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### United Nations Children's Fund

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### **Summary of midterm reviews and major evaluations of country programmes**

#### **Middle East and North Africa 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 during 2005-2006.

#### **Introduction**

1. This report covers the MTR for the 2006-2007 area programme, Palestinian children and women in Jordan, Lebanon, the Syrian Arab Republic and the Occupied Palestinian Territory, concentrating on the latter because it involves the major part of the programme (over 85 per cent of the programme budget) and went through the formal MTR process. The report also covers UNICEF-supported programme evaluations in the Middle East and North Africa region. These include three evaluations: an evaluation of the Bam emergency programme in the Islamic Republic of Iran, a formative evaluation (review) of the project dealing with children previously involved in camel racing in the United Arab Emirates, and an evaluation of the European Commission Humanitarian Office (ECHO)-funded

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emergency health/nutrition and water and environmental sanitation action for conflict-affected populations in North Darfur, Blue Nile and Unity states of Sudan. In addition, the report includes a recent assessment (survey) of the situation of Iraqi refugees in the Syrian Arab Republic.

## **Midterm review**

### **Occupied Palestinian Territory**

2. **Process.** The MTR was conducted through a participatory process that included key counterparts from the Government, United Nations agencies, donors, civil society, and national and international nongovernmental organizations (NGOs). The MTR was enriched by the participation of children in its preparation and implementation. Consultations involving line Ministries and the project team contributed to the MTR meeting organized by the Ministry of Planning, in which all implementing partners, including NGOs and children, participated to sum up overall achievements, constraints and lessons learned.

3. **Update on the situation of children and women.** The infant and under-five mortality rates in Occupied Palestinian Territory, estimated at 25.2 per 1,000 live births and 29.1 per 1,000 live births, respectively, are relatively low and close to the levels found in the middle-income countries in the region. However, mortality rates have remained at this level for some years and, under the current circumstances, reducing them is a challenge. Achievement of the Millennium Development Goal on child survival is not certain. A recent survey reported a rise in the unemployment rate to 40 per cent, and 67 per cent of households are living below the poverty line. Moreover, recent World Food Programme (WFP) assessments indicate that 51 per cent of Palestinians are food-insecure, a 14-per-cent increase in the past year. Child nutrition has been affected, with micronutrient deficiencies recognized as a significant problem. Addressing anaemia in girls and women also remains a serious challenge.

4. Education suffered considerably due to the open-ended strikes of teachers. Dropout rates increased, particularly in older male children. In 2005/2006, the net enrolment rate was 86.7 per cent for boys and 88.3 per cent for girls, a drop of 1.5 per cent compared to 2004/2005. Levels of violence rose in schools. The closures, curfews and military operations frequently constrained the mobility of teachers and students. Several studies have indicated that the psychosocial status of a majority of children has been negatively affected by the ongoing conflict. The deterioration in the quality of health services and decreased access to the services due to closures, compounded by the economic crisis, had a negative impact on the overall situation of children and women.

5. **Progress and key results.** Through the Child Survival and Development Programme, more children under five continue to benefit from the Integrated Management of Childhood Illness (IMCI) package “plus”, including immunization, improved health services and community and family care practices. The immunization coverage rate was sustained at above 90 per cent largely as a result of the reliable availability of vaccines. An effective emergency response was launched for all primary health-care centres both in the West Bank and Gaza with the provision of essential supplies. Awareness campaigns on potential Avian and pandemic influenzas were also held. In the areas targeted by the programme,

malnutrition, caused by inadequate breastfeeding and complementary feeding practices along with micronutrient deficiencies, is also being addressed. Consumption of iodized salt is now at 86 per cent, and children and women of childbearing age receive appropriate micronutrient supplementation. More newborns continue to benefit from the integrated neonatal package.

6. Through the education programme, a child-friendly school environment that encourages children to enrol in and complete school has been established in 90 schools, moved forward by the training of 2,000 teachers. To complement this, a nationwide back-to-school campaign to increase community awareness on the importance of primary education was undertaken in addition to the provision of supplies (stationery, school bags, uniforms, etc.), which reached approximately 110,000 of the most disadvantaged children, especially girls, in the West Bank and Gaza. More teachers and managers (360) were trained on Early Childhood Development (ECD) to strengthen pre-school education and increase access of under-fives to ECD. A school-support system for dropout prevention was set up in 50 schools that have the highest dropout rates.

7. **The child protection programme** contributes to the improvement of mechanisms and services to detect, support and refer child victims of abuse, exploitation and violence. A child protection monitoring system is being established through five socio-legal defence centres, and 1,800 cases of abuse and violence were received. The legal environment to protect children was strengthened through amendments to the Palestinian Child Rights Law and a review of the Juvenile Justice Law. Children (60,000) and caregivers (20,000) have received psychosocial support services through the work of the 12 psychosocial support teams. Children (45,000) also received training on dangers of mines, and a victim database has been set up.

8. **The adolescent development and participation programme** has contributed to increasing opportunities for 1,200 adolescents who can participate in decision-making through eight Child Municipal Councils. More children (12,000) are able to recreate safely, and adolescents (18,432) have access to life-skills-based education and after-school sports activities in 256 schools. Through the provision of adolescent-friendly learning spaces, more adolescents (1,200) have received life skills-based education and skills in IT, literacy, math, drama and other areas.

