



# **Evaluation of Government of Egypt - UNICEF Country Programme of Cooperation, 2018 - 2022**

## **Evaluation Report**

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**Figure 1. Map of Egypt<sup>1</sup>**



<sup>1</sup> Source : <https://cdn.britannica.com/86/186-050-74D54735/map-Egypt-border-areas-country-Sudan.jpg>

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## ACRONYMS AND ABBREVIATIONS

C4D	Communication for Development
CAPMAS	Central Agency for Public Mobilization and Statistics
CBE	Community-Based Education
CO	Country Office
COAR	Country Office Annual Report
COVAX	COVID-19 Vaccines Global Access
COVID-19	Coronavirus Disease
CP	Country Programme
CPD	Country Programme Document
CSED	Child Survival and Early Development
CSO	Civil Society Organization
DHS	Demographic and Health Survey
ECD	Early Childhood Development
EGP	Egyptian Pound
EU	European Union
EVAC	Ending Violence Against Children
FGM	Female Genital Mutilation
GDP	Gross Domestic Product
GEEW	Gender Equality, and Empowerment of Women
GoE	Government of Egypt
HRBA	Human Rights-Based Approach
KG	Kindergarten
KII	Key Informant Interviews
LSCE	Life Skills and Education Citizenship Education
M&E	Monitoring and Evaluation
MENARO	Middle East and North Africa Regional Office
MoETE	Ministry of Education and Technical Education
MoPED	Ministry of Planning and Economic Development
MoSS	Ministry of Social Solidarity
MoYS	Ministry of Youth and Sports
NPA	National Plan of Action
NCCM	National Council for Childhood and Motherhood
NCW	National Council for Women
OR	Other Resources
PHC	Primary Health Care
RAM	Results Assessment Module
RBM	Results-Based Management
RR	Regular Resources
RTM	Real Time Monitoring
S4D	Sports for Development
SDG	Sustainable Development Goal
SDS	Sustainable Development Strategy
TKP	Takaful and Karama Programme
ToC	Theory of Change
UHI	Universal Health Insurance
UNEG	United Nations Evaluation Group
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNPDF	United Nations Partnership for Development Framework
UN-SWAP	UN System-Wide Action Plan
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization

## EXECUTIVE SUMMARY

1. The Country Programme (CP) 2018 – 2022 of the United Nations Children’s Fund (UNICEF) in Egypt aims to support the efforts of the Government of Egypt (GoE) to promote the child’s rights and reduce inequalities in the child related indicators. To do so, the Country Office (CO) has focused its Programme on interventions that have proven potential benefit to the children in vulnerable situations.

2. This report presents the findings of the final evaluation of UNICEF Egypt CP. It has been commissioned by UNICEF CO in Egypt and managed by UNICEF in the Middle East and North Africa Regional Office (MENARO) in close collaboration with UNICEF CO in Egypt. The partners of UNICEF from the GoE during this process are the Ministry of International Cooperation, the Ministry of Education and Technical Education (MoETE), the Ministry of Health and Population (MoHP), the Ministry of Youth and Sports (MoYS) the Ministry of Social Solidarity (MoSS) and the National Council for Childhood and Motherhood (NCCM). This strategic evaluation complements the sectoral evaluations and studies carried out by UNICEF and external experts.

### **Purpose of the evaluation**

3. The main purpose of this evaluation is for learning and accountability. It aims to produce an independent, objective and useful assessment of the CP achievements, to demonstrate accountability to the stakeholders, draw lessons learnt and provide recommendations. The specific objectives of the evaluation are the following:

- Assess the coherence, relevance, efficiency and effectiveness of the Programme;
- Assess the contribution of the CP to upstream policy, strategy and other system level support towards contributing to the Sustainable Development Goals (SDG);
- Document key factors that have facilitated or hindered the achievement of results;
- Assess the CP sustainability and its performance in reaching more children in vulnerable situations,
- Document key Programme learnings as an alternative delivery modality;
- Assess the extent the design and the interventions of the Country Programme Document (CPD) integrate cross cutting issues such as gender, youth, child rights, children with disability, equity and provide concrete recommendations to improve the design and relevance of the CP.

### **Evaluation methodology**



4. The evaluation was focused on high-level key questions which provide framing for more specific evaluation questions based on the Organization for Economic Cooperation and Development and Development Assistance Committee criteria comprising coherence, relevance, effectiveness, efficiency and sustainability.
5. The evaluation included assessment vis-à-vis other criteria comprising: Human Rights-Based Approach (HRBA); equity; Gender Equality, and Empowerment of Women (GEEW).
6. The evaluation complied with UNICEF-adapted United Nations Evaluation Group (UNEG) norms and standards including the UN System-Wide Action Plan (UN-SWAP)<sup>2</sup>. It used both quantitative and qualitative information and applied triangulation methods using systematic document review, quantitative data analysis, semi-structured online interviews. The participants of the Key Informant Interviews (KII) included UNICEF Management Team and specialists, Government officials, donors and implementing partners.

