



Economic and Social Council

Distr.
LIMITED

E/ICEF/1997/P/L.14
18 December 1996

ORIGINAL: ENGLISH

UNITED NATIONS CHILDREN'S FUND
Executive Board
Second regular session 1997
18-19 March 1997
Item 3 of the provisional agenda*

FOR INFORMATION

SUMMARY OF MID-TERM REVIEWS AND MAJOR EVALUATIONS OF COUNTRY PROGRAMMES

East Asia and the Pacific

SUMMARY

The present report was prepared in response to Executive Board decision 1995/8 (E/ICEF/1995/9/Rev.1) which requested the secretariat to submit to the Board a summary of the outcome of mid-term reviews and major country programme evaluations, specifying, *inter alia*, the results achieved, lessons learned and the need for any adjustment in the country programme. The Board is to comment on the reports and provide guidance to the secretariat, if necessary. The mid-term reviews and major country programme evaluations described in the present report were conducted during 1995-1996.

INTRODUCTION

1. While recognizing the strengths of the programme preparation process, UNICEF has renewed its commitment to improving programme reviews, monitoring and evaluation in order to assess the quality of programme implementation and its impact on children and women. Therefore, attempts have been made in 1996 to assess programme accomplishments, analyse lessons learned and make programme adjustments during the second half of the cycle. The present report (a) shares the experience gained in the East Asia and the Pacific region in 1996 based on mid-term reviews of country programmes covering the period 1994-1998 in the Philippines, Thailand and the Democratic Peoples' Republic of Korea; and (b) makes some observations on programme evaluations conducted in the region in 1995-1996.

* E/ICEF/1997/8.

2. As part of the Management Excellence Programme (MEP), with its focus on decentralization, the East Asia and the Pacific region has adopted an experimental approach for exploring regional support mechanisms in the country programming process, while maintaining the centrality of UNICEF country programmes of cooperation at country level. Following the establishment of a regional management team (RMT) in early 1996, the RMT has taken some steps to share experiences, expertise and best practices in the region. Selected colleagues in the region have joined the country office teams in programme strategy and mid-term review meetings to exchange views and experiences. Regional project committees, comprised of representatives from regional and country offices, have been set up to analyse issues of common interest such as the Convention of the Rights of the Child as a framework for country programmes; decentralization, local capacity-building and community empowerment; women's health; the reduction of malnutrition; and basic education. In addition, the RMT has had substantive discussions on lessons learned from experiences in the region. Based on the 1996 experience, the present report aims to reflect on the added value of this approach to the mid-term reviews of country programmes and follow-up actions that can be considered at country and regional levels to help improve the quality of country programmes.

MID-TERM REVIEWS

3. Mid-term review meetings in the Philippines, Thailand and the Democratic People's Republic of Korea were held between July and September 1996. They were attended by senior government officers, local executives, non-governmental organization (NGO) representatives and senior embassy representatives of donor and/or Board member countries in different combinations. Plans for the reviews were coordinated jointly with UNICEF by the coordinating bodies established as part of the programmes of cooperation in each of the three countries. In the Philippines, reviews were organized at provincial and city levels before the national review meeting in Manila. Some external evaluations were conducted, for example, on salt iodization, multigrade instruction, child labour and capacity-building for local government projects in the Philippines, and on life skills training and communication in Thailand.

4. The programme for the Democratic People's Republic of Korea was approved by the Executive Board in 1993 in the amount of \$1,000,000 annually from general resources for the five-year period 1994-1998, with no provision for supplementary funding. Due to the emergency situation in 1995-1996, UNICEF joined the United Nations Department of Humanitarian Affairs in making two appeals for emergency funds and has been able to provide over \$5 million in food, vaccines, vitamins and other supplies to children and women affected by the recent devastating floods. The Thailand and Philippine programmes have raised 27 and 57 per cent, respectively, of supplementary funds during the first half of the cycle. Recognizing the potential for fund-raising in those two middle-income countries, private sector fund-raising efforts have been launched through direct mail campaigns, and contributions of \$700,000 and \$359,000 have been made by local donors to UNICEF in Thailand and the Philippines, respectively. As supplementary funds become available in some programme sectors while other projects remain unfunded, country office teams continue to adjust programme plans, as well as geographic and population coverage, while reviewing their implications for staffing for programme support.

