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Summary of midterm reviews of country programmes

West and Central Africa region

Summary

This regional summary of midterm reviews (MTRs) of country programmes conducted in 2010 was prepared in response to Executive Board decision 1995/8 (E/ICEF/1995/9/Rev.1). The Executive Board is invited to comment on the report and provide guidance to the secretariat.

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Introduction

1. During 2010, nine countries in the West and Central Africa region (WCARO) conducted midterm reviews of country programmes: Cameroon, the Democratic Republic of the Congo, Equatorial Guinea, Guinea, Guinea-Bissau, Liberia, Mali, Nigeria and Togo. The region has a total population of 405,786,000. Just two populous countries — Nigeria, with 140 million people, and Democratic Republic of the Congo, with 70 million — have an enormous influence on regional progress towards achievement of the Millennium Development Goals. Several countries in the region have experienced episodes of socio-political instability, conflict, insecurity or economic stagnation resulting from high food and commodity prices and the global economic recession. Cameroon, Mali, northern Nigeria and Togo are prone to regular droughts and nutrition crises. A number of countries have experienced floods and epidemics, including a re-emergence of polio in 2009. Despite acceleration of efforts, most of these countries are unlikely to achieve the Millennium Development Goals.

2. The MTRs were undertaken against the backdrop of the renewed UNICEF focus on equity, in a bid to accelerate the decline in child and maternal mortality and achieve universal primary education while narrowing inequities in outcomes. Evidence is growing of disparities in access to and use of basic social services based on wealth, location (urban/rural), gender and ethnicity. Inequities are also seen in allocation of resources and quality of services. In addition are various financial and cultural barriers that prevent people from using services. Uneducated and poorer households have inadequate knowledge and adoption of essential care-seeking and protective practices, a situation made worse by weak coverage of preventive and promotional services.

3. As part of the commitment to improve coherence among United Nations agencies, the MTRs of were aligned to or were undertaken as part of the MTR of the United Nations Development Assistance Framework (UNDAF). The goal, in the case of Liberia, Mali and Nigeria, was to advance into “Delivering as One” in the next cycle. These efforts complement the ongoing alignment to national priorities set out in poverty reduction strategy papers and engagement in sector reform and new aid environment and financing modalities.

Midterm reviews

Cameroon

Introduction

4. The MTR was organized under the leadership of the Ministry of Economy, Planning and Regional Development. A situation analysis of children and women was also conducted, along with a programme evaluability assessment.

Update of the situation of children and women

5. The food, fuel and financial crisis (referred to as the “3F” crisis) drove the economic growth rate down to 2.7 per cent in 2009 and resulted in cuts to social sector budgets. The overall poverty rate is 40 per cent and 46 per cent for children

under 18. A study on the impact of the crisis shows that the number of poor children increased by 4.3 per cent since 2007.

6. The under-5 mortality rate has stagnated at a high level: 144 per 1,000 live births in 2004. Malnutrition is the underlying cause of around 35 per cent of deaths among children under 5, and chronic malnutrition affects 35.8 per cent of children. Access to safe water is estimated at 49 per cent, with significant disparities between urban and rural areas. The sanitation situation is worrying, with only 33.1 per cent of families having adequate access to facilities. The North and Extreme North regions are the most disadvantaged for all of these indicators.

7. Access to preschool is low, with a gross enrolment rate of 25.3 per cent. Net enrolment rates at primary level have increased from 75.5 per cent in 2007 to 83.1 per cent in 2009, but with important gender disparities. The HIV/AIDS pandemic is generalized in Cameroon, with an infection rate of 5.1 per cent in 2009 and higher rates among young people, particularly girls. The number of orphans and vulnerable children is increasing.

8. Violence, abuse, exploitation and discrimination are becoming greater problems. Forty per cent of children are engaged in some form of labour. Thirty-two per cent of children under 5 years old are not registered.

9. Only Millennium Development Goals 2 (universal primary education) and 3 (gender equality) are likely to be achieved in Cameroon.

Progress and key results at midterm

10. At the end of 2009, immunization coverage of diphtheria/pertussis/tetanus and hepatitis B3 was at 80 per cent. Between 2007 and 2009 the percentage of women delivering with the assistance of a skilled attendant increased from 26 per cent to 44 per cent.

11. An encouraging 56.5 per cent of HIV-positive pregnant women received antiretroviral treatment as part of prenatal care against a target of 80 per cent. Yet only 33 per cent of pregnant women overall had access to prenatal care in 2009, though this represented an improvement from 19 per cent in 2007. Results for children(19 per cent) are far from the ambitious target of 60 per cent set for 2012.

12. Between mid-2008 and 2010, some 23,700 children were treated for acute malnutrition. In refugee areas acute malnutrition rates among children decreased from 17 per cent to 10 per cent.

13. At midterm, rates of preschool attendance were 25.3 per cent against the target of 32 per cent for 2012. The preschool net enrolment rate reached 57 per cent in priority intervention zones in 2007, but the target of 82 per cent by 2012 is unlikely to be reached.

14. Although the legal and institutional framework for child protection has improved since 2008, the various legal instruments are yet to be approved or applied.

Resources used

15. Between 2008 and 2010, a total of $23,858,000 of regular resources, other resources and emergency other resources was spent. Of this, $10,325,000 was for

Child Survival and Development; $3,477,000 for Basic Education; $4,406,000 for HIV/AIDS;$1,712,000 for Child Protection; $2,032,000 for Social Policy, Planning, Monitoring and Evaluation; and $1,906,000 for cross-sectoral costs.

