United Nations E/ICEF/2010/P/L.16

Economic and Social Council

Distr.: Limited
7 July 2010

Original: English

For discussion

United Nations Children's Fund
Executive Board
Second regular session 2010
7-9 September 2010
Item 6 (c) of the provisional agenda*

Summary of midterm reviews of country programmes

Eastern and Southern Africa region

Summary

This regional summary of midterm reviews of country programmes conducted in 2009 was prepared in response to Executive Board decision 1995/8. The Executive Board is invited to comment on the report and provide guidance to the secretariat.

Introduction

1. This report covers midterm reviews (MTRs) of the country programmes for Eritrea (2007-2011), Ethiopia (2007-2011), Madagascar (2008-2011), Malawi (2008-2011) and Zimbabwe (2007-2010), all conducted in 2009.

2. The Eastern and Southern African region records some of the world's highest poverty rates and continues to be the epicentre of the HIV/AIDS epidemic. Eight of 20 countries globally with more than 40 per cent of children suffering from chronic malnutrition can be found in the region, which also accounts for almost one fifth of the world's maternal deaths. The situation of children and women is particularly precarious in a number of "fragile states" where political instability and conflict have resulted in economic stagnation and protracted emergencies. While some Eastern and Southern Africa region countries made remarkable advances prior to the global economic crisis, progress towards the Millennium Development Goals is now threatened by a combination of slow economic growth, reductions in development and humanitarian aid, and the potentially devastating impact of climate change.

* E/ICEF/2010/15.

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3. The MTRs further highlighted the need to sharpen the focus on tackling the "triple threat" of HIV/AIDS, extreme poverty, compounded by declining food security, and weak governance, if Millennium Development Goal gains are not to be lost. This summary of MTRs reflects the accelerated effort of UNICEF in promoting children's rights and addressing increasing inequalities in development as well as humanitarian and transition contexts.

Midterm reviews

Eritrea

Introduction

4. The MTR was undertaken by UNICEF in consultation with key Eritrean ministry counterparts and donor and civil society partners during the course of 2009. Sector-based reviews were accompanied by a nationwide children's consultation and findings endorsed through a formal MTR forum hosted jointly by the Ministry of Finance and UNICEF in October 2009. The MTR took into account improved national planning and policy development efforts and a challenging fiscal and budgetary setting. Since development partners were not involved in the national development planning process, the country programme alignment with national development priorities was reviewed through sectoral engagement, focusing on prioritization of a diverse programme with limited resource and partner capacities, and identified opportunities for stronger partner engagement.

Update of the situation of children and women

5. The country has achieved good progress in child mortality reduction and reversal of HIV/AIDS prevalence. Under-five mortality rates dropped from 82 per 1,000 live births in 2004 to an estimated 70 per 1,000 live births in 2007. HIV prevalence for 15-to-24-year-olds is estimated at 1.3 per cent, compared to a 2.4 per cent rate in 2003. Malaria control measures succeeded in reducing mortality and morbidity rates. However, a marked increase in food insecurity contributed to a deteriorating malnutrition situation, with 38 per cent of women of child-bearing age suffering undernutrition and 40 per cent of children being underweight. Progress on Millennium Development Goal targets on poverty and maternal mortality reduction has been insufficient.

6. Education standards remain a serious challenge, with persistently poor enrolment and completion rates, especially for girls and in rural areas. The basic education net enrolment rate declined from 52.6 per cent in 2004-2005 to 49.9 per cent in 2008. Access to schooling is constrained for children of nomadic communities and children with disabilities. The positive trend in improved access to clean water continued while sanitation rates remained extremely low.

7. The Eritrean Government's prohibition of female genital cutting and commitment to mine risk education improved the child protection policy framework. However, interventions to enforce the ban and change the practice require strengthening along with the generation of reliable data.

Progress and key results at midterm

8. The young child survival and development (YCSD) programme supported progress on case management of child illnesses; including improvements in service access in rural and remote communities, with 56 per cent coverage of health workers trained in Integrated Management of Childhood Illness. Procurement support to the Ministry of Health contributed to a high possession rate for insecticide-treated nets (82 per cent average), though utilization rates still remain low (between 44 per cent and 63 per cent). A declining trend in immunization coverage over the last two years is attributable to decreased outreach services, due to fuel shortages and inaccurate population data. Multi-year plans and the Reaching Every District approach support an improved and expanded programme on immunization, district-level planning and monitoring, and have prevented vaccine stock-outs. The community-based therapeutic feeding programme reached 2,317 severely malnourished children and contributed to increasing recovery rates, from 72 per cent in 2008 to 75 per cent in 2009. Vitamin A campaigns increased coverage, from 83 per cent in 2005 to 95 per cent in 2007, yet declined again to 88 per cent in 2008. The programme focus on prevention of HIV infection among pregnant and new mothers, prevention of HIV transmission to their infants and improved access to antiretroviral treatment contributed to reduced prevalence rates for this at-risk population.

9. The basic education and gender equality (BEGE) programme contributed to a primary education system better able to deliver universal access to schooling, with an emphasis on improved policy, curriculum and professional teaching capacity and on measures to tackle structural inequities in access and participation, especially for girls. This includes education system reform, the provision of incentives, the changing of professional and household attitudes, improved community outreach, and strengthening of life skills teaching. Despite notable achievements in system development, enrolment and school output rates remain low, especially for girls.

