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

West and Central Africa region

Summary

The present report was prepared in response to Executive Board decision 1995/8 (E/ICEF/1995/9/Rev.1), which requested the secretariat to submit to the Board a summary of the outcome of mid-term reviews (MTRs) and major country programme evaluations, specifying, *inter alia*, the results achieved, lessons learned and the need for any adjustment in the country programme. The Board is to comment on the reports and provide guidance to the secretariat, if necessary. The MTRs and evaluations described in the present report were conducted during 1999.

Introduction

1. In the West and Central Africa region, eight country programmes, whose cycles run from 1997 to 2001, conducted their mid-term reviews (MTRs) in 1999. Most reviews were carried out in a context of increasing poverty, heavy debt burden, the growing HIV/AIDS pandemic and rampant political instability. In the Central African Republic, for example, the social sectors were affected by prolonged political turmoil, frequent military rebellion and chronic lack of resources, all of which are rooted in poverty. Difficulties were compounded by the armed conflict in the neighbouring Democratic Republic of the Congo, as thousands of refugees fled into the country. In Côte d'Ivoire, a debt of $130 billion and ineffective governance denied the population the benefits of the economic growth that has occurred since the devaluation of the CFA franc in 1994. Poverty is pervasive and mortality rates are increasing due to the high prevalence of HIV/AIDS in the region. Despite having the highest gross national product (GNP) per capita in the region, Gabon, one of the more politically stable countries, has recorded low social development. International debt has become so burdensome that it undermines the country's development prospects.

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2. Guinea remains among the poorest countries in the region, with a very weak human resource base and low social development. Conflicts in neighbouring Guinea-Bissau and Sierra Leone have forced thousands of refugees into Guinea, thus increasing demand for assistance, to which the country can hardly respond. In Nigeria, which accounts for 40 per cent of the region's total population, the MTR took place during a period when the country was striving to recover from several years of isolation from funding partners, due to military rule, repeated violations of human rights, mismanagement of resources and heavy international debt, amounting to $300 billion. Economic growth is resuming in Senegal, but the positive impact on the well-being of the population is not yet evident. The 18-year conflict in Casamance has created great need for assistance in this part of the country. Togo is also suffering from the withdrawal of major donor support after the 1998 elections. With very little investment in the social sectors, the health and education systems are collapsing and the living conditions of the population — children and women especially — have been declining.

Country mid-term reviews

Central African Republic

3. The MTR process started in October 1998, with the development of the terms of reference and work plan. Partners from the United Nations system and non-governmental organizations (NGOs) participated in the review meeting. Thematic studies, focus group interviews and field visits were carried out to collect data to assess country programme performance.

4. **The situation of children and women**. Progress in the situation of children and women was mixed: the under-five mortality rate (U5MR) is very high (157 per 1,000 live births). The infant mortality (IMR) decreased from 111 to 97 per 1,000 live births between 1994/95 and 1998, but the mortality rate for children between the ages of 1 and 4 increased slightly (62 to 67 per 1,000 live births) in the same period. This high level of mortality is due to the collapse of the health system. The national expanded programme on immunization (EPI) has deteriorated and immunization coverage, which was among the highest in the region, has fallen from 80 per cent to less than 50 per cent. Hence, the country has been facing an upsurge in such diseases as malaria, acute respiratory infections (ARI) and diarrhoea. Malnutrition is pervasive: a 1998 survey revealed that 84 per cent of children 6 to 36 months of age suffer form iron deficiency anaemia and 68 per cent from vitamin A deficiency. Half of adult women suffer from iron deficiency anaemia and 17 per cent from vitamin A deficiency. About 20 per cent of pregnant women are HIV positive, and the prevalence rate of 8 per cent in the general population is as high as 15 per cent in the capital of Bangui. The HIV/AIDS pandemic, at present considered one of the most serious threats to the country, has significantly contributed to rising mortality and is undermining the country's development prospects. It accounts for 85 per cent of teachers' deaths. The maternal mortality rate (MMR) is also increasing, primarily because of AIDS and the collapse of the health system. There has been no increase in the enrolment rates of 63 per cent since 1995. This lack of progress is due to deteriorating school facilities, decreasing number of teachers, recurrent strikes and low national expenditures on education. These factors have contributed to an increase in the number of street children, most of whom are school drop-outs or AIDS orphans.

5. **Achievements and constraints**. In spite of the very difficult political and economic situation, the country programme has achieved noticeable results in collaboration with development partners. It has expanded the Bamako Initiative to 16 health districts, covering 45 per cent of the country's total population; increased the polio immunization rate to 82 per cent of children up to the age of five; raised iodized salt consumption to 87 per cent of households; expanded the practice of exclusive breastfeeding to 30 per cent of lactating women; and established juvenile courts. The water and environmental sanitation (WES) programme has provided drinking water to 70 per cent of the population in project areas (as opposed to 40 per cent for the whole country). Provision of water has freed young girls from domestic chores and has resulted in an increase in girls' enrolment in school in the two zones where the country programme concentrates its interventions. In two years, girls' enrolment has increased from 35 to 45 per cent, narrowing the gap with the boys' enrolment rate. Access to sanitation has increased through introduction of latrines in households and promotion of environmental hygiene in the programme focus area and two major cities. The development of a geographic database for children and women has improved the decentralized planning and

monitoring process. Development committees have been set up in 320 villages in the country programme intervention area. Through weekly television and radio programmes, the advocacy and social communication programme has contributed to raising awareness of the HIV/AIDS pandemic and of the rights of children and women.