9. As part of the emergency response, the **water and environmental sanitation (WES) programme**, has ensured that an estimated 2,200 households now have access to safe drinking water, and 343 schools and 35 hospitals/primary health care (PHC) centres have access to safe water and sanitation facilities. The water supply to unserved or poorly served urban and refugee populations was improved, as was the coordination of emergency WES activities and the monitoring of the humanitarian situation.

10. Through the cross-sectoral programme, comprehensive data and information to close information gaps on children and women and support situation monitoring and assessment are now available with the establishment of the first Millennium Development Goal database, PalInfo (a customized version of DevInfo).

11. **Resources used.** For 2006, \$4.2 million was allocated as regular resources, of which \$3.8 million (90 per cent) was spent. Under other resources, \$3.9 million was allocated, of which \$2.5 million (64 per cent) was spent. Under emergency other

resources, \$14.1million was allocated, of which \$13.1million (93 per cent) was spent. All funding sources give a cumulative budget of \$22.3million, of which \$19.4 million (87 per cent) was spent. A high-level budget in 2006 reflects the success of fund mobilization efforts by the Occupied Palestinian Territory office with the support of the regional office and the headquarters, especially in response to the Gaza crisis.

12. **Main constraints and opportunities affecting progress.** The main constraint is the deterioration of the conflict situation in Occupied Palestinian Territory, which caused a shift in focus from development to emergency. The civil servants' strike that lasted for over six months (due to the inability of the Palestinian National Authorities to pay salaries) also affected progress, as did the freezing of donor funds as a result of the coming-to-power of the Hamas-led Palestinian Authority. Nevertheless, good progress was made in programme delivery because of two main factors: first, the willingness of implementing partners to continue working for children and to implement some activities despite the strike; and second, the provision of \$1.2million from the Emergency Programme Fund that facilitated emergency responses, especially in the Gaza crisis.

13. **Adjustments made to the programme.** The MTR led to significant adjustments. In health, changes relate to increased intra- and inter-Ministerial coordination, the strengthening of the newborn and postnatal care interventions, annual planning for what is achievable, and early preparation of supply plans, especially in Gaza.

14. In education, support for back-to-school campaign activities with timely delivery of supplies, the development of pre- and in-service teacher training strategies, and support for teacher-training is crucial. It was noted that Child Protection requires more and closer coordination between the West Bank and Gaza, a better mix between development and emergency preparedness/response activities, and improved monitoring of the implementation/enforcement of child rights laws.

15. Adjustments in the adolescent programme include the need to create more adolescent-friendly learning spaces, and safe play areas for children, and to provide summer activities. In WES, there is a need to provide services to more unserved or poorly served rural communities, and emergency safe water and adequate sanitation services to more crisis-affected schools, health facilities and local communities.

16. In the cross-sectoral programme, more resources were allocated, the media outreach was increased, capacities of programme partners began to be developed more systematically, and more support was given for resuscitation and effective functioning of the monitoring unit in the Ministry of Planning.

## **Major programme evaluations**

### **Children Previously Involved in Camel Racing in the United Arab Emirates — Project Review**

17. **Reasons for the evaluation.** Camel racing forms a pastime for many people in the Arab world, especially in the Gulf countries. Over the past years, as the prizes have increased in value and the sport has become more professional, the demand for lighter jockeys has grown. This has involved use of young children, sometimes as young as three. The children came mostly from Bangladesh, Pakistan and Sudan,

with smaller numbers from Mauritania and Eritrea. The project to repatriate and reintegrate these children has been a unique collaborative effort among the Government, UNICEF, NGOs and the Governments of Bangladesh, Mauritania, Pakistan and Sudan. A formative evaluation (project review) was carried out to assess progress and performance at midterm, to document experiences gained in project planning and implementation, to identify good practices and to generate lessons learned and recommendations for strengthening implementation.

18. **Summary of design and methodology.** The review was conducted by a team of consultants with the active involvement of Government officials and UNICEF staff in the concerned countries. A desk review was carried out prior to the field work to ensure awareness of the issues involved and gain sufficient background on the situation and the project. Field work included interviews with parents and children involved in the project and concerned institutions. The review benefited from meetings with Government officials, NGO agencies involved in the project, community leaders, families and children. In Bangladesh, Pakistan and the United Arab Emirates, transit centre facilities were visited and focus group discussions were held with selected officials.

19. **Findings, lessons learned and recommendations.** The review provided an assessment of project performance at each stage of the project, from the identification of children in the United Arab Emirates to repatriation (including care during the transit), followed by rehabilitation in the children's communities and families in the countries of origin. Major findings are described in the following paragraphs.

20. As a result of the lead role taken by the United Arab Emirates Government and the advocacy by and technical support of UNICEF and selected partners, by the end of the first year of the project, more than 1,000 children had been repatriated. This was seen as the major achievement of the project in line with its objective. A key success factor was that the United Arab Emirates Government, under the auspices of the Ministry of Interior, established a comprehensive system to repatriate children, from their initial identification, to their temporary accommodation in transit centres, and finally, to their rehabilitation in their communities and families.

21. The project commenced with an awareness-raising campaign, which was highly effective in bringing about the first early waves of children being handed over by the camel-farm owners to the authorities. One weakness of the campaign was the lack of use of Urdu and Bangla, minority languages spoken by a large segment of the working population.

22. The United Arab Emirates Government made an early decision that it would be in the children's best interest to offer a period of amnesty to camel-farm owners, which successfully encouraged a voluntary handing-over of children. Additionally, other children were identified through monitoring that included spot-checks on camel farms. All children identified were boys.