Constraints and opportunities affecting progress

16. Delays in implementing multiple indicator cluster survey round 4 (MICS 4) hindered analysis of prevailing inequities. Insecurity in priority intervention zones hampered accessibility and required additional resources for armed escorts.

Adjustments made

17. The programme will refocus on key interventions to take into account disadvantaged areas and ensure equitable results. Basic education interventions will focus on four regions as opposed to six, and coverage of interventions for prevention of mother-to-child transmission of HIV (PMTCT) will be reduced from 62 to 30 districts. Community-based approaches will be strengthened, offering a minimum package of high-impact integrated health services, preschool development and informal education. More emphasis will be placed on communication for development in all programme components.

18. Routine information systems will be strengthened and the integrated monitoring and evaluation system will be revised.

Democratic Republic of the Congo

Introduction

19. The MTR process was coordinated by the Inter-ministerial Committee for Coordination and Monitoring and chaired by the Ministry of International and Regional Cooperation. A Strategic Moment of Reflection preceded the MTR meeting. It was chaired by the UNICEF regional director and benefited from the participation of high-level United Nations staff and WCARO advisers.

Update of the situation of children and women

20. Despite the upheavals of the past decade, the majority of social indicators show improvement, although progress remains insufficient to reach the Millennium Development Goals. Sixty per cent of the country's population (of which 56.6 per cent are children) lives on less than $1.25 a day. Eighty per cent of children suffer from at least one deprivation. Millennium Development Goal 3 (on gender equality) is the only Goal likely to be reached by 2105.

21. Under-5 mortality decreased to 158 per 1,000 live births in 2010, from 213 per 1,000 in 2001.[1] Immunization coverage is as yet unsatisfactory, although the percentage of children completely vaccinated has significantly increased, from 23 per cent in 2001 to 42 per cent in 2010. In 2010, 85 new cases of polio were identified. The percentage of children underweight has fallen slightly, to 24 per cent in 2010 compared to 31 per cent in 2001. The significant increase in chronic malnutrition between 1996 and 2010, from 26 per cent to 43 per cent, is a cause for deep concern. Maternal mortality remains high, at an estimated 546 deaths per 100,000 live births. HIV prevalence was estimated at 3.25 per cent in 2008. Net

[1] MICS 4 Preliminary Report (2010).

attendance rates in primary school have increased from 52 per cent in 2001 to 75 per cent in 2010, but only 5 per cent of children aged 3 to 5 years are enrolled in preschool. In 2010, only 47 per cent of households had access to safe drinking water, compared to 45 per cent in 1990, and only 14 per cent, compared to 9 per cent in 2001, use improved sanitary facilities.

22. Since 2004, 36,000 children have been demobilized, but recruitment in armed forces continues. The trend in sexual abuse is devastating: one woman is raped every two hours in the eastern province of South Kivu alone. In 2010, only 28 per cent of births were registered. Half of all children aged 5 to 11 are engaged in labour, and an estimated 10 million children are orphaned or vulnerable. Tens of thousands of children live on the streets — 20,000 in Kinshasa alone. Nine out of 10 girls living on the street are engaged in prostitution.

23. Continued fighting reveals the fragility of re-established security and peace. In early 2010, there were more than 1.7 million internally displaced people, while 1,012,000 had returned to their homes in the past 12 months.

Progress and key results at midterm

24. The 60 per cent immunization coverage target for 2012 will be met, a significant improvement over the rate of 42 per cent in 2010. Targets will be surpassed for some health interventions, with coverage reaching 85 per cent for prenatal care, 82 per cent for vitamin A and 74 per cent for assisted deliveries. The use of insecticide-treated mosquito nets has improved spectacularly, from 6 per cent in 2007 to 38 per cent in 2010. However, in 2010 only 2 per cent of HIV-positive pregnant women received antiretroviral treatment, largely due to stock breakdowns and lack of integration of PMTCT into regular prenatal care.

25. Between 2008 and 2010 the water, sanitation and hygiene (WASH) programme reached more than 1.5 million people in 1,273 villages. Despite this significant increase, the target of 9 million will clearly not be reached.

26. Substantial progress has been achieved in education, reflected in the 1.3 million students and 25,052 teachers who were supported with teaching materials and new infrastructure. The main constraint remains access to isolated zones and socio-cultural factors that keep girls out of school. The programme also provided life skills training to 585,000 adolescents, exceeding the target of 400,000.

27. The programme supported the development of a national plan of action for orphaned and vulnerable children, and by 2010 more than 190,000 such children were receiving community-based care, above the target of 140,000. More than 6,000 children associated with fighting forces received protection and care, and a further 1,189 children were demobilized and reintegrated.

28. UNICEF made an important contribution towards implementation of the new national strategy against sexual and gender-based violence, with 47,602 survivors receiving care.

29. MICS 4 data represent a major contribution to the elaboration of the PRSP-II. The introduction of DevInfo at national and provincial levels has strengthened government capacity in monitoring and coordination. However, capacity to analyse survey data and to formulate the findings for social policy development remains a serious constraint.

30. As cluster lead in the WASH, education and non-food-items sectors, UNICEF plays a major role in humanitarian action in conflict-affected areas of eastern Democratic Republic of the Congo. In 2010 alone the Rapid Response Mechanism for Population Movements implemented by international partner NGOs provided multi-sectoral assistance to nearly 700,000 displaced people and returnees out of the 1.7 million planned.

Resources used

31. Between 2008 and 2010, a total of $470,634,231 of regular resources, other resources and emergency other resources was spent. Of this, $117,473,846 was for child survival and development; $65,990,198 for basic education; $1,834,002 for HIV/AIDS;$55,096,905 for WASH;$62,840,765 for child protection; $123,045,513 for social policy, planning, monitoring and evaluation; and $44,353,003 for cross-sectoral costs.