10. The water, sanitation and hygiene (WASH) programme supported the national expansion of access to safe drinking water and improved household sanitation, accompanied by changed behaviours in safe hygiene practices. Integration of hygiene awareness and practice into the curriculum addressed a key barrier to girls' school attendance. Significant progress on water access was achieved, with 57 per cent of the rural population using improved water sources in 2007, compared with a baseline of 39 per cent in 1990. However, limited access to materials and challenges with contractors are continuing constraints. Accelerated efforts are required to increase access to school facilities and to improve the low standard of sanitation facilities. The adoption of the Community-led Total Sanitation approach by the Government in 2008 is showing a substantial upswing in this respect.

11. The child protection programme supported interventions for orphans, children living and working on the street, children and adolescents exposed to the risk of unexploded ordnance, girls at risk of sexual exploitation and violence, and children of internally displaced or refugee families, specifically through strengthening the birth registration system, social protection measures, child protection networks, mine risk education, and work on the elimination of female genital cutting.

12. The advocacy and partnership for children programme supported partnerships in children's media programming and broadcasting, the strategic use of

communication for development, consultations with children and adolescents, and special advocacy on the rights of girls.

Resources used

13. The country programme has a budget of $38,925,000, of which $8,925,000 are regular resources (RR) and $30,000,000 other resources (OR). By 2009, allocations stood at $31,839,481, supplemented by substantial emergency funding contributions of $28,646,707, virtually doubling available resources. Relatively lower OR allocations in YCSD ($3,383,664) were boosted by significant emergency OR allocations ($16,891,353), representing the bulk of emergency funding received. Expenditures totalled $43,564,577 — broken down in $5,133,928 RR; $17,304,874 OR; and $21,125,775 in emergency funding.

Constraints and opportunities affecting progress

14. A number of constraints hindered progress and are likely to affect the remainder of the programme: (a) national data limitations; (b) constrained access to field and programme locations; (c) limited service coverage; (d) the effects of fuel and transport restrictions; (e) inadequate monitoring and evaluation capacities; (f) shortages of trained national professionals at local levels; (g) sustainability considerations in the context of national self-reliance; (h) factors hindering physical infrastructure development; and (i) limited overall official development assistance contributions.

15. Emerging opportunities are strengthened strategic partnerships and improved programme harmonization with national development priorities. Key cross-cutting lessons were made: (a) barriers to gender equality require concrete measures to address religious and traditional beliefs and practices; (b) programme implementation is more effective and sustainable through proper partnerships with key national partners; and (c) upstream policy work needs to strengthen national programme development and service delivery capacity.

Adjustments made

16. The MTR recommended a shift in strategic emphasis in two programme areas. The maternal health component of the YCSD programme will be strengthened to scale up efforts towards achieving Millennium Development Goal 5, reflecting the roles and the division of labour agreed to among UNICEF, the World Health Organization (WHO) and the World Bank in 2008. Also, in coordination with the Ministry of Health, the nutrition component was adjusted to include a scaled-up response to malnutrition.

17. The child protection programme will seize emerging opportunities to accelerate actions on juvenile justice and law reform for children's rights. The social protection and child justice components will be refocused on social protection and capacity development, as well as justice for children and legislative reform, in anticipation of strengthening implementation partnerships and professional alliances with the Ministries of Justice and Information, the police and the judiciary.

Ethiopia

Introduction

18. Supported by the Government and UNICEF, the MTR of the country programme was conducted as a component of the United Nations Development Assistance Framework (UNDAF) MTR at federal and regional levels between April and June 2009. The collection and review of data and information was followed by thematic brainstorming sessions with partners and extensive consultations, involving government stakeholders at regional, federal and national levels, jointly organized by the United Nations country team and the Ministry of Finance and Economic Development.

19. The MTR process took into account the latest available national data and evaluation findings of programme approaches. It concluded with a national consultation, validating major findings emanating from the regional and federal level meetings.

Update of the situation of children and women

20. Ethiopia has achieved significant and sustained growth over the past 10 years, yet 15 million Ethiopians are still estimated to be living on a per capita gross domestic product (GDP) of less than $100. While the disparity gap between rural and urban areas has narrowed, income equality in urban areas increased sharply in the last five years. As the livelihoods of over 80 per cent of the population depend on subsistence agriculture, the country remains highly vulnerable to shocks, including the impact of droughts and other natural disasters and complex emergencies.

21. Despite overall improvements in underweight rates, Ethiopia is not currently on track to achieve the nutrition target for Millennium Development Goal 1. The nutritional situation of children in the south-eastern region of Ethiopia deteriorated rapidly, due to the combined effects of unprecedented price increases of essential food commodities and crop failure following poor rains, and necessitated concerted response measures. While the gender parity index has gradually improved since 2006-2007, the gross enrolment rate dropped 6.2 percentage points from 2007-2008 to 2008-2009, posing a serious challenge for meeting the Goal 2 targets. However, with an estimated under-five mortality rate of 109 per 1,000 live births in 2009, compared to 166 per 1,000 live births estimates in 2006, Ethiopia is on track to reach Goal 4.

22. The maternal mortality ratio remains high, at 673 per 100,000 live births. The national adult HIV prevalence rate stands at 2.3 per cent, with an estimated 131,145 new infections per year. Insecticide-treated net coverage in malaria-prone areas increased dramatically, from 3.5 per cent in 2005 to 65.6 per cent in 2008. According to the Ministry of Water Resources, access to water supply for the rural population increased, from below 50 per cent in 2007 to 61.5 per cent in 2009, while sanitation coverage increased, from below 50 per cent in 2007 to 56 per cent in 2009.