5. The three countries have achieved most of the mid-decade goals. Immunization coverage, for example, ranges from 85 to 97 per cent and has been sustained. The Government of Thailand covers all costs of vaccines and other supplies; and vaccine supply is ensured through the Vaccine Independence Initiative in the Philippines where no cases of polio have been detected in recent years. While vaccines were produced in the Democratic People's Republic of Korea for several years, cold-chain equipment is being provided during the emergency period to all major cities and to about 25 per cent of the counties affected by the floods.

6. Taking universal salt iodization as an example of a mid-decade goal, iodine deficiency has been identified as a public health problem in all three countries, with goitre prevalence rates among school-age children at over 10 per cent. In response, Thailand, with royal endorsement, has achieved 50 per cent iodization of edible salt. In the Philippines, iodization plants have the potential for producing 74 per cent of the required salt, and 67 per cent of the population are aware of the importance of using iodized salt. Following a survey of iodine deficiency disorders (IDD) in the Democratic People's Republic of Korea, a task force was established; equipment for salt iodization has been provided and the production of iodized salt is expected to begin in early 1997.

7. Child survival efforts in Thailand are being sustained as part of regular primary health care. Funds for the programmes are provided by the Government, and surveillance and monitoring systems are in place. UNICEF assistance to health and nutrition programmes has been reduced from \$2.4 million in 1994 to \$542,000 in 1996. The need for advocacy for intersectoral coordination and private sector involvement is recognized for dealing with iron deficiency anaemia and the elimination of vitamin A deficiency and IDD.

8. The Philippines programme has demonstrated strong cooperation with the Government and extensive partnerships with a number of agencies, including NGOs and bilateral and multilateral donors, helping the Government to achieve the mid-decade goals. The Philippines Plan of Action for Children was prepared in 1992 following the signing of the World Summit for Children Declaration. The mid-decade goals were reviewed by the President and the Leagues of Provinces, Cities and Municipalities and adopted as part of the new country programme. Achievement of the mid-decade goals in the Philippines can be attributed to collaboration with, and support from, the World Health Organization, the United Nations Population Fund, the World Bank, the Asian Development Bank (AsDB), the Australian Agency for International Development, the United States Agency for International Development, the Japan International Cooperation Agency, the Canadian International Development Agency, the European Union, the Kreditanstalt für Wiederaufbau (the German development bank), Rotary International and several NGOs. UNICEF contributions were in the form of advocacy and mobilization of partners from policy makers at national level to community groups at grass-root level; training of community workers; development of training manuals and information, education and communication materials; the provision of supplies and technical guidelines; and, above all, regular contacts of UNICEF staff with partners at all levels for programme support for capacity-building, planning, training, implementation, monitoring and mobilizing purposes.

9. In the Democratic People's Republic of Korea, UNICEF responded to two successive flood emergencies beginning in late 1995 by providing rations of corn-soya blend (CSB), fortified with vitamin A and minerals, to nearly 100,000

children in the affected areas. Since July 1996, 100,000 children have received CSB, dried skim milk, instant noodles and high-protein biscuits. UNICEF has provided measles and polio vaccines for 700,000 children. Because the oral rehydration salts (ORS) factory was destroyed during the 1995 floods, UNICEF has provided nearly 1.2 million one-litre sachets of ORS, and a plan for a new ORS production plant has been prepared with technical assistance from UNICEF. As regular programmes combined with emergency responses are implemented, the National Coordinating Committee (NCC) for the programme of cooperation has worked effectively, and its capacities have been strengthened steadily through regular contacts and study visits. Since early 1996, a UNICEF officer has been based in Pyongyang, providing opportunities for closer contacts with NCC members and for undertaking field visits to project sites.

10. Rates of enrolment of boys and girls in primary schools have reached above 90 per cent levels in all three countries, although retention rates vary. Recognizing the need to improve retention rates, the quality and relevance of education, and learning achievements, UNICEF provides support to primary education and early childhood education (ECE) programmes in all three countries.