6. Long-term political turmoil marked by frequent rebellions and limited resources — especially those allocated to social sectors — are the most serious constraints in programme implementation. In addition, the Government has been unable to execute the national decentralization policy. Weak national capacities in almost all areas, including in planning and monitoring, and inadequate coordination of partners in the health sector are other constraints the programme has faced during the past two and one half years.

7. **Assessment of programme strategies: lessons learned**. In spite of political and social instability, the Central African Republic country programme has achieved good results, due to UNICEF leadership, community participation and decentralization. Government partners are very involved in programme management and implementation and share the credit for quality indicators in programme performance. This has helped the country programme raise the commitment of government partners to participate more effectively in implementing activities and ensuring programme ownership. The development of activities at the community level was found to be a sound strategy that helped the programme maintain its activities in villages, despite the political unrest in the country. Community surveillance, as a part of the decentralization and participation process, is still new and limited to 27 villages, but the demand for this strategy by other communities and leaders is increasing. The MTR also recommended that several country programme objectives be adapted to the country's capacities and programme resources.

8. **Country programme management plan**. The MTR recommended that the WES programme be integrated into the health and nutrition programme to maximize the impact of water supply on health. Programme staffing should be adapted to the proposed structure. UNICEF participated in the elaboration of the Common Country Assessment (CCA) and supported the identification of indicators that will be used by the United Nations system to monitor interventions. The United Nations Development Assistance Framework (UNDAF) process is under way.

Côte d'Ivoire

9. In Côte d'Ivoire, the MTR process began with the 1998 annual review, followed by the programme audit conducted in November 1998, the end-of-cycle review of the 1992-1996 programme and the revision of programme objectives. The conclusions of all sectoral groups were included in a draft of the MTR, which was then expanded by advisers from the regional office. Representatives of NGOs and the Children's Parliament, the United Nations Development Programme (UNDP), United Nations Population Fund (UNFPA), World Food Programme (WFP), United Nations Educational, Scientific and Cultural Organization (UNESCO) and bilateral partners participated in the meeting.

10. **The situation of children and women**. Infant mortality increased between 1994 and 1999, from 94 to 112 per 1,000 live births. In the same period, U5MR increased from 150 to 181 per 1,000 live births, due primarily to the high prevalence of HIV/AIDS, malaria, ARI and diarrhoea. HIV prevalence in urban areas ranges from 10 to 15 per cent and is about 6 per cent in rural areas. Approximately seven teachers, five from the primary school level, die each week of AIDS. This high prevalence of HIV/AIDS among teachers seriously undermines the achievements of the national education system. There were more than 77,000 AIDS orphans in 1998, and it is estimated that the number will increase to 600,000 by the year 2001, given the high prevalence of HIV/AIDS among pregnant women (9 per cent). Primary school enrolment has stalled at about 71 per cent, while the first grade admission rate is declining. Each year, 200,000 children leave primary school, a large number of whom become street children. Education performance is low: on average, it takes 10 years for a student to complete a 6-year cycle. Only one household in three in rural areas, and three in four in urban areas, have access to safe water. In rural areas, 55 per cent of the population has no access to adequate sanitary disposal.

11. **Achievements and constraints**. The health programme has extended the primary health care strategy to 3 additional health districts, covering at present 13 of 42 districts in the country. It has revitalized 82 health centres, strengthened community

participation, and trained community health workers in nutritional education and in monitoring the growth of children up to the age of three. Voluntary counselling and testing about HIV/AIDS were introduced for pregnant women: 3,500 of these women agreed to testing; 2,400 returned to obtain test results; and 109 were HIV-positive and accepted AZT treatment. The WES programme has put priority on the eradication of Guinea worm disease and achieved a reduction of 50 per cent in the number of cases, from 2,794 to 1,414 between 1996 and 1998. Only 262 cases were reported from 176 villages in 1999. At present, community surveillance of the disease covers all endemic villages. The programme has also promoted and supported hygiene and sanitation in schools in its focus area and installed 250 latrines. Basic education has focused on promoting girls' education, training teachers in the northern part on the country, providing schools with textbooks, creating literacy centres, equipping schoolgirls with farming tools for income-generating activities, and conducting a study on gender stereotypes in textbooks.

12. Access to basic social services, however, is declining. The population's support of health facility maintenance costs is still weak and municipality ownership of country programme interventions is also inadequate. The programme, especially in the areas of health and nutrition, is vulnerable to such factors as inadequate coordination among development partners and insufficient monitoring and supervision of programme implementation.

13. **Assessment of programme strategies: lessons learned**. Communication and social mobilization need to be strengthened to support other sectoral activities. Government and NGO technical capacity in planning and implementation must also be reinforced. The size of the target population in the country programme focus area is too ambitious, given available resources and weak coordination of partners. Focus will now shift to such emerging issues as HIV/AIDS (including mother-to-child transmission), adolescent health, girls' domestic work, early childhood care for growth and development, and non-formal education for girls' and women's literacy.