## Key Findings

### Coherence

7. In 2017, UNICEF CO in Egypt designed a CPD 2018-2022 that was aligned with the Sustainable Development Strategy (SDS) of the GoE. The CPD is also aligned with the 2018-2022 Government Action Plan and other national sectoral strategies, aligned with many SDG as well as with the African Agenda 2063. It intended to achieve UNICEF Strategic Plan while making important contribution to the United Nations Partnership for Development Framework (UNPDF) outcomes. The CP was effective in supporting the Coronavirus Disease (COVID-19) response in timely manner as well as addressing issues faced by refugee and migrant children in Egypt.

### Relevance

8. The CPD was developed using evidence-based data from Demographic and Health Survey (DHS) and other reliable data sources. The Programme intended results were highly relevant for enabling UNICEF to better align and respond to the GoE priorities, especially in regard to boys' and girls' needs.
9. The initial result matrix of the CP was enriched during the implementation phase. However, the CP had not developed a complete a Theory of Change (ToC) for the CP.

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<sup>2</sup> Upon expiry of the initial UN-SWAP duration, a second generation of the UN-SWAP was developed with widespread consultation across UN system entities and launched in 2018). <https://gendercoordinationandmainstreaming.unwomen.org/sites/default/files/2022-02/UN-SWAP%202.0%20Brochure%202021.pdf>

## **Efficiency**

10. The budget utilization rate is about 87 per cent. The European Union (EU) is discussing with the GoE on its cooperation framework and is likely to decrease its financial support to UNICEF in the coming years. Consequently, UNICEF will potentially face a budget gap in the new CP as EU is one of its important donors.

11. In the nutrition sector, a study on the cost-of-service delivery was carried out to help policy makers understand the potential benefits of scaling up key interventions and to identify and prioritize the most cost-effective package of interventions. Another cost-effective analysis was conducted on the Early Childhood Development (ECD) nursery model.

## **Effectiveness**

12. Overall, the CP has good performance on effectiveness and the majority of outcomes and outputs are achieved or are likely to be achieved.

13. The CP was successful in strengthening the Primary Health Care (PHC). It supported in timely manner the COVID-19 response of the GoE. In 2022, the COVID-19 pandemic seems to be under control. However, given that the COVID -19 pandemic has already impacted households living in vulnerable situations and their children, the evaluation suggests that UNICEF continues to support the GoE in mitigating the negative effects of the pandemic.

14. UNICEF supported MoSS to extend the social protection programme, Takaful and Karama Programme (TKP) along with a comprehensive Monitoring and Evaluation (M&E) system to address the high levels of poverty which have been exacerbated by the pandemic. UNICEF also supported the TKP in establishing a national parenting programme contributing to reduce the intergenerational poverty cycle.

15. The CP is supporting the Education 2.0 reform program through mainstreaming the Life Skills and Education Citizenship Education (LSCE) framework, digitalization and mainstreaming the Community-Based Education (CBE). The National Plan of Action (NPA) of Ending Violence Against Children (EVAC) was finalized by a taskforce with UNICEF support. UNICEF continues its efforts for addressing Female Genital Mutilation (FGM). Furthermore, UNICEF supported NCCM and the National Council for Women (NCW) to launch the first National Girls' Empowerment Initiative, Dawwie focusing on addressing the root causes of harmful practices in Egypt.

16. In terms of gender mainstreaming, few gender analysis were conducted during the design of the CP. In addition, sex-disaggregated data were not reported systematically in the annual reports and, different services were not delivered for girls and boys except for Child Protection. Nevertheless, for the first time a gender transformative programme, Dawwie, has been launched by the GoE with technical and financial support of UNICEF.

17. UNICEF has set functioning sectoral task forces. However, there are rooms of improvement regarding coordination mechanisms. For instance, cross sectoral activities were implemented at a relatively slow speed as each sector is focus on its own priorities.

18. The following pilot models are promising, but given their nature and magnitude, such pilot interventions have not yet showcased enough results to positively influence impact indicators.

- The ECD nursery pilot model is successful as it is based on a case investment study in ECD.
- UNICEF also continues its advocacy with MoSS to institutionalize the case management system to protect children. This pilot case management system is part of the national alternative care strategy was informed by two gap assessments on foster/alternative care systems and two executive regulations introducing structural reforms to institutional childcare.
- The Meshwary pilot project that trained adolescents and youth to become more economically and socially empowered is also a success. It has a potential to support key adolescent development outcomes and has gained endorsement from the Prime Minister.
- The Dawwie program is expected to be expanded into a wider range of communities in order to combat harmful practices such as FGM, child marriage rooted in social norms. As the program has a great potential to positively influence impact indicators with a favorable echo especially in rural community, UNICEF is currently working to establish a partnership with the Haya Karima Presidential Initiative in coordination with NCW and United Nations Population Fund (UNFPA) to scale up the Dawwie program.
- The positive parenting programme model proved to be very much welcomed by the GoE and after being mainstreamed in the TKP is currently adopted by MoHP for the Primary Health Units and will be mainstreamed in all Haya Karima villages.

