of the cash transfer. As a result, 86% of refugees in Za'atari camp used the transfer to purchase winter items for their children. However, given the higher level of needs in Azraq, where many refugees had arrived during the year, fewer refugees (81%) used the cash transfer primarily for its intended purpose. Additionally, 15% of refugees were not able to cover the winter needs of all the children in their family with the amount received.

- **Impact of the winterization cash transfer:** The most important result was that the winterization cash transfer programme increased children's preparedness for winter. In fact, the proportion of beneficiaries who believed that their children were well prepared for the winter increased by 18 percentage points in Za'atari and 72 points in Azraq after the distribution. This shows a positive impact of the programme on children's preparedness for winterization needs. In Za'atari, only 7% of refugees declared their children still unprepared after benefiting from the programme. In Azraq, the proportion of families that felt that their children were unprepared for winter dropped from 65 to 2 percent. In addition, there was no significant evidence that refugees diverted the received amount for other purposes such as tobacco or leisure activities as 80% of them primarily purchased winter items for their children.
- **Market response to the winterization cash distribution:** Cash transfer programmes may have an impact on the quantities and prices of items in local markets. For UNICEF's winter cash distribution, 90% of refugees in Azraq and 94% in Za'atari preferred buying children winter items in the local markets, as the supermarkets were perceived as expensive and lacking in quality items. Overall, a majority of beneficiaries were able to find quality items at a reasonable price in the local market and the supply adjusted to the increased demand induced by the cash distribution. However, given the increased demand, prices increased in Azraq markets according to 56% of the surveyed refugees. New shops with winter items opened a few days before the start of the winterization cash transfer to refugees. In addition, there were an increased demand and supply patterns in market dynamics in both camps. Some shops that were supplying items monthly started supplying them on a daily basis due to the increased demand.

► Key observations and lessons learned (see the complete set in the main report):

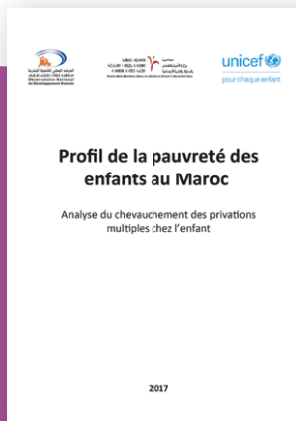
- The shift from in-kind and voucher assistance to cash transfer had increased the effectiveness of winterization assistances in the sense that care-takers perception on their children preparedness is positive and their satisfaction is higher than in previous years when vouchers and in-kind were used as assistance modalities.
- Cash transfer has increased refugees' resilience and reduced long-term dependence on humanitarian assistance while boosting the local camp economy and strengthening the local markets supply chains thus benefitting refugees operating small businesses in the camps. The shift to cash assistance will, therefore, facilitate the transition from humanitarian response to the Syria refugee crisis to a long-term resilience and development approach.
- Text messages and flyers are the preferred, and most effective communication means in the camps. However, many outreach campaigns are still done door to door and can be perceived by refugees as intrusive. SMS as a key communication channel require up to date mobile contact information.
- Cash distribution in camps is done cash-in-hand, with a distribution team having to hand over bank notes to the refugees causing long waiting times and large amounts of cash carried in from the distribution points to their shelter. Lessons learned from the cash transfer in the host communities call to exploring the possibility of installing ATMs to increase cash transfer programmes' effectiveness and efficiency in the camps.
- Inter-agency collaboration has been instrumental in increasing the effectiveness of the cash transfer as well as the accuracy of the monitoring process. Done jointly and in a coordinated manner, distributions and monitoring processes, as well as market assessments, will provide more accurate and comprehensive situation and socio-economic dynamics in the camps and increase the effectiveness of the assessments in the camps and reduce their frequency and cost.
- A lesson learned is that vouchers used in previous winter programmes led to increased prices and families were forced to accept low-quality items supplied by the large formal supermarkets. In addition, in-kind assistance

often creates issues around the quality, gender-appropriateness and size of clothing items whereas with cash transfers allow beneficiaries to choose the items that best suit their needs as well as to prioritize their expenditure according to their actual or anticipated needs.

- Another lesson learned is that the maximum cap is mostly not understood and considered unfair by the majority of beneficiaries and a major source of concern and complaints. While resource constraints may be the main reason for applying a maximum cap, this calls for its lift when possible, especially for one-off cash transfer programmes.