23. Following identification, children were transferred to transit centres that provided accommodation and cared for the children before facilitating the tracing of their families and the children's subsequent travel home. The project was successful in identifying families for the vast majority of children prior to their travel home, and for most of the other children quickly upon their return to their home countries.

24. A high level of commitment by the United Arab Emirates Government, as demonstrated by the involvement of over 200 staff in the project, was also a key success factor. However, one area of concern was the poor balance of social workers versus police in the transit centres (6 social workers and 75 police officers). The physical standards in the transit centres were very high but there was evidence of a lack of staff experience in communication with the children, documentation and assessment. The project has provided an opportunity for staff training, and the United Arab Emirates Government was developing further training modules for social support centre staff.

25. The success of the family tracing was evidenced by the fact that, at the time of the review, there were only 21 children still in transit care (in their countries of origin) whose families were yet to be identified. However, the review found that the repatriation process faced coordination and communication difficulties. There was a discrepancy between the numbers of children said to have been repatriated and those who had actually arrived back in their countries of origin; and the whereabouts of 542 children seemed to be unknown. The review called for an urgent sorting out of the situation.

26. After repatriation, the majority of the younger children were keen to attend school, but the older children who faced language challenges encountered difficulty. In some cases, reintegration had been highly individualized and had resulted in resentment in some communities. This called for a need to review reintegration methodologies.

27. The prevention aspect of the project had been taken seriously in all countries, with national committees established and national legislation improved in several countries. All countries of origin had planned awareness campaigns covering trafficking issues beyond camel racing.

28. The review provided a large number of lessons and recommendations for improving project implementation. These include:

(a) A holistic and community-based approach for reintegration should be used whereby a wider group of children could benefit from the project so as to avoid incurring resentment. Since reintegration with follow-up was vital, the project should be extended for an additional 12 months to achieve reintegration;

(b) Stringent and transparent monitoring mechanisms should be developed and implemented at border points of countries of origin, of transit and of destination as well as on camel farms and racetracks to halt trafficking of children for use as jockeys or farm labourers. Prevention should be expanded to address additional child protection concerns, including other forms of child trafficking, child labour and sexual exploitation;

(c) Additional training to transit centre staff, both police and social workers, should be provided, in a range of areas that includes interviewing children, assessment, documentation and psychosocial care;

(d) A policy for testing children for diseases, including HIV, should be developed and proper responses instituted if a child is found to be positive;

(e) UNICEF should develop international guidelines for projects related to the protective environment. These should include guidelines for testing for sexually transmitted diseases and HIV/AIDS. UNICEF should also provide technical

assistance to the United Arab Emirates social support centre staff so that they can develop a database that can be used for case management and for transfer of appropriate information to other agencies and between countries;

(f) The United Arab Emirates Government should provide a complete list to each country of origin of repatriated children to allow for cross-checking of information and to ensure follow-up for every child who has returned home;

(g) In all countries of origin, appropriate alternative solutions for the care of children, such as foster care, independent living, and resident apprenticeship should be developed for those children whose families cannot be found or are considered unable to meet the children's needs. This should be developed within international and national guidelines for alternative care provision;

(h) In all countries, where not already applied, systems should be developed for the involvement of communities in monitoring the children's reintegration process and protecting children against trafficking and child labour;

(i) An integrated approach, focusing on both destination and transit countries, should be developed throughout the Gulf to combat trafficking for any purpose. Relevant training should be provided to the police, immigration officers, and those involved in the criminal justice system (judges, prosecutors, lawyers);

(j) It is important to develop a deeper understanding of the characteristics of families and communities that are especially vulnerable to trafficking and of the reasons why some families allow children to be trafficked. Both root causes and demand for trafficked children need to be addressed;

(k) All Governments should move towards ratifying international conventions on trafficking and child labour.

29. **Use made of the evaluation.** The findings and recommendations of the review served as the major input at a midterm consultation meeting on the project held in September 2006. The meeting, hosted by the United Arab Emirates Government, was attended by Government officials and UNICEF staff from all five countries involved, the UNICEF regional office and selected NGO partners. A major decision was taken to extend the project for another two years with an additional commitment of \$8 million in funding provided by the United Arab Emirates Government. A full-time UNICEF post would be established to provide technical support to the project.

30. At the meeting, there was a general agreement to move towards a community-based approach to prevention and to explore alternative care approaches; enforce implementation of legislation in all countries; strengthen awareness-raising at country and regional levels; strengthen monitoring in all countries by completing a project database and improving overall information-sharing and reporting; and improve the overall coordination of the project at the subregional and national levels. The remaining recommendations will be considered gradually by all actors involved to further strengthen the project.

31. The lessons and good practices identified by the evaluation are also proving valuable in developing and strengthening child protection programmes in other countries in the region, especially in moving towards systemic approaches.

## **Evaluation of the 2003-2006 Bam Emergency Programme in the Islamic Republic of Iran**

32. **Reasons for the evaluation.** The Islamic Republic of Iran is one of the most earthquake-prone countries in the region. The strong earthquake that struck the city of Bam and surrounding area in December 2003 claimed more than 26,000 lives, left 10,000 injured and 75,000 homeless, and caused losses estimated at \$1.5 billion. UNICEF channelled its initial response through the Iranian Red Crescent Society and subsequently developed recovery programmes with Government counterparts in the areas of education, water and sanitation, psychosocial support, health and nutrition, and child-friendly cities, addressing post-disaster and rehabilitation needs. A previous evaluation had closely examined the early preparedness and response aspects, but no systematic documentation was available for the recovery and rehabilitation aspects. This comprehensive evaluation was carried out to assess programme performance and lessons learned with focus on recovery and rehabilitation phases.