## **Sustainability**

19. The CP has shown good sustainability and a substantive contribution to the development and improvement of the legal and policy framework in all focus areas of the CP. Evidence of

sustainability should be more evident after the end of CP, but there are results across outcomes which are already showing good sustainability prospects.

20. Support from UNICEF to the COVID-19 response and support to refugee children and migrant in learning opportunity are examples of humanitarian-development nexus. The frequency and complexity of humanitarian crises urge having a better risk-informed programming and stronger systems for prevention, response and early recovery and then, prevent being reactive in responding to emergency issues. The positive note is that UNICEF Egypt CO has already developed a strategic framework for emergency preparedness which explicitly connect shock responsive interventions and long-term development initiatives especially for communities living in vulnerable situations.

### Lessons Learned

21. Lessons emerge from the issues highlighted in this evaluation could be capitalized.

- 1) Looking through the COVID-19 window of opportunity for example in harnessing the power of technology for learning and training purpose and Real Time Monitoring (RTM);
- 2) Well-functioning task-forces and other internal coordination mechanisms that UNICEF has successfully implemented have facilitated the progress toward results should continue and be strengthened
- 3) Despite the COVID-19 pandemic, many external factors have facilitated the progress toward results such as legislative reforms and presidential initiatives
- 4) Pilot models through UNICEF's support were successful in such a short timeframe. Depending on budget availability some of those pilot initiatives should be continued and scaled up.

### Recommendations

**Recommendation 1:** Improve the documentation of the CP by (a) developing a comprehensive ToC for the entire new CP; (b) setting up all baseline and target indicators and (c) develop strategic notes for Programme components. To fill data gaps the office should conduct a evidence gap mapping exercise and plan for relevant research to fill these gaps.

**Recommendation 2:** Strengthen the ability of UNICEF to leverage funds for children.

**Recommendation 3:** Strengthen internal task forces and other coordination mechanisms to maximize the coherence and effectiveness of CO programming.

**Recommendation 4:** Continue the effort in mitigating the negative impact of the pandemic through technical assistance and financial support and also support the GoE with systematic and long-term social and behavioral change programmes.

**Recommendation 5:** continue advocacy and service delivery for innovative, promising and newly implemented models and projects namely: community based ECD models, positive parenting, case management system to protect children, adolescent and youth participation and girls' empowerment.

**Recommendation 6:** Prioritize the finalization and implementation of the strategic framework for emergency preparedness to support resilient and shock-responsive activities while focusing interventions where possible in the most vulnerable communities for the new CP.

## I. BACKGROUND AND COUNTRY CONTEXT

22. This report presents the findings of the final evaluation of the 2018–2022 CP of UNICEF Egypt. The evaluation was managed by UNICEF MENARO in close collaboration with UNICEF CO in Egypt which commissioned the evaluation. It has covered the entire UNICEF portfolio during the first four years of the five-year Programme. This strategic evaluation complements the sectoral evaluations and studies that have been carried out by UNICEF and external experts.

23. The CP had an initial budget of US\$ 94,205,000 and was successful in securing up to US\$ 134,578,381. The CP aimed to support poverty reduction efforts as well as the elimination of disparities through early interventions that represent effective developmental investments. It prioritizes interventions focused on strengthening equity of access for and equitable impact on all children. The main partners of UNICEF were government ministries, agencies and departments at national, governorate and district level and Civil Society Organizations (CSO).

24. The section 1 of this report describes the context within which UNICEF has been operating, and outlines the main components of the CP. The section 2 describes the purpose, objectives and scope of the evaluation. Section 3 is focus on evaluation methodology, it describes methodology of the evaluation including the evaluation framework, data collection and sampling strategies, data collection tools, limitations and challenges faced by the evaluation. This section also highlights ethical considerations. Findings resulting from the evaluation are presented in section 4 which is organized according to the main evaluation criteria (coherence, relevance, efficiency, effectiveness, sustainability) and the evaluation questions. The assessment of each criterion is followed by a partial conclusion and recommendations. Based on findings, lessons learnt and recommendations are presented in section 5.

### 1.1. Background and country context

#### 1.1.1. Geographic and demographic context

25. The Arab Republic of Egypt is located in northeastern Africa and is bordered by the Mediterranean Sea and the Red Sea, Libya to the west, Sudan to the south, and Israel and the Gaza Strip to the east. With an area of 1,002,450 km<sup>2</sup>, Egypt counts a population of

approximately 102.5 million<sup>3</sup>. The country has the third largest population after Nigeria and Ethiopia in Africa.

26. According to the Population, Housing and Establishment Census conducted in 2017, the estimated annual growth rate for the inter-census period reached 2.56 per cent. The current population of Egypt is expected to double by 2078<sup>4</sup>. Egypt has a relatively young population, where about 40 per cent of the total population are below 18, about 57 per cent of the total population lives in the rural areas.