Progress and key results at midterm

23. The health extension programme roll-out was achieved in rural agrarian areas in 2008, and initiated in urban and pastoralist areas. Some 6,000 health posts in

remote locations were equipped; some 33,000 health extension workers are providing promotional and preventative services, treatment of diarrhoeal diseases and dehydration with oral rehydration salts and treatment of malaria; and some 3,000 health extension workers were trained in clean and safe delivery. The National Nutritional Strategy was approved in 2008 and a five-year National Nutrition Programme was prepared with support from UNICEF, the World Bank and other partners. A national multisectoral nutrition coordination body was formed and salt iodization was officially launched. Supporting the management of severe acute malnutrition at the community level resulted in increased treatment capacity — from 18,000 patients per month at 125 treatment sites in 2006 to more than 62,500 patients per month in 1,238 treatment sites in 2008 and 100,000 patients per month at 4,506 sites in 2009. Routine national immunization coverage is on target for the pentavalent vaccine (83 per cent) but still below target for measles (74 per cent). Some 24 mobile health teams are providing basic curative and preventive health services to 1.5 million pastoralists. About 42 per cent of children are sleeping under an insecticide-treated bed net.

24. In Ethiopia, an additional 1.6 million people received improved access to community water supplies, and an additional 2 million people have access to improved toilets; 238 schools received water supplies and 564 schools received sanitation facilities; 217 health facilities have been provided with access to clean water, while 229 received latrines.

25. The early childhood care and education policy and strategy were endorsed and 163 early childhood development centres established; 221 child-friendly primary schools, enrolling over 209,950 students, were established; over 115,330 female students were provided with tutorial programmes, school uniforms, educational and sanitary materials. A total of 1,161 new alternative basic education centres were established and 257 strengthened in pastoralist and hard-to-reach areas, providing access to basic education for some 110,500 children; over 38,500 educational professionals and parent-teacher association members benefited from training in various subjects, ranging from school mapping and microplanning to child-centred teaching methodologies.

26. The HIV/AIDS and children programme supported the national life skills programme in training over 38,000 youth on life skills; peer education and leadership training programmes in all regions reached some 21,400 adolescents and young people both in school and out of school. Trained educators each reached a minimum of 10 peers through one-on-one peer learning, affecting over 200,000 young people.

27. A child rights analysis of national laws and policies was completed, a Children's Bill harmonizing existing national legislation with international human rights law and international humanitarian law was developed and 1,149 committees on the Convention on the Rights of the Child were established, with a total of 15,574 members. Over 700 women were trained on gender mainstreaming, gender-based violence prevention and rehabilitation and gender analysis. Six districts publicly pledged to abandon female genital cutting. The Ethiopian Police University College and the Justice Training Centre developed pre-service and in-service training packages for justice professionals; some 2,078 police and justice sector officials completed the training. A national coordinating body on violence against women and children was inaugurated.

28. The policy, advocacy and partnerships for child rights programme supported three remote pastoralist zones in strengthening the quality of their planning and budgeting processes and subsequent implementation and monitoring.

Resources used

29. During 2007-2009, expenditure totalled $259,675,450, against a total country programme budget of $469,750,000, with utilization levels increasing steadily from $75,385,223 in 2007 to $107,140,971 in 2009. The programme received significantly increased RR allocations of $114,427,977. While OR mobilized for the nutrition and food security and basic education programmes were high and the YCSD programme met the planned resource mobilization targets, OR levels for the HIV AIDS, communication and gender programmes were low, while the WASH programme was severely underfunded, at $23,600,000 available OR, against a planned target of $96,600,000, negatively affecting the level of achievements.

Constraints and opportunities affecting progress

30. The MTR identified several cross-cutting constraints affecting implementation. A shift in government coordination of programmes assisted by the United Nations exposed capacity limitations of the designated focal counterparts; inadequate fund absorption and liquidation capacity of regional government deter actors from complying with UNICEF direct cash transfer rules; other constrains are limited communications and lack of infrastructure. Government resource distribution, applying a regional “equity formula”, resulted in insufficient funding for programming in some regions. The federal business process re-engineering reform diverted attention from programme implementation and resulted in staff turnover from high-capacity specialists to generalists lacking sector specific skills.

31. The gazetting of the Charities and Societies Proclamation in February 2009 created a climate of uncertainty among non-governmental organizations (NGOs) and necessitated operational portfolio amendments. The emergency response to address severe acute malnutrition and cholera outbreaks in 2007-2008 and 2009 diverted health sector resources from longer-term work yet strengthened the nutrition component in the health extension programme through the introduction of an outpatient therapeutic programme. Restricted access to the Somali region, from May 2007 onwards, negatively affected programme implementation that focused on reducing disparities in access to services for pastoralist children and women.

Adjustments made

32. Cross-cutting MTR recommendations include a strategic review of support to children in urban environments and those in small regions, the establishment of an autonomous agency for children, and stronger focus on capacity development of legislative, administrative and judicial personnel on implementation and monitoring of international obligations.

33. The YCSD programme will focus on (a) complete integration of all preventative and curative child health interventions, including Community-led Total Sanitation, community-based nutrition and outpatient treatment of children with severe acute malnutrition; (b) comprehensive communication for development; (c) strengthening maternal and newborn care; (d) strengthening community mobilizers; and (e) supporting pastoralist regions in developing the most appropriate

strategies for the delivery of basic health, nutrition and WASH services. Enhanced outreach strategy activities will gradually be integrated into community-led Child Health Days in 228 target districts. UNICEF will partner with the United Nations Population Fund, the World Bank and WHO to develop a joint programme on maternal and neonatal health; it will also partner with the World Bank, the Food and Agriculture Organization of the United Nations, and the Japanese International Cooperation Agency on the development and implementation of a strategy to reduce stunting.