14. **Country programme management plan**. Between January 1997 and May 1999, regular resources increased by more than 23 per cent; 50 per cent of other resources have been mobilized. The programme structure has been maintained, but future integration of activities is needed in order to have greater impact on target groups. Cross-sectoral programmes — advocacy and communication, social planning, and monitoring and evaluation — will focus on the promotion of community development, behavioural change, and monitoring of the situation of the target groups and the use of data and lessons learned for advocacy and policy dialogue. The CCA is scheduled for the year 2000.

Gabon

15. Four sectoral working groups were established to prepare the MTR, which involved high-level government officials, United Nations agencies (UNDP, the World Health Organization (WHO) and UNFPA), the African Development Bank, the Governments of Canada, France, Germany and the United States, and the European Union. Support given by the regional office contributed to the success of the process, the first for Gabon.

16. **The situation of children and women**. The U5MR of 145 per 1,000 live births, although still high, has slightly decreased from its 1996 level of 154 per 1,000. Immunization coverage, however, has been decreasing. Measles coverage, for instance, went from 76 per cent in 1990 to 57 per cent in 1999. Access to primary school is universal, but the primary net enrolment rate (about 86 per cent) is indicative of high repetition rates (36 per cent) and poor performance of the education system. Disparities in living conditions are wide and poverty is prevalent among populations in suburban areas. HIV prevalence in the general population is 4.8 per cent, but it is increasing rapidly. Although not documented, child trafficking is widely practised. Children immigrate from Benin, Nigeria and Togo, and most work as housekeepers.

17. **Achievements and constraints**. Four of the eight health centres in Libreville were upgraded and a system of management and prescription of generic drugs was recently introduced. Training guides for heath workers were produced in collaboration with the European Union, and 100 health workers were trained in the use of the guide. The programme has supported a comparative study on national legislation, the Convention on the Rights of the Child, the African Charter on the Rights and Welfare of the Child, and child trafficking, with an emphasis on girls. Collaboration has increased with UNDP, UNFPA and

government counterparts on gender sensitization and the promotion of the rights of girls and women.

18. The review identified weaknesses in the country's social policies, lack of national capacity in planning, an inadequate national statistical system and implementing capacities, and less than optimum supervision from the area office due to political instability in the Congo. Furthermore, the country programme lacks focus and has too many objectives. Because this is Gabon's first programme of cooperation with UNICEF, knowledge of UNICEF procedures and strategies, especially the rights-based approach, is still weak.

19. **Assessment of programme strategies: lessons learned**. The programme will focus on rights-based programming, with a focus on child trafficking. Emerging problems such as the decline in the practice of breastfeeding and growing prevalence of HIV/AIDS will also be addressed. The programme will strengthen cooperation with the United Nations system and bilateral partners and will monitor the situation of children and women. Studies on child labour and trafficking and on the 20/20 Initiative are under way. A demographic and health survey, whose focus is the delivery of basic social services, is planned for the year 2000.

20. **Country programme management plan**. The current country programme (1997-2001) is the first five-year programme the Government of Gabon has had with UNICEF. The Libreville sub-office has been supervised by the Côte d'Ivoire office since May 1999. The CCA/UNDAF process will start in 2000, and harmonization of programme cycles within the United Nations system will take place in 2002.

Guinea

21. A coordination committee, chaired by the Ministry of Planning, was established to manage the MTR process. United Nations agencies, the World Bank, the European Union, the Government of France and NGOs participated in the meeting. Results of surveys and previous annual reviews were used to assess programme performance.

22. **The situation of children and women**. About 40 per cent of the population is poor, and although under-five mortality is declining, it remains very high, at 201 per 1,000 live births. Major causes of mortality are diarrhoea, malaria and ARI, which account for 9 in 10 patient visits to health centres. Maternal mortality (estimated at 1,600 per 100,000 live births) is among the highest in the world. HIV infection is increasing: 4,574 cases were reported in 1998, up from 3,080 in 1996. Women represent 40 per cent, and children 3 per cent, of those infected. About 30 per cent of children under the age of five are stunted. In rural areas, 65 per cent of households have access to safe water, as opposed to 72 per cent in urban areas. School enrolment rates are low: 51 per cent for boys and 47 per cent for girls. Adult illiteracy is particularly high: 80 per cent of women and 64 per cent of men are illiterate.

23. **Achievements and constraints**. The health programme has supported capacity strengthening of health workers in managing malaria, ARI and diarrhoeal disease, as part of the Integrated Management of Childhood Illnesses initiative. It has also ensured the availability of vaccines, and during National Immunization Days (NIDs) in 1997 and 1998, 98 per cent of children were immunized and Vitamin A was distributed. With the support of UNICEF, the national capacity to produce iodized salt was increased to 800 tonnes a year. The programme has supported the creation of funds to pay for deliveries, transport women to hospitals, and support social mobilization and capacity-building to assist women to increase their role in decision-making and participation. In its focus area, which covers 20 per cent of the national population, the WES project has focused on building women's capacity to participate throughout the planning and implementation process and to manage water points. At present, 30 per cent of water points in the country and almost all in the water project area are regularly monitored. The introduction of low-cost latrines has been very successful. The advocacy programme has trained its partners in interpersonal communication skills and supported the Government in preparing the initial report submitted in 1999 to the Committee on the Rights of the Child. Support was given to national capacity-building in data collection. About 5,000 children, mostly girls, who had left school are currently enrolled in literacy courses in "Nafa" non-formal education centres, and a number of them have been promoted to formal secondary school. Advocacy has contributed to increasing girls' enrolment through the publication of pamphlets ("*Filles education*"), as well as in the symbolic purchase of knives from women who practice excision.