33. **Summary of design and methodology.** The independent evaluation was carried out by two international consultants and one Iranian consultant and included a mixture of qualitative and quantitative methods. The evaluation involved field work that took place in October-November 2006. Field interview sites and interviewees were selected on a purposive basis, and targeted a selection of individuals, groups, projects, etc. More than 100 semi-structured individual and focus group interviews were held with Government officials, UNICEF staff, recipients of UNICEF assistance, families caring for separated children, teachers, kindergarten teachers, social workers, health workers, engineers and other professionals. Although 80-90 per cent of the work took place in Bam, visits were made to two villages, a nutrition clinic and a flour factory outside the city. The evaluation covered the context and overview of the disaster, an overview of UNICEF response, the programme areas of UNICEF work, cross-cutting issues, and operational and programme management. The evaluation did not look in depth at communication and media issues, and interviews with regional and headquarters staff were limited in number. Triangulation was used to verify and validate information and findings.

34. **Findings, lessons learned and recommendations.** Although it was too early ascertain the sustainability and long-term impact, UNICEF, working with its Government partners, had made an important and lasting contribution in Bam. The programme encouraged innovation, which is likely to produce lasting developments, especially in the fields of family reunification and psychosocial approaches.

35. In **education**, the evaluation found that during the emergency period, approximately 80 per cent of Bam's surviving students were registered at schools that UNICEF supported, and 1,000 out-of-school children were tracked. By July 2004, around 9,000 students had received school supplies. In 2004, two mobile libraries with 3,000 books each were outreaching 29 sites that included 34 primary schools, mainly in rural areas. UNICEF was covering 85 schools with over 9,000 students. In 2004, UNICEF organized workshops on child-friendly school buildings for 30 Ministry of Education staff, and in 2005 the child-friendly school initiative gained momentum with more workshops for 30 education sector officials and 102 primary and middle school principals, the establishment of a steering committee,



and the equipping of 30 schools with libraries and science and computer laboratories, among other support. A school hygiene committee was also formed.

36. In **psychosocial support**, during the first seven months, UNICEF provided financial assistance to the Ministry of Health and the services of a consultant from the Norway-based Centre for Crisis Psychology, who conducted training workshops for personnel. Following the initial response, UNICEF and the Ministry worked together to strengthen disaster preparedness and counselling services at the provincial and district levels. A pilot project for school-based psychosocial support was launched in 4 primary schools and was later expanded to 29 primary schools with over 3,800 students. Training and awareness-raising sessions were held for school counsellors, parents and school principals. Three community counselling centres/drop-in centres were established.

37. In **water and environmental sanitation**, UNICEF initially focused on providing latrines and other sanitation facilities, but after needs appeared to be met, focused on assisting the Government in rebuilding the piped water network by providing pipes and fittings, and other equipment and supplies.

38. In **family reunification**, the programme was relatively slow to start. However, UNICEF coordinated the child protection sector, holding frequent meetings with the State Welfare Organization and contributing equipment for the tracing efforts, including computers and digital cameras. UNICEF became more involved once it deployed a child protection officer specialized in tracing. A large-scale family reunification programme was developed, and by the end of 2004 around 80 social workers had been employed and trained with UNICEF assistance, a database and 13 zone offices had been established, and 4,000 individual and 100 family kits distributed. UNICEF contributed to wages of the social workers (incentives), training and the operation of a database and hot-line. The programme ensured that the vast majority of children who had lost a primary caregiver were placed in family-based rather than residential care and were followed up on by case workers.

39. In **child-friendly spaces**, UNICEF initially established tents where children could enjoy supervised play. Out of the 19 tents and recreational kits provided, 16 were used and were essentially operating as kindergartens. UNICEF also supported staff incentives and provided training. Following this, UNICEF, together with the State Welfare Organization, developed a plan to support 36 kindergartens and open 10 recreational and cultural centres. UNICEF provided staff incentives as well as prefabricated units to house the facilities and equipment and supplies. Together with the State Welfare Organization and other NGOs, UNICEF also organized and paid for 36 workshops and 24 internal review meetings. A training facility was supplied and equipped for this purpose. Child enrolment in kindergartens rose from 1,237 children before the earthquake to 3,073 in 2005.

40. In **health and nutrition**, UNICEF initially provided supplies and a medical doctor as well as World Health Organization emergency kits and obstetric and surgical kits. The organization then undertook two initiatives: one in health that involved supplying materials and training to re-establish storage and transport for vaccines (the cold-chain), and one in nutrition that involved adding micronutrients (iron and folic acid) to flour; supporting a nutritional survey; establishing a school-based nutrition education programme; and establishing nutritional care centres.

41. In the **child-friendly cities programme**, UNICEF, the United Nations Development Programme and the Mayor of Bam signed a joint letter of understanding regarding child-friendly cities interventions in a 1.3km<sup>2</sup> zone near the ancient Citadel in Bam in December 2004. An annual work plan for 2005 was devised with an overall budget of \$3 million aimed at “improving and promoting the planning and design of the integrated urban planning process at the home, neighbourhood and city level (being child-friendly, ecological, culturally sensitive, affordable and earthquake-resistant)”.