34. The WASH programme will focus on (a) reprogramming 25 per cent of non-emergency community water supply funds for rehabilitation of defunct systems and the establishment of local institutions; (b) mapping and promotion of self-supply and introduction of more cost-effective materials, technologies and approaches; and (c) inclusion of water and sanitation infrastructure created with emergency funding in community water supply inventory and reports. Four new results were added: (a) all staff and patients at 550 rural health institutions have access to safe water facilities and sanitation and hand washing facilities; (b) all staff and students at rural schools have access to safe and adequate water facilities and sanitation and hand washing; (c) appropriate humanitarian requirements methodology established per basic social services sector; and (d) the disaster risk management policy endorsed and integrated threats to adolescents, children and women.

35. In recognition of impressive progress made, targets for the BEGE programme were revised upward as follows: the number of *woredas* (the local administrative units in Ethiopia) with universal primary education plans increased from 300 to 400; schools with development plans increased, from 3,000 to 5,000; and education staff familiarized with child-friendly schools (CFS) standards increased from 30,000 to 50,000. The target to certify 1,000 schools as child-friendly schools was cancelled, given the agreement to mainstream CFS into the school improvement programme component. Alternative basic education will be accelerated, to expand access, improve quality and mobilize communities and parents to ensure increased enrolment of girls, especially in pastoralist areas, with an increased target, from originally 1,500 to 1,925, with 225,000 children accessing basic education.

36. This child protection programme will be reoriented to support capacity-building and systems-building in child protection through an inclusive strategy and well-targeted interventions. Building on lessons learned from social transfers programme of the Bureau of Labour and Social Affairs and UNICEF, assistance will be provided for the development of a social protection strategy.

Madagascar

Introduction

37. The MTR was carried out at a time of political crisis, resulting in international sanctions against the transition authorities and the freezing of aid. Against this backdrop of limited engagement and changed operational modalities, the MTR was conducted largely as an internal exercise between November 2009 and February 2010.

38. The internal process was supplemented by technical-level consultations with sectoral counterparts, civil society and other programme partners, and harmonized

with the UNDAF review. The MTR focused on reviewing the relevance of the programme and on identification of risk mitigation measures in the changed context.

Update of the situation of children and women

39. Madagascar dropped from 143 to 145 on the United Nations Human Development Index between 2008 and 2009, and poverty rates remained high at 70 per cent. The preliminary findings of the 2008-2009 Demographic and Health Survey (DHS) documented negative and positive trends. While the nutrition status of Madagascar remains a concern, with 50 per cent of children under the age of five stunted, primary school net enrolments increased, from 65 per cent in 2001 to 86.8 per cent in 2007-2008. The DHS highlighted public health system erosion, with stagnating or declining indicators on routine health services, such as skilled delivery assistance and treatment of basic illnesses.

40. Prior to the political crisis, development partners had rallied around the Madagascar Action Plan and increased their financial portfolios to support the Government's development agenda focussing on the Millennium Development Goals, particularly in the education sector. The 2009 unconstitutional change of power, followed by the establishment of a High Transition Authority, which to date has not been recognized by the international community, reversed this trend, as major donors froze all aid and sanctions were imposed. In the context of a 70 per cent foreign financed public investment budget, the 50 per cent decrease official development assistance in 2009 had serious consequences for the functioning of social services and other public goods, resulting in disorganization of the local education and health administration and supply shortages, including drug stock-outs. The situation is expected to remain unchanged until an internationally recognized government is in place.

41. Beyond the impact of deteriorating health and education services on children, emerging concerns are special risks for youth, especially evident during the violent clashes at the height of the crisis, and increased vulnerabilities to child exploitation and violence against children in an environment characterized by crisis and sanctions. Recurring cyclone and drought emergencies affected communities, particularly in the south.

Progress and key results at midterm

42. Successful initiation of Mother and Child Health Weeks and significant investment in immunization and malaria control contributed to the further decline in infant and under-five mortality rates.[1] Tetanus vaccination increased, from 52.5 per cent in 2003-2004 to 70 per cent in 2008-2009, and the percentage of households with insecticide-treated bed nets increased, from 38.9 per cent to 61.7 per cent over the same period. However, treatment of acute respiratory infections and diarrhoea by skilled medical assistants stagnated, from 39.3 per cent in urban areas in 2003-2004 (32 per cent rural) to 42 per cent in 2008-2009 (34.4 per cent rural). Deliveries in health centres were 31.8 per cent in 2003-2004 and 35.3 per cent in 2008-2009; however, over the same period, the percentage of deliveries assisted by skilled medical staff decreased, from 51.3 per cent to 43.9 per cent. Biannual supplementation of

[1] The under-five mortality rate has been declining steadily, from 159 per 1,000 live births in 1997 to 94 per 1,000 live births in 2003-2004 to 72 per 1,000 live births in 2008-2009.

Vitamin A and deworming of children under the age of five has reached more than 90 per cent of children. Nine baby-friendly hospitals were designated. Approximately 900,000 severely malnourished children under the age of five were served and a new nutrition monitoring system, with 15 sentinel sites, was created.

43. Some 775 primary schools have standardized WASH facilities, serving 24 per cent of all school needs. Approximately 190,000 students are being served. A WASH strategy was developed with guidance and support from UNICEF and other partners.