Constraints and opportunities affecting progress

32. Logistical difficulties resulting from the size of the country and difficulties of access are major constraints. The strategic framework led by the integrated United Nations mission represents an opportunity to reinforce convergence with other United Nations agencies as well as bilateral agencies and NGOs. The medium-term expenditure framework will enable a transfer of social sector resources to the provincial level to improve service delivery.

Adjustments made

33. Through equity-based analyses using MICS 4 data and strengthening of community-based approaches, priority will be given to reducing disparities and improving access to services by marginalized populations. More focus will be given to improving availability of commodities essential for child survival at health district and community levels. Following the gender in humanitarian action pilot aimed at building capacity of partners on the practical application of core gender commitments in all sectors of humanitarian response, gender will receive a new emphasis in regular programmes. Monitoring and evaluation will be reinforced through creation of posts, with a focus on strengthening government capacities for analysis and planning. Communication for development will feature in all sectoral programmes, and support will be provided to the Government in this sector. While continuing to improve cluster coordination, monitoring and evaluation, the programme will start building emergency preparedness capacities of local authorities in Katanga province with a view to their future integration into humanitarian response at central and district levels.

Equatorial Guinea

Introduction

34. The MTR was overseen by an intersectoral steering committee chaired by the Ministry of Foreign Affairs.

Update of the situation of children and women

35. Despite economic growth that has enabled Equatorial Guinea to reach middle-income status, important disparities exist between rural areas and poor urban neighbourhoods on one hand and the rest of the country on the other.

36. The country seems to be on track to achieve Millennium Development Goal 3 (achieve gender equality) and Goal 6 (combat HIV/AIDS and other diseases), but it will have to strive hard to achieve some of the others. The under-5 mortality rate is 93 per 1,000 live births and the maternal mortality rate is 352 per 100,000 live births. Vaccination coverage for DPT3 is at a low 33 per cent. Stunting affects 39 per cent of children under 5 years, most of them in rural areas. Preschool education has been consolidated into the education system, and the number of children attending preschools has increased steadily. Between 2001/2002 and 2007/2008, the gross enrolment rate improved from 89 per cent to 99 per cent. However, there are high indices of drop-out and primary school failure of overaged children.

37. Violence against women and girls is widespread. Eighty per cent of children have been corporally punished within the family and 54 per cent in school. Sexual exploitation of children, drug and alcohol abuse among children, and child trafficking are widespread. Two important initiatives are in the pipeline for parliamentary approval: the Family Code and the juvenile justice system.

Progress and key results at midterm

38. Since 2006 the Ministry of Health has procured routine vaccines and injection materials. Through support from UNICEF and the private sector, the ageing cold chain is being replaced, helping to improve immunization outreach. The malaria control programme enabled 70 per cent of households in intervention zones to sleep under insecticide-treated nets. UNICEF advocated to provide antiretroviral drugs to children free of charge through the health services and supported updating of the PMTCT protocol. UNICEF supported the Ministry of Education to promote child-friendly schools and hygiene and sanitation. Based on the findings of a social protection feasibility study, UNICEF advocated for introduction of social protection mechanisms in the country.

Resources used

39. Between 2008 and 2010, a total of $5,829,968 in regular resources, other resources and emergency other resources was spent. Of this $3,645,600 was for child survival and development; $669,768 for public policies and partnerships development to foster children's rights; and $1,515,200 for cross-sectoral costs.

Constraints and opportunities affecting progress

40. Though availability of public resources is not a problem, the equitable allocation and disbursement of resources remains a challenge. There is limited reliable evidence to support equitable programming.

Adjustments made

41. UNICEF will maintain its focus on building national capacities to deliver equitable basic social services, including child-sensitive social protection systems,

and fulfilling its policy advisory role. An effective communication for development strategy is needed to focus on dialogue at the community level and links to other communication channels.

Guinea-Bissau

Introduction

42. The MTR, coordinated by the Ministry of Economy and Planning, was conducted as part of the UNDAF MTR. It was preceded by a Strategic Moment of Reflection.

Update of the situation of children and women

43. The period since cessation of the 1998-1999 hostilities has been characterized by persistent political instability, insecurity, weak law enforcement and economic stagnation, with economic growth of 2.5 per cent per annum. The poverty rate is at 64.7 per cent.

44. Guinea-Bissau is unlikely to achieve Millennium Development Goal 2 (achieve universal primary education) or Goal 3 (promote gender equality).The under-5 mortality rate is estimated at 158 per 1,000 live births. Only 42 per cent of children are fully vaccinated. Sixty-six per cent of the population (48 per cent in rural areas) has access to safe drinking water, but only 21 per cent (9 per cent in rural areas) has access to improved sanitation. In 2009, primary school enrolment stood at 67 per cent, with significant disparities in wealth, geographic location (rural/urban), gender and ethnicity. Child trafficking, sexual exploitation, abuse and child labour are serious concerns, and despite continuing efforts, unaccompanied children continue to cross the porous borders.

Progress and key results at midterm

45. At midterm, only 42 per cent of health districts have achieved diphtheria/pertussis/tetanus (DPT) 3 coverage, and only 35 per cent of children are sleeping under insecticide-treated mosquito nets, against 80 per cent planned for the end of the programme cycle. Thirty-two per cent of HIV-positive pregnant women attending antenatal services had access to PMTCT care, against a goal of 50 per cent.

46. Communication campaigns on cholera prevention were key to preventing new cases after the 2008 epidemic. Likewise, important steps have been undertaken to promote four key practices[2] at community level and to improve neonatal care in health facilities and community-based units.

