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### United Nations Children's Fund

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### **Summary of mid-term reviews and major evaluations of country programmes**

#### **Americas and the Caribbean region**

#### *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 midterm reviews (MTRs) and major country programme evaluations, specifying, inter alia, the results achieved, lessons learned and the need for any adjustments in the country programme. The Board is to comment on the reports and provide guidance to the secretariat, if necessary. The MTRs and evaluations described in this report were conducted in 2005.

#### **Introduction**

1. This report summarizes nine mid-term reviews (MTR) of seven country programmes: Bolivia, Colombia, Cuba, Dominican Republic, Ecuador, Nicaragua, the Bolivarian Republic of Venezuela; and three multi-country programmes: Eastern Caribbean States, PROANDES and PROAMAZON. Owing to the large number of country summaries, no account is given of the evaluation function, though this remains a priority of the Americas and Caribbean Regional Office (TACRO).

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\* E/ICEF/2006/18.



2. The Latin American and Caribbean region exhibits deep social and economic disparities, often disguised by national averages. In Bolivia, the richest 20 per cent of the population receives 26 times more income than the poorest 20 per cent; in Nicaragua, the figure is close to 20 times. In Venezuela, 6,700,000 people are estimated to live in “extreme” poverty, and for the region as a whole the estimated number of children under 12 years old in extreme poverty is 41,000,000. Disparities are frequently visited on children twice — once for their being young and vulnerable, a second time for their being of indigenous descent.

3. Violence involving young people is widespread and persistent in “gang” cultures, child trafficking, sexual abuse, street violence, institutional abuse, child soldiering and child labour. A major threat to meeting the Millennium Development Goals is HIV/AIDS, which has a prevalence rate of 2.3 per cent in the Caribbean — the highest in the world beyond sub-Saharan Africa. Chronic malnutrition also afflicts the region, with overall stunting occurring among 16 per cent of children — and intensified among indigenous groups. (In Guatemala, stunting of children between 6 and 59 months has been estimated at 49 per cent, higher than in Bangladesh and Chad.)

4. The countries covered by the MTRs reveal the variety of concerns and emphases in the region: the Bolivia, Ecuador, Colombia and Venezuela country programmes include the PROANDES and PROAMAZON programmes, which focus on disparities, indigenous populations and excluded groups; Ecuador concentrates on public policy development; Colombia’s programme encompasses the continuum from humanitarian action to development; Nicaragua presents a nexus of United Nations reform and inter-agency collaboration and is an Organisation for Economic Co-operation and Development harmonization country; the Eastern Caribbean States demonstrate vulnerability to natural disasters and the importance of emergency preparedness; Cuba’s engagement with the *Programa de Desarrollo Humano Local* (Programme for Local Human Development) is an example of inter-agency collaboration at the local level; and the Dominican Republic has a national focus on the achievement of the Millennium Development Goals and demonstrates the use of evaluation “upstream” to inform policy and programme planning. All these MTRs show UNICEF leveraging resources for children through partnerships with government, civil society, United Nations agencies and other development actors.

Progress towards selected Millennium Development Goal indicators in selected countries covered by 2005 MTRs									
	Indicator								
	1	6	7	9	13	30 Urban	30 Rural	31 Urban	31 Rural
Bolivia	Dark Blue	Grey	Grey	Black	Black	Black	Black	Dark Blue	Dark Blue
Colombia	Dark Blue	Black	Dark Blue	Dark Blue	Black	Black	Dark Blue	Dark Blue	Dark Blue
Dominican Republic	White	Black	Black	Dark Blue	Black	Black	Black	Dark Blue	Dark Blue
Ecuador	Grey	Black	Dark Blue	Black	Black	Black	Black	Grey	Black
Nicaragua	Dark Blue	Grey	Dark Blue	Black	Black	Dark Blue	Black	Black	Black
Venezuela, Bolivarian Rep. of	Dark Blue	Grey	Dark Blue	Black	Black	White	White	White	White

Source: Tertiary analysis based on (2005) *The Millennium Development Goals: a Latin American and Caribbean Perspective*. Santiago de Chile: United Nations/Comisión Económica para América Latina y el Caribe (Economic Commission for Latin America and the Caribbean).

**Rapid progress:** The country has already met the target or has made considerably more progress than required just to meet the target.

**On track to meet the target:** The country will most likely meet the target.

**Insufficient progress:** If the present trend continues, the country will most likely not meet the target.

**No data:** (blank).



**Indicator 1:** Proportion of population in extreme poverty (Goal 1, Target 1)

**Indicator 6:** Net enrolment ratio in primary education (Goal 2, Target 3)

**Indicator 7:** Proportion of pupils starting grade 1 who reach grade 5 (Goal 2, Target 3)

**Indicator 9:** Ratio of girls to boys in primary, secondary and tertiary education (Goal 3, Target 4)

**Indicator 13:** Under-5 mortality rate (Goal 4, Target 5)

**Indicator 30:** Proportion of population with sustainable access to an improved water source, urban and rural (Goal 7, Target 10)

**Indicator 31:** Proportion of population with access to improved sanitation, urban and rural (Goal 7, Target 10)

## Midterm reviews

### Multi-country programme for the Eastern Caribbean

5. **Introduction.** This programme covers Antigua and Barbuda, Barbados (the co-ordinating country office), British Virgin Islands, Dominica, Grenada, Montserrat, St. Kitts and Nevis, St. Lucia, Suriname, St. Vincent and the Grenadines, Trinidad and Tobago, and Turks and Caicos Islands. The 2004 Programme Budget Review recommended that the oversight responsibility for Suriname and Trinidad and Tobago rest with the Guyana Office. The review process for Suriname will feed directly into the forthcoming United Nations Development Assistance Framework (UNDAF), for submission to the Board in 2007. Partners in this MTR included the Caribbean Community (CARICOM), the Organisation of Eastern Caribbean States (OECS), young people, the Joint United Nations Programme on HIV/AIDS (UNAIDS), Government counterparts, the United Nations Development Programme (UNDP), the World Food Programme (WFP), University of the West Indies and the United Nations Development Fund for Women, among others.