44. The education sector mobilized donor engagement in moving a reform agenda forward in 2007-2008. Following the initial rejection by the High Transition Authority, the carefully researched education reform programme proceeded with significant funding ($85 million) from the Catalytic Funds of the Education for All Fast Track Initiative. The programme aims to ensure that high enrolment rates are accompanied by a decrease in drop-outs and retention rates are maintained to expand quality education. To minimize the impact of frozen education development funding on teachers and children, Fast Track Initiative funds were released to UNICEF to cover crucial education expenses, including salaries of community-recruited teachers.

45. Progress on protecting children against violence included the promulgation of laws reinforcing child rights principles and the development of a national protection policy. Significant data collection, information gathering and analysis on the child protection situation contributed to open dialogue, influencing policies and guiding the design of national and local-level child-protection interventions and networks. In the emergency response, UNICEF led both the thematic group on disaster prevention and risk management and the emergency clusters for WASH, nutrition, education and protection.

Resources used

46. The programme mobilized substantial resources during 2008-2009. The total fund allocation against the planned budget of $70,092,000 was $49,537,754, broken down into $26,600,443 RR and $ 22,937,311 OR, of which $44,004,079 was spent. Available resources in each sector corresponded to planned amounts and were allocated as follows: $23,000,000 for YCSD; $13,250,000 for BEGE; $2,157,000 for HIV/AIDS; $3,647,000 for child protection; $3,883,754 for policy, communication and partnerships; and $3,600,000 cross-sectoral. The programme also mobilized $13,296,567 emergency funds, mostly for health, nutrition and education, of which $12,796,100 was expended.

Constraints and opportunities affecting progress

47. The political crisis destabilized society, caused disruption of social services and significantly curtailed international assistance to Madagascar, thus jeopardizing important gains towards Millennium Development Goals made in recent years. The anticipated severe pressure on social services, deterioration in national implementation capacity and diminishing community coping abilities are expected to further escalate existing poverty and vulnerability, especially in urban areas and in the south. The hostility characteristic of a political sanctions environment is a serious challenge to advocating for resources and allowing for sufficient alternative “programme space” to ensure that the rights of children and women are respected.

48. Alignment with the United Nations Strategic Vision transition priorities and related programmatic and operational adjustments processes provided opportunities to develop new partnerships, alternative financing and innovative operational modalities to ensure an effective response in this complex, unstable context and to develop the readiness to support eventual recovery.

Adjustments made

49. The MTR underlined a number of lessons learned: (a) despite the impulse to reduce programming in a "fragile state" environment to avoid risks — given significant decline in quality and capacity of national formal basic social services — a clearly assessed and well risk-managed "surge" approach is an opportunity to safeguard gains for women and children and provide support when it is most needed; (b) maintaining diversified programme partnerships is a key strategy to ensuring response capacity; and (c) the role of UNICEF in sustaining the education reform momentum by offering alternative channels for donor funding and technical implementation support, given the constraints of the sanctions environment, can serve as a model for other sectors.

50. The MTR confirmed the relevance of key programme results in the changed transition environment and recommended the following adjustments in operational strategies to achieve planned targets: (a) intensifying rights-based advocacy and resource mobilization efforts to keep the concerns of children and women on the agenda; (b) preventing the erosion of gains made on key indicators through intensified targeted programme focus on stunting and maternal nutrition; (c) enhancing the Education For All progress; (d) supporting community-based approaches to health delivery and sustaining efforts in maternal child health welfare, malaria and immunization and essential commodities; (e) accelerating an urban WASH response; (f) elevating the state of readiness to respond as state capacity and community coping reaches critical levels; (g) focusing on "downstream" alternative operational modalities, new partnerships and strengthening decentralized administrative structures to support targeted and effective service delivery to vulnerable populations; and (h) strengthening operations capacity, given the implications of the crisis on the UNICEF capability to deliver on managing new pooled financial modalities, increased supply throughput and surge response.

51. The MTR further highlighted key emerging results areas aligned with the United Nations Strategic Vision transition priorities: (a) collecting data and sharing knowledge on the impact of the crisis, with enhanced focus on urban vulnerabilities, including water and sanitation requirements; (b) supporting reconciliation and peacebuilding, especially among youth; (c) refocusing the HIV/AIDS programme to youth, engaging youth during the transition phase and on reducing risky behaviour, particularly through protection and participation programming; (d) refocusing child protection interventions from a governance approach to targeted interventions, strengthening household and family protective capacities; and (e) fostering closer collaboration between the nutrition programme and food security actors, focusing on innovation to address new challenges in the transition context and on climate change.

Malawi

Introduction

52. The MTR was undertaken in late 2009 and jointly coordinated by the Government and UNICEF, with participation from key United Nations agencies, civil society, development partners, the media and academia. The MTR took place within the broader UNDAF MTR process and featured a Strategic Moment of Reflection and team building exercises and sectoral consultations.

53. The process was based on a review of trends and challenges in reaching Millennium Development Goals targets, taking into account the country programme alignment with national priorities and its strategic positioning in the evolving aid-effectiveness environment.

Update of the situation of children and women

54. Malawi has made steady progress in reducing HIV prevalence, from 14.4 per cent in 2006 to 12 per cent in 2008. However, prevalence among pregnant women remains high, at 13 per cent. Approximately 102,000 children are estimated to be living with HIV and 1 million children are orphaned, half of them because of AIDS. These challenges notwithstanding, the under-five mortality rate decreased, from 122 per 1,000 live births in 2006 to 100 per 1,000 live births in 2009. However, children continue to die from largely preventable diseases. Malnutrition remains a major problem, with 46 per cent of children under the age of five stunted, 21 per cent underweight and 4 per cent experiencing wasting. Maternal mortality remains high, at 807 per 100,000 live births. Only 35 per cent of children who start school complete primary education. Access to safe water is 74 per cent; access to improved sanitation is 47 per cent, while access to basic sanitation which includes traditional latrines is high, at 88 per cent.