Full report available at:

https://www.unicef.org/jordan/UNICEF_PDM_Report-WintercashMar2017web.pdf



Morocco: Child Poverty in Morocco. A multiple overlapping deprivation analysis. (Profil de la pauvreté des enfants au Maroc. Analyse du chevauchement des privations multiples chez l'enfant.)

Author(s): Observatoire National du Développement Humain (ONDH), Ministère de la Famille, de la Solidarité, de l'Égalité et du Développement Social (MSFEDS) and UNICEF (2017)

► **Background and rationale:** Morocco has made important progress in the realization of children's rights after ratifying the United National Convention on the Rights of the Child in 1993. Progress in areas such as health, education, access to basic services and infrastructure, protection and living conditions has enabled either achievement or close to the achievement of the 2015 MDG targets. However, the 2030 Agenda for Sustainable Development has placed new challenges for the country, either in absolute terms of objectives to be achieved, or regarding equity of results and disparities to be reduced. In this context, ONDH and MSFEDS, with technical support from UNICEF, conducted the Morocco Child Poverty Profile study using the Multiple Overlapping Deprivation Analysis (MODA) approaches. The study contributes to the country's efforts to monitor and report on the SDGs – especially Goal 1 “Eliminating poverty in all its forms and all over the world” and therein 1.2 which refers to poverty reduction in all nationally defined dimensions. The study also aims to provide important guidance for the development of policies that can reduce deprivation and multidimensional poverty of children and break the cycle of poverty in the medium and long-term.

► **Methodology:** The study is based on the UNICEF-developed MODA approach, which focuses on the child as the unit of analysis instead of the household, and looks at indicators relevant to child well-being through a life-cycle lens. The parameters of the MODA analysis, such as indicators, dimensions, age groups, and deprivation thresholds were adjusted to the Morocco context to establish a national MODA methodology (N-MODA) which reflects national specificities and priorities. The main dataset used for the study is the ONDH-administered 2015 l'Enquête Panel des Ménages (EPM) household survey. The EPM data has been collected since 2012, and the study uses the data from 2013 and 2015 surveys where the sample size was 8000 households. After consultations with national stakeholders, the following eight dimensions were included to measure multidimensional child poverty: water, sanitation, housing, nutrition, health, medical insurance coverage, education and training, and information. To accommodate the age-appropriate development needs, the methodology varies across the three age groups, namely those of children between 0 and 4 years of age, between 5 to 14 years of age and 15 to 17 years of age. A child is defined as multidimensionally poor when severely deprived of two or more child well-being dimensions. The report presents both single deprivation analysis and the multidimensional poverty analysis by age groups but also provides the poverty estimates (including monetary poverty) for the children in Morocco.

► **Key findings and conclusions:** The report shows that 39.7% of children (in the age group 0-17) in Morocco are multidimensionally poor, i.e. deprived in at least two essential dimensions of their well-being. The study suggests this figure be used for monitoring the SDG 1.2. The other key findings include:

- While 39.7% of the Moroccan children are multidimensionally poor, the rate of children deprived in at least 2 dimensions of well-being in rural areas is 68.7% against 17.1% in urban areas, reflecting a significant rural-urban divide regarding coverage of basic infrastructure and economic conditions.

- The dimensions with the highest rates of child deprivation include health insurance coverage, adequate access to water and sanitation, and housing that meets the development needs of children, access to basic health care and nutrition (for children aged zero to four) and education (for children aged five to 17).
- The multidimensional poverty risk is higher for (i) children from 0 to 4 years old (due to deficits of access to adequate health care and for emerging problems of malnutrition, including overweight) and (ii) adolescent girls and adolescents aged 15-17 (in particular due to the deficit in the educational dimension).
- With respect to monetary poverty, in 2014, 4.4% of children lived in households with consumption expenditure level below the monetary poverty line and 14.4% of children lived in vulnerable households, i.e. barely above the poverty line - in total, 18.8% of children in Morocco were affected by poverty and monetary vulnerability with significant disadvantage for rural children.
- While monetary poverty and vulnerability are often associated with the multidimensional poverty of children, a significant portion of children (28%) are multidimensionally poor, even if their households are not poor or vulnerable from a monetary point of view.