11. In the Democratic People's Republic of Korea, special attention is being given to technical assistance and materials for preschools and primary schools. Paper for printing textbooks and equipment such as video cassette recorders and television sets have been provided for selected remote, rural branch schools. The basic education programme assisted by UNICEF in Thailand has promoted a participatory approach to teaching/learning. Community concerns about HIV/AIDS and the environment have been introduced into the curriculum through life skills education for students from ethnic minorities. An early childhood development (ECD) initiative in 16 provinces has involved communities in promoting a holistic approach to child development, including the monitoring of child growth and development by the family and community. The approach has been adopted by the Government for nationwide application. Limited school facilities, limited numbers of trained teachers and high drop-out rates in the early years of primary school have been identified as key issues in the Philippines. UNICEF support has focused on strengthening multigrade instruction and early childhood care and development (ECCD) through the training of 10,900 teachers and administrators; the development of instructional materials for teachers and pupils; and the establishment of 12 multigrade demonstration schools, equipped with water and sanitation facilities, to serve as centres for best practices, community support, health, sanitation and nutrition promotion.

12. The ECCD project, which began in the Philippines as an experiment in the early 1980s, was expanded considerably with further refinements in the home- and centre-based approaches to ECCD. Presently, the World Bank and AsDB are assisting the Government to formulate a major ECCD investment package aimed at integrating health, nutrition and ECE services to 0- to 6-year-old children through cost-sharing arrangements between national and local governments. UNICEF advocacy for, and partnership in, the programme from its inception have paved the way for a nationwide programme that has the potential of being universal and sustainable.

13. With the achievement of most of the mid-decade goals, Thailand, the Philippines and the Democratic People's Republic of Korea, along with other countries in the region, are poised to work towards achieving the more difficult and complex goals of reducing maternal mortality rates and malnutrition, and providing universal access to water and sanitation and basic education for all by the year 2000.

14. With high rates of economic growth and rapid social change, problems of child protection have emerged in Thailand and the Philippines. About 1.1 million children are estimated to be working under harsh conditions, mostly in the non-formal sector including commercial sex trade. Estimates of the number of child prostitutes vary from 13,000 to many times that number. The situation is further compounded by the increasing numbers of people infected with HIV, estimated at 800,000 in 1994. HIV incidence among pregnant women is estimated at 2.2 per cent; and by the year 2000, approximately 100,000 children will be born to HIV-positive mothers and 75,500 children under five years old will die of HIV/AIDS.

15. With peace negotiations and a reduction of insurgency in the Philippines, the number of children affected by armed conflicts was reduced from 31,000 in 1990 to 22,000 in 1993. The number of working children is estimated at 2.85 million, including 86,000 street children. Increased violence against children and sexual exploitation, particularly among girls, within the households have been noted in the Philippines.

16. In responding to HIV/AIDS at the community level in Thailand, UNICEF works with a range of smaller NGOs and community-based organizations. They are located close to the concerned populations; have their confidence; can adapt their working methods to meet local needs; have promoted peer networks of people with HIV/AIDS; and have encouraged community responses to care for people living with HIV/AIDS while supporting preventive measures. The project has received supplementary funds from the Government and the Netherlands Committee for UNICEF as part of a six-country programme in the Mekong Region, as well as funds from UNICEF National Committees in Australia and Japan. While many agencies are involved in the HIV/AIDS programmes in Thailand, coordination has remained weak. To protect young girls from being lured into big cities, the daughters' education project in the north has enabled young girls to continue their education with scholarships. This is being combined with the youth career development programme organized by UNICEF and six leading hotels in Bangkok to train young women from the north in the hotel industry.

17. Legislative reforms and capacity-building efforts have been made in the Philippines child labour project to enforce minimum age standards and to establish new partnerships with labour unions and employers' groups. Services to about 23,000 child workers and their families have been provided, including livelihood opportunities for parents, rehabilitation services for counselling, health, temporary shelter and skill training. Collaboration with the International Labour Organisation/International Programme for Elimination of Child Labour is being strengthened to deal with the complex issues of child labour. The need for a mix of preventive, protective and rehabilitative activities for addressing the issues of child victims of commercial sexual exploitation has been recognized following the World Congress against Commercial Sexual Exploitation of Children, held in Stockholm in August 1996, as part of the programme adjustment in 1997-1998.