6. **Update of the situation of children and women.** The emergence of the Caribbean Single Market has heightened the urgency for the harmonization of a rights agenda and a regional vision for children. Rising violence against and by young people is forcing attention to underlying gender and social disparities. Despite rising public concern for the protection of children, legislative and institutional frameworks remain punitive and unresponsive. Although public spending in basic social services is high, its quality, focus and effectiveness need improvement.

7. The 2005 Millennium Development Goals report showed that Goals 1, 2, 4 and 5 are achievable by 2015. Goal 3, in terms of political involvement of women, is difficult to achieve by 2015, though indicators for education and employment have been achieved. Goal 6 is only achievable with additional resources and efforts. On Goals 7 and 8, progress has been made but more is needed for their achievement by 2015.

8. **Progress and key results.** In the **early childhood development** programme (ECD), children benefited from new quality standards for ECD centres in Dominica and Grenada, including better student-teacher ratios and improvements in the curriculum and environment.

9. The **adolescents and life skills** programme contributed towards the enhanced capacity of schools to deliver life-skills-based health education, with a monitoring and evaluation framework for the Health and Family Life Education programme now in place. The Xchange programme combating youth violence was launched, and young people were trained as peer trainers in Barbados and Grenada. UNICEF youth interventions on HIV/AIDS were focused on the community level.

10. The **social investment for children** programme aimed at the mainstreaming of children's rights in public policies and decision-making. UNICEF promoted systematic monitoring of reports to the Committee on the Rights of the Child in 10 countries, and better follow-up to the Concluding Observations. Model legislation on family and child protection was approved by the OECS Attorneys General. Capacity development regarding the Convention on the Rights of the Child was conducted for policy makers in St. Lucia, Dominica and Antigua and Barbuda.

UNICEF contributed to a greater public awareness of child rights and has been working with various partners, including CARICOM, to train senior statisticians and policy makers in Barbados, Grenada, Dominica, St. Lucia and St. Vincent and the Grenadines to promote social data management. UNICEF also contributed to the rapid assessment on children and HIV/AIDS in six countries, and the organization of national consultations. Finally, UNICEF has lobbied successfully for an annual regional conference for Ministers and for young people affected by HIV/AIDS.

11. **Resources used.** The approved budgets for 2003-2005 were \$6.4 million (\$4.5 million in regular resources; \$1.9 million in other resources). This includes Suriname and Trinidad and Tobago. Total funding received was \$8 million (\$4.9 million in regular resources; \$3.1 million other resources). Emergency funds for Grenada included \$770.6 million raised, with \$737.6 million spent in 2005 (96 per cent). By 31 December 2005, total expenditure was \$6.8 million (90 per cent regular resources; 76 per cent other resources/emergency funds). The breakdown by programme: early childhood development (31 per cent); adolescent and life skills (29); social investment for children (25); and cross-sectoral costs (15).

12. **Constraints and opportunities affecting progress.** There were several constraints: (a) a low state of readiness (will plus capacity) among duty bearers in government and civil society for social and political change to advance children's rights; (b) weak social-data management capacity; and (c) the thin spread of resources of the multi-country programme across 10 independent Governments.

13. **Adjustments made.** The programme incorporated several changes: (a) fewer, more strategic interventions, adjusted to the UNICEF medium-term strategic plan (MTSP) for 2006-2009; (b) a communications/advocacy strategy for child rights among key decision makers; (c) a strengthening of the monitoring and evaluation capacity, including gender disaggregated data; (d) an enhanced family and community-level mobilization, including young people's participation; and (e) a more robust and prioritized emergency preparedness and response.

## Bolivia

14. **Introduction.** The United Nations country team (UNCT) is a pilot for the United Nations simplification and harmonization process. The programming cycles of all four United Nations Development Group Executive Committee agencies are harmonized. Consultations for the MTR involved all stakeholders and partners, culminating in a national workshop with the highest Government authorities involved in implementation, the TACRO Regional Director and the UNCT. Additionally, an external qualitative evaluation was commissioned.

15. **Update of the situation of children and women.** Poverty (40 per cent) and chronic malnutrition of children under 5 (26.5 per cent) have not changed significantly since 1996 and 1998, respectively. Universal primary school access is near (97 per cent), with small differences between girls and boys; however, primary completion continues to be a problem, especially for girls in rural areas. Up to 2003, significant reductions in the infant mortality rate (IMR) (54 per 1,000 live births) and maternal mortality ratio (MMR) (229 per 100,000 live births) were observed. Between 2002 and 2005, significant progress was made towards Millennium Development Goals 6 and 7: malaria control, for example, saw positive results.

However, the HIV/AIDS epidemic is growing, according to UNAIDS, although prevalence is still only 0.1 per cent in adults.

16. Gender inequality and violence against women persist as do violence against children, sexual abuse and child labour, with problems intensified among indigenous populations, where conditions have remained unchanged since the 2001 census. Some indicators for indigenous groups are staggering; for example, the average woman spends less than three years at school; IMR in the indigenous population is 94 per 1,000 live births; and medical care during childbirth reaches a mere 17 per cent.

17. **Progress and key results.** The **health and nutrition** component maintained immunization coverage for all antigens above 85 per cent; iodized salt consumption recovered from its low of 65 per cent in 2000 to reach 90 per cent in 2003; and the risk of malaria transmission fell from 24.8 (1998) to 4.4 (2004) per 1,000 people. A full sector-wide approach (SWAp) for health is under negotiation.

18. The **education for all** component supported the establishment of an Inter-Ministerial Committee on Girls' Education, which, at the municipal level, resulted in innovative measures such as school transportation, boarding schools and increased girls' access/completion of primary schooling. As a result, 4,043 children have returned to school in 12 rural municipalities since 2003, resulting in a 13-per-cent increase in primary school completion.