► **Key recommendations and policy implications (see the complete set in the main report):**

The study proposes the following policy directions for child-focused poverty reduction:

- Through broad-based policies universally targeting all children, while effectively reaching the poorest children, invest in early childhood development and adolescence and immediately address the disadvantaged rural and remote areas, including investments in basic services and infrastructure.
- Specifically, address the main deprivations vis-à-vis each dimension of child well-being, via focusing on; (i) investing in water infrastructure and innovation for more efficient use and equitable distribution of water resources, focusing on rural and landlocked areas and more disadvantaged households; (ii) invest in rural sanitation infrastructure, including increased connectivity to wastewater systems; (iii) inadequate housing with issues such as low quality of roof and floor construction materials in rural areas and over-crowdedness in urban areas; (iv) combatting malnutrition among (the youngest) children through social protection means combined with mainstreaming child nutrition in primary health and education approaches; (v) while health insurance coverage has improved, increased efforts to expand quality primary health infrastructure and means (including innovation) to ensure access for the most disadvantaged children (especially under-five-year-old), especially in rural and remote areas and enclaves are required and (vi) issues of participation in pre-school education and especially retention after primary school, with particular attention to rural areas and girls.
- Combat multidimensional poverty through social protection measures such as: (i) cash transfer programs for poor families with children linked to improved access to basic services such as school attendance, health services, awareness and parenting programs; (ii) ensure more efficiently free basic health care, reduce the household's contribution to the cost of these services and extend health insurance coverage to those children who are under the care of those not currently covered; (iii) increase household awareness on various existing school support programs and conditions to be met in order to access these programs; enhance intersectoral policies, inter-organizational cooperation with convergent and harmonized targeting policies and follow-up; (iv) evaluate the impact of existing interventions and improve the institutional and service delivery structures of this intervention in order cover the poor children identified by the MODA approach while overall strengthening the social protection policy monitoring mechanisms and evaluation.
- Refine multidimensional child poverty measures for better identification of the poorest children and for enriching future multidimensional poverty analysis by; including more variables to highlight intra-household deprivation differences between the children; including variables suitable as early childhood development indicators such as access to preschool, early learning and learning, games, interaction with adults; including variables required to measure health and nutrition deprivations of children over five years of age and finally by improving integrated and regular statistical data collection and ensuring more regular data collection on sensitive child protection topics such as violence against women and on child-specific topics such as working children (and used as beggars), children in conflict with law, migrant children and e.g. refugee children so as to enable policies to provide effective responses to all forms of child deprivations.

Full report available at:

https://www.unicef.org/morocco/french/ONDH_MDS_UNICEF_Profil_de_la_Pauvrete_des_enfants_au_Maroc-2017.pdf



Sudan: Gender Programmatic Review

Author(s): Nagui Demian, International Consultant

► **Background and rationale:** The Gender Review (GR) aims to make available sound evidence of the progress made in Sudan in mainstreaming Gender-Based Programming and Accountability, and measuring progress achieved in addressing gender inequalities. Based on the GR analytical report and the recommendations it provides, UNICEF Sudan, Government and key partners will develop gender-sensitive strategies and approaches in the new country programme 2018–2021 toward gender equality in Sudan. The GR has the following specific objectives to: (i) assess, from a holistic perspective, the extent to which UNICEF Sudan has implemented gender mainstreaming in the 2013-2017 Country Programme; (ii) measure progress made in Sudan in achieving the four-targeted priorities of the Gender Action Plan (GAP) namely those of promoting gender-responsive adolescent health, advancing girls' secondary education, ending child marriage and addressing gender-based violence in emergencies; (iii) assess how UN agencies are organized to strengthen gender mainstreaming within the United Nations Development Assistance Framework, national development frameworks and sector strategic programming, implementation, and M&E; (iv) assess how the organizational structures and processes within UNICEF uphold principles of equality and equity; (v) establish levels of gender skills, knowledge, and national institutional capacities to support gender responsive policies, programmes and subsequent application of gender mainstreaming concepts and tools to address gender gaps; (vi) highlight new emerging gender issues based on evidence of recent nationwide surveys, studies, evaluations and operational research; and (vii) recommend innovative ways in which to improve efforts to reduce gender inequalities within Government and the UNICEF Country Office.

