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

Middle East and North Africa

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 1996.

MID-TERM REVIEW

1. The mid-term review (MTR) process began in Djibouti in July 1996 with sectoral discussions coordinated by the Ministry of Foreign Affairs and International Cooperation. Government authorities and UNICEF reviewed the cooperation in each project at meetings of intersectoral experts and at ministerial-level meetings. Development partners, including the United Nations Development Programme (UNDP), the World Food Programme (WFP) and the World Health Organization (WHO), donor representatives, non-governmental organizations (NGOs) and the UNICEF regional office staff, participated in both meetings. Contributing to the MTR discussions were a survey of welfare indicators undertaken jointly by the Direction Nationale de Statistique (DINAS) (National

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Office of Statistics), the World Bank, UNDP and UNICEF in 1996; a retrospective study of infant and maternal mortality and morbidity conducted by the Ministry of Public Health and UNICEF in 1995; and a comprehensive evaluation of maternal and child health (MCH) services undertaken by the Ministry of Public Health and UNICEF in 1996.

2. There have been substantial changes in the political and social climate affecting children in Djibouti since 1994, when the current programme of cooperation began. A three-year armed conflict ended in December 1994, paving the way for reconstruction and political reform. This process, however, faces many challenges, particularly in maintaining and improving the quality and availability of basic services. Some 50,000 families are internally displaced and the infrastructure is severely damaged. Some 150,000 refugees and economic migrants from Ethiopia and Somalia live in refugee camps or in squatter settlements of Djibouti City, comprising almost one third of the country's population and putting an additional burden on the fragile structure of social services.

3. A weak domestic revenue base and a rapidly growing population constrain social service expenditures. The Government has initiated steps for structural adjustment, reducing allowances to civil servants by 60 per cent and enacting spending cuts. A severe drought in late 1995 and early 1996 led to the loss of one third of the livestock in three of the five districts of Djibouti. Two thirds of the population live below the poverty line, and the unemployment rate is 52 per cent among men and 66 per cent among women.

4. In 1996, a DINAS survey put the country's infant and under-five mortality rates at 104 and 140 per 1,000 live births, respectively, down from 114 and 156 in 1989 (according to the Ministry of Public Health, UNICEF and WHO). Malnutrition has increased; in 1996, 14 per cent of infants were acutely malnourished (wasted) and 24.4 per cent chronically malnourished (stunted) (according to DINAS), compared to 11 and 22 per cent, respectively, in 1990 (Ministry of Public Health/UNICEF/WHO). A 1996 comprehensive evaluation of MCH services in Djibouti, conducted by the Ministry of Public Health and Social Affairs with support from UNICEF, indicated that the quality of services has declined since 1994.

5. The primary education system continues to face major challenges of access and quality. The gross enrolment rate was 42 per cent in 1994. The enrolment rate in 1995 was 10 per cent lower for girls. This does not include the 40 per cent of school-age children who attend private schools that are not recognized by the Ministry of Education. A study by CARITAS (International Conference of Catholic Churches) showed that in 1995, there was an increase of 12 per cent in the number of children attending such non-formal education facilities. Progress has been made in introducing culturally relevant materials into the primary-level curriculum.

6. Political and administrative decentralization, a key element of the political reform process, has begun to promote greater community participation in the provision of basic services, and thus a greater responsiveness of these services to local needs. Local community health committees, now active in many wards, are one example. Political reform and democratization have broadened the scope for media discussion of social concerns and human rights issues, including female genital mutilation. The radio and television network has increased its

programming in the country's three official languages (Afar, Somali and Arabic), and has increased coverage of social issues.

Achievements

7. UNICEF, WHO and other partners including the Government of France played major roles in mobilizing national immunization days, with a special emphasis on war-affected areas and Djibouti City. A strategy of forging new partnerships and promoting decentralization contributed to these achievements. Vitamin A supplementation coverage reached 68 per cent among children under one year of age; 80 per cent of the country's maternity wards met the Baby-Friendly Hospital Initiative criteria; awareness of oral rehydration therapy among mothers reached 85 per cent; and legislation was approved for salt iodization and a ban on the import and distribution of breast-milk substitutes. Higher levels of child immunization were regained so that in 1996, coverage of oral polio vaccine reached 84 per cent and measles coverage 68 per cent. It was also necessary to continue to provide direct material support, including vaccines. Supplementary funds enabled a major expansion of efforts to combat malnutrition in 1996 through the establishment of six nutrition centres to provide therapeutic and supplementary feeding, nutritional surveillance and health and nutrition education. Supplementary funding also allowed for a greater focus on a number of emerging health priorities, including water and sanitation activities in peri-urban slums and refugee camps; emergency rehabilitation of war-damaged health facilities; and the provision of essential drugs. UNICEF undertook awareness-raising on AIDS, while other elements of the national AIDS programme, including AIDS planning, screening and case management, were supported jointly within the framework of the Joint United Nations Programme on HIV/AIDS and with other bilateral and NGO partners.