47. Substantial progress was made in education: 150 schools were rehabilitated against the planned 380, and 63 per cent of unqualified primary education teachers received training.

48. Two out of eight legislative bills (covering female genital cutting and child trafficking) were submitted for adoption to Parliament. A domestic violence law is under preparation. The strategy for social protection of vulnerable children was validated, and the birth registration policy and plan of action was finalized.

[2] Hand washing, exclusive breastfeeding, mosquito nets utilization and prevention of HIV/AIDS.

Resources used

49. Between 2008 and 2010, a total of $24,357,775 of regular resources, other resources and emergency other resources was spent. Of this, $10,399,670 was for child survival and development; $6,516,323 for basic education; $854,334 for HIV/AIDS; $2,491,288 for child protection: $722,688 for advocacy, information and communication; $1,006,349 for monitoring and evaluation; and $2,367,123 for cross-sectoral costs.

Constraints and opportunities affecting progress

50. Constraints include the political instability of recent years; the limited availability and high mobility of human resources in the Government and among development partners; and weak government coordination. Several opportunities are on the horizon, including more funding from UNICEF than expected; judicial reform processes; participation in the Education for All Fast Track Initiative; and the existence of key policies and action plans in several sectors, including child protection, education and HIV/AIDS.

Adjustments made

51. The programme will strengthen the focus on equity in provision of essential services to the most disadvantaged. Community-based approaches and communication for development will be integrated into all programme sectors.

Guinea

Introduction

52. The MTR was based on consultations at national and provincial levels. It was undertaken in 2010, having been postponed due to political instability and insecurity in 2009.

Update of the situation of children and women

53. Decades of socio-political instability and the recent political crisis have resulted in reduced budgets for the social sector (from 15.3 per cent in 2006 to 5 per cent in 2009), degradation of social services and increasing financial barriers limiting access to services for the most disadvantaged.

54. The continuing insecurity has led to poverty rates increasing from 54 per cent in 2007 to 70 per cent in 2010. The under-5 mortality rate is at 163 per 1,000 live births. Maternal mortality is extremely high at 980 per 100,000 live births. Progress in raising immunization coverage remains low, with only 38 per cent of children fully immunized in 2008.[3] New cases of polio have occurred as well as measles outbreaks. Chronic malnutrition has stagnated at 36 per cent. The HIV prevalence of 1.5 per cent masks marked increases in urban areas and among women. Notwithstanding increased interventions in PMTCT, only 11 per cent of HIV-positive pregnant women received antiretroviral prophylaxis. While 70 per cent of households have access to safe drinking water, only 15 per cent have access to adequate sanitation facilities.

[3] MICS-3, 2008.

55. The number of children benefiting from early childhood development has increased by 5 per cent between 2007 and 2008, and the current primary school net enrolment rate is 65 per cent.

56. The legal framework provides a solid base for protection of children, but the measures are not always respected. Around 73 per cent of children are engaged in labour; female genital cutting is currently at 96 per cent.[4]

Progress and key results at midterm

57. UNICEF contributed to the elaboration of the 2007-2011 plan to reduce infant mortality, the expanded programme on immunization, the protocol for treatment of acute severe malnutrition and the national strategy for PMTCT. UNICEF also supported the relaunching of primary health care centres through establishment of health and hygiene committees and provision of equipment and supplies to scale up services for acute severe malnutrition and PMTCT. Following the identification of new polio and measles cases, immunization campaigns were organized. Progress in the malaria programme has been limited, with the proportion of children sleeping under insecticide-treated mosquito nets increasing only from 7 per cent to 8 per cent. Through UNICEF support, 41 new PMTCT sites have been created and provided with supplies. This makes a total of 68 sites, increasing access to PMTCT services for pregnant women from 3.7 per cent at the end of 2006 to 14 per cent in 2009.

58. Enhanced cholera preparedness and surveillance systems reduced reported cases from 42 in 2009 to 0 in 2010. WASH efforts in schools have been weak due to the unstable socio-political and security situation.

59. The primary school nets enrolment rate in intervention areas is below the already low rates at national level (64 per cent). This is largely due to a sharp decline in donor assistance following the political transition crisis and the high proportion of unqualified teachers.

60. The legal framework for protection of children has significantly improved with the adoption of the Child Code, the law on the protection and promotion of disabled people, and the inter-agency protocol on case management of survivors of gender-based violence. Moreover, the joint programme on gender-based violence implemented together with UNFPA and Tostanenabled the establishment of a national coordination mechanism around female genital cutting and capacity strengthening of community-based structures.

61. UNICEF played an important role in promoting the use of disaggregated data and analysis of gender and geographical disparities through DevInfo.

Resources used

62. Between 2007 and 2009, a total of $39,322,000 of regular resources, other resources and emergency other resources was spent. Of this, $14,567,000 was for child survival and development; 7,974,000 for basic education; $6,490,000 for WASH;$3,848,000 for child protection; $3,415,000 for social policy and HIV/AIDS advocacy; and $3,028,000 for cross-sectoral costs.

[4] Ibid.

Constraints and opportunities affecting progress

63. The main constraint was the socio-political crisis, which led to insufficient social service personnel and weak coordination of interventions.

64. The establishment of the country's first democratically elected government in 2010 has spurred the interest of social-sector partners to improve coordination mechanisms and advocate for budget allocation and expenditure for children. One outcome is the establishment of peace-building funds to create employment and to help youth return to school.