### **1.1.2. Economic context**

27. Egypt is a low middle-income country and its Gross Domestic Product (GDP) grew by an estimated 5.6 per cent in 2019 but due to the impact of the COVID-19 pandemic it was reduced by two percentage points in 2020.<sup>5</sup>

28. According to the latest income and expenditure survey conducted by the Central Agency for Public Mobilization and Statistics (CAPMAS), the poverty rate is about three in ten (29.7 per cent) Egyptians below the national poverty line. To address the COVID-19 pandemic challenges, the GoE has reacted via a series of policies and a stimulus package of USD 6.4 billion or almost 2 per cent of GDP<sup>6</sup>.

### **1.1.3. Political context and government priorities**

29. Since 2011, Egypt has witnessed a period of political change<sup>7</sup>. However, in 2021, the country continued to benefit from overall political, economic and fiscal stability. The GoE launched its first SDS also known as Egypt Vision 2030 in February 2016.

30. Egypt is a country of transit and destination for refugees and the country currently hosts more than 5 million refugees and migrants.

31. Since 2015, public spending on access to basic services grew from 13.6 per cent as a percentage of total government spending in 2018 to 29.8 per cent in 2020. Similarly, public spending on health and education grew from 4.9 per cent to 6.1 per cent and from 8.8 per cent to 10.1 per cent respectively during the same period.

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<sup>3</sup> CAPMAS - Central Agency for Public Mobilization and Statistics in Egypt <https://www.capmas.gov.eg/?lang=2#>

<sup>4</sup> World population review <https://worldpopulationreview.com/countries/egypt-population>

<sup>5</sup> The World Bank In Egypt: <https://www.worldbank.org/en/country/egypt/overview#1>

<sup>6</sup> Egypt's 2021 Voluntary National Review, p. 20

<sup>7</sup> Blaydes, L., 2019. Challenges to stability in Egypt. *Hoover Institution*.



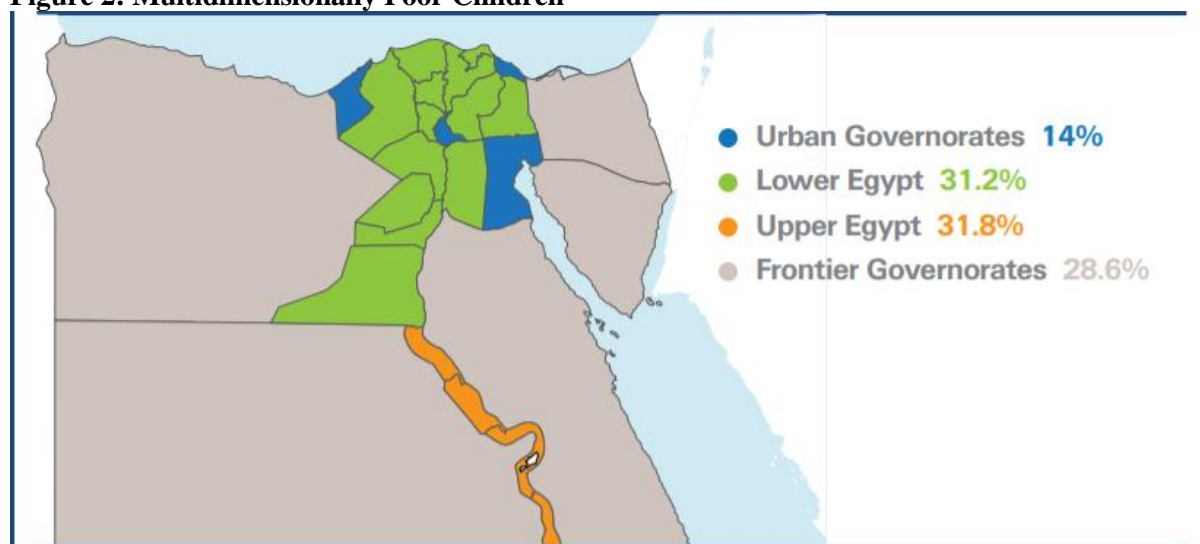


### 1.1.4. Child poverty

32. Egypt has made significant progress to improve child wellbeing. Nevertheless, a study on child multidimensional poverty conducted by UNICEF in 2017<sup>8</sup> found that Egypt continues to face challenges to realizing the rights of every child to a fair chance in life. The rate of multidimensional child poverty is about 29.5 per cent, in Egypt (equivalent to approximately 10 million children).

33. Large geographical disparities can be observed in multidimensional poverty and rural areas have a higher level of multidimensional poverty and intensity of deprivation where 2 in 5 under five children are poor compared to 1 in 4 in urban areas (*see Figure 2*).

**Figure 2: Multidimensionally Poor Children**



### 1.1.5. Education in Egypt

34. Egypt is home to the largest school system in the Middle East with more than 22 million students. Egypt has near-universal access to primary education and boys and girls attend school at nearly equal rates. Over the past 20 years, girls' enrolment in school has risen greatly. In 2000/2001, the girls' enrolment rate was 96.2 per cent, while the boys' enrolment was 99.6 per cent (Langsten and Hassan, 2018; El-Saharty, Richardson and Chase, 2005). Even so, it is noteworthy that the enrolment of girls has increased faster than that of boys. For instance, in 2019/2020, the net enrolment rate was 102 per cent for girls and 98 per cent for boys (*see Figure 3*).