18. Programmes of convergence of basic services for children are being implemented in 57 provinces, 23 cities and 9 urban municipalities in the Philippines. The programme areas are classified into three categories in terms of their needs and programme approaches: (a) high-impact areas with large populations for sector-specific interventions in health, education or nutrition; (b) convergent areas known for acute problems of children, with a focus on convergence of key basic services; and (c) areas with special needs known for

children at high risk and in need of special protective measures. Local Government Units (LGUs) have supported and managed programmes for children; encouraged inter-agency collaboration; worked with non-traditional partners; received support from provincial legislative bodies; and allocated local government resources to children's programmes while strengthening their capacities. LGU capacities and participation levels vary from one province or municipality to another. Recognizing the heavy demand and complexities involved in working with 232 partner agencies at national and subnational levels, the Government of the Philippines-UNICEF Steering Committee is looking for options to involve the Leagues of Provinces, Municipalities and Cities in programme management and coordination functions.

19. Building upon the groundwork of the previous two country programmes, the urban basic services programme is now strongly rooted in the UNICEF-Government of the Philippines cooperation. The Presidential Commission on Urban Poor has coordinated the programme; cities have contributed to the achievement of mid-decade goals; and more than 60,000 street children and urban working children have received educational assistance, health services, preventive education on HIV/AIDS, psycho-social services, legal protection and assistance for reunification with families. Beginning with 38 agencies working with street children and working children in 8 cities in 1988, the network now covers over 400 agencies in 23 cities in the country.

20. In support of the work of the East Asia and the Pacific Regional Project Committee on decentralization, local capacity-building and community empowerment, the UNICEF Manila team organized a seminar on the experience of the Philippines in decentralization as part of the mid-term review in August 1996. Selected Filipino participants, along with a few RMT members, shared their experiences and lessons learned. Based on this and other seminars in the region, the RMT project committee has identified some comparative advantages in the decentralized programming approach to child survival, development and protection as it helps to (a) maximize community participation; (b) maximize resource mobilization; (c) make services more relevant to community needs; (d) increase a sense of local ownership of services, facilities, their use and maintenance; (e) focus on better targeting for disparity reduction; (f) enable marginalized groups to overcome special problems; (g) improve intersectoral coordination; and (h) contribute to the achievement of local and national goals.

21. On the other hand, decentralized programming poses more challenges. It implies more complex programme management mechanisms for UNICEF and government partners as they work with multiple local partners while building local capacities; the official transfer of responsibility to local units is inadequate as the authority to make decisions and to allocate resources needs to be transferred as well; decentralization may not lead to community empowerment and requires major efforts to deal with the complex issues of poverty and community power structures; due to substantial UNICEF involvement, a level of dependency rather than self-help may be created; a constant dialogue and links must be maintained between local actions and national policies, plans and programmes for effective and sustainable programming; local capacity-building requires more than formal training, and learning by doing requires continuing efforts and time; and social mobilization needs to be planned to reach out to all key stakeholders and interest groups involved in dealing with issues of vulnerable groups of children and women.

22. The mid-term reviews in the three countries provided opportunities in 1996 for UNICEF to advocate for establishing direct links between the Convention on the Rights of the Child and country programmes. In terms of implementation of the Convention, the following ideas were promoted for adjustments in programmes of cooperation and also for governments' legislative reforms, national development policies, plans and programmes: (a) recognition of child rights as legitimate claims of all children; (b) reaching out to unreached children of ethnic minorities, as well as to those in urban slums, remote areas and other especially difficult circumstances, particularly girls, with basic services; (c) recognition and analysis of the situations of marginalized children in need of special protection measures and the provision of protective measures; (d) recognition of children's participation rights and opportunities for expression of their views; (e) the dissemination of knowledge of the Convention in civil society and the participation of NGOs, the private sector, communities and families in realizing children's rights; and (f) support to States Parties in their reporting to the Committee on the Rights of the Child as appropriate and necessary.