Adjustments made

65. UNICEF will support the ongoing decentralization process and the equity focus by emphasizing interventions at local and community levels. Efforts to accelerate United Nations reform will continue through joint programmes and advocacy for inclusion of children in national programming. Communication for development will be strengthened through support to promotion of essential family practices. Particular attention will be given to production and dissemination of quality data.

Liberia

Introduction

66. The MTR was overseen jointly by the Ministry of Planning and Economic Affairs and UNICEF. Its outcome was linked with the MTRs of the United Nations Development Programme and the United Nations Population Fund and with the assessment of progress towards United Nations coherence and Delivering as One.

Update of the situation of children and women

67. The situation in Liberia is still affected by the legacy of the civil war and a fragile security environment, both internally and subregionally.

68. Between 2005 and 2008, gross domestic product grew at an average annual rate of 7.4 per cent, but in 2009 the global economic crisis hit the country with a decline in the demand for rubber, mining and logging. Up to 64 per cent of the population lives below the poverty line. Notwithstanding a vast programme to construct and rehabilitate infrastructure, schools and health facilities are overstretched.

69. Despite a significant decrease in the under-5 mortality rate (110 per 1,000 live births in 2007), sustained efforts are required to reach Millennium Development Goal 4. It is unlikely that Liberia will achieve Goal 5, as maternal mortality remains very high, at 994 per 100,000 live births (2007). Approximately half of all children under 5 are fully immunized. New cases of polio were reported in 2009. Overall, one third of children under 5 are stunted. HIV prevalence is at 1.5 per cent.

70. Since 2006 the net enrolment rate has increased dramatically, yet it remains at just 33 per cent, leaving Goal 2 well out of reach. Goal 3 (achieve gender equality) could be attained at primary school level.

71. Sexual and gender-based violence is rampant and embedded in cultural beliefs and practices and years of conflict. The child rights bill is awaiting passage, but

children in conflict with the law still lack access to justice. Over half of women are reported to have been subjected to female genital cutting. Only 4 per cent of Liberian children are registered.

Progress and key results at midterm

72. Immunization rates were maintained at over 90 per cent for all communicable diseases thanks to good stock management and cold chain maintenance, routine training in management of the expanded programme on immunization and well-functioning outreach services. New cases of polio and measles were reported, prompting new rounds of campaigns. Around 1 million insecticide-treated mosquito nets have been distributed.

73. UNICEF supported the elaboration of the National Health Sector Policy and Plan of Action, the National Nutrition Policy, the Community Health Policy and the Health Financing Policy. The move to a sector-wide approach enabled creation of the Health Sector Pool Fund, which made possible extension of basic health services to unreached districts. Children currently account for only 10 per cent of patients receiving antiretroviral treatment, and so far only 40 per cent of eligible women have received the complete PMTCT package.

74. The WASH component has moved from installing facilities in schools and communities to targeting hygiene education through the Community-Led Total Sanitation (CLTS) initiative. Over half a million people have benefited.

75. Alongside recovery efforts, UNICEF facilitated the establishment of the Education Pooled Fund and elaboration of the Education Sector Plan 2010-2020, as well as the School Fee Abolition Policy. The Accelerated Learning Programme has enabled thousands of older children to catch up on primary education.

76. The Ministry of Health and Social Welfare completed the Social Welfare Policy and two-year Plan of Action, providing the framework for reform of the sector. Liberia has a progressive Juvenile Procedural Code but its interpretation by magistrates remains a challenge. A three-year Government-United Nations joint work plan covering child justice has now been agreed. Through UNICEF support, thousands of school children and communities were empowered to prevent and respond to sexual and gender-based violence. UNICEF played an important role in assisting the Institute for Statistics and Geo-Information Services by launching DevInfo.

Resources used

77. Between 2008 and 2010, a total of $59,853,138 of regular resources, other resources and emergency other resources was spent. Of this, $23,357,820 was for child survival and development; $27,635,936 for basic education; $1,195,074 for child protection; and $7,664,308 for cross-sectoral costs.

Constraints and opportunities affecting progress

78. Implementation continues to be hampered by limited absorption capacities of implementing partners. The preparation of the next Development Agenda for Liberia is an opportunity to revisit constraints and opportunities, although much depends on the successful outcome of the decentralization process.

Adjustments made

79. Scaling up packages of effective interventions will continue to be a priority. Implementation will be prioritized, focused on a limited number of key interventions with a view to ensuring equitable results. The multisectoral and holistic approach of early childhood development will be elaborated, with stakeholders implementing young child health and nutrition, early stimulation and pre-primary education. Coordination between the Government, UNICEF and civil society will be institutionalized through joint frameworks.

Mali

Introduction

80. The MTR was coordinated by the Department of International Cooperation and fed the UNDAF MTR. It benefited from two Strategic Moments of Reflection, one emphasizing equity and the other addressing community-based approaches, with participation of WCARO and the regional director.

Update of the situation of children and women

81. The socio-political situation is characterized by a growing democracy and peace. Security remains precarious only in the northern areas. Though relatively high, the country's economic growth rate is well below the 7 per cent target. It is fluctuating due to external shocks, including drought and the 3F crisis.

82. Mali is not on track to achieve any of the Millennium Development Goals by 2015, though some targets may be met, including those for water and sanitation and HIV/AIDS. Out of a total population of 14.5 million, 43 per cent of the people are poor, and 85 per cent of children are affected by at least one severe deprivation. Service coverage is low. The top wealth quintile is markedly better off than the rest of the population, and the north and rural areas are worse off than the rest of the country. Health indicators are very low. The under-5 mortality rate was 191 per 1,000 live births in 2006, and maternal mortality is at 464 per 100,000 live births. HIV prevalence is at 1.3 per cent, but mother-to-child transmission remains an important issue to be tackled.