Partnerships have been built with UNDP, UNESCO, UNFPA and a network of women parliamentarians to promote the rights of children and women in conflict situations.

24. The programme has encountered the following constraints: lack of national policies in sanitation and communications; weak national capacity in planning, monitoring and evaluation; and political turmoil during the 1998 election. Weaknesses in the national statistical system affect the availability of data and the implementation of the Integrated Monitoring and Evaluation Plan.

25. **Assessment of programme strategies: lessons learned**. The review recommended that the country programme define more precisely its areas of intervention. Although still weak, the participation of communities in monitoring and managing water points is very encouraging and has demonstrated the relevance of the strategy. The country programme will seek to be more effective in focusing on the integration of activities in its areas of intervention, in cooperation with other partners. In addition, innovative interventions will be consolidated. The Government is committed to formulating new strategies in order to improve the accessibility, coverage and quality of social services. The agenda of the CCA/UNDAF process was discussed during the review meeting.

26. **Country programme management plan**. At mid-term, the programme had already mobilized two thirds of the approved amount of other resources. The regular monitoring and use of indicators on quality assurance management has contributed to the improvement of teamwork and participatory processes in the office.

Nigeria

27. In Nigeria, the MTR process drew upon the 1997 and 1998 annual reviews and earlier studies and assessments. United Nations agency heads, members of the diplomatic community, representatives of state and local government, NGOs, community leaders, government ministers, permanent secretaries, chief executives and directors participated in the review meeting.

28. **The situation of children and women**. Survival and development indicators have worsened for both the general population and children and women. Although good performance has been recorded in the country programme areas, overall conditions in the country are deteriorating. The IMR has increased to 114 per 1,000 live births and U5MR has risen from 191 to 239 per 1,000 live births. Maternal mortality remains high (948 per 100,000 live births). Immunization coverage has dropped drastically, from 80 per cent to less than 46 per cent for all vaccines except polio. There has been an overall trend of declining net primary school enrolment and an increasing gender gap in the country. Net primary school enrolment for boys dropped from 60 per cent in 1995 to 58 per cent in 1999. For girls, the rate in the same period declined from 58 per cent to 53 per cent. Adult literacy rates are about 51 per cent for men and 36 per cent for women. Minor progress was made in access to safe water, which increased from 50 per cent in 1995/96 to 54 per cent in 1999. However, access to sanitation dropped from 57 per cent to 53 per cent. This worsening situation is attributed to several factors: the adverse political, economic and social environment between 1993 and 1998; poor planning; inadequate implementation; and a decrease in the quantity and quality of basic social services.

29. **Achievements**. Despite the adverse social and economic environment, the programme has achieved a number of noticeable results. At the national level, the health programme has supported the development of a new health policy, which is based on the Bamako Initiative and primary health care. As a result of advocacy, HIV/AIDS, harmful practices, and drug distribution and management are now recognized as priorities. Substantial progress towards polio eradication has been made. In the targeted Local Government Authorities (LGAs), the capacity of 23,028 health care workers was strengthened. The programme has equipped 3,080 service delivery sites and empowered 32 NGOs to develop strategic approaches to the provision of community-based health care. It supported a national conference on safe motherhood, linked to female genital mutilation (FMG), to raise awareness on women's reproductive rights and gender inequality. It advocated the adoption of a development policy framework for women's participation. The nutrition programme has assisted the Government in the formulation of national nutrition and breastfeeding policies. Other noticeable achievements are: an increase of more than 7 per cent in the practice of exclusive breastfeeding; reduction by more than 50 per cent in the prevalence of goitre; reduction by 11 per cent in vitamin A deficiency;

reduction in low birth weight from 20 per cent to 17 per cent; and reduction in the number of underweight children and stunting from 35 per cent to 31 per cent, and from 43 per cent to 34 per cent, respectively. Wasting among children has doubled, however, jumping from 8 per cent to 16 per cent.

30. The WES programme has provided safe water to 2.5 million people, a figure well beyond the programme's mid-term target. It has also supplied safe means of excreta disposal to more than 700,000 people, but this is less than the mid-term target. Steady progress has been made towards the eradication of Guinea worm disease, and in efforts to reach sustainability through adoption of appropriate technology and empowerment of communities in in-country production of required materials. It has built local capacity in management, operation and maintenance of WES investments. The basic education programme has increased girls' enrolment in primary school by 7 per cent in the 10 target northern states. It has improved primary school completion rates, established about 800 girl-child, non-formal education facilities in needy communities, and supported curriculum development. The urban basic services/children in especially difficult circumstances programme has supported the development of a new national urban policy. This programme has focused on the support of children in need of special protection and built 42,000 basic facilities for urban poor families. The planning, monitoring and evaluation programme, which supports decentralization, has developed local plans of action and promoted zonal situation assessments and analyses and a rights-based state programme of action in 36 states. It has supported the multiple indicator cluster survey (MICS2) and a 20/20 Initiative study, designed and developed a social data bank, and identified and developed 19 gender-specific indicators. The advocacy and communication programme has conducted thematic and regional studies on children's rights and has achieved an increase in participation of children and youth. It has strengthened partnership with other United Nations organizations for the promotion of girls' and women's needs and rights, such as the national NGO Technical Support Network, which supports disadvantaged girls and women in urban slums.