23. The mid-term reviews and RMT discussions have clearly identified the significance of the themes of decentralization and the Convention in the UNICEF-assisted country programmes that are aiming to achieve the year 2000 goals for children. It is recognized that a number of countries in the region have achieved most of the mid-decade goals with a strong commitment of national leaders and well-developed capacities of national Governments. Increasingly, however, it is being recognized that the year 2000 goals cannot be fully achieved and child rights cannot be fully realized by government programmes alone unless the private sector, NGOs, communities and families make some major adjustments in their plans and programmes, attitudes and practices that affect children's survival, development, protection and participation. It is this recognition of the need to mobilize all partners at national and subnational levels that offers new challenges and opportunities to UNICEF as country programmes in Thailand and the Philippines move towards the achievement of the year 2000 goals. The Convention on the Rights of the Child reminds UNICEF and its programme partners that as countries achieve and sustain child survival and development goals, child protection and participation issues are posing new challenges for the year 2000 and beyond.

24. Based on the three mid-term reviews, and combined with the work of the RMT project committee on decentralization and the Convention in 1996, some key future directions have emerged for the three country programmes in the region that are expected to move closer to district, community and family levels for reaching marginalized and unreached children as appropriate in each country context. Some examples of key directions are summarized below.

25. Integration of the regular programme with the emergency response in the Democratic People's Republic of Korea has encouraged closer contacts with children in nurseries. As the World Food Programme increases its resources to provide CSB for distribution in nurseries for children under five years old, UNICEF will shift its focus in 1997-1998 from CSB to micronutrients and food security combined with the training of nursery managers, section doctors and parents in monitoring the health and nutritional status, ECD and education for children.

26. In Thailand, creative approaches to family, peer and community support mechanisms for the protection of marginalized children and women, sexually

exploited and working children, and women and children living with HIV/AIDS will be explored and strengthened. Based on studies of high-risk behaviour among youth and of life skills training, face-to-face communication techniques and peer networks will work to promote healthy behaviours and lifestyles. Community efforts will have to be linked more directly to the Tambon (subdistrict) Administration Organization to make maximum use of local resources. Some of the small-scale projects will have to establish links with national policies, programmes and resources allocated to programmes for children in especially difficult circumstances in the 8th National Development Plan for "going to scale" and for wider impact.

27. The Philippines programme that has directly supported the government policy and programme of decentralization will focus on capacity-building of LGUs and local communities through rural and urban basic services projects such as (a) community interventions and strengthening of referral facilities for obstetric emergencies, female functional literacy and activities for teachers, children, parents and midwives to promote safe motherhood; (b) establishing multigrade demonstration schools in selected provinces as "centres of best practices", with greater LGU participation and support; (c) child protection measures with the participation of communities, local leaders, police and barangay (small municipality) councils; and (d) greater support to family and community mechanisms for reducing malnutrition among children.

EVALUATIONS

28. In 1995-1996, country offices in the region have reported over 150 studies. They deal with (a) situation analyses and action research for needs assessment, for formulating programme and project strategies, for advocacy, and for determining the nature and scope of programme support, including geographic coverage; (b) annual and mid-term project reviews; and (c) end-of-project or programme evaluations conducted by Government-UNICEF-NGO partners and by external consultants. About 30 per cent of the studies can be classified as evaluations. They can be further classified by themes: (a) health and nutrition (salt iodization, breast-feeding practices, knowledge and skills of health workers, water/sanitation); (b) education (multigrade teaching, ECE); and (c) children in especially difficult circumstances (street children, child labour, children in armed conflicts, sexual exploitation of children and HIV/AIDS).

29. As indicative examples of major evaluations, the present report focuses on two studies conducted by external consultants with the participation of government and UNICEF staff, and supported by UNICEF as part of the country programmes in Cambodia and China.

30. The assessment of the UNICEF-assisted education programme in Cambodia, supported with supplementary funding from the Swedish International Development Authority, was conducted in 1995 in preparation for the new country programme to begin in 1996. The assessment was conducted by two external evaluators - a professor of education from the University of London, and the Dean of Educational Administration from Silpakorn University in Thailand - and two UNICEF regional advisers (in education and monitoring and evaluation) from Bangkok.