19. The **child and adolescents protection and participation** component played a role in the ratification of the two Optional Protocols to the Convention on the Rights of the Child; the passing of a law guaranteeing free birth certificates to children, and the actual provision of certificates to over 500,000 children and nearly 30,000 adults; and the provision of social services for children in sugarcane harvest camps in 12 municipalities.

20. The **integrated local development** programme (*Programa de Desarrollo Local Integrado*, PRODELI) was instrumental in raising health care coverage to rural communities in as many as 55 municipalities; increasing access to rural water supply from 75 per cent to 81 per cent and basic sanitation from 9 per cent to 12 per cent in 32 Andean communities (2002-2005); helping to maintain ECD coverage at 38 per cent in the Andean municipalities, while increasing coverage from 0 per cent to 5 per cent (2002-2005) in the Amazon areas; and the provision of literacy training to 45,000 young people and adults in 29 Andean municipalities.

21. A first joint programme between UNDP and UNICEF was signed and implemented with the Government and Plan International to develop a human development report on children and support a national strategy for children. UNICEF has promoted the establishment of the Bolivian Platform for children and adolescents for children's rights in the Constituent Assembly process; the preparation of a national plan of action (NPA) for children; and investment in children.

22. **Resources used.** Of the approved budget, \$49.9 million was spent (\$5.4 million regular resources; \$44.5 million other resources). Expenditure reached 62 per cent in 2003 and 78 per cent in 2004, and will surpass 90 per cent in 2005, by programme (from 2003 to mid-2005): health and nutrition (14 per cent); education for all (17); protection and participation for children and adolescents (10);

PRODELI (51); cross-sectoral (7). Annual funding is expected to exceed the annual programme budget, compensating for shortfalls in previous years.

23. **Constraints and opportunities affecting progress.** Constraints included (a) reductions in social spending; (b) widespread distrust of public health services; (c) poor ECD coverage due to the lack of a national policy; (d) insufficient public policy, services and human and financial resources in child protection; and (e) lack of development and readiness in rural municipalities.

24. Opportunities included Bolivia's wealth in natural resources; the 2005 election outcome, which promises greater local social responsibility; and the work of the Constituent Assembly, due to begin in 2006, on a new Constitution expected to incorporate child rights.

25. **Adjustments made.** Minor adjustments included a stronger alignment with the education SWAp; and the scaling-up of capacity-building of local governments through PRODELI.

## Colombia

26. **Introduction.** The 2005 MTR was carried out through extensive interactions with government, civil society, the private sector, religious and media groups and others. It comprised self-evaluation, interviews with key information sources, three rapid assessments of UNICEF impact, three workshops with all partners, and negotiations of a draft report. The UNCT comprises 23 agencies.

27. **Update on the situation of children and women.** Children and adolescents continue to be the prime victims of the longstanding armed conflict. Approximately 7,000 children, most 7 to 14 years old, are associated with illegal armed groups. Official sources suggest that almost 400,000 young people under 18 were internally displaced through armed violence between 2000 and 2004, though overall figures show a decline over this period.

28. Net coverage of primary education rose from 83.6 per cent in 2000 to 85.6 per cent in 2003, though the dropout rate remained at around 8 per cent and twice as high in rural areas as urban areas. Between 2001 and 2003, the school repetition rate fell from 5.4 per cent to 4.8 per cent but remained three times higher in rural areas than urban areas.

29. In 2005, 6 per cent of newborns weighed less than 2.5 kilograms; 12.1 per cent of children under 5 suffered from chronic malnutrition, 7 per cent from overall malnutrition and 1.2 per cent from acute malnutrition. Figures are worse for indigenous and displaced children.

30. The under-5 mortality rate (U5MR) fell from 30 per 1,000 live births in 1997 to 28 in 2000-2005; MMR fell from 104 to 98.6 per 100,000 live births between 2000 and 2001. Immunization levels for all major antigens were above 90 per cent in 2005.

31. HIV prevalence in 2004 was 0.7 per cent in the total population, but growth has been exponential: two cases were reported in 1983, and 4,401 in 2003, with a growing proportion of females infected.

32. **Progress and key results.** Between 2002 and 2005, some 50,000 persons displaced and/or affected by violence benefited from projects supported by UNICEF in four departments. The “School Seeks the Child” methodology was applied in eight communities in the department of Chocó: 191 teachers and 946 parents were trained to replicate the strategy. The “Return to Happiness” methodology resulted in 1,450 youths and teachers being trained in psychosocial and victim support groups. In the Middle and Lower Atrato region in Chocó, primary health care improved as a result of 92 health leaders being trained in HIV/AIDS, safe motherhood, birthing practices and other areas. Some 100,000 newborn indigenous children and children born to displaced women received civil registration and identity cards

33. The anti-personnel mines observatory was created, as was a Strategic plan for integral action against anti-personnel mines and unexploded ordnance 2004-2009. Departmental Committees for the Prevention of Accidents and Integral Attention for Victims have been created in Antioquia Department, with ongoing technical support from UNICEF.

34. In partnership with state and civil organizations, UNICEF waged a communication campaign for the prevention of the recruitment of children in armed conflict, reaching more than 15 million Colombians. More than 16,000 children in high-risk zones were targeted with information and training to prevent recruitment. Support has been provided for the *El Golombiao initiative* (Portuguese combination of “goal” and “Colombia”): *El Juego por la Paz* (Football for Peace) in 40 municipalities with high indices of recruitment, and has reached more than 19,000 youths with measures to prevent enlistment. UNICEF made progress with two of the principal armed groups in moving towards an end to the recruitment and use of children in hostilities.