42. The programme focused on both women and children (and to some extent on girl children) but lacked gender analysis and a well-defined gender policy approach. The programme succeeded in reminding policymakers and the Government of the importance of children’s rights and a rights-based approach, even though more could have been done to encourage the Government to provide more information to and facilitate participation by the beneficiaries.

43. The Bam project was integrated into the country programme through a planned and managed approach. All parts of the programme were adequately supported and supervised and full advocacy and scaling-up opportunities were utilized. The pre-existing relationship of UNICEF with Government partners and their collaboration were important assets.

44. The sudden expansion of the programme created immense demands on the UNICEF country office team. Several key lessons were learned: (a) in order for UNICEF to respond effectively to major disasters, it is crucial that experienced staff are fielded quickly to back up country office staff; (b) the challenge in post-disaster planning is to be able to plan and implement rapidly while working in a development context, so that there should be adequate focus on the needs of the poor and vulnerable as well as on community consultation and participation; (c) in a middle-income country, technical rather than financial inputs from UNICEF have the highest impact; and (d) a robust and relevant response gives high credibility.

45. The evaluation’s recommendations included the need to: (a) retain an emergency preparedness and response capacity and regularly update country office plans with the support of the regional office; (b) assign a senior staff member clear management responsibility for overseeing and developing the disaster response and preparedness part and to consider an emergency post for this purpose (possibly sharing human resources with offices in neighbouring countries); (c) ensure that emergency plans are practical, up-to-date and ‘live’; (d) continue to work with government counterparts and disaster management agencies to develop policies, guidelines and good practices; (e) develop and implement assessment, programme planning, implementation and monitoring methods that focus on situation and vulnerability analysis, beneficiary consultation and programme quality, and share elements of this work with Government counterparts; (f) establish clear policies about whether or not to embark on post-disaster infrastructure projects; and (g) include vulnerability considerations within the Core Commitments for Children in Emergencies to ensure that the vulnerable groups are found and supported.

46. **Use made of the evaluation.** The country office reviewed the lessons learned and recommendations with key partners and prepared a formal management response. For a majority of the recommendations, follow-up activities were included in the 2007 work plan. The Bam district was added to the list of country programme focus districts. The emergency preparedness and response capacity of the office has

been gradually raised. Several other recommendations were used to strengthen regional office capacity to support emergencies.

**Evaluation of the ECHO-funded Emergency Health/Nutrition and Water and Environmental Sanitation Action for Conflict-affected Populations in North Darfur, Blue Nile and Unity States of Sudan**

47. **Reasons for the evaluation.** The conflict in Sudan together with recurring drought and floods and widespread poverty, have severely affected the Blue Nile, Unity and North Darfur states. Cooperation between ECHO and UNICEF in providing health and nutrition and WES assistance to the affected population goes back to 1997. This evaluation was carried out to assess the performance of the ECHO-funded health, nutrition and WES project implemented during 2004-2005 so as to provide recommendations for the next phase.

48. **Summary of design and methodology.** The evaluation was based on a desk review of documents available on the programme and field visits to the programme sites. During the visits, the health and nutrition consultant and the WES consultant conducted semi-structured interviews with key informants, and group interviews with beneficiaries and community members, and observed work on the programme. The WES consultant also inspected warehouses and stores belonging to the National Water Corporation and collected and analysed broken equipment parts.

49. **Findings, lessons learned and recommendations.** With regard to health and **nutrition**, In PHC, UNICEF provided drug supplies, equipment and training, in partnership with international NGOs; some were purely health-oriented, while others included nutrition or other activities. UNICEF was the sole supplier of EPI vaccines, given to and distributed through the Ministry of Health. UNICEF and others also supplied cold-chain equipment. Activities in nutrition included the supply of therapeutic milk and nutrition equipment as well as nutritional surveys and training. UNICEF also played the lead role for nutrition in emergencies, with nutritionists placed in all Darfur field offices to facilitate coordination, and an overall coordinator positioned in Khartoum. An Information, Education and Communication Officer for Darfur is shared with the Health Department.

50. Despite similarities in disease patterns and the absence of functioning local health services, the settings in the various sites varied greatly when it came to security and the presence of international humanitarian assistance and required different assistance strategies.

51. Working relationships and coordination with UNICEF were described as good by all partners. UNICEF drug supplies were regular, prompt and sufficient, often being the only drugs available. UNICEF therapeutic nutrition supplies and equipment were also sufficient and effectively used, with some partners relying on them exclusively. There were delays and restrictions on humanitarian aid due to the ongoing conflict, especially in North Darfur, or to the denial of access by the Government (e.g., in Blue Nile). Standards were higher, in general, at programme facilities than they were at other facilities and much higher than those at the Ministry of Health facilities. This also included drug use, as the capacity of UNICEF partners to put the drugs to good use at non-programme facilities was weak, and was very weak at Ministry of Health facilities. Training was, however, being provided to staff. UNICEF-supported health services were used widely.

52. Given the low levels of quality and access, reproductive health services were greatly needed. The total fertility rate was reported at 5.9 children per woman, the contraception rate was 7 per cent, and the utilization of antenatal care services by women stood at 42.2 per cent, with 94 per cent of deliveries taking place outside the reach of health facilities. There were some individual HIV/AIDS-related interventions but no major efforts.