31. The study team conducted extensive discussions with government officials, NGO and donor representatives, school staff and community groups in the field, and UNICEF staff in Cambodia. An analysis of the educational system revealed the following as justification for the project: an enrolment rate at 70 per cent at best and much lower in poorer areas; a high repetition rate at 40 per cent, combined with a high drop-out rate, and leading to only one third of children from first grade reaching grade five; over 30 per cent of teachers with less than an eighth grade education; and children not acquiring basic literacy and numeracy skills in schools. The purpose of the project was "to help children learn relevant content from trained teachers, aided by essential materials and facilities, in a well managed, healthy environment" in an attempt to "rehabilitate the educational system in crisis".

32. UNICEF education officers and experts from neighbouring countries in the region seconded to the Ministry of Education assisted the Ministry in (a) determining competencies at each primary grade level in language (Khmer) and mathematics; (b) developing curricula, assessment tools and textbooks; (c) printing millions of copies of textbooks and developing an efficient distribution system; (d) determining teacher competencies; (e) organizing teacher training; (e) establishing school clusters to link neighbourhood schools for administrative efficiency and experience exchange; and (f) training of ministry staff at national, provincial, district and school cluster levels through learning by doing.

33. Although the education project was characterized as being "complex, ambitious and 'atypical' of UNICEF", the team strongly recommended continuing support in the new country programme beginning in 1996. It also recommended that the education programme be linked closely with other sectors and services to ensure a more holistic approach to children's needs. Community- and home-based ECE programmes were recommended to prepare children for school. The development of cluster schools was particularly applauded and has been adopted subsequently as a national policy. In view of financial support from major donors, the need for facilitating aid coordination by the Ministry of Education, Youth and Sports was highlighted.

34. A summary of a study of the provisions and financing of health care in poor rural areas in China was prepared by the China Network for Training and Research in Health Economics and Financing, in collaboration with the Harvard School of Public Health, in November 1995. The study, which provides an assessment of the national health care system and community health financing in China, was supported by UNICEF with its counterpart, the Department of Finance and Planning of the Ministry of Health, in cooperation with Shanghai Medical University and Harvard University, in 1994-1995.

35. Recognizing that China's cooperative medical system made a significant impact on health and health care for its rural population before its collapse during the privatization process, the China study was carried out to explore options for a new health policy. The study was conducted in 114 poor counties and included an in-depth review of health facilities in 30 poor counties and interviews with 50,115 people in 11,353 households on health status, maternal and child health (MCH) practices, available services, facilities, drugs, financial and physical barriers in health care. The study identified problems of family debt due to health expenses, declining living standards and a vicious cycle of illness and poverty. Reviews of existing schemes of community health financing indicated a strong preference for re-establishing a modernized

community financing system. The study team designed an affordable package of basic MCH care and recommended that communities should be encouraged to mobilize resources for health care while poorer households should be subsidized by the Government. The findings were discussed at a national seminar in October 1995 and are being considered for China's new national health policy.

CONCLUSIONS

36. The present report has shown that extensive efforts have been made jointly by UNICEF and government partners in organizing the review process; information on inputs and outputs is reviewed and original plans are adjusted on the basis of evolving situations, challenges and opportunities; and the analysis of the situation of children and women is updated in preparation for the reviews. The proportion of studies for assessing needs and formulating strategies is higher compared to project or programme evaluations, and external evaluators are invited to join UNICEF staff, particularly for evaluating large-scale projects. Although the value of some of the studies may be somewhat limited to projects at country level, it is reassuring to note that evaluative efforts do indeed play a part in enabling partners to adjust programme strategies. The challenge now is to further strengthen the planning, quality and follow-up of evaluations in country programmes and to extract important lessons that can have regional and global implications for improving the situations of children and women and for realizing child rights.

37. The RMT experiment in regional experience-sharing was introduced only in 1996 as part of the UNICEF MEP. It has shown some encouraging signs in improving the quality of analysis of programme issues and strategies through an ongoing professional dialogue among colleagues in the region. A number of countries in the region are well known for their success stories in economic, social and human development; and they offer important lessons to one another for possible applications and adaptations to country contexts. As the added value of the RMT experiment is recognized, it is hoped that country and regional office teams will benefit from the wealth of experience, knowledge and expertise within UNICEF and other institutional and human resources in the region for improving the quality of country programmes.