► **Methodology:** The Gender Review used a participatory mixed-method approach, with quantitative and qualitative review tools. An extensive desk study was conducted to review international and national legal frameworks, policies and strategies, UNICEF and partner's reports and papers on gender equality and Country Office documents and survey data (such as MICS and household surveys). Primary data collection included key informant interviews with stakeholders, including beneficiaries, focus group discussions with UNICEF staff and partners. The review also included an online survey to assess UNICEF staff skills on gender and gender mainstreaming, assess gender sensitivity in the work environment, document gender equality good practices in UNICEF Field Offices and identify gender gaps and challenges in UNICEF's gender equality internal practices. The review was also informed by a five-day field visit to Kassala state during which meetings with UNICEF field staff, Government partners, UN agencies and community members took place.

► Selected key findings and conclusions (see the complete set in the main report):

- Main gender issues in Sudan related to girls and women include gender disparities in education, child marriage, and domestic violence. Main gender bottlenecks and barriers are women's and girls' lack of knowledge and limited access to information, women's and girls' limited access to services, detrimental masculine, and feminine ideals expectations, dual responsibilities experienced by women, and women's and girls' lack of participation and decision making.
- Legal frameworks exist though Sudan has not ratified the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and the optional protocol. Institutional mechanisms have been created to support the implementation of national strategies, but while the UNDAF 2013-2016 reflects key gender concepts, a number of weaknesses in the UNDAF results matrix prevented assessment of results' effectiveness such as: difficulties in finding evidence that results are attributable to a common UN approach promoted by the UNDAF; outcomes were too broad, and the internal logic was poor, in addition to the poor use and monitoring of risks and assumptions. Main challenges in the UNDAF's gender mainstreaming

implementation entailed: the lack of Government capacities to work on gender mainstreaming, lack of qualitative and quantitative sex-disaggregated data, lack of a common understanding and interpretation of gender mainstreaming, and, lack of knowledge about gender mainstreaming tools.

- UNICEF Sudan made progress on mainstreaming gender in programmes and achieving GAP targeted results. The Gender Result Matrix on targeted priorities includes 20 indicators; only two of them are included in current UNICEF programmes (indicators on FGM/C and early marriage) because Sudan's CPD 2013-2017 has been developed before the adoption of GAP 2014-2017. Progress was noted in both indicators meeting the GAP target. The GAP Result Matrix also includes 20 indicators for gender mainstreaming in programming, nine of them are currently included in UNICEF programmes while 11 are not. Only one indicator (related to exclusive breastfeeding rates) is exceeding the GAP target while work on other indicators is still needed. Health indicators are the GAP targets showing the least progress.
- Main cross-cutting issues for UNICEF programmes on planning, implementing and assessing gender equality actions are: (1) the need for an in-depth gender analysis to help in understanding different reasons behind gender disparities in each sector and develop targeted interventions that tackle disparities and promote gender equality; (2) the lack of qualitative gender-disaggregated data; (3) the need for an integrated approach to gender equality, that consolidates efforts of different programmes and emphasises gender equality outcomes; (4) risk of gender evaporation during programme implementation; (5) lack of a common understanding on gender equality, and; (6) the lack of human resources capacities for gender mainstreaming.
- The assessment of UNICEF staff on gender skills shows the lack of a common understanding of gender concepts. Half of UNICEF staff members have not been oriented or oriented to a limited extent on UNICEF's gender policy, GAP, Gender Equality Marker and Gender Guidance Notes. Also, 60% of the staff respondents indicated that partners do not show same understanding of gender equality as UNICEF staff.

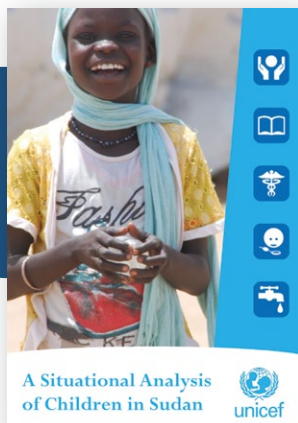
In conclusion, the review found the management and staff at UNICEF Sudan committed to enhancing gender responsiveness in programming and highlights the need to start by building the capacities of UNICEF staff on gender by providing them with tools that help in understanding gender roles, responsibilities, challenges, and issues of each targeted community. Further, efforts should be made to build a common understanding, with the Government, UN agencies and national and international NGOs, on gender equality, putting in action international instruments signed and ratified by Sudan and revise national policies and strategies to reflect gender equality and women's empowerment standards. Advocating for the signature/ratification of the CEDAW is crucial and will raise discussions on girls and women's rights and strengthen the enabling environment for the promotion of gender equality.