35. In partnership with the Attorney General’s Office, more than 500 civil servants have been slated for training in the protection of the rights of demobilized children and adolescents. A key result was the suspension of as many as 410 legal proceedings against children demobilized from illegal armed groups. Another key result of this process was a set of guidelines that the High Judicial Council, the Attorney General, and the Ministry of Defense sent to judges, justice officers, and military installations, prohibiting military interviews and legal processes against demobilized minors, and establishing a maximum period of 36 hours for the military forces to deliver the demobilized minors into State child protection.

36. Education programme components from early years to late adolescence helped to develop infrastructures for effective schooling, including public policies on early childhood and youth, a new birth registration law, and the establishment of a national information system for youth. The number of child-friendly schools was expanded, many in conflict areas. In addition, 260 municipalities have received technical assistance in preparing Consolidated Solid Waste Management Plans, expected to help to improve health indicators.

37. **Resources used.** Between 2002 and December 2004 expenditure was \$12.1 million (\$1.8 million in regular resources; \$10.3 million in other resources), per programme: promotion and guarantee of Rights: \$4.7 million; special vulnerability: \$1 million; humanitarian action: \$4.5 million; monitoring and evaluation, and communication: \$1.8 million.



38. **Constraints and opportunities affecting progress.** Opportunities included the Third Report to the Committee on the Rights of the Child and a gradual increase in Government commitments regarding children's rights. Partnerships and alliances are strong.

39. Conflict is the main constraint, allied to poor governance. There are scarce public resources for early and pre-school education and no prioritization of HIV/AIDS, especially for children. There is a culture of gender inequality and discrimination.

40. **Adjustments made.** Emphasis for 2005-2007 will be re-focused on the following: (a) ECD and psychosocial development; (b) special protection in situations of extreme vulnerability to conflict; (c) education for peaceful coexistence and participation; and (d) the family. The country office will strengthen monitoring and evaluation for public knowledge and be more active in the Colombian corporate social responsibility movement.

## Cuba

41. **Introduction.** The MTR process was jointly agreed by the Ministry for Foreign Investment and Economic Collaboration and UNICEF. Meetings with counterparts were held for each programme. A wide range of methodologies were used, including an evaluation of the strategy of Decentralized Cooperation in coordination with the Programme for Local Human Development (PDHL); interviews with key information sources; and three rapid assessments of UNICEF impact as well as three workshops with counterparts. A final MTR meeting involved all key partners and TACRO.

42. **Update of the situation of children and adolescents.** Cuba expects to accomplish Millennium Development Goal 1, eradicating poverty. Primary education enrolment reached 99.8 per cent for boys and 98.8 per cent for girls in 2004-2005. In 2004, 98.2 per cent of children under 5 were educated in institutional or informal settings. IMR continued to decrease, reaching 5.8 in 2004. Iron deficiency is the most extended nutritional deficiency. In 2005, Cuba achieved the sustained elimination of iodine deficiency disorders. MMR decreased from 35.1 per 100,000 live births in 2003 to 21.2 in 2004. Regarding HIV, 6,025 people were infected between 1986 and 2004. Since the beginning of the epidemic, 663 young people under 16 have been diagnosed with HIV but prevalence has decreased among young people 15-24 years old, along with the number of AIDS cases.

43. A severe drought in the Eastern provinces, which started in 2002, and six major hurricanes in 2004-05 increased risks related to infectious and nutritional diseases for pregnant women, children and adolescents.

44. **Progress and key results.** Anaemia for children 6-24 months decreased from 46 per cent in 2000 to 29 per cent in 2003. Low birthweight decreased from 6.1 per cent in 2000 to 5.5 per cent in 2004. Mortality from digestive and respiratory diseases was reduced, and about 200,000 health professionals were trained in early childhood care. Water and sanitation quality was improved in 294 rural communities in the Eastern region. An immunization rate of over 95 per cent was achieved in all provinces.

45. In basic education, the planned increase in the quality of formal education, including improved school infrastructure, was achieved in 3,798 primary schools in remote areas, covering 112,343 students. A total of 16,516 school teachers and principals were trained in the multi-grade approach in rural areas. The educational and living conditions of 3,060 students were improved in primary boarding schools in rural and mountainous areas, as were those of 3,446 children with special educational needs.

46. Regarding adolescents' development and participation, the opening of municipal centres for the prevention of sexually transmitted diseases, including HIV/AIDS, in the Eastern provinces has been accompanied by educative work to promote responsible behaviours. The inclusion of traffic education in the school curriculum helped to decrease accidents.

47. **Resources used.** The approved budget was 9.5 million for 2002-2006 (\$3 million regular resources; \$6.5 million other resources). Until September 2005, the total other resources mobilization had been \$3.5 million, or 54 per cent of the total approved. By September 2005, \$5.3 million had been spent, 54 per cent of the estimated budget for the cycle, on the following programmes, with percentages of the amount of allocated funds spent indicated in parentheses: integrated early childhood care (65); basic education (60); adolescent development and participation (30); and cross-sectoral (61).

48. **Constraints and opportunities affecting progress.** Constraints included frequent emergencies resulting from natural disasters and difficulties relating to the procurement of supplies. Opportunities included (a) the priority given to social policies by the Government; (b) the UNICEF link to the PDHL, which contributes to strengthened decentralization and coordination among United Nations agencies; and (c) the existence of resources centres on children's rights in all provinces.

49. **Adjustments made.** UNICEF will support the provision of one vaccine (measles, mumps and rubella), instead of four, and strengthen the cold chain. The "preparation for life" approach for children 6-11 is a new objective, as is strengthening the educational role of the family, and of gender and rights approaches. Emergencies and the promotion of rights will become cross-cutting projects. UNICEF will contribute to the development of the strategies and goals of the National Plan of Action (NPA), including the "need to protect children from abuse, exploitation and violence".