31. **Constraints and assessment of programme strategies: lessons learned**. The prolonged military rule, mismanagement of resources and violation of human rights have restricted the capacity to attract additional programme resources. The successful return to civilian rule, however, has renewed the interest of funding partners. The lack of government contributions for cash-assisted activities and for the management of supplies and logistics, and a weak audit and end-use monitoring of supplies, restricted the effectiveness of the implementation of the country programme. Some elements of the Basic Cooperation Agreement with the Government remain to be implemented and frequent setbacks due the rapid turnover of government focal points have disturbed the smooth hand-over of responsibilities. More congruence is needed among the four UNICEF and six government zonal structures. The UNICEF office/staff structure has not been synchronized with those of the Government and partners, especially in Abuja and at the zonal level. The assessment and monitoring of sustainability of the programme and the effectiveness of the relative contribution of the Government, UNICEF and other partners cannot be measured effectively, due to the lack of relevant indicators and systems or a clear definition of responsibilities.

32. **Country programme management plan**. UNICEF staff in Nigeria participated in a mid-term management review immediately following the MTR process. This review recommended that the staffing structure and profile be consolidated by establishing 20 new posts, nearly all national, in order to implement the much larger throughput of programme funding (an additional $15.4 million in regular resources for 2000-2001). This will also encourage programme partners to allocate more funding for children and women. Nevertheless, the proportion of staff costs to programme throughput remains the same. The staff presence in Abuja will be enhanced and monitoring and evaluation of human resources will be strengthened in zonal areas. Some changes in programme/projects were agreed to in order to create a more manageable overall structure following the conversion to PROMS. Hence, the two sectors — health and nutrition — will be managed as one programme. Urban basic services and children in need of special protection measures will be managed as projects rather than the present joint programme. The promotion of the rights of children and women will be incorporated with gender and development activities, as one project within the planning, monitoring and evaluation programme. UNICEF will also be in the forefront of developing a

CCA/UNDAF and working with the World Bank on a Comprehensive Development Framework.

Sao Tome and Principe

33. The 1999 MTR was the first held since cooperation began between the Government of Sao Tome and Principe and UNICEF in 1984. The review documentation compiled annual reviews (1997 and 1998), quarterly internal programme implementation reviews, annual reports (1997 and 1998) and the CCA.

34. **The situation of children and women**. Sao Tome and Principe ranks 124 out of 174 countries on the Human Development Index. Health conditions have not improved markedly over the three years prior to the MTR. Immunization coverage rates are high compared to the situation in sub-Saharan Africa, except for immunization against measles, which has declined to below 60 per cent. The nutritional status of children has worsened, as moderate and severe stunting have increased from 26 per cent to 33 per cent. Anaemia in pregnant women and vitamin A deficiency in children under five years of age are on the rise, while half of the population suffers from iodine deficiency disorders. In consequence, the IMR has increased from a record low of 51 per 1,000 live births in 1981 to 67 per 1,000. Malaria remains the primary killer disease of children. AIDS cases are on the rise due to lack of epidemiological controls on sexually transmitted diseases; insufficient promotion and distribution of condoms; and inadequate information dissemination to promote changes in behaviour and practice. Past achievements in education are hard to maintain, and primary school enrolment has begun to decline. Gender disparities, absent in early school years, widen after the fourth grade, particularly in rural areas. Classrooms are becoming more crowded, undermining learning performance, and only 16 per cent of children under the age of 6 attend crèches and kindergartens, although the demand is strong, even in rural areas. These deteriorating conditions in education are due to, *inter alia*, inadequate investment by the Government in education, prolonged strikes and arrears in payment of salaries. Access to safe drinking water is declining, and only 31 per cent of the population uses sanitary means of excreta disposal.

35. **Achievements and constraints**. The programme has supported the ongoing process of a comprehensive national health policy based on: decentralization; immunization, including NIDs; successful advocacy for legislation and control of salt iodization; the ratification of the Convention on the Elimination of All Forms of Discrimination against Women and the Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-personnel Mines and on Their Destruction; the procurement of essential drugs and school materials; the establishment of a system of monitoring of learning achievements for third grade children, as well as for hundreds of teachers; the establishment of a system of statistics in education; and vocational training for 230 out-of-school children.

36. Government support to the social sectors is inadequate, and owners of privatized plantations are not committed to keeping schools open. Despite UNICEF efforts, there is no national commission for children and youth in charge of reporting on the Convention on the Rights of the Child, promoting child rights and operationalizing the national plan of action.