8. The urban community health project, a cross-sectoral project involving health, water and sanitation, and social mobilization interventions, implemented with UNICEF support and in conjunction with bilateral and NGO partners, made some achievements. Local committees were established, and community health workers (CHWs) and birth attendants were recruited and trained. A health dispensary was constructed. A school begun under the urban community health project has been adopted by the Ministry of Education as a model for replication. The project has encountered constraints in promoting active community participation and project sustainability because the decision-making power on the community health committee tends to rest with local officials and there is no room for women to voice their concerns. It has proven difficult to maintain the motivation of CHWs. Local resource mobilization and cost-recovery proved challenging.

9. Direct material support included the provision of books and other educational supplies to children in refugee camps, peri-urban areas and conflict-affected areas. UNICEF provided funds to build capacity by strengthening educational management information and to increase the relevance of learning materials, with a special emphasis on the rights of the child and basic life skills. UNICEF supported the development of a weekly children's radio programme in Afar, Somali, Arabic and French on the Convention on the Rights of the Child and girls' education. Focus groups suggest that the programmes are widely listened to and popular among children. Studies were done on enrolment, educational attainment and street children.

10. Taking advantage of the renewed national interest in gender issues generated by the Fourth World Conference on Women, UNICEF cooperation shifted towards advocacy, capacity-building and empowerment to address gender and development concerns. There is now wider discussion of gender disparities and women's status and of such issues as female genital mutilation. UNICEF provided funds and technical assistance to the Union nationale des femmes Djiboutiennes (National Union of Djiboutian Women) to build their capacity and for training in life skills and income generation. Direct salary support was discontinued.

11. Political reform has meant that UNICEF can now make cooperative agreements with the heads of districts and wards, and that there are new opportunities to mobilize and advocate at district and community levels for the goals of the national programme of action and for implementation of the Convention. Advocacy and social mobilization have included such key events as the Day of the Djiboutian Child; cooperation with the media, including radio, television and newspapers; policy-oriented research on the status of child rights in Djibouti; and advocacy with various levels of decision makers. Facts for Life messages were integrated into the primary cycle curriculum.

12. An intersectoral committee was established to monitor implementation of the Convention on the Rights of the Child and to prepare the country's report to the Committee on the Rights of the Child. In addition, the comprehensive revision of the country's legal legislation by the Ministry of Justice and Islamic Affairs will take the Convention into account, including revisions of laws on juvenile delinquency and on the definition and prosecution of minors.

Lessons learned

13. MTR participants agreed that increased coordination is needed among development partners, including UNDP, WFP and WHO, to avoid programme overlapping and redundancies, as well as with the sectoral ministries. The MTR agreed that due to the damage to the country's infrastructure, there was a continuing need for material support in health and education and to the urban project. Priority should be placed on building the capacity of the Ministry of Public Health to improve the quality of services and to sustain gains in child health, including immunization. This will include the training of all levels of health personnel in primary health care and for child growth monitoring and promotion. Support should continue for the decentralization of health care management and for community participation in planning the delivery of health services. Information, education and communication activities will be more systematically integrated into the MCH programme. For example, in the urban project, experience shows that CHWs need steady, intensive supervision and follow-up. The continuation and expansion of the project will make provision for this need.

14. A more explicit approach to reach children in need of special protection into programmes should be incorporated into the health and peri-urban slum programmes. The MTR agreed that during the remainder of the programme cycle, support should continue for AIDS awareness at both the national level and among high-risk groups.

15. Formal education alone will not contribute to higher enrolment and retention for girls. The Government and UNICEF are placing a new emphasis on alternative non-formal and informal education for girls. Priority should be

given to the creation of low-cost community schools in underserved areas, in cooperation with NGOs and the private sector. The programme should continue to improve the quality and relevance of formal learning by incorporating messages on basic life skills and knowledge in the primary cycle curriculum, and through teacher training. There should also be a new emphasis on improving parental and community care of preschool children through an integrated approach using television, radio and face-to-face communication.

16. Finally, the new directions in gender and development had already proven successful, and the MTR agreed that these new emphases should continue and that the Convention on the Elimination of all Forms of Discrimination against Women should be used as a vehicle for further promotion of women's status. Support could be given to a women's affairs unit now under consideration by the Ministry of Foreign Affairs and International Cooperation.