35. An analysis of the 2017/2018 Household Income, Expenditure, and Consumption Survey

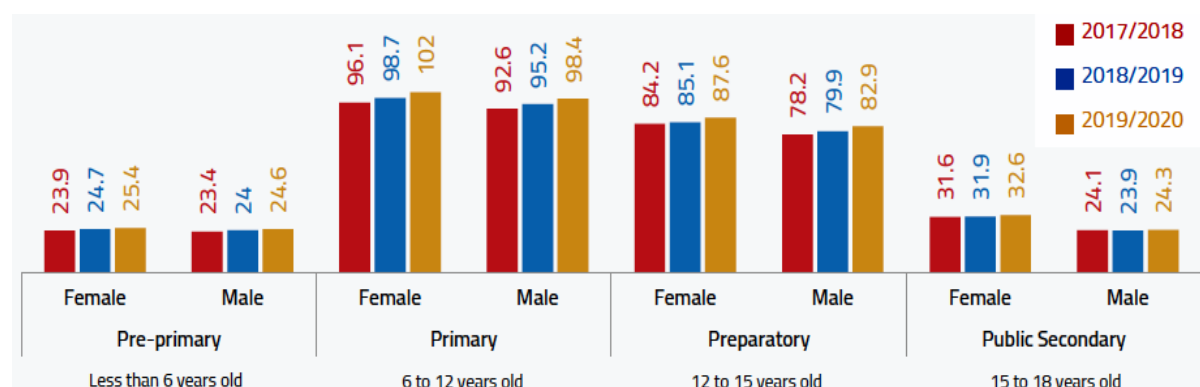
<sup>8</sup> [https://www.unicef.org/egypt/media/1341/file/MODA\\_Highlights\\_EN.pdf](https://www.unicef.org/egypt/media/1341/file/MODA_Highlights_EN.pdf)

dataset has shown that the dropout rate in basic education schools of children aged 6-14 years is limited to 1.6 percent (El-Laithy, 2021)<sup>9</sup>. Although this percentage seems small, it is still significant given that this is the compulsory basic form of education. In secondary schools, the dropout rate reached almost 15 percent. Females, poor students and those in rural Upper Egypt have the highest rates with rates that reached 17.3 percent and 12.6 percent, respectively for girls and boys.

36. Despite the increasing levels of educational attainment among the youth and the progressively narrowing gaps between genders in education, university graduates suffer from high unemployment rates, especially females. As of 2020, the unemployment rate for Egyptian youth between 15 to 24 years of age was 30 per cent unemployment, with 25 per cent among males and 42 per cent among females (Danish Trade Development Unit, 2020)<sup>10</sup>.

37. The primary Education completion rate in Egypt is already universal surpassing 100 per cent in 2019, but the pre-primary net enrollment rates remain relatively low around 25 per cent in 2019/2020 (*see figure 3*).

**Figure 3: Net enrolment rates (per cent) in Egypt**



Source: Egypt's 2021 voluntary national review

38. Even though girls' school enrolment has risen significantly over the past years, there is a high dropout rate. About 71 per cent of boys completed schooling up to the secondary level, while only 68 percent of girls completed the same grades. The figures of MoETE place out of

<sup>9</sup> Inequality of education opportunities in EGYPT: impact evaluation: [https://www.eces.org.eg/cms/NewsUploads/Pdf/2021\\_3\\_30-22\\_55\\_36WP%20216%20Final%20Inequality%20of%20opportunities%20in%20Education\\_24%20March-WP%20216.pdf](https://www.eces.org.eg/cms/NewsUploads/Pdf/2021_3_30-22_55_36WP%20216%20Final%20Inequality%20of%20opportunities%20in%20Education_24%20March-WP%20216.pdf)

<sup>10</sup> Danish Trade Union Development Agency. "Egypt Labour Market Profile 2020/2021," 2020. <https://www.ulandssekretariatet.dk/wp-content/uploads/2020/09/LMP-Egypt-2020-final1.pdf>.

school children at 15.9 per cent at the primary level, with a gender gap of 3 per cent at the national level, and widening at sub-national levels, particularly in rural Upper Egypt<sup>11</sup>.

39. The quality of education remains a major challenge preventing children from developing their full potential and contributing to the society in the long term. For instance, in a recent Learning Poverty Assessment of the World Bank (2020)<sup>12</sup>, in Egypt, educators noted that over 70 per cent of children age 10 couldn't read or comprehend an age-appropriate text.

40. As the instruction has traditionally focused on exams rather than on developing critical thinking and practical skills, MoETE is implementing a global educational reform known as Education 2.0 which aims to meet the aspirations of Egypt Vision 2030. Since September 2018, MoETE has started key reforms to expand education to include pre-primary education and strengthen Grades 1 and 2 of primary education in disadvantaged areas. The education 2.0 reform also integrates the traditional curriculum with life skills inspired by the LSCE framework of UNICEF in the Middle East and North Africa framework.