## **Dominican Republic**

50. **Introduction.** The Technical Secretariat of the Presidency (STP) acted as the MTR's coordinating body. UNICEF and its partners prepared a series of briefing documents presented at a one-day meeting jointly chaired by the UNICEF Representative and the Head of International Cooperation of the STP. The minutes of the meeting and the agreed set of conclusions constituted the formal outcome document of the MTR.

51. **Update of the situation of children and women.** A fiscal crisis in 2004 had a dramatic impact on Government spending in key social areas. In 2003 and 2004, gross national product fell for the first time in decades and the number of people below the poverty line increased by 1 million. The crisis had a major impact on the

health care system. Alongside new macroeconomic policies and economic recovery, various poverty-oriented programmes, including “Food First”, began to lessen the impact on the poorest.

52. **Progress and key results.** The UNICEF-supported rural multi-grade schools model was incorporated into national education policy, with support from the Inter-American Development Bank. A key study on child-rearing practices informed interventions in integrated early childhood development (IECD), producing a qualitative improvement in learning and improved retention rates.

53. The successful introduction of the pentavalent vaccine strengthened the national immunization programme. A key evaluation of the effort helped to improve planning for vaccine needs, the strengthening of the cold chain, and management. As a result of these and related efforts, the Dominican Republic was able to reach and maintain vaccination rates in the range of 70-80 per cent.

54. In integrated public policies, the main result was the formulation and approval of the Code for the System of Protection and Rights of Children and Adolescents (Law 136-03), which came into force in October 2004. The law promoted protection systems, long-needed institutional reforms and the modernization of juvenile justice. Key processes to ensure effective implementation were initiated with the Justice System, the Attorney General’s Office, the National police and National Council for Children and Adolescents.

55. UNICEF support helped to operationalize two important inter-institutional, cross-sectoral mechanisms for child protection: the Commission on Name and Nationality, to work on civil registration and birth certification; and the Commission on Abuse and Exploitation of Children. National and international campaigns against sexual and commercial exploitation of children resulted in placing the issue on the national agenda.

56. To strengthen local systems for child rights, the programme worked in over 100 municipalities to strengthen local planning, problem analysis and children’s and adolescents’ participation through the child-friendly municipalities approach. Municipalities developed plans of action for children, participatory diagnoses and socio-cultural action groups for promoting child rights. Other promising initiatives included the creation of participatory youth councils, the strengthening of municipal-level statistics capacity using *DevInfo*, and the introduction of monitoring for Millennium Development Goals.

57. In HIV/AIDS, activities were initiated in the reduction of mother-to-child transmission, the training of young people in prevention through networks of adolescents, and the training of staff in infant-feeding alternatives.

58. The programme responded to major emergencies. A key intervention was the “Return to Happiness” initiative in the town of Jimani, providing psychosocial support for hundreds of children affected by the flood.

59. UNICEF worked with other United Nations agencies to strengthen the Government’s commitment to and planning for the attainment of the Millennium Development Goals.

60. **Resources used.** Of the \$3.62 million allocated in regular resources and \$5 million in other resources, the budget for the first three years was \$5.17 million: \$2.17 million in regular resources; \$3 million in other resources. Expenditures for

2002-2004 were almost double, at \$10,571 million. This included \$8.4 million in other resources, of which \$6.38 million came from the Government of Japan for immunization activities. By programme: public policies and state reform, \$1.14 million; research and information, \$0.26 million; institutional capacity-building (including immunization), \$5 million; civil society participation, \$0.62 million; HIV/AIDS, \$0.75 million; emergencies, \$0.4 million; and cross-sectoral costs, \$1.65 million.

61. **Constraints and opportunities affecting progress.** There were several constraints: (a) institutional weaknesses and poor inter-sectoral coordination; (b) a disconnection between UNICEF-supported activities and Government priorities and capacity-building; and (c) weakened relationships with key sectors due to the cross-sectoral nature of the programme.

62. Opportunities included the child-friendly municipalities initiative, which helped to translate rights into tangible results; and the new Government's strong commitment to the Millennium Development Goals, and the opportunity to strengthen statistical systems.

63. **Adjustments made.** Rather than major adjustments, a change of approach and a greater focus on results was recommended, particularly in terms of the Millennium Development Goals. The recommendations were incorporated into work plans for 2005-2006 and set the stage for the Common Country Assessment (CCA)/UNDAF.

## Ecuador

64. **Introduction.** The MTR involved support from two external consultants and TACRO and closely involved the Government, donors, the United Nations system and national and local counterparts.

65. **Update of the situation of children and women.** Trends in literacy, IMR and MMR are improved but insufficient to meet the Millennium Goals without significant additional investment. Significant inequalities and disparities exist, particularly among indigenous/afro-descendent peoples. HIV/AIDS is an increasing threat to women and children. In addition, the volatile national political situation remains a constraint in forging coherent, long-term social policy.

66. The main focus of UNICEF activities and partnerships has been in MTSP focus area 5. Advances have been made in supporting the development of child-friendly fiscal measures; in advocacy to protect and increase social investment; in securing a rights-based approach to municipal policy development; and in extending citizen participation and public accountability through the network of Social Observatories, supported by UNICEF.

67. **Progress and key results.** Strategic gains included the successful positioning of UNICEF as a recognized voice for child rights in national and local policy. This has resulted in an increase in social investment (2006) of \$300 million, equivalent to a return to 1996 levels as a proportion of the national budget (28 per cent). Tangible outcomes were observed in terms of improved health, education and protection services for children. Another result was the definition of social goals based on political accords with citizen groups and state institutions, including the Ten-year Plan for Children. The country programme has incorporated social responsibility with a rights perspective for raising funds.

68. **Resources used.** The approved budget in 2003 was \$3,912,000 in regular resources; \$15,295,000 in other resources. Expenditure by 2005 was \$2,362,712 in regular resources; \$5,115,326 in other resources. This includes \$5,295,000 (approved) and \$2,365,606 (expended) for PROANDES/PROAMAZON.