► **Key recommendations (see the complete set in the main report):** The GR provides several sets of specific recommendations vis-à-vis improving the UNICEF staff Gender Balance and Capacities, improving Gender Mainstreaming within UN Coherence in Sudan, the four GAP targeted priorities and improving the gender sensitivity in the UNICEF new (2018-2021) Country Programme Document. The review also provided two targeted gender priority recommendations and two general recommendations which are provided below:

- End child marriage by working closely with the Government, UN agencies, human rights bodies and civil society to make any child marriage illegal; engaging religious leaders to change social norms related to child marriage; supporting girls' education, especially the secondary education and life skills programming, in schools and out of school settings, and developing communication campaigns and community mobilization plans to address social norms that define child marriage as a desirable and acceptable option for girls
- Promote girls' secondary education by supporting evidence-based advocacy for improved financing and policy reform for secondary education; ensuring the transition of girls from primary to secondary education, and addressing social norms and cultural barriers that prevent girls from accessing secondary education and promote education as a channel to girls' empowerment
- Integrate Gender Analysis in programme surveys to understand practices, social norms, and cultures that reveal differences in women and men's activities. A Gender Analysis will identify gaps and allow the planning of targeted interventions
- Engage girls, boys, women, and men in gender equality even on topics that are perceived as 'women-related' from communities' perspective. The first step is to promote equal participation in decision-making and shared responsibility at the household and community levels.

Full report available at:

https://www.unicef.org/evaldatabase/files/Gender_Review_in_Sudan_2018_Final_Quality_Edited_Report.pdf



Sudan: Situational Analysis of Children in Sudan

Author(s): UNICEF, Government of Sudan

► **Background and rationale:** UNICEF has a mandate for supporting the Government and communities to enable the fulfillment of child rights in Sudan. The availability of sound evidence is key to understanding the progress made as well as for child-focused policy and strategy formulation and consequently public finance for children. In this context, and to inform the new UNICEF 2018-2021 Country Programme, the Situational Analysis was developed with the most up-to-date data. The situational analysis provides detailed information about the Sudanese context with regards to health, nutrition, education, water, sanitation and hygiene (WASH), and child protection. In separate chapters, the report addresses cross-sectoral vulnerabilities, the different stages in a child's life through a life-cycle analysis, gaps in services delivery, and recommendations for future programming and policy.

► **Methodology:** A mixed-method approach, inclusive of a comprehensive literature review, additional analyses of data from large country-wide surveys, and a focus group discussion with children, was developed and applied to best reach the objectives of the Situational Analysis of Children in Sudan. The Situation Analysis includes the following major components: assessment of manifestations of shortfalls in child rights and inequalities; analysis of major causes of child rights shortfalls and inequities; and validation of analysis for the realization of child rights with equity.

► **Key findings:** The Situational Analysis identified the following issues as top priority problems affecting children in Sudan.

Child Survival:

- High levels of under-five mortality, particularly amongst neonates and infants. Despite progress in reducing under-five mortality, neonatal mortality reduction remains a major challenge. This could be addressed through more progress in reproductive health including higher antenatal care and postnatal care coverage, and reduction in female genital mutilation.
- Increasing prevalence of stunting and high level of wasting in Sudan: half a million children under five have severe acute malnutrition each year, and over two million children under five are stunted; Undernutrition is a major underlying cause of infant and maternal mortality. This could be improved through better household food security, especially for poorer households.
- Low coverage of sanitation facilities and unequal access to safe drinking water: two-thirds of families do not have access to safe, improved sanitation facilities, and one-third to safe and sustainable drinking water. Diarrheal disease is a major cause of child morbidity and mortality. Although access to improved water is a necessary condition to counter diarrheal disease, it is insufficient if not combined with household water treatment, improved use of sanitation and good hygiene practices – all of which need improvement.

Education:

- At least 3 millions of children are out of school (deprived of the right to education).
- Poor learning outcomes are measured among those who are attending school.

- Children generally start primary school at an older age, and since relatively few children receive formal early education, they are generally ill-prepared to learn at primary level. Secondary school attendance is very low. Out of school children are predominantly rural and poor. Poverty is a major cause of children being out of school. Quality of education needs to be significantly improved to raise the poor level of educational achievement.