41. Egypt is one of the Arab countries that give special attention to the rights of Persons with Disabilities through articles in the Egyptian Constitution (2014) that ensure equal educational opportunities to all people with and without disabilities inside the educational faculties' institutions. The number of persons with disabilities is estimated at 10 per cent to 12 per cent according to the World Health Organization (WHO).

#### **1.1.6. Child Health, nutrition and Early development in Egypt**

42. Egypt is committed to achieve the universal right to high quality healthcare, and then worked towards building and maintaining an inclusive and effective healthcare system that guarantees high quality healthcare services and promotes overall wellbeing. As a result, key national health indicators have improved:

- Maternal mortality rate (deaths per 100,000 live births) has improved from 45.9 in 2016 to 42.8 in 2019<sup>13</sup>,

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<sup>11</sup> Egypt Network for Integrated Development, Community Schools: Filling the Education Void in Rural Upper Egypt, 2019.

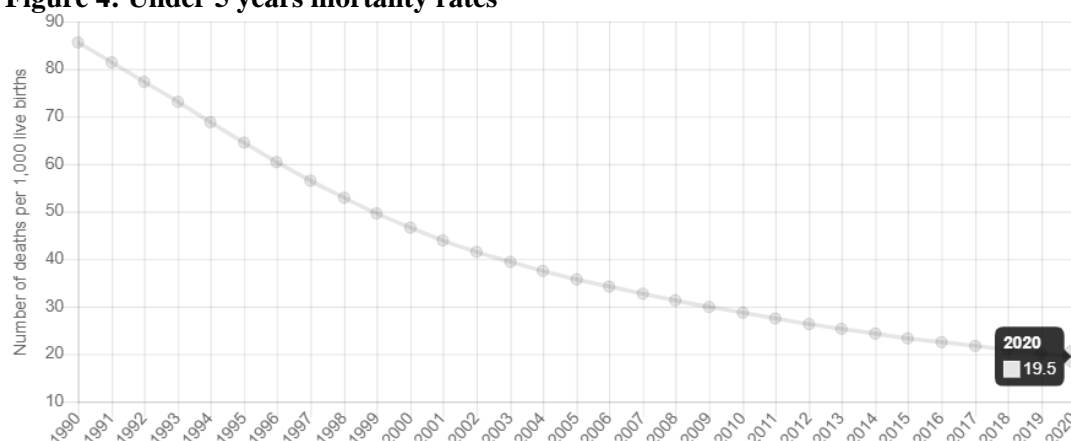
<sup>12</sup> <https://blogs.worldbank.org/arabvoices/egypt-back-school-brings-new-test-blending-learning>

<sup>13</sup>

[https://www.unicef.org/mena/media/6351/file/Egypt%20Country%20Report%20on%20OOSC%20Summary\\_EN.pdf%20.pdf](https://www.unicef.org/mena/media/6351/file/Egypt%20Country%20Report%20on%20OOSC%20Summary_EN.pdf%20.pdf)

- Healthcare coverage and number of insured people grew from 51.1 million in 2015 to 56.9 million in 2019<sup>14</sup>,
- Under-5 mortality rates (per 1000 live births) decreased from 23.3 in 2015 to 19.5 in 2020 but still remains high (see Figure 4),
- Neonatal mortality rate (per 1000 live births) that was 12.8 in 2015<sup>15</sup> decreased to 10.3 in 2020

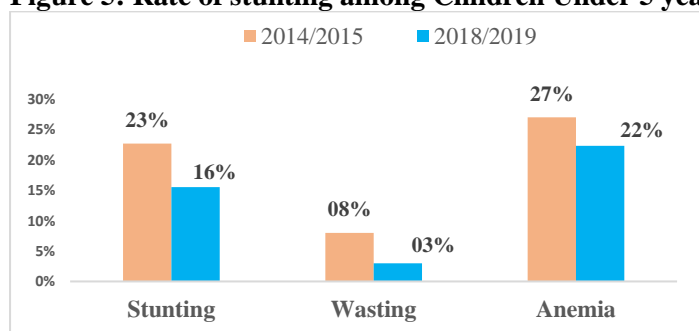
**Figure 4: Under 5 years mortality rates**



Source: UNICEF dataset: <https://data.unicef.org/country/egy/>

43. Good results have been achieved in reducing malnutrition among children. For example, the rate of stunting among children under 5 years of age dropped from 22.7 per cent to 15.5 per cent, wasting from 8 per cent to 3 per cent, and anemia from 27 per cent to 22.3 per cent all from 2015 to 2018 (see Figure 5). Despite important improvements in health and nutrition sector, there are challenges related to the access to basic social services. Regional disparities remain substantial in child survival in the most disadvantaged areas of the country, especially in rural areas.