37. **Assessment of programme strategies: lessons learned**. The establishment of a national health policy is expected to improve donor coordination and the leadership role of the Ministry of Health, which, in 1999, began to provide essential drugs. The MTR made a number of recommendations. First, there is a need for the Government to formulate sectoral policies and improve its coordination with UNICEF and NGOs. Second, the review approved the expansion of the Bamako Initiative to reach 50 per cent of the population by the end of the programme cycle. Given the very high prevalence of malaria, prevention and control should be introduced. Finally, a collaborative study with the International Labour Organization (ILO) on child labour was recommended.

38. **Country programme management plan**. The capacities of the UNICEF team were not commensurate with the country programme as originally designed. For example, there are no fixed-term posts for health and operations and approximately 40 per cent of staff members are contracted on a temporary basis. Therefore, fixed-term posts in health, operations and education are under consideration. In mid-1999, the Sao Tome and Principe office was integrated into the West Africa region. The 1997-2001 country programme is almost exclusively funded by regular resources. The programme was harmonized with the United Nations system in 1997, and the CAA was completed and transmitted to the Government.

Senegal

39. The MTR process was very participatory and involved high-level government authorities, members of Parliament, representatives of the United Nations system (ILO, WFP and WHO), civil society organizations and NGOs. It drew upon the 1998 annual review.

40. **The situation of children and women**. In comparison to economic development, social progress has been rather mixed in Senegal. The country ranks 154 out of 174 on the Human Development Index. Infant mortality is moderate (68 per 1,000 live births), and immunization coverage has been declining in recent years. For most vaccines, with the exception of polio which has 100 per cent coverage, fewer than 40 per cent of children were immunized in 1998. The prevalence of HIV/AIDS (1 per cent) is among the lowest in the region. Maternal mortality is about 510 per 100,000 live births. Only 9 per cent of households consume iodized salt, on average, but more than half of the population does so in regions where goitre is prevalent. Progress in education has been slow: only three children in four are enrolled in primary school. Girls' enrolment (58 per cent) lags by 15 percentage points behind that of boys.

41. **Achievements and constraints**. During the campaign against malaria, 12,000 bed-nets were distributed to about 300,000 people. In Goudiry, a small town located in the eastern region where goitre and malnutrition are very prevalent, the nutritional status of 1,100 malnourished children up to the age of three has been regularly monitored. About 80 per cent of these children have recovered from malnutrition. In the districts of Guediawaye (a suburb of Dakar) and Kolda, 1,446 women were sensitized to the health benefits of breastfeeding. With the support of the programme, 58 per cent of the salt produced in Senegal is now iodized. HIV/AIDS campaigns have reached diverse target groups, among them: 2,000 students in secondary and primary schools; 10,000 young people in civil associations; and 400 young girls. Still, much effort is needed to reach all planned targets. The gap between boys' and girls' enrolment has been reduced, but it remains very high (56 percentage points) in the region of Diourbel, where education coverage is the lowest. Programme achievements in literacy have been very weak: only 3,279 women in 83 villages have been enrolled in literacy programmes. Yet the WES programme has provided drinking water for 120,000 persons, no new cases of Guinea worm disease have been detected, and access to health care was made available to 20,000 schoolboys in Koranic schools, commonly called "talibés". The advocacy programme succeeded in convincing the Government to pass a law that bans FMG, and also supported the formulation of a national action plan on FGM eradication, in collaboration with the United Nations Development Fund for Women other United Nations organizations and NGOs.

42. The programme has been hampered by insufficient ownership by government partners; inadequate planning, especially in terms of formulation of objectives; weak strategies aimed at behavioural change; and lack of statistical data in the health sector. Poor management of vaccine provision has led to frequent depletion of stock. The national policy on universal salt iodization is still weakly implemented.

43. **Assessment of programme strategies: lessons learned**. It has been recommended that the number of projects and objectives of the country programme be scaled back. The health programme is now focusing on only two projects: one on immunization, salt iodization, maternal mortality and HIV/AIDS; and the second on the eradication of Guinea worm disease in rural areas. In urban areas, this project will concentrate on sanitation and environmental protection by working more closely with other partners of the United Nations system and with local communities. The education programme now contains two projects, mainly aimed at reaching an enrolment rate of 70 per cent, improving the quality of education and increasing girls' enrolment. The strategies of the project on children in need of special protection measures will adopt a child rights perspective, with a goal of reducing vulnerability of 400,000 of these children. The planning, monitoring and evaluation programme will support all of the country programme objectives. An emergency programme will be carried out in Casamance, and a new strategy on local development will be implemented to support communities in achieving the end-decade goals.

44. **Country programme management plan**. The new structure of the country programme comprises four areas — survival; development/protection/participation; representation; and coordination — with 10 projects and 7 country programme objectives. In total, for the years 1999-2001, programme funding is

estimated to be $34.3 million. Of this amount, 83 per cent is not yet available. The CCA and UNDAF documents were produced in 1999 with the participation of United Nations agencies, the International Monetary Fund and the World Bank.

Togo

45. Working groups for each sectoral programme were established to collect and analyse information for the MTR. The process was decentralized to the regional level, with support given by the UNICEF regional office and headquarters. Several NGOs and United Nations organizations participated in preparing the review.