69. **Adjustments made.** A re-emphasis was recommended in the following areas: the promotion of the Millennium Development Goals, both within United Nations agencies and among political counterparts; extension of child protection networks at the municipal level; capacity development in partnership with United Nations agencies for risk management; strengthening of social sector ministries' capacities to establish and monitor policies and norms; and support for processes of decentralization and "de-concentration".

## Nicaragua

70. **Update of the situation of children and women.** Nicaragua is the poorest country of Latin America, following Haiti, with a gross domestic product (GDP) per capita of \$410, one third the regional average. The poorest 20 per cent of the population receives 3.6 per cent of the national income, while the richest 20 per cent receives almost 60 per cent. Social expenditure is the second lowest in the region but increased from \$71 dollars per inhabitant/year in 1999 to \$82 in 2004. The increment has been mainly in housing. Insufficient investment in education (currently 3.1 per cent of GDP) has made gains achieved unsustainable. Schools show a repetition rate of 10.6 per cent, and only 45 per cent of enrolled students completing 5th grade.

71. Though U5MR and IMR show downward trends, the number of children born underweight grew from 8.7 per cent (2001) to 8.9 per cent (2005). Low birth registration is still a major concern, despite a slight rise due to a concentrated campaign in one vulnerable area.

72. Pentavalent vaccination fell from 88.5 per cent (2001) to 79.4 per cent (2005). From 2004 to 2005 there was a 50 per-cent growth in HIV/AIDS cases among those aged 10-19 (partially due to better registration).

73. **Progress and key results.** UNICEF involvement in the alignment and harmonization process and SWAps has leveraged children's issues for inclusion in national and sector strategic plans and budget support modalities and in the adaptation of legislation to the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women. Country programme objectives 2 and 3 covering health and emergencies and education and citizenship have been achieved through the strengthening of institutional, technical and administrative capacities in policy-making and service delivery and through improving conditions for effective decentralization at department and municipal levels. This resulted in increased capacity for services and organizational integration between health, education, water, sanitation and hygiene, and the increased involvement of community leaders. Some 65,000 children on the Caribbean coast have been registered, and a further 4,000 young people trained in the prevention of sexual exploitation and abuse.

74. The mother and child-friendly health units and the "healthy and friendly schools" initiative have become national policies. Some 7,669 working children and

adolescents are studying again through non-formal education supported in partnership with the National Child Labour Elimination Committee and the International Labour Organization. UNICEF works with WFP on the implementation of education and nutrition strategies. Forty community-managed mothers' shelters have helped raise institution-supported birthing, which helped to reduce the MMR from 140 per 100,000 live births (2001) to 86 per 100,000 (2004).

75. As part of the national emergency plan, the Ministry of Education developed a rapid response team to be summoned ad-hoc for psychosocial and back-to-school methodologies. Communities, school personnel and mayors were trained in emergency response and organization

76. **Resources used.** Allocations of \$22,509,000 (2002-2006) included \$4.5 million in regular resources; \$18 million in other resources. By December 2005, 76 per cent and 70 per cent, respectively, had been expended.

77. **Constraints and opportunities affecting progress.** The main constraints were the State's political, institutional and financial fragility and periodic natural disasters and emergencies.

78. Opportunities include (a) social investment through SWAps, and the process of programme alignment and harmonization with the Government; (b) inter-agency collaboration through United Nations reform; (c) good linkage with social infrastructure; and (d) improved child rights surveillance and protection systems.

79. **Adjustments made.** The public policies, legislation and special protection programme will now consist of two projects: public policy advocacy and protection of children's and adolescent's rights. The programme will be more oriented to the SWAps, decentralization, the MTSP and vulnerable children and adolescents. The education and citizenship programme will be modified into two projects: basic education and citizenship for all; and HIV/AIDS and children.

80. As part of harmonization and alignment of CCA/UNDAF preparation, the United Nations country team agreed to extend their 2002-2006 country programmes to the end of 2007.

## **PROAMAZON and PROANDES**

81. **Introduction.** These programmes are rooted in the country programmes of Bolivia, Brazil, Colombia, Ecuador, Guyana, Paraguay, Peru, Suriname, and the Bolivarian Republic of Venezuela, and are reported on in these countries' MTRs. The findings were based on the individual MTRs and a collective process of reflection by the nine country offices.

82. **Update of the situation of children and women and progress and key results.** PROAMAZON and PROANDES aim to reduce the exclusion of dispersed, hard-to-reach indigenous and other communities spread across 7 million square kilometres in nine countries. PROANDES comprises areas of Bolivia, Colombia, Ecuador, Peru and Venezuela, encompassing indigenous groups and populations that speak more than 350 languages. All these countries face significant related cross-border issues.

83. PROAMAZON and PROANDES focus on access to quality IECD, intercultural bilingual education, health, and water and sanitation services, child

protection and sustainable environmental action. The strategies are rights-based so that children, women, families and indigenous communities understand and exercise their rights, and authorities have the capacity to comply with international standards. There is also an emphasis on MTSP focus area 5: building policy capacity at the municipal level.

84. Of the nine countries, only Brazil is making rapid progress in poverty reduction, with Ecuador on track to meet Millennium Development Goal 1. In Brazil in particular, however, inequities related to ethnicity continue to be one of the country's most pressing problems.

85. Bolivia has made progress in Goals 2, 3 and 4, by expanding ECD services from 16 to 21 per cent of children under 6 years old in the Amazon region and maintaining the 38 per cent coverage in the Andean region, through community-based services. Bolivia also increased access to water in the Andean region from 63 per cent to 71 per cent of the communities. The rate of primary school completion, as well as girls' school retention, was increased. Of the 47,500 people who participated in literacy programmes in 5 Amazonian and 32 Andean municipalities, 63 per cent were women. In the Andean region, native languages were reinforced and Spanish taught as a second language, while in the Amazon, the programme supported literacy in Spanish as the first language and the recuperation of native languages. Sexual exploitation and trafficking of adolescents is endemic in these areas.