83. Good progress has been made in enrolling children in school, with the gross enrolment rate rising from 64 per cent in 2001 to 82 per cent in 2009. However, gender and wealth disparities remain high. The efficiency of the education system remains low, with a net enrolment rate of 62 per cent in 2009.

84. Female genital cutting is widespread, affecting 83 per cent of women, and so is early marriage among girls. In some areas many children are living on the street, engaged in begging. There are wide disparities in birth registration between urban and rural areas (75 per cent versus 45 per cent).

Progress and key results at midterm

85. The country programme focused its efforts on scaling up a national strategy on child survival in all nine regions. Coverage of Penta3 vaccination increased from 68 per cent in 2006 to 72.1 per cent in 2010, but it varies considerably across regions. Coverage in assisted delivery increased from 49 per cent to 66 per cent between 2007 and 2009. Coverage of PMTCT and paediatric HIV care was

expanded from 148 to 243 sites between 2007 and 2009. As a result, the rate of counselling increased from 24 per cent to 37 per cent.

86. Significant efforts were made to address malnutrition, leading to a decline in underweight rates from 26.7 per cent in 2006 to 18.9 per cent in 2010. Stunting also fell, from 38 per cent in 2006 to 27.8 per cent in 2010. Contributing to this reduction was improved coverage of malnourished children from 14 per cent in 2007 to around 50 per cent in 2010.

87. UNICEF assisted in preparing the Strategic Plan for the Promotion of Hygiene in Schools and supported implementation of the CLTS strategy in 280 villages and hamlets. More than 260,000 people benefited, and 70 per cent of the population was reached with initiatives to raise awareness about hand-washing with soap.

88. Significant support was provided to implement the girls' enrolment policy. In preschool education, 150 preschool centres were constructed, rehabilitated or equipped, serving 7,500 children.

89. An innovative and participatory communication model to combat female genital cutting has been implemented in 90 areas in 3 regions. It also supports adoption of the national policy against excision. Through support to building of registration centres and training, child birth registration increased to around 70 per cent in 2010, from 40 per cent in 2006.

90. Following the national Forum on Child Poverty and Social Protection, the Government is in the process of adopting an action plan to extend social protection. In 2010, UNICEF led the PRSP review process for the social sectors, campaigning for more attention to nutrition and social protection. As a result, the budget for social sectors was increased by 5.8 per cent.

Resources used

91. Between 2008 and 2010, a total of $75,360,501 of regular resources, other resources and emergency other resources was spent. Of this $44,611,815 was for child survival and development; $14,687,744 for basic education; $6,842,138 for child protection; $5,965,374 for promotion of rights and partnerships; and $3,253,432 for cross-sectoral costs.

Constraints and opportunities affecting progress

92. The current population growth rate of 3.6 per cent significantly constrains efforts to increase coverage and use of basic social services.

93. Synchronizing preparation of the PRSP with many sectoral policies and programmes will allow more sectoral synergies. Other opportunities are represented by the government's decision to provide certain healthcare services and basic education free of charge.

Adjustments made

94. Major shifts are underway, leading to reinforcement of the equity focus through integrated community-based interventions, communication for development for social change and youth participation, and Delivering as One.

95. Emergency preparedness and response capacity will be strengthened in view of recurrent natural disasters, epidemics, malnutrition and political unrest.

96. The proposed structure remains mostly the same, except that the Promotion of Rights and Partnership component has been renamed Policy, Advocacy and Communication, to better match its content and activities.

Nigeria

Introduction

97. The MTR was conducted as part of the UNDAF MTR, guided by the National Planning Commission. UNICEF also conducted a Strategic Moment of Reflection to investigate four strategic areas and options for the way forward. It covered (a) translating policies into action to deliver results for children; (b) equity in development; (c) broadening opportunities for social change and partnerships; and (d) coherence in development.

Update of the situation of children and women

98. Nigeria has a population projected at 160,821,353, with a poverty prevalence of 54.4 per cent. In 2008, the 3F crisis led to a sharp drop in economic activity and increase in unemployment. The under-5 mortality rate is 157 per 1,000 live births, and maternal mortality is 545 per 100,000 live births, but both are declining. However, progress will need to be accelerated as use of basic health care services is still low. Only 53 per cent of children are fully immunized in the first year of life, and only 39 per cent of deliveries are assisted by skilled attendants. Access to improved water sources is 54.2 per cent and access to improved sanitation is 31.2 per cent. The HIV-prevalence rate is 4.1 per cent, but it ranges geographically from 1.0 per cent to 12.7 per cent, affecting females disproportionately. Nigeria accounts for 32 per cent of the global burden of mother-to-child transmission of HIV.

99. The primary school net attendance rate is 61 per cent. Children in the two northernmost regions, particularly girls, are less likely to enrol. In five of the eight northern states, malnutrition rates are above the 10 per cent threshold. Nigeria is prone to drought, flood, cholera and conflicts, with cycles of localized conflicts and political violence.

Progress and key results at midterm

100. Implementation of the newly developed National Health Strategic and Development Plan has started through an International Health Partnership and country compact. A joint United Nations programme on maternal and newborn health has been started, providing a unique opportunity to meet the targets of the Global Strategy for Women's and Children's Health. More than half of the targeted 80 per cent of children under 1 year were fully immunized. Polio eradication efforts enabled a 95 per cent decrease in reported cases, compared to 2009. At midterm, 14 states had achieved the target of having at least half of under-5 children and pregnant women in the focus states sleeping under insecticide-treated nets. UNICEF supported four of the states.