Progress and key results at midterm

55. The health and nutrition programme contributed to increasing equitable access to essential services through policy development on accelerated child survival and development and the introduction of results-based planning in district implementation plans. Routine immunization for all antigens reached 89 per cent of all infants, against a 71 per cent baseline. Basic emergency and obstetric and newborn care sites increased to 77 out of 109, with 62 per cent of deliveries now attended by skilled personnel, against a 56 per cent baseline in 2006. Equitable access to and uptake of HIV preventive services increased from 522 to 544 sites. Some 90 per cent of all pregnant women in antenatal care were counselled and tested for HIV and 52 per cent of all expected HIV-positive pregnant women received antiretroviral treatment for prevention of mother-to-child transmission of HIV (PMTCT) in 2008. The Community Management of Acute Malnutrition treated 40,000 severely malnourished children; 130 antiretroviral treatment sites provided nutrition support to HIV-positive children; and over 90 per cent of children under the age of five were reached with vitamin A supplementation and deworming during biannual Child Health Days.

56. The WASH programme contributed to increasing access to safe water to 75 per cent, with 178,377 new water users and 109,758 primary school children being reached in 182 schools. The Community-led Total Sanitation strategy roll-out

resulted in 10,850 new sanitation users and 122 open defecation-free villages. The sustained use of three key hygiene practices increased with 75,250 new practitioners. A key shift was the move to policy formulation support to the sector-wide approach to development assistance and the sanitation policy.

57. The basic education and youth development programme supported sector reform, focusing on school readiness, access, quality and governance, in response to the 2009 recommendations of the Committee on the Rights of the Child. Analytical work informed the development of key policy documents, including the National Education Sector and Implementation Plan and the Joint Financing Arrangement document. The CFS approach was adopted nationally. Over 25 per cent of teachers acquired the knowledge to apply the approach and 72 schools are set to meet all CFS criteria. Life skills education is taught in all schools. Over 80 per cent of teachers acquired skills and knowledge to effectively facilitate life skills lessons reaching over 50,000 youth.

58. The orphans and vulnerable children and child protection programme contributed to child protection and social work capacity development through support to the human resource development initiative of the Ministry of Gender, Children and Community Development and the upgrading of the Magomero College of Social Work, the review of the Adoption Law Reform and the development of national regulations on institutional and foster care. A total of 800 child protection workers under the District Social Welfare Office were deployed; 34 community victim support units and 101 district victim support units at police stations are functioning, and new police recruits are trained on child protection. Juvenile justice systems were enhanced through the establishment of four regional children's courts and diversion programmes.

59. The social policy programme assisted in social support policy design and provided start-up support for the national social support programme. Budget advocacy efforts led to a social support allocation of 0.4 per cent of GDP. Financial commitment for the Social Cash Transfer Scheme (SCTS) was mobilized and joint financing modalities for the scheme are being designed in alignment with the Ministry of Finance Local Development Fund. The programme supported the SCTS design, testing, government staff capacity building, and implementation in seven districts, covering 25,000 households, 49,000 children and 92,000 people. An integrated monitoring system for the SCTS was put in place at national and district levels. According to an independent evaluation, the SCTS has demonstrated a positive impact on the well-being of children.

Resources used

60. By the end of 2009, the total fund allocation against the planned Malawi country programme budget of $124,176,000 was $74,049,188 for combined OR and RR. In 2008-2009, some $55,480,188 OR and $3,498,263 emergency OR were raised. The basic education and youth development programme received 76 per cent of its planned OR ceiling; health and nutrition received 68 per cent of planned OR; orphans and vulnerable children and child protection covered 58 per cent; WASH was at 39 per cent; and social policy at 32 per cent. The programme implementation rate reached 96 per cent.

Constraints and opportunities affecting progress

61. Poverty remains a major barrier to children accessing essential social services. Although children feature prominently in the Malawi Growth and Development Strategy, discrepancies exist between national policies and essential service delivery. Limited planning and resource management capacity, and skills gaps in monitoring and supervision are challenges at subnational level.

62. Effective use of donor funding through well-defined implementation policies, strategies and guidelines and the joint implementation of cross-cutting programmes have potential to leveraging outcomes for children in the context of the aid effectiveness agenda in Malawi.

Adjustments made

63. The MTR confirmed the direction of the country programme and highlighted the need for intensified advocacy. Its findings stressed the importance of community-level implementation to supplement policies and the need for integration of services for children in the Annual Investment Plans as well as alignment with the Local Development Fund financing modalities.

64. The MTR recommended the development of a national plan of action for children and coherent assistance to districts in supporting children holistically in their communities, a strengthened focus on civil society partnerships and scale-up of the social cash transfer scheme.

65. The health and nutrition programme will leverage child and maternal health in the new sector-wide approach and focus on scaling up of community case management of common illnesses and community-based maternal and neonatal care, as well as on increasing the uptake and quality of services in PMTCT while accelerating support for early infant diagnosis and paediatric HIV/AIDS care. Recommended adjustments in the WASH programme include accelerating implementation of the Community-led Total Sanitation programme and institutionalization of processes and procedures.