86. All countries have made rapid progress in reducing U5M, with Paraguay on track to meet the Millennium Development Goal target. The health of women and children was significantly improved by the use of mobile medical teams. Several countries have also made progress in improving maternal health: in Peru, 74 "waiting houses" provided access for pregnant women to institutionalized childbirth; in Venezuela, 19 indigenous communities received medical attention and immunizations through a fluvial health clinic. In Colombia, more than 60 municipalities budgeted resources in their Basic Attention Plans for improving maternal and infant health and reducing maternal and infant mortality. Malaria, a serious and endemic threat to indigenous children in the region, requires a sub-regional effort.

87. **Constraints and opportunities affecting progress.** Constraints included (a) widespread political instability and weak governance; (b) discriminatory attitudes of authorities; (c) the lack of reliable data on the situation of communities; (d) inefficient municipal mechanisms for the disbursement of resources; and (e) the difficulty and high cost of access to the areas covered.

88. The main internal constraint has been the difficulty of sustaining ongoing coordination across countries, Governments, partners and borders. Nevertheless, the fact that these two programmes tackle common sub-regional issues presents a continuing opportunity to match cross-border interventions with the cross-border nature of many social issues.

89. **Adjustments made.** Inter-country meetings have prompted a renewed commitment to strengthening sub-regional collaboration through the following means: (a) CCAs and UNDAFs fully incorporating the rights of these populations; (b) the development of a common monitoring and evaluation framework; (c) closer common alignment with Millennium Development Goals, in particular, to

strengthen a focus on HIV/AIDS; (d) a focus on frontier/cross-border issues; (e) the building of common capacity in risk-management for emergencies; and (f) a common focus on participation. The programmes' geographic concentration has been narrowed to achieve a more significant impact on the most excluded children and to strengthen the intercultural dimension.

## **Bolivarian Republic of Venezuela**

90. **Introduction.** The MTR involved the Ministry of Planning and Development, other national partners, governmental and non-governmental organizations, the private sector, indigenous children, and adolescents. The human rights perspective was a common methodological thread. The PROANDES and PROAMAZON programmes were also included.

91. **Update of the situation of children and adolescents.** The political instability in 2002-2003 seriously impacted the economy, which in turn affected the situation of children and adolescents. Economic growth has led to reductions in poverty since 2004, but 60 per cent of the population still lives in poverty, with 28 per cent (6.7 million people) in extreme poverty.

92. In education, pre-schools have a net enrolment ratio of 33 per cent. Primary school has a ratio of 86 per cent and a repetition rate, from first to sixth grade, of 8.6 per cent. Public investment in education rose to 5.3 per cent of GDP in 2004 from 4.7 per cent in 2002.

93. In 2003, the IMR was 18.5 per 1,000 live births, with 95 per cent of births occurring in health establishments. The MMR was 58 per 100,000 live births.

94. For HIV/AIDS, as of 2004, 49,629 HIV/AIDS cases had been reported, with an estimated prevalence rate of 0.7 per cent among the population 15-49 years old. The HIV/AIDS mortality rate increased from 4.7 per 100,000 inhabitants in 2002 to 4.9 in 2003 and is increasingly feminized.

95. Despite the Convention on the Rights of the Child principles embodied in the Bolivarian Constitution (1999) and various related laws, rights are still not fully applied, particularly among the rural and indigenous population, and violence, particularly domestic violence, remains a serious problem.

96. **Progress and key results.** The added value of UNICEF cooperation has been help for the articulation of strategies deployed by institutions in various areas, especially in the National Plan of Identity, and for the design of the "Trio for Life" communication and promotion strategy encompassing breastfeeding, vaccination and birth registration. UNICEF was instrumental in the adoption by 20 hospitals of the mother- and child-friendly hospital initiative and in the training of 720 health employees in breastfeeding counselling. The role of UNICEF is critical against a backdrop of socio-political polarization in the country.

97. Through the implementation of children's rights programme, UNICEF helped to build the capacity of institutions working in the national child protection system in nine states. Approximately 300,000 children, representing around 25 per cent of all births in the past 2.5 years, were registered in 52 Hospital Units for Birth Registration. Humanitarian aid was provided to children affected by natural



disasters in five states, and psychosocial support and back-to-school programmes were offered to children affected by natural disasters and armed conflict.

98. In the knowledge-generation and information programme, 3,000 children from 48 schools participated in the initiative “Meeting Spaces”, aiming to reinforce respect for diversity, non-discrimination and peace, and some 100,000 people participated in the initiative “Doses of Love for Peaceful Coexistence”. In HIV/AIDS, 300 trainers were trained, and educational materials were produced, including material aimed at children and at people with visual and hearing disabilities.

99. **Resources used.** For 2002-2007, \$8.2 million was approved (26 per cent in regular resources; 74 per cent in other resources). In addition, the Executive Board approved \$3 million from other resources for PROANDES and PROAMAZON. Expenditure for 2002 -2005 was \$4.4 million (85 per cent). Some 30 per cent of other resources came from the local private sector.

100. **Constraints and opportunities affecting progress.** Difficulties included a lack of adequate coordination among government bodies, aggravated by frequent changes in personnel, affecting child protection in particular; and lack of updated and disaggregated data. Among the opportunities were the strong legislative and policy framework and a gradual increase in public investment targeting poverty.

101. **Adjustments made.** UNICEF will strengthen its organizational structure for providing technical assistance to public policy-making within the framework of the Millennium Development Goals. The implementation of the children’s rights programme is restructured into two projects: (a) integral protection and promotion of women’s and children’s rights, and (b) public policies and social investment in children. The knowledge-generation and information programme is restructured into two projects: (a) communication and social mobilization; and (b) monitoring and evaluation for greater visibility of children’s and women’s rights advocacy, and monitoring of public policies and investment in children.