101. Management of severe acute malnutrition was significantly scaled up with the expansion of community management. New data is awaited from MICS 4 to assess whether the target of a 50 per cent reduction in malnutrition rates has been reached.

102. CLTS has been adapted in 30 states, benefiting more than half a million people. More than 500 communities have achieved open-defecation-free status. The UNICEF-assisted programme contributed to the national targets on access to safe water and to improved sanitation and hygiene facilities. Nigeria is on the way to being certified free of dracunculiasis.

103. Although net enrolment rate figures are unavailable enrolment rates have increased markedly in 13 focus states: by 65.6 per cent for preschool (62 per cent for girls) and 14 per cent for primary school (19 per cent for girls). This has been achieved by improving data management and reporting and scaling up the school-based management committee initiative and whole-school development planning. The infusion of gender-sensitive content into teacher curricula has enhanced gender-friendly and child-friendly pedagogy. A conditional cash transfer programme has been introduced, along with a female teacher scholarship scheme. It has the potential to increase access for excluded girls and to motivate females to teach in rural communities.

104. A national PMTCT scale-up plan for 2010-2015 has begun, with UNICEF supporting nine states. At the end of 2009, there was a modest increase in maternal antiretroviral coverage: 22 per cent, up from 10 per cent in 2008. Infant antiretroviral coverage was 8 per cent, compared to 7 per cent in 2008. UNICEF also supported a stronger focus on young people in the newly revised national prevention plan.

105. A change was made, before the MTR, in UNICEF contributions to building the child protection system. To integrate child justice into justice sector reform, UNICEF shifted focus from small-scale projects to a broader approach in 13 states where justice sector reform is under way. Child protection networks have been established in 10 states at community level.

106. UNICEF is the lead development partner in the social protection group. Agreement was secured on the review of the health financing policy to make it more equitable. Significant efforts were undertaken with regard to behaviour change through extensive capacity development of communities, civil society organizations and government agencies that work with community structures. However, apart from HIV/AIDS and WASH, little progress was made in this area.

107. Nigeria's DevInfo has been customized at federal level. States and civil society organizations have been engaged in discussions on a country-led evaluation to support a new generation of child data users.

Resources used

108. Between 2009 and 2010, $177,690,000 was spent, including $93,700,000 in regular resources, $82,320,000 in other resources and $1,670,000 in emergency other resources. Of that, $104,250,000 was for child survival and development; $23,460,000 for basic education; $7,460,000 for children and HIV; $6,260,000 for child protection; $10,610,000 for social policy; and $25,650,000 for cross-sectoral costs.

Constraints and opportunities affecting progress

109. Major constraints include weak transparency and accountability systems and insecurity in parts of the country.

110. Opportunities to be seized include the newly developed National Development Plan and state-level sectoral plans, along with the availability of dedicated government funding for the Millennium Development Goals. Also emerging are opportunities to empower and engage lower level government structures, traditional leaders and communities.

Adjustments made

111. The programme will continue to enhance the equity focus of the situation analysis to further unmask geographical, socio-economic and gender disparities. UNICEF will join forces with other United Nations agencies and other stakeholders in reform of child justice, social welfare and social protection structures. Attaining any of the Millennium Development Goals will require acceleration of communication for development and behavioural change efforts; development of systems to engage communities in managing and delivering basic services; and acceleration of country-led evidence generation and evidence-based decision-making in a manner that builds capacity at both federal and state levels.

112. With regard to the Strategic Moment of Reflection, a strong recommendation was made to re-examine and support the development of human and institutional capacity, especially at state and local government levels, and to ensure that they have plans and evidence-based policies in place to scale up high-impact interventions. It was also recommended that high-impact strategies (CLTS, PMTCT, maternal and child health) be scaled up, strengthening local government systems and community-directed interventions. Advocacy with the Government is needed on behalf of equity-sensitive resource allocation, resource use and policy design and implementation. Also needed are efforts to strengthen the capacity of the National Emergency Management Agency to coordinate emergency preparedness and response mechanisms and the state emergency management agencies.

Togo

Introduction

113. The MTR process was aligned with the UNDAF MTR and was coordinated by the Coordination Unit in the Ministry of Planning.

Update of the situation of children and women

114. Togo, with a population of 6.78 million, has strong regional disparities. In the northernmost region 94 per cent of children live in poverty, versus 25 per cent in Lomé. Forty four per cent of children aged 5-17 experience at least four areas of deprivation. The share of the budget allocated to social sectors increased in 2010 to 27.6 per cent, compared with 19.9 per cent in 2008, as a result of the new political environment leading to significant ODA increase.

115. Geographic disparities are extremely high for most child health outcomes and coverage indicators. The national under-5 mortality rate is 123 per 1,000 live births, whereas in the northern Savanes region rates reach 183 per 1,000 live births. Nationally, 64 per cent of women deliver in a health facility, versus 24 per cent in Savanes. Up to 36 per cent of children in the two northern regions are stunted, against 27 per cent in the south.

116. HIV prevalence is at 3 per cent nationwide, with high rates in urban areas. Nationwide 59 per cent of the population has access to safe water; access falls to 40 per cent in rural areas. Only 3 per cent of rural households have access to adequate sanitation facilities.

117. The primary school net enrolment rate is stable at 87.8 per cent. Children living with a disability, girls from ethnic minority groups and working children have a higher risk of being out of school. Education quality varies between regions, and an estimated one third of teachers are volunteers.

118. Child trafficking is increasing internally and to neighbouring countries, mostly involving young girls (8 or older) from the countryside. The Children's Code was adopted by the Government in 2007 but its implementation remains a challenge.