46. **The situation of children and women**. IMR decreased between 1994 and 1997, from 83 per 1,000 live births to 80 per 1,000. In the same period, however, U5MR increased form 132 to 146 per 1,000 live births. Maternal mortality is estimated at about 480 per 100,000 live births, which is surprisingly low by regional standards. Immunization coverage is low — only 31 per cent of children have been completely immunized — and child malnutrition is high: 22 per cent of children aged 0-59 months are stunted. HIV prevalence is moderate (5 per cent of the general population), but is increasing rapidly; 53 per cent of households have access to safe drinking water and 49 per cent have access to sanitation. One adult woman in two and one adult man in four are illiterate. The net enrolment rate in primary school is 89 per cent for boys and 63 per cent for girls.

47. **Achievements and constraints**. Despite this difficult social and economic environment, the programme has achieved noticeable results in conjunction with partners. Measles prevalence has been reduced significantly and epidemics have become less and less frequent. Polio is nearly eradicated: only 2 cases were reported in 1998. Partnerships have been developed with 13 NGOs to help the programme improve child survival, protection and development. Vitamin A is regularly distributed in the northern part of the country, where deficiency is more common. As the national regulation banning the importation of non-iodized salt has been enforced, consumption of iodized salt has increased sharply, from 1 to 73 per cent between 1996 and 1998. The education programme has established 13 school canteens and 22 day-care centres; and 144 mothers and 1,550 members of school associations have been trained to run them. The programme has supported the training of 1,130 teachers and enrolled 16,680 children, 7,024 of whom are girls. Girls' enrolment increased to 30 per cent in some areas as a result of gender sensitive activities, including the creation of an informal group on girls' education. The programme on community capacity strengthening, which covers 207 villages, has contributed to empowering women, who account for 30 per cent of leaders in the village development committees and hold positions of responsibility in many of them. The capacity of government partners in planning, participation and social mobilization has been strengthened at the decentralized level in the programme intervention area. Efforts were made by the country programme to create an intersectoral committee to report on the Convention on the Elimination of All Forms of Discrimination against Women.

48. The first two years of the programme cycle were marked by very difficult social and economic conditions: withdrawal from the country of major bilateral donors, long delays in paying civil servants, political unrest, degradation of social infrastructures and an increase in poverty (35 per cent among the rural population). Therefore, the programme has been able to mobilize only 30 per cent of planned other resources.

49. **Assessment of programme strategies: lessons learned**. It has been determined that programme objectives are too ambitious and poorly formulated, and therefore need more precision and focus. As a cross-sectoral strategy, community participation, combined with capacity-building at the village level, has proven very useful in involving the population in micro planning. Because of increasing poverty and weak investments by the Government in the social sectors, service delivery remains the main focus of the programme.

50. **Country programme management plan**. The programme structure called for no change. To improve programme performance, however, the review recommended that a supply officer and a monitoring and evaluation officer be recruited. UNDP, UNFPA and UNICEF will harmonize their programme cycles in 2002 and the design of a national plan on poverty alleviation will form the basis of the CCA process, which will begin shortly.

Major country programme evaluations and other initiatives

51. **Regional trends in monitoring and evaluation**. In 1999, the regional office conducted an analysis of quality assurance indicators, and monitoring of these indicators has helped improve country programme performance. The regional office is developing a geographic database using HealthMapper to monitor the situation of children and women throughout the region, which will support country programmes in creating or further developing decentralized planning and monitoring systems. A large number of studies were carried out, and a number of evaluations were undertaken, some of which are summarized below.

Major evaluations

52. **Equity in access to health care in Abidjan, Côte d'Ivoire**. This study, conducted by *L'Office de la recherche scientifique et technique d'outre mer, Coopération française* and UNICEF, examined the demand for heath care in all socio-economic categories in Abidjan in order to identify factors that could be supported by policy makers. A study that surveyed 4,321 households found that the cost of medical procedures and drugs, as well as the quality of heath care, discourages patients from visiting health care providers. Two other variables, time spent in waiting before being examined and the type of reception given patients, also affect whether a patient chooses to see a health care provider. Distance to health care facilities is also a factor; patients are very likely to choose the closest health care providers, all else being equal. Demand for health care is slightly elastic with respect to the examined health supply determinants: price elasticity does not change across different socio-economic strata. This is not to say, however, that an increase in heath prices would not have a downward effect on demand for heath care. It appears that improving the quality of heath care through lowering costs, placing health facilities close to populations, and establishing insurance or mutual fund schemes are determinants of health supply that policy makers can promote to improve access to health care for all socio-economic strata of the population.

53. **Review of Bamako Initiative implementation in Africa**. In a meeting held in Bamako 12 years after the strategy was launched, 22 of the 44 participating countries made a presentation on their experience in implementing the Initiative. The main conclusions of the review were as follows: (a) the expansion of the Bamako Initiative faces problems of geographic accessibility, shortage of human resources and weak motivation of health workers; (b) the complex emergency situations in several countries in the region seriously undermine the ability to expand the Initiative; (c) minimal political and economic stability is necessary; and (d) the inclusion of projects that are not components of the strategy wastes resources, a particular problem in countries with very limited resources. The review recommended that new strategic health priorities be taken into consideration in adapting the Bamako Initiative to the development of health systems and services in each country.