66. The child protection programme will strengthen government capacity for the provision of HIV-sensitive and rehabilitative psychosocial support for children affected by sexual abuse, child-sensitive justice interventions, and improved social welfare and foster care arrangements.

Zimbabwe

Introduction

67. The MTR was jointly managed by the Government and UNICEF during the period of August to December 2009. Given high demands on the Inclusive Government, the MTR followed a streamlined process, informed by latest national data.

68. Sectoral consultations were held with all major line ministries. Stakeholder consultations with NGOs, civil society, United Nations agencies, international financial institutions and the donor community gathered feedback on current priorities, the status of partnerships and effectiveness of programme implementation. The MTR was harmonized with the UNDAF review.

Update of the situation of children and women

69. The 2008-2009 political crisis and economic decline had serious implications for children and women, and compromised the potential of Zimbabwe to attain several Millennium Development Goals.

70. While HIV prevalence continued to decline, the adult prevalence rate of 13.7 per cent, while down from 20.1 per cent in 2005, remains high. HIV/AIDS is the most common cause of under-five mortality (41 per cent) and of maternal mortality (27 per cent), and 1.1 million people, including 100,000 children, are infected. Prevalence among orphans and vulnerable children is 37 per cent; one in four children are orphaned, the majority due to HIV/AIDS.

71. The under-five mortality rate in Zimbabwe (94 per 1,000 live births) increased, compared with the 1990 Millennium Development Goal baseline of 79 per 1,000 live births and the last DHS figure of 82 per 1,000 live births in 2005. Non-HIV-related causes increased; this is due to a combination of factors, including the decline of children who are fully vaccinated, which dipped to 49 per cent, given low and deteriorating service coverage. While wasting rates remained low, stunting increased to 35 per cent. Maternal mortality remains high, at 725 per 100,000 live births.

72. The near collapse of basic social services necessitated a temporary switch to emergency programming, especially in response to the severe cholera outbreak in 2008-2009. While use of improved sources of drinking water remains high, community-based hand-pump maintenance systems have disintegrated, due to lack of spare parts and poverty in rural areas. Although Zimbabwe was previously at the forefront of participatory approaches in health education, hygiene promotion no longer takes place systematically, due to weakening institutional capacity. Following the crisis in the education system, primary school enrolment has recovered and appears stable, yet quality of primary and secondary education has declined significantly, and 50 per cent of children who complete primary school do not go on to attend secondary school.

Progress and key results at midterm

73. With major changes in the political, economic and social context, original targets required significant revision. The near collapse of basic social services, necessitating the move to an emergency mode, with new results frameworks, between 2008 and 2009, makes an assessment against the original targets difficult. For much of this period, objectives were modified to humanitarian crises response and prevention of further social service deterioration. UNICEF maintained humanitarian cluster leadership in nutrition, WASH and education in partnership with NGOs.

74. The YCSD programme scaled up Child Health Days implementation, which became central for critical health service provisions, given the rapidly deteriorating health system. The programme reached 1.4 million children and achieved coverage of more than 90 per cent for measles, polio vaccines and Vitamin A in 2009. Key achievements include (a) the rollout of early infant diagnosis; (b) more effective regimens for PMTCT; and (c) a programme for community-based management of acute malnutrition in 300 sites. Support to national procurement and distribution mechanisms resulted in a dramatic improvement in the national availability of

essential medicines, from 20 per cent in 2008 to 80 per cent in 2009. The health workforce retention scheme was supported to ensure health workers remained on duty during the height of the cholera outbreak and beyond.

75. The WASH programme, in response to the national cholera crisis, shifted its focus towards safeguarding urban water supply through the provision of water treatment chemicals and rehabilitation of urban water treatment plants. More than 200 boreholes were drilled, benefiting 50,000 people. The emergency distribution of non-food items, including home water-treatment kits, accompanied by a major effort to revive participatory health and hygiene education, benefited 2.9 million people in the most affected areas.

76. The BEGE programme supported the expansion of the CFS initiative to more than 270 schools, including a standardized CFS package. The Ministry of Labour and Social Services and UNICEF spearheaded the revitalization of the Basic Education Assistance Module, a key social protection measure for orphans and vulnerable children, and launched the Education Transition Fund.

77. The child protection programme supported the implementation of the programme of support for orphans and vulnerable children, a multi-donor pooled fund working with 150 NGO partners to reach more than 300,000 orphans and vulnerable children. To increase the proportion of children protected from violence and abuse, 17 child-friendly and victim-friendly courts are now functional, with an average of 4,000 children passing through the system. Birth registration efforts were constrained by the political situation and limited partner capacity.

78. The HIV and AIDS programme reached 90,000 children and family members affected by HIV/AIDS through 17 NGO partners working with 9,000 young people. About 25,000 chronically ill people were cared for by a network of more than 1,200 trained community volunteers under the home-based care programme, and 38,000 children and young people benefited from of 612 community sports clubs.

79. The social policy, monitoring and evaluation and communication programme supported the Central Statistics Office in managing the newly established Zimbabwe Statistics Database and in conducting the Multiple Indicator and Monitoring Survey, which provided data on key social sector indicators. The programme of support monitoring and evaluation tool has become a model for monitoring support to orphans and vulnerable children worldwide, and been incorporated into global guidance on this topic.

Resources used

80. During 2007-2009, the total fund allocation against the planned country programme budget of $140,000,000 was $114,754,858 (including $13,058,719 RR and $101,696,139 OR), of which $97,387,964 was spent. The OR was allocated as follows: $35,712,832 for YCSD; $23,807,970 for BEGE; $25,049,575 for child protection; $5,059,144 for WASH; $9,331,889 for HIV and AIDS; and $2,734,729 for social protection. The programme also raised $89,422,542 in emergency OR, of which $52,390,922 was spent.