53. Vaccination coverage was alarmingly low in North Darfur but not in Blue Nile. The supply of vaccines and syringes was generally regular and sufficient, and cold-chain management appeared to be in line with standards, although there were shortcomings in some equipment. Being less complex, EPI activities had a better chance than PHC activities of being effective. There was a higher degree of ownership by the Ministry of Health and partners were more able to provide the resources. Local epidemics were controlled. The geographic range and volume of EPI activities were impressive and the results generally encouraging. However, the high default rate kept immunization coverage low.

54. Partners relied completely on UNICEF nutritional supplies, reported to be sufficient. The nutritional programmes were of a good technical standard, although there was a nutritional storage problem in Blue Nile. The malnutrition ward in the Blue Nile hospital was ineffective in reducing malnutrition, although it prevented mortality caused by malnutrition. Blanket distribution of supplementary food to returnees in Blue Nile did not reach severely malnourished children. Some resources could have been better used, especially those aimed at interventions for returnees. Sustainability was considered very low, although some inroads were being made through capacity-building and the implementation of Community-based Therapeutic Care. Examples of good practice were local production and use of education materials, and the regular involvement of caregivers in health and nutrition promotion, training, and use of home visits.

55. Programmes were generally deemed highly relevant for the affected population. It was noted that a lack of one of the success factors of a programme (infrastructure, equipment, supplies, skilled human resources, etc.) affected the performance of the programme as a whole — the multiplicative effect. Two out of the three causes of malnutrition were likely to continue after the conflict was resolved (chronic food insecurity and ill-health and harmful practices). Socio-economic reasons were an obstacle to accessing therapeutic and supplementary feeding programmes. While working in ‘emergency mode’ could be very effective, a focus on post-crisis sustainability and effectiveness was important. The operational capacity of UNICEF and its partners was found to be good, with a few local exceptions.

56. For **WES**, the programme generally responded to the various emergencies that arose (war, drought, flood and famine). Proper long-term planning and budgeting was not possible due to sporadic donor funding and the urgency of responding to immediate needs. However, the project, based on drilling small diameter boreholes fitted with standardized India MarkII handpumps, along with improved environmental sanitation and hygiene practices, was implemented in a timely manner, with several exceptions in Unity State. Total planned numbers were achieved in North Darfur (35) and in Blue Nile (30). In three states, 60 hand pumps were rehabilitated as planned.

57. Unity State also fell behind in the training of handpump mechanics (60 out of the planned 90). North Darfur and Blue Nile achieved their targets of 120 and 90, respectively. Unity State fell behind in Village Health Committee members training, (150 out of 210 planned) while North Darfur and Blue Nile achieved their targets of 210 and 180, respectively. All three states achieved their targets for training schoolchildren in hygiene (700 in North Darfur, 600 in Blue Nile and 700 in Unity) and for training community leaders on operations and management. School latrines construction was also on target (7 in North Darfur, 6 in Blue Nile and 7 in Unity). In Unity State, 400 community leaders/members (out of the planned 500) had been trained in dracunculiasis; the targeted three water yards had been rehabilitated, and the targeted 30 water yard operators had been trained.

58. Implementation was generally of good quality. Mobilization, training, promotion of good practices and implementation of school latrine projects were also carried out well. The assessment of several previous instalments showed that they too were working well. The prerequisites for long-term sustainability were present, but key hand-pump components were missing in North Darfur, and other pieces of equipment often failed.

59. For **health and nutrition**, the evaluation recommended investing in infrastructure rehabilitation of PHC facilities in IDPs' places of origin; delivering drugs to facilities where other care components were available and encouraging partners to monitor user rates and coverage in order to better measure outcomes; encouraging family planning for child spacing; avoiding missing opportunities for HIV/AIDS prevention, e.g., reaching caregivers in nutritional centres; continuing and increasing the distribution of insecticide-treated bed nets and monitoring their use; continuing to plan and implement nutrition surveys and encourage routine growth-monitoring; and considering a shift beyond the war-related emergency nutritional issues towards prevention and treating underlying causes while implementing additional monitoring and evaluation efforts and a more careful selection of programmes.

60. For **WES**, the evaluation recommended determining why the quality assurance system for handpumps was not working and seriously considering undertaking pre-delivery inspection; continuing to strengthen the capacity of the projects with new equipment and training; formulating and finalizing partnership agreements with interested NGOs to provide equipment; strengthening the project at the national level by providing a senior drilling engineer and logistics support; developing an emergency preparedness plan in cooperation with the national project, and stockpiling a limited amount of essential emergency supplies and equipment; and organizing a review of existing data and a field investigation of the possible over-extraction of groundwater resources.

61. **Use made of the evaluation.** A joint mission from Supply Division and India visited Sudan to further analyse quality issues, as recommended. A system for quality assurance was established. Handpumps received in 2006 were of better quality, and no quality problems were reported from the field. Training in quality assurance, handpump technology, drilling rigs operation and management, and sanitation training were conducted. Project Cooperation agreements were implemented with NGOs. A senior drilling-rigs expert was recruited for eight months, and a six-month consultant provided to North and South Sudan WES

governmental partners. Limited emergency preparedness supplies have been positioned in Khartoum and other states and are replenished as required.