Child Protection:

- More than 33 percent of children under-five is not registered at birth in Sudan. Given Sudan's geography, this rate of registration is considered quite positive – though of course there is plenty of room for improvement.
- Many children in Sudan are not living with their families, mainly due to armed conflict, displacement, and poverty.
- Children are on the move more and more in Sudan due to conflict, economic pressures, trafficking, migration, and forced displacement.
- One-quarter of children in Sudan are engaged in child labor with higher rates for boys, poorer, rural children and unaccompanied and separated children.
- Children in Sudan experience widespread violence: Girls in Sudan are at particular risk of gender-based violence, including harmful traditional practices such as child marriage and female genital mutilation, affecting 87% of women and girls in Sudan.
- Early marriage and pregnancy are detrimental both to the woman and also the resulting child and is an important contributing factor in maternal and child mortality. Female genital mutilation is very high regardless of education and poverty and is both a violation of the girl's rights as well as detrimental to her health and happiness.

Equity:

- Sudan is one of the four Arab countries (Yemen, Mauritania, Comoros, and Sudan) affected by the high incidence of child multi-dimensional poverty (49% - 74%). With reference to the MICS 2014 inequalities in child survival, development and protection are high: children from poorest families have 2.1 times risk to death or to be stunted in comparison to children from non-poor families; children living in poorest families have 0.6 less chance to be treated for pneumonia in comparison to children from non-poorest families; the same inequality occurs for access of children to primary school.
- Where studies have been performed identifying outcomes for internally displaced persons' children, they significantly underperform compared to other children. Nomadic children need special attention regarding accessing services, especially education.

► **Key recommendations (see the complete set in the main report):** Recommendations are formulated jointly with children, line ministries and stakeholders.

Health:

- Design and implement a country-wide programme specifically targeting neonatal mortality
- Develop a strong, well-structured, strategic, and advocacy supported communication plan for immunization and conduct research into the underlying reasons for drop-out in immunization programmes
- Design and implement long-term culturally sensitive awareness campaigns on the risks of FGM and early pregnancy. Ensure that midwives are included in the awareness activities
- Increase efforts to spread awareness on the availability of reproductive health care services at local health centers
- Design and implement a country-wide programme on the use of contraception. Ensure that men are included in the awareness campaigns
- Design and implement a programme to increase awareness about HIV and AIDS and increase the available services for infected persons

- Conduct a country-wide assessment on the need for medication and increase supplies where needed
- Develop a strategy to shift from solely curative programmes to more preventive health programmes
- Advocate and participate in an up to date study on health service utilization and costs including primary health care for children and pregnant women
- Advocate for increased public funding for health specifically for the primary health care of children and pregnant women

Nutrition:

- Increase funding for the prevention of malnutrition as well as treatment. Newly designed programmes should focus on a multi-sectoral approach with equal attention and adequate resources given to the various causal factors of malnutrition
- Conduct a KAP study on the social and cultural norms behind household nutrition practices for mothers and children
- Conduct a country-wide micronutrient deficiency survey
- Raise awareness on the dangers of anemia in women of childbearing age
- Advocate with the Government of Sudan to increase funding for the Ministry of Agriculture to target food insecurity at the household level

Education:

- Design and implement enrollment campaigns focused on nomadic children and IDP children
- Conduct an overall assessment of the main barriers to high-quality education and develop an action plan based on this assessment
- Ensure all teachers in schools have received at least basic training on how to teach elementary students
- Advocate for a policy change to ensure that high-quality teachers are deployed both in rural and in urban areas, including an incentive for teachers to work in rural areas
- Assess the need for educational and recreational materials in schools all over Sudan and increase the supply of these materials to the schools that are most in need
- Develop an evidence-based, credible education management information system to plan, monitor and develop policies and strategies for the education sector to address children's right to equitable quality education

WASH:

- Increase WASH facilities in schools, paying specific attention to latrines suitable for females
- Advocate with the government to increase resources for the construction and maintenance of water points and sanitation facilities
- Design and implement awareness campaigns on the importance of water treatment
- Build the capacity of WASH officers in conflict areas to maintain and repair waterpoint
- Design and implement programmes focused on menstrual hygiene management

Child protection

- Advocate with the government to criminalize FGM as well as underage marriage.
- Design and implement programmes targeting domestic violence at the household level
- Build capacity of officials from the Ministry of Social Affairs to effectively protect children from abuse and exploitation
- Advocate for the linkages between laws, policies, and practices
- Conduct a study on the change in Sudanese family dynamics including gender

Full report available upon request.

**KNOWLEDGE FOR
CHILDREN IN THE
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COMPENDIUM OF UNICEF - SUPPORTED KNOWLEDGE
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