Constraints and opportunities affecting progress

81. Given the dramatic changes in context, the country programme was significantly modified and increased substantially. Overall access was limited during the election process while hyperinflation rendered the local currency practically worthless, making goods and services difficult to obtain and contributing to a near collapse of public social services. A temporary restriction on NGO activities limited options for alternative service delivery partnerships. The necessary focus on responding to the cholera outbreak made longer-term development, including any "upstream" policy work, difficult to pursue during the crisis.

82. The deterioration in public-sector human and institutional capacity, resulting from significant "brain drain" and demotivation of remaining civil service staff, due to poor working environments and meagre wages, combined with limited availability of quality data, hampered more effective programming.

83. Although the advent of the Inclusive Government represents a major opportunity for the country, significant management changes in key ministries and new aid coordination structures will take time to function optimally. The current aid-funding modalities require innovative approaches, including increased pooled fund management responsibility, to reach intended beneficiaries.

Adjustments made

84. The MTR made six cross-cutting strategy recommendations to address new challenges and seize new opportunities: (a) moving from subnational projects to national-scale approaches, in support of the priorities of the Inclusive Government, across all programme areas; (b) working on policy advocacy, taking advantage of both the lessons of the past as well as new opportunities to "build back better"; (c) assessing disparities and improving equity, focusing on access to social services for the most vulnerable populations while supporting a "recovery with a human face"; (d) strengthening the role of UNICEF as a knowledge leader through strengthened programme monitoring and independent evaluation; (e) developing a more systematic and strategic approach to building and supporting partnerships; and (f) emphasizing institutional and community capacity development, including child and youth participation.

85. A number of specific programme adjustments were made under the leadership of the Inclusive Government and within the UNDAF framework: (a) launching a national Back-to-School Programme through the Education Transition Fund initiative; (b) designing and bringing to national scale the maternal, newborn and child mortality reduction programme, while integrating the scale-up of PMTCT and paediatric HIV services; (c) formalizing the urban water programme, developing innovative methods for repair and maintenance of rural water systems, and initiating a national Community-led Total Sanitation programme; (d) focusing on justice for children, including advocacy for a child-friendly new constitution, prioritization of birth registration, feeding the programme of support findings into national policy formulation on social protection; (e) emphasizing collaboration with international financial institutions and the Treasury on policy analysis; and (f) leveraging resources for child-friendly budgeting. HIV/AIDS remains the major programme priority across sectoral programmes.

86. Considering increasing demands in a rapidly changing environment, a number of structural adjustments were made: (a) mainstreaming HIV priorities across relevant programmes and establishing a dedicated cross-sectoral HIV coordination function; (b) integrating advocacy, media, programme communication, child and youth participation functions and establishing a private-sector engagement function; (c) strengthening both programme monitoring and evaluation functions, separating their roles and establishing a semi-independent operational research and evaluation centre; (d) consolidating the humanitarian cluster approach and aligning the clusters with newly established sector coordination mechanisms; (e) establishing a senior social policy function to facilitate engagement with international financial institutions, multi-donor trust funds, government aid coordination and social policy and to revitalize the Zimbabwe UNDAF mechanisms; and (f) strengthening the operations function to better manage internal risks and build counterpart capacity.

Conclusion

87. The region witnessed dramatic governance changes and suffered the combined effects of the global economic crisis and the increasingly adverse impact of climate change, especially prolonged droughts in the Horn of Africa and recurrent flooding emergencies in other parts of the region, while continuing to grapple with the HIV/AIDS crisis. The implications of these multilayered challenges, especially at a time when special efforts are required to make the "final push" for the Millennium Development Goals, reinforced the strategic focus of UNICEF programming in the region. The reviews highlighted achievements in areas of comparative advantage, including support to community-based scale-up of high-impact interventions, informing upstream contributions to system building and leveraging of adequate fiscal space to multiply their impact. Focusing on interventions that are equitable and sustainable, strategic shifts towards evidence-based actions and performance-based resource allocation, and improved programming in disaster risk reduction, emergencies and challenging governance contexts are all geared towards assisting countries in the region to achieve the Millennium Development Goals under challenging circumstances. In the context of the new aid environment, increasing harmonization with other development partners, as part of a "One United Nations" team in supporting national priorities, is of critical importance for UNICEF in the region.

88. All five MTRs under review reflect the strong commitment of programme partners in the five programme countries to achieve the health, education, nutrition and HIV/AIDS Goals through emphasis on accelerating child survival and development, reducing incidence and impact of HIV and AIDS, improving education access and quality, and increased engagement in social protection programming. In all countries under review, the protection of children from the adverse effects of the economic downturn and governance crises was highlighted as a key priority, as was the need to focus on equity and disparity reduction between rural and urban settings, between regions and among different population groups, as well as closing the gender gap. The reviews stressed the importance of renewed efforts on programming with and for young people to seize the considerable potential they represent for development, and to protect them from exploitation, HIV/AIDS and other hazardous risks.

89. The reviews further highlighted a rapidly emerging area of comparative advantage for programming in challenging governance contexts where other development partners are not able to operate. Lessons learned from these experiences include that serving as an operational and programmatic bridging mechanism, in situations where regular development aid flows are interrupted, is an important strategy for safeguarding gains made for children and women, ensuring them essential support at a time when it is most needed. Such continued programme engagement can further pave the way for “building back better” and eventual recovery.