102. Adjustments were also made in the country programme management plan to improve technical assistance to public policies and support the local fund-raising management strategy, and to better prepare for emergencies.

## Major country evaluations

### Evaluation of Bolivia’s *Rompiendo Silencios* (“breaking silences”)

103. **Reasons for the evaluation.** This 290-page report on the state of child sexual abuse in Bolivia was selected as a model for evaluation that can drive policy development, inform evidence-based programme design and serve as a strategic reference for other evaluations in child protection and a wider regional approach.

104. **The commissioning process.** The evaluation was an initiative of the Women’s Coordination Network (*Coordinadora de la Mujer*) and the Ombudsman (*Defensor del Pueblo*), who partnered with UNICEF. It was commissioned to explore sexual abuse in school as an exemplar of power inequalities and of the complicity of adults. However, the evaluators were encouraged to take an independent view and concentrated on aspects of sexual abuse and exploitation of young girls. UNICEF

provided 20 per cent of the funds for this \$60,000 evaluation; Denmark provided the majority of funds.

**105. Summary of design and methodology.** The report mapped the prevalence of sexual exploitation and abuse in different settings in an analytical framework. Ethnographic analysis involved interviews and direct observation as well as demographic studies and a review of the research literature, with testimonies regarding abused children at the fore. Case studies showed how sexual abuse occurs with the complicity of the family and the impact on children and families in homes and schools. Two examples of detailed accounts were (a) the typical chronology of legal proceedings following a sexual abuse allegation, showing the almost 40 stages a family had to go through with their child (characterized as “second-order abuse”); and (b) a lengthy tape-transcript of testimony given by a young girl to her school principal detailing sexual abuse by her father.

**106. Findings, lessons learned, recommendations.** There were several key findings: Training programmes tended to “plant more questions than answers in young people and children ...” In addition, “boys and girls do not feel protected, they do not understand how institutions work.” By portraying violence and abuse in the words of children (and their abusers) the evaluation showed how the pathology was rooted in patterns of adult authority and was too easily bypassed by standard institutional measures that made sense to adults but not to young victims. This was a key insight for redesigning programmatic interventions. Another key finding was that the programmatic response had to address the situation-specific nature of sexual abuse and violence against children. It had to be understood by programme designers in the terms in which young people experience it.

**107. Use made of the evaluation.** At the country level, this evaluation was used to legitimate and bump-start a national debate on sexual abuse and power, and has become a key instrument for advocacy. The report will be reprinted following heavy demand and is being used to promote service-level integration across education, police, health, and social work sectors. At the regional level, the report is being disseminated to focal points in monitoring and evaluation and child protection, with the suggestion that it serve as a point of reference for commissioning further studies in various countries. The aim is to achieve regional coherence in monitoring and evaluation on this issue. The report will also be used to further inter-agency collaboration and capacity development in evaluation.

## Conclusion

108. The MTRs and major evaluations for the region demonstrated a growing engagement with public policy, building on municipal-level experience to inform national policies. One lesson is that effective municipal-level action has to be balanced with national policy advocacy. This was extensively developed in the case of Ecuador. The most frequently mentioned constraint to progress was the low state of political readiness for rights-based interventions, allied to a weak institutional base. The MTRs also showed a clear need for subnational disaggregated data for better targeting of rights-based programme interventions and the need for capacity development of public institutions to be complemented by social mobilization in favour of child rights. Adolescent development and participation was highlighted as a key strategy to strengthen programmatic response to the HIV pandemic.

109. Child protection interventions were shown to be well-established. These included programmes in Colombia, for children in conflict situations; in Bolivia, where UNICEF played a key role in the ratification of the Optional Protocols; in Nicaragua, with the consolidation of Code for Children and Adolescents; and in Venezuela, with the extensive matrix of child protection interventions at local levels. Closer alignment of UNICEF interventions with national policies and programmes in this and other programme areas offers the greatest scope for increased leveraging of resources and results for children.

110. **Implications for future action.** One common constraint running throughout these accounts was the low level of resources for both monitoring and evaluation. There is a growing acknowledgement of the role of evaluation for programme design, programme improvement and policy development, and programme accountability. In the Dominican Republic, for example, evaluation fed directly into policy development for vaccinations and for the promotion of children's rights in municipalities. Similar strategies are being urgently promoted.

111. Evaluation in the region will play a more proactive role in providing a critical evidence base on which to *design* interventions and support their improvement. Monitoring, too, will be brought closer into an evaluative framework — that is, a strengthening will take place of the capacity of United Nations teams and programme managers to make judgements about the direction and effectiveness of interventions.

112. The variable quality of results reporting in these accounts reflected an acknowledged need for further capacity development in monitoring for UNICEF and its counterparts to improve results-based reporting. But it also reflected the need to develop new methodologies for the evaluation of public policy advocacy and capacity development, areas in which results are sometimes not visible, measurable or attributable. Methodologies and qualitative indicators are being developed to assess these areas and to support country offices in addressing MTSP focus area 5. The attribution “problem”, however, will also be explored as an issue of collective responsibility among UNCT members and partners within an UNDAF framework of cooperation.

113. These reports also straddle what may be a historic political divide, with newly elected governments increasingly committed to social investment, poverty reduction, children's rights and tackling social and economic disparities. As was reported in the TACRO regional annual report (2005), there is “a new moment of heightened opportunity for UNICEF, its sister United Nations agencies and other partners. UNICEF has a growing capacity to influence public opinion and public policies in favour of universal children's rights”. Given this opportunity, proactive, real-time and evidence-based evaluations are essential to sharpen our understanding of, and to refine programmatic responses to, key issues facing children, such as HIV/AIDS, violence, emergencies, chronic malnutrition, gender discrimination and the quest for equality. Evaluations that can explain the relationship between interventions and the contexts in which they are operationalized — providing a thorough analysis of what drives change and what resists it — are key to maintaining the intellectual leadership of UNICEF.