EVALUATIONS

17. Two major evaluations were undertaken in the region in 1996. One evaluation dealt with the Child-Friendly Village Initiative (CFVI) in the Sudan, a project which aims to build community, and especially women's, involvement in development and to improve both children's and villages' well-being. The second was an evaluation of an education project in Morocco, which examined the enrolment and retention of girls in school, a central programme priority for the region.

Child-Friendly Village Initiative in the Sudan

18. The CFVI project in the Sudan has taken a comprehensive approach to village-level development. The objectives of the Initiative are to strengthen primary health services; provide basic and adult education for women; improve water and sanitation facilities; increase awareness of healthy lifestyles; eradicate harmful traditional practices; and enrich the cultural life of villagers. The project uses three main strategies: service delivery, through the provision of water, essential drugs and educational materials; capacity-building, through the training of teachers and health personnel; and empowerment, through income generation and the use of community-level committees to decide on the use of funds generated through cost-recovery. The project began in 1993 in 20 villages and was expanded to 200 villages in 1996. Communities near selected villages and state governments are requesting its expansion. It was agreed to evaluate the project before doing so.

19. The evaluation was undertaken by UNICEF Sudan in close cooperation with the regional office. Three external national consultants were engaged. The evaluation used both quantitative and qualitative instruments. A household survey covered 700 households in 23 villages (12 project villages and 11 control villages), drawn from both North and South Kordofan, where the project has been operating for at least two years. The team of principle investigators also used social animation, semi-structured interviews, rapid rural appraisal and participatory rural appraisal techniques. Interviews were held with village-level CFVI committees, key informants, medical assistants, midwives, teachers and kindergartens. Children were interviewed, using their drawings to spark discussion. Site visits were made to clinics, water pumps and schools.

20. The state government was actively involved in the overall planning and implementation of the evaluation. Development partners, including the International Fund for Agricultural Development and NGOs, participated. During the course of the evaluation, representatives of the Government of Canada, the main donor to CFVI, visited a sampling of villages. Results were presented and discussed with all government, United Nations and donor partners.

21. The evaluation found that the programme enjoys a high level of commitment from state government and from the community. During the period 1993-1996, state government provided 40 per cent of the cost of the project, in addition to in-kind contributions including staff salaries and rent. The only resources expected from UNICEF were transportation and the provision of some capital investment for water supply and for revolving cash funds. There is successful social mobilization through the village development committees that were established in all CFVI villages. Some 77 per cent of these committees meet regularly with the village to discuss progress and to exchange views. Each of these committees has, on average, one third female members, and in some villages one half of the members are women. In North Kordofan State, significantly more women have received training in health and nutrition and in skills for income generation. Health services in project villages are better used, and many children are brought from neighbouring villages to health units in project villages where there is a cost-recovery programme. Project villages have significantly more adult education programmes, and they are of higher quality and take place more regularly.

22. The evaluation found an uneven health impact in project villages. There was significantly less vitamin A deficiency in project villages (21 cases compared to 84). In North Kordofan, there was significantly greater use of oral rehydration salts. Immunization rates were not significantly higher in project villages. Record-keeping at the village level, in both project and control villages, was very poor. In nearly one third of the villages surveyed, there was no proper registration; proper maternal records were kept in one third of the villages. There were problems in the replenishment of drugs and educational supplies from the revolving fund.

23. When the project began in 1993, greater Kordofan was one state. With the division of Kordofan into three states, it was difficult to maintain an even momentum. This could account for differences found in the project villages in different states.

24. Health interventions in the project villages are set up separately and vertically. Closer integration of individual interventions, accepted as a package by the family, might result in a clearer and more significant impact. A child-centred monitoring system could focus on the health and growth of each individual child, rather than on numbers of interventions at the village level. Registration and better record-keeping will contribute to a greater health impact. Government, UNICEF and development partners are examining the results and adjustments are being made in project implementation. A further evaluation will be conducted in conjunction with the MTR of the Sudan country programme to measure the impact and to decide on a future course of action.

Girls' education in Morocco

25. The girls' education programme in Morocco, which is supported by UNICEF and the Canadian International Development Agency, has three main objectives. The first goal, established in 1992, was to raise the primary school enrolment rates for girls to 50 per cent by 1994 and to 80 per cent by 1996. The other goals were to reduce girls' drop-out rates by 80 per cent and to increase literacy rates for girls and women. The project works at two levels. One is direct interventions in 3-5 schools in each of 17 of the 65 provinces of Morocco, through the provision of books, papers and other school materials; teacher training; the installation of water and sanitation facilities; and the organization of extracurricular activities. The other involves social mobilization and advocacy activities which reach the entire population of each province. In 1994, the number of provinces covered by the project increased from 5 to 17. In 1996, UNICEF conducted an evaluation of the project in close cooperation with the Ministry of National Education so that any necessary adjustments could be made during the new programme of cooperation for 1997-2001. The primary objectives of this evaluation were to define the main constraints to the education of girls in rural areas; measure the accomplishments of strategies used; identify points of excellence and success for replication; suggest methods to improve sustainability; and recommend adjustments for the continuation and expansion of the project.