**Figure 5: Rate of stunting among Children Under 5 years old**



Source: Egypt's 2021 voluntary national review

<sup>14</sup> Source: Egypt's 2021 voluntary national review

<sup>15</sup> UNICEF dataset: <https://childmortality.org/data/Egypt>

44. The access to water is almost universal and reliable in urban areas. On the contrary, significant number of households are still not connected with the water system in rural areas and in urban slums.

### 1.1.7. Violence against children, child marriage and Female Genital Mutilation

45. Many legislative instruments protecting children's rights in Egypt advocate for children to live free from violence at home, at school and among their peers. The legislation on children's rights includes the Egyptian Constitution of 2014, the Convention on the Rights of the Child, the African Charter on the Rights and Welfare of the Child and the Egyptian Child Law.

46. The rate of violence against children remains high in Egypt. For instance, 93 percent of children (1-14 years) are exposed to some form of violent discipline by their parents and/or caregivers, which include physical and psychological violence (2014 DHS) and 65 per cent of students (13-17 years) have experienced physical violence in school (UNICEF-NCCM 2015 study). Only 4 per cent of children are disciplined using an approach that is exclusively violence-free.

47. Furthermore, a study on violence against Children in Egypt<sup>16</sup> conducted by UNICEF and NCCM in 2014 in Cairo, Alexandria and Assiut pointed out that two thirds of the children were victims of physical violence, and 78 per cent were victims of emotional violence. The study also highlighted the very high prevalence of FGM (65 per cent in Cairo, 39 per cent in Alexandria, and 94 per cent in Assiut), as well as the fact that children and adults largely consider violence against children as an acceptable means of discipline.

48. Despite prohibitions on FGM, its practice remains highly prevalent (about 25 per cent), with large regional disparities. National statistics have shown that 87 per cent of ever married women 15-49 have undergone FGM (2015 Egypt Health Issues Survey) and 70 per cent of women and girls aged 15-19 years have undergone FGM. Focusing on girls aged 15 to 17, 61 per cent of girls aged 15 to 17 have undergone FGM as per the 2014 DHS. These mutilations have serious physical and psychological consequences on young girls. Since the FGM procedure is often performed by medical practitioners, in 2016, the Egyptian People's Assembly approved an amendment of article that aims to deter perpetrators of FGM by expanding the previous criminal penalty of up to seven years' imprisonment to imprisonment for up to 20 years.

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<https://www.unicef.org/egypt/media/1906/file/Violence%20Against%20Children%20in%20Egypt-EN.pdf>

49. Around 17 per cent of women between 20 and 24 years old admitted to having been married before the age of 18 (2014 DHS). These marriages often have serious consequences on the health of young girls. Since 2008, the minimum age required to marry by the Personal Status Code is 18, for girls as well as for boys.

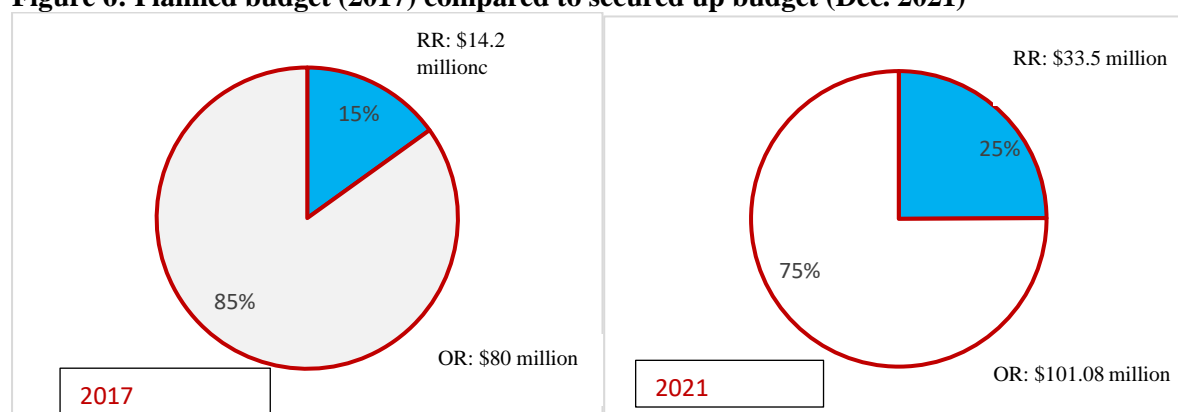
## 1.2. Overview of the Country Programme components

### 1.2.1. Country Programme budget

50. The CPD was approved with an initial budget of US\$ 94.2 million for the 5 years country program of which about 15 per cent (US\$ 14.2 million) is Regular Resources (RR) and US\$ 80 million is Other Resources (OR).