62. In **health and nutrition**, the following improvements were made: (a) improved attention to quarterly monitoring of immunization coverage in all states and subnational immunization days conducted in states with low coverage, especially in the Darfur states; (b) improved preparedness for epidemics, including pre-positioning of supplies, improved surveillance, and support for training and coordination activities; (c) improved coordination and focused support for the child-friendly cities initiatives together with other programmes, including IMCI; (d) distribution of insecticide-treated mosquito nets, and support for the training of village health workers; (e) combined support for health service provision, including rehabilitation of health facilities in affected areas, capacity-building, and provision of essential drugs and supplies; and (f) in some areas, meetings were held with the warring factions to allow access to immunization and other health services, and additional support was provided to the NGOs to improve community outreach activities.

#### **Assessment of the situation of Iraqi refugees in the Syrian Arab Republic**

63. **Reasons for the assessment.** The Syrian Arab Republic is host to a large and increasing number of Iraqi refugees from the conflict in Iraq. As a result of the assessment, the number of refugees was estimated at some 500,000. More recently (early 2007), the estimate was increased to 1.2 million. Previously, a systematic assessment of the situation of the refugee population including children and women had been lacking. The Office of the United Nations High Commissioner for Refugees (UNHCR), UNICEF and the WFP undertook a survey to assess the situation of the refugees so as to: (a) estimate the size and nature of the Iraqi refugee population; (b) determine the situation and needs of the Iraqi refugee population in health, education, nutrition, protection and access to food; (c) identify capacities and needs of existing partners as well as potential partners; and (d) recommend future action by the involved agencies.

64. **Summary of design and methodology.** The survey was conducted in the last quarter of 2005 by two teams. The Coordination/Technical Committee, including representatives of the sponsoring agencies, was responsible for the quality control of the survey and for providing access to partners and Ministries. The Joint Field Assessment Committee, a multi-disciplinary team, collected and analysed data through a household survey in areas where there was a higher concentration of Iraqis. In three areas, 461 families were visited. Focus group interviews were conducted with men, women and adolescents (boys and girls), grouped by religion. Health centres, schools and members of the local communities were also visited and interviewed. The information gathered included that on family size, ethnicity, religion, place of origin and habitual residence, reasons for leaving Iraq, date of leaving, reasons for choosing the Syrian Arab Republic, intention to return to Iraq, reasons for not returning, relations with the local community, registration (or non-registration) with UNHCR, temporary protection, type and size of housing, employment and income status, food consumption (and shortages), poverty, expenditure on food and non-food items, coping strategy, vaccination, malnutrition, diarrhoea and acute respiratory infection, breastfeeding, maternal care, disabilities, school enrolment, education levels, and child labour.

65. **Findings, lessons learned and recommendations.** The survey found that children under age 18 constituted 48 per cent of the refugee population. Nearly 80 per cent of the families were of Arab origin, with the majority coming from Baghdad, and 57 per cent were Shiite. More than 90 per cent left Iraq because of the security situation. They chose the Syrian Arab Republic because of security, hospitality and convenient living conditions, and 90 per cent of families said that they had amicable relations with the local communities. The Syrian Arab Republic is implementing a temporary protection policy aimed at preventing the deportation of Iraqis. Of the refugees, 81 per cent said that they would apply for refugee status if allowed, and 4.9 per cent would choose the Occupied Palestinian Territory for repatriation if financial assistance were available.

66. With regard to **health**, families had access to services through public, private and charity sectors. Access had been limited since the beginning of 2005, when only vaccinations and emergency cases were dealt with at public hospitals, and other cases were referred to the private or charity sector (consisting of local NGOs and community-based organizations). Prevalence rates for acute diseases were normal, although there were low vaccination rates (e.g., 65 per cent for measles, and 75 per cent for polio) and a rather high prevalence of diarrhoea, at 19 per cent. Maternal health was an area of concern, with 15 per cent of pregnant women not receiving antenatal care, and 40 per cent not being vaccinated against tetanus.

67. Regarding **education**, although refugee children have the right to go to Syrian schools, 30 per cent of children 6-11 years old were not enrolled because of poverty and insecure legal status and also because of complex registration procedures, administrative requirements and children being downgraded to lower classes. Children also had difficulties adapting to new school environments and different curricula, and these adjustment challenges increased with the age of the child.

68. With regard to **populations most at risk**, the qualitative assessment indicated that girls as young as 12 were involved in sex work, and that girls and women were being trafficked. Children often worked to supplement family income (long hours for little pay). Girls generally worked as housemaids and boys worked in marketplaces. Clear cases of traumatized families and children — who received very little or no care — were identified through the discussion groups. Symptoms ranged from physical (hair loss, skin rashes, speech difficulties) to disorders in social behaviour and psychological reactions to the environment (fear of going out, children kept at home, nightmares, anxiety). Causes ranged from exposure to war to feelings of material and social insecurity since leaving Iraq.

69. With regard to the refugees' **socio-economic conditions**, the survey found that the unemployment rate was high (80.7 per cent for women and 52.9 per cent for men). Children aged 13 to 22 made up 18 per cent of the workforce. Chronic illnesses included diabetes, arterial hypo-pressure, thyroid gland problems, arthritis, hernia, skin allergies, brain vessel problems, tumours, and epilepsy. Approximately 4 per cent of the population was disabled.

70. Food consumption was adequate for 82 per cent of households, with 77 per cent having a marginally adequate diet, and 13 per cent having a poor diet. Monthly capital expenditure, at 4,932 Syrian Pounds, significantly exceeded the lower and upper poverty lines (which are 1,459 and 2,052 Syrian Pounds, respectively). Although a quarter of the households reported experiencing a shortage of cash or food to meet their basic requirements, targeted assistance was justified only for

1.3 per cent of households. However, the dependence of over a quarter of households on unsustainable income was of concern. Around 1,500 families were facing difficult circumstances due to poverty, expiry of legal documents and trauma, and levels of malnutrition, low enrolment, child labour and child prostitution were likely to increase.