Progress and key results at midterm

119. UNICEF made a significant contribution to development of a new, high-impact health and nutrition strategy based on the National Health Development Plan and the National Feeding and Nutrition Policy. It validates a minimum but comprehensive preventive and curative intervention package.

120. Facility-based Integrated Management of Childhood Illness (IMCI) services are now present in 89 per cent of districts, and community IMCI is being implemented in 53 per cent of districts. Between 2008 and 2010, 144,050 people were treated for acute malnutrition at community level. Twenty-four per cent of children born to HIV-positive mothers received antiretroviral treatment, against a planned 80 per cent.

121. A package of high-impact WASH interventions is being implemented, and the CLTS approach is being piloted in 30 communities. A nationwide campaign promoted four safe practices: hand-washing, exclusive breastfeeding, diarrhoea treatment and use of insecticide-treated nets.

122. The primary school gross enrolment rate has improved significantly, with an annual growth rate of 7.3 per cent between 2007 and 2009. UNICEF supported the development and adoption of the education sector plan; finalization of the school fees abolition initiative for pre-primary and primary education; construction of 39 schools and renovation of 42 schools; and school enrolment social mobilization campaigns.

123. The National Child Protection Policy and a five-year National Strategic Plan have been validated. UNICEF supported the definition and cost assessment of a minimum package of services for vulnerable children, which has already benefited 10,000 children and their families.

124. UNICEF supported the implementation of a roadmap towards establishment of a national social protection policy. Jointly with other United Nations agencies UNICEF supported the operation of a national database, TogoInfo.

125. Children and youth have actively participated in a dozen national awareness and communication activities and campaigns and in sensitization workshops on HIV prevention and transmission.

Resources used

126. Between 2008 and 2010, a total of $29,597,184 of regular resources, other resources and emergency other resources was spent. Of this, $16,625,293 was for child survival and development; $6,809,638 for basic education; $2,882,423 for child protection; $2,103,070 for social policies and partnerships; and $1,176,760 for cross-sectoral costs.

Constraints and opportunities affecting progress

127. The current Health Sector Development Plan is a juxtaposition of vertical programmes hampering an expansion of a package of proven high-impact child survival interventions.

128. The environment is favourable for involvement in sectoral support for education, through the Fast Track Initiative and the availability of a strategic education sector plan backed by a medium-term budget plan.

Adjustments made

129. UNICEF will strengthen advocacy for disparity reduction using the new equity-focused situation analysis and forthcoming MICS 4 data.

130. While continuing support to the Government to expand proven, high-impact, cost-effective interventions at the basic health facility and community levels and to identify bottlenecks to effective coverage, the country programme will give priority to integrated support to the two northernmost disadvantaged regions and strengthening of communication for development.

131. An exhaustive identification of out-of-school children will be a priority for education. The programme will shift away from a project approach towards a systemic child protection approach. It will focus on reinforcing community mechanisms and strengthening links between community mechanisms and formal child protection services.

Conclusion

132. The MTRs reviewed belong to the first wave of country programmes since renewal of the focus on equity, setting the foundation for improving evidence and operationalizing the approach at country level. As such they were important exercises. MICS 4 and routine data reveal that important progress is being achieved in child health and education outcomes. Roll-out of the accelerated child survival and development strategy continued, resulting in notable decreases in child mortality in Democratic Republic of the Congo, Liberia and Nigeria. Advocacy for abolition of school fees, support to school renovation and construction, and an improved schooling environment contributed to increases in gross and net enrolment rates in most countries.

133. The percentage of births assisted by a skilled attendant remains low, as does progress in paediatric HIV care. Access to quality teaching, particularly for girls and in isolated zones, remains problematic. Increasing evidence has revealed that persistent and large disparities in wealth, geographic location and gender hinder access to and use of high-impact interventions by mothers and children. Children will continue to die from preventable diseases and will lack access to basic

education and protection if their families and communities are not better informed about how to care for them more effectively in the home.

134. During the remainder of the cycle all country programmes intend to strengthen analysis to better identify the most deprived children and what the prevailing equity issues in each country are. These will be based on an analysis of the policy environment, system bottlenecks (in resource allocations, capacity constraints) and demand constraints (financial barriers, lack of knowledge, socio-cultural barriers).

135. Based on this analysis, key strategic shifts are needed to reach the most deprived while narrowing inequities in outcomes. These shifts include strengthening of community-based approaches to connect services to people; communication for development to encourage changes in behaviour and social norms; and social protection to remove financial barriers. Scaling up these interventions to accelerate achievement of the Millennium Development Goals will be made possible by building on the shift towards an "upstream" focus initiated or strengthened in the first half of the cycle, through increased engagement in social policy dialogue, sector programming and budgeting partnerships.

136. Partnerships — notably Harmonization for Health in Africa, the Education for All Fast Track Initiative and pooled funding in the health and education sectors — will be key to strengthening adherence of the programme to the principles of the Paris Declaration on Aid Effectiveness. Likewise, several country programmes will move forward on United Nations coherence, including through the Delivering as One self-starter process (Liberia, Mali, Nigeria). This will maximize the advocacy and policy dialogue and leveraging of results for children.

137. In these crisis-prone countries, humanitarian action will be integral to all components of country programmes. As cluster lead in nutrition, WASH and education and co-lead in protection, UNICEF will work with its partners to enhance (a) risk analysis; (b) early warning (of nutrition emergencies, floods and epidemics); (c) emergency readiness/preparedness and response (through contingency stocks, support to development of plans and capacities); and (d) recovery/transition and resilience capacities of communities. In partnership with civil society organizations and NGOs, the capacity and resilience of communities to face natural or human-caused disasters will also be reinforced.