26. The evaluation covered a sample of 10 of the 17 provinces in which the girls' education project has operated, including both provinces in which the project has been active since 1992, and those in which it began in 1995. Five groups were interviewed: parents; students; school principals; local authorities; and project managers. Both quantitative (surveys) and qualitative (focus groups) instruments were used. The Département central du Ministère de l'Éducation Nationale (enseignement primaire) (Ministry of National Education (Primary School Division)) was involved throughout the evaluation, including in its design and field work and the analysis of the results. Development partners, including the European Union, UNDP, the United Nations Population Fund, the United States Agency for International Development (USAID) and French cooperation, have been involved at key stages.

27. Girls' enrolment rates were significantly higher in the project areas. In the five provinces in which the project began in 1992, the enrolment rate for girls had risen from 32 per cent in 1992 to 65 per cent in 1995. The evaluation was unable to determine if the project had contributed to an increase in the retention rate as it has not yet undertaken the additional statistical analyses required. Likewise, the evaluation did not measure changes in literacy rates in the project areas.

28. The evaluation found four main categories of constraints to the education of girls: the absence of a secondary school (collège), as parents were not willing to send their girls to school unless it resulted in a diploma; the cost of education, as parents would be more willing to pay for their boys to attend school; lack of infrastructure at the schools, including latrines and facilities for washing; and the distance between school and home. Additional constraints included a lack of a school canteen, a lack of schoolbooks, the practice of combining two to three classes in one room, and the lack of a tradition of sending girls to school. The evaluation identified a series of priority actions to strengthen the project, by lifting these constraints. Interviewees also

suggested that parents should be involved in the management of the school and that school curricula should be brought up to date and made more relevant.

29. Social mobilization activities had reached 94 per cent of the teachers and 62 per cent of the parents in project schools. The use of radio spots and other media campaigns had contributed to the overall rise in enrolment in the provinces with project schools.

30. The project had successfully encouraged greater involvement of parents in their children's schooling. In the project schools, 66 per cent of parents had been in contact with the school principal. Satisfaction with the project was also high: 70 per cent of the principals were satisfied with the supply of books and other materials. Of those who were not satisfied, most felt that more supplies should have been provided. The same proportion were satisfied with the extracurricular activities for students, including the teaching of skills such as sewing and school gardens.

31. The evaluation recommended that success stories could be popularized and that there should be more comprehensive teacher training, as well as improved school facilities and learning environments. Other recommendations deal with the management of the project itself, including strengthening of the project through more decentralized management, better communication among all partners at all levels of the project and the establishment of a better monitoring system.

32. Constraints faced by the evaluation included the large distances to be traversed, which required considerable logistical effort and time. It was evident that female investigators are essential for field work in rural areas. The evaluation was designed to examine the project for girls' education as a whole, which did not permit precise examination of the added value of the UNICEF component.

33. The evaluation has been discussed extensively with the Government. The Ministry of Education has expressed its intention to open a national debate with donors and development partners on the results of this evaluation and to build on these successful strategies. The UNICEF country office is using the results to help define priorities of the education component of the current programme of cooperation. Other partners, including French and Japanese cooperation, the European Union, USAID, UNDP and the United Nations Educational, Scientific and Cultural Organization, are using the lessons learned in projects for girls' education which they are funding.

IMPLEMENTATION OF THE MANAGEMENT EXCELLENCE PROGRAMME

34. Both the Djibouti MTR and the evaluations in the region profited from progress in management excellence in the region. Participation in the Djibouti MTR was discussed by the Regional Management Team (RMT), and there was sharing of human resources regionally for the evaluations in Morocco and the Sudan. The RMT also defined a process through which team members could provide technical advice to each other in country programme preparation, both during the process of preparing a strategy and programme, as well as at the time of approval of country programme recommendations (CPRs). A team was established to review the Jordan country note, which was presented to the Executive Board at its first

regular session of 1997. Teams have also been established to participate in the preparation of the other CPRs to be presented to the Board at its third regular session of 1997.

35. The RMT developed guidelines for sharing both human and financial resources between country offices. Such sharing of staff, to meet specific needs as well as for training, has already taken place between the Djibouti, Tunisia and Yemen country offices, for example, and between the Egypt country office and the regional office. This practice, as well as the involvement of country office staff in programme planning and review meetings, calls for a significant cultural change within UNICEF. The new ethos calls upon RMT members to assume a new responsibility for regional priorities and allows planning to benefit from a broader regional perspective.