54. The adaptation process of the Bamako Initiative is a response to the need for change in the way health services are organized and managed, health care is provided, resources are allocated, and the health system is funded. Modalities and quality of community participation and ownership by individuals and families were extensively reviewed during the meeting, based on specific country experiences. It appears that taking into account the rights of individuals to health and respecting patients' dignity take a great deal of time and require multiple and complementary approaches. The review recommended that public health services be extended to the private sector, especially to the non-profit private sector, to help extend health coverage.

55. **Evaluation of food security programme in Niger**. Food shortages affect 64 per cent of the population of Niger. To insure food security, the Government and UNICEF launched an integrated programme in the Maradi region. In a study carried out to evaluate the programme three years after it was launched, a random sample was carried out of 343 households in 11 villages in the programme area, and 12 villages in the control area. Information on farm yields, supplies of cereals, sale of crops, food assistance and women's contribution to farm production was collected from key informants and heads of households through the use of questionnaires. The main findings of the evaluation were as follows: (a) 40 per cent of households have a daily per capita intake of less than 1,500 kilocalaries, on average, and therefore are in need for assistance, despite the exceptionally good harvest of 1998/99; (b) 33 per cent of households in the control area were found to be very

vulnerable to food shortages, which were twice as high as in the program area; (c) cereal farming and women's farm work are among the most important determinants of food security (a finding that is consistent with the rationale of the programme to target women); and (d) income-generating activities, especially small-scale trade, are used to improve food security in the programme area. Large household size and overall poor management of the harvest, however, have aggravated food shortages in the programme area. The study recommended, therefore, that agricultural equipment be provided to the population at local shops, and that training in management be given to programme beneficiaries.

56. **Evaluation of the early childhood care and development (ECCD) training programme at Gambia College**. In the Gambia, the rapid expansion of ECCD has led to an increase in the number of establishments and number of children enrolled in various programmes country-wide; enrolment increased by 49.6 per cent in 1999. A major step in this direction was the establishment of the ECCD training programme that leads to certification. The Department of Education, in collaboration with UNICEF, mandated the Gambia College to organize the 36-week course, which upgrades the knowledge, skills and competencies of ECCD personnel. At the conclusion of the course, a consultant was contracted to evaluate its relevance, appropriateness and effectiveness and to make recommendations for future training. Review of the materials, on-site visits and interviews were conducted with the trainees, tutors and major stakeholders. Results concluded that the 300 trainees who registered for the course were as varied as the ECCD establishments. Qualifications and educational backgrounds of participants varied widely. There were 10 training modules covering, *inter alia*, comparative and historical perspectives of ECCD, human development, rights and responsibilities of the child, sensitivity training, communication skills, and production of learning materials. Gaps in the curriculum included lack of: safety in and around the centres; abuse and violence prevention; gender sensitization and awareness; physical education and fitness; cultural subjects (music and religious studies); and use of national languages.

57. There is much evidence, however, that the programme brought about a positive change in attitudes among the graduates. Awareness has been created and output improved through increased knowledge and skills on child rights, survival and growth. More child-centred methodologies are now being used and record-keeping has improved. The potential exists for a continuation of the training programme and for its institutionalization in the Gambia College Teacher Education programme. There are about 747 potential candidates in the various cadres of the ECCD subsector. It is recommended that a Standardization Committee take stock of the various training programmes that have been carried out and formulate a policy to regulate the situation. The course for caregivers, for example, trains persons in the system who do not have the qualifications to allow them to benefit from an academically based training programme. These individuals play an important role in caregiving and in centre/school/community activities. The fact that they are able to find paid employment in their localities motivates communities that were reluctant to send their children to school, because they felt the education would not lead to paid local employment. A training programme would greatly enhance their effectiveness. UNICEF will continue to be the main source of support, but counterpart contributions are important to ensure sustainability. The potential exists within the country, and with the involvement of all the stakeholders strategies can be used to access all interest groups. There is need to expand the vision and scope to encompass "early childhood care for survival, growth and development".

Conclusion

58. Almost all MTRs in the region concluded that meeting programme objectives has been a challenge, given national planning and implementation capacities and available financial resources. This suggests that more efforts should be made when setting country programme objectives. The reviews noted that some programmes lack geographic focus or do not concentrate enough on specific interventions. Recommendations were made to correct these weaknesses in order to maximize the impact of programme interventions. The reviews have shown that ownership of country programmes by Governments has gained momentum in several countries, but is weak in others. Participation of government partners, the United Nations system, NGOs, civil society and communities is also on the rise Advocacy is increasingly used to promote the rights of girls and

women, but gaps persist between national laws, practices and the Convention on the Elimination of All Forms of Discrimination against Women. As these programmes were designed in 1997, when the rights-based approach was being introduced, the MTRs provided an opportunity to adopt and strengthen the new approach. CCAs, an essential first step for the preparation of UNDAFs, have been produced in most countries. Finally, it is worth noting that programme interventions have helped raise awareness of Governments, the population and the international community of threats posed by HIV/AIDS, poverty and political instability to improving the situation of the region's children and women. Indeed, these threats are so serious that they are already undermining all prospects of development in the region.