71. The assessment provided a number of recommendations for improving the situation of women and children: (a) maintain and reinforce the temporary protection system by strengthening local institutional capacities (in education, health, and other sectors); (b) provide basic food items for 1.3 per cent of the population; (c) identify long-term solutions and interventions to ensure sustainable sources of income; (d) improve and sustain child and maternal health by strengthening immunization and raising awareness through health education on breastfeeding, hygiene and antenatal care; (e) ensure that UNICEF works closely with the Ministry of Health to improve health facilities and mobilize families through community participation; (f) ensure child enrolment in schools through UNICEF support of the Ministry of Education and NGO initiatives; (g) ensure UNICEF support for local efforts to prevent child labour and the sexual exploitation of children and women (by fostering new income-generating projects, establishing local networks); (h) provide help to traumatized families through the development of counselling skills; and (i) support the 1,500 families facing severe difficulties through the provision of safer living environments, food security and guaranteed access to services.

72. The report mentioned the need for the international community to share the financial burden in supporting the refugees and in implementing the recommendations through a coordinated programme approach among the key partners.

73. **Use made of the assessment.** This was the first formal survey to provide much-needed information on the demographic, socio-economic and protection-related situation of the refugee population, including children and women. It served as the main basis for systematically determining the needs of the refugee population and for breaking new ground for partnerships among key humanitarian actors to be established in order to tailor and strengthen their response. Since its release in March 2006, the document has been quoted in all appeals and in many reports.

74. UNICEF used the findings to highlight the deteriorating situation of refugee children and women and to reshape its response to the humanitarian crisis. Following the recommendations, UNICEF supported a measles campaign, which achieved more than 90 per cent coverage. In the absence of an updated assessment, the 2006 assessment was used in 2007 to formulate the UNICEF subregional appeal on Immediate Needs of Iraq Refugees and Internally Displaced Persons (IDPs) that was launched in May.

## **Conclusion**

75. **MTR of the area programme for Palestinian children and women.** Although it covered only one year, the MTR was valuable in light of the changes in the situation in Occupied Palestinian Territory, particularly the escalation of the conflict in Gaza. The programme will need to maintain its vigilance and flexibility to respond to the changing situation. The review led to significant adjustments in the



programme, which in addition, will undergo a gradual shift to focus more on social policy issues and partnerships to influence broader decisions and resources for children and women.

76. **Major evaluations.** The four reports cover the large spectrum of challenges children and women face in the region and are good case studies of the various ways in which UNICEF has attempted to respond. With the leadership of the United Arab Emirates, authorities, UNICEF responded well to the problem of children trafficked as camel jockeys. As the Chairperson of Pakistan's Child Protection and Welfare Bureau recently remarked, referring to recent international responses to trafficking, "more things have been achieved in the past two to three years than in the last three decades." But a lot more remains to be done to prevent child trafficking in the Gulf countries and elsewhere in the region and to ensure full success of the project, especially in integrating the children back into their communities and families.

77. The evaluation of the Bam earthquake emergency was one of a few to examine the early response as well as the recovery and rehabilitation phases. The regional office is using its recommendations to strengthen its response to emergencies, including the support for early preparedness planning and capacity development.

78. The evaluation of the ECHO-funded project in Sudan, although an ambitious undertaking, provided valuable findings and ideas for strengthening health and nutrition and WES interventions in one of the most challenging environments in the region. The recommendations will help to improve child survival and development initiatives in hard-to-reach and disadvantaged areas of Sudan.

79. The study on the Iraqi refugees in the Syrian Arab Republic was timely and instrumental and serves as an excellent example of collaboration among United Nations agencies and Syrian officials. The assessment was particularly useful in developing the 2007 subregional appeal for the children of Iraqi refugees. The report and the methodology/tools it used also serve as a good example of a rapid assessment for use in crisis situation.

80. **Evaluation function.** There has been significant progress in improving the strategic selection of UNICEF-supported evaluations in the region, which are becoming fewer in number and of higher quality. The regional office contributes to the choice of evaluations by providing feedback on integrated monitoring and evaluation plans proposed by the country offices and by proposing additional evaluations where they are seen as being strategically important. In addition, evaluations are receiving greater attention from country office management teams thanks to the organizational policy guidance to strengthen the selection, quality and use of evaluations. The teams review and endorse the integrated monitoring, research and evaluation plans and monitor the progress in their implementation. The teams increasingly provide management response to evaluation recommendations.

81. The evaluation culture in the region is weak, and the challenge ahead is to mobilize United Nations country teams to collectively strengthen the evaluation function at the national level. In countries with large UNICEF programmes and adequate staff, UNICEF should be able to gradually assume a lead role in mobilizing these teams. However, in countries where UNICEF teams are small and capacity low, innovative approaches will need to be used, such as pooling resources among United Nations agencies to recruit one or two evaluation officers to work on evaluations within the United Nations Development Framework. As part of the

ongoing effort to improve the quality of UNICEF-supported evaluations and strengthen evaluation capacity in the region, innovative ways will be explored through which United Nations agencies can collaborate more effectively to strengthen evaluation both at the regional and country levels.

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