51. This budget has increased over time and then in 2021, USD\$134,578,381 was secured up with UNICEF core resources represent 25 per cent (USD\$33.5 million). The weight of RR was also increased from 15 per cent to 25 per cent of the total budget (*see Figure 6*)

**Figure 6: Planned budget (2017) compared to secured up budget (Dec. 2021)**



### 1.2.2. Country Programme components

52. The UNPDF outcomes involving UNICEF are Social Justice, Inclusion and Human Development: Social Protection; Health, Nutrition and Population; Education and Protection. The CP objective is: *by 2022 interim 2030 targets are reached with respect to population and sustainable access of all people in Egypt to public services notably quality, equitable, inclusive and rights-based social protection, health and education services.*

53. The UNICEF CP is contributing to the 2018-2022 UNPDF through four outcomes (*See Table 1*).

#### 1.2.2.1. Social inclusion and data programme

54. This component supports the GoE to consolidate and expand social protection programs to address the high levels of poverty which have been exacerbated by the COVID-19 pandemic.





#### **1.2.2.2. Child survival and early development programme**

55. The component counts four pillars: good health, adequate nutrition, opportunities for early learning responsive caregiving and Communication for Development (C4D) activities.

#### **1.2.2.3. Learning and protection programme**

56. This component is focus on learning and protection through system strengthening and enhancing quality service delivery. It also includes adolescent participation, C4D and Social & Behavioral Change which focuses on addressing root causes of behaviors through two strands of work positive parenting and girls' empowerment (gender transformative programming).

#### **1.2.2.4. Programme effectiveness**

57. This component supports efficient and effective planning, management, monitoring and quality assurance of the program, ensures close linkages and coordination between UNICEF and the implementation of the 2018-2022 UNPDF, and the national Vision 2030. The component includes partnerships and advocacy and, key cross-cutting areas to support results across all outcomes such as C4D, gender mainstreaming, integration of disaster risk reduction, emergency preparedness and support to subnational coordination.

**Table 1: UNICEF Country Program outcomes and outputs**

*By 2022 interim 2030 targets are reached with respect to population and sustainable access of all people in Egypt to public services notably quality, equitable, inclusive and rights-based social protection, health and education services.*

<p><b>Outcome 1 : social inclusion and data :</b> by 2022, poor and vulnerable children are better identified and increasingly benefit from child sensitive and integrated social protection systems and child responsive national policies and public spending</p> <p><b>Output 1.1:</b> strengthening social protection systems to provide appropriate responses to the needs of poor and vulnerable children, including those with disabilities</p> <p><b>Output 1.2:</b> increasing the availability of rigorous quality disaggregated data and analysis on children for more inclusive, equitable decision-making.</p>	<p><b>Outcome 2 : survival and early development :</b> by 2022, more vulnerable children aged 0 to 6 years, have improved survival, and are nurtured and stimulated for improved ECD</p> <p><b>Output 2.1: ECD</b> Cross-sectoral ECD policies and standards updated and coordination and management capacities are enhanced.</p> <p><b>Output 2.2: HEALTH</b> National capacity for quality assurance of primary and secondary maternal, neonatal, child and adolescent health services is strengthened</p> <p><b>Output 2.3: Nutrition</b> Institutional capacities to improve the nutritional status of children and women are strengthened</p> <p><b>Output 2.4: Early Childhood Care and Education</b> National capacity to provide formal and non-formal Early Childhood Care and Education services for more vulnerable children is strengthened</p> <p><b>Output 2.5: Positive parenting</b> Parents and caregivers in targeted areas have enhanced skills and social support needed to provide nurturing care and positive discipline to their children.</p> <p><b>2.6: Covid-19 medical response:</b> National response to Covid-19 pandemic was enhanced through UNICEF's commitment and interventions</p>	<p><b>Outcome 3: learning and protection:</b> by 2022, more vulnerable children, adolescents and youth experience improved learning and are increasingly protected from violence, abuse, exploitation and neglect.</p> <p><b>Output 3.1: Learning – System Strengthening</b> National capacity to improve effectiveness and efficiency of education service delivery for children, adolescents and youth, including those on the move, is strengthened.</p> <p><b>Output 3.2. Learning – Service &amp; Quality</b> Education providers in selected governorates have strengthened capacities to deliver quality formal and non-formal relevant learning opportunities, particularly for out-of-school children, children with disabilities and those on the move.</p> <p><b>Output 3.3. Protection – System Strengthening</b> National capacity to legislate, plan, monitor and budget for child protection prevention and response, including for children on the move, is strengthened.</p> <p><b>Output 3.4. Protection – Service Access &amp; Quality</b> Service providers in targeted locations have strengthened capacities to prevent violence against children and deliver quality child protection interventions to children at-risk, including those in contact with the law, on the move and survivors of violence.</p> <p><b>Output 3.5. Social &amp; Behavioral Change</b> Social perceptions and attitudes towards violence against children and harmful gender-based practices are improved in targeted areas.</p> <p><b>Output 3.6. Adolescents Participation</b> Participation of children and adolescents in decisions that affect their lives, including in civic engagement initiatives and mechanisms, is improved in targeted</p>	<p><b>Outcome 4: programme effectiveness:</b> Support efficient and effective planning, management, monitoring and quality assurance of the programme, and will ensure close linkages and coordination between UNICEF and the implementation of the UNPDF, 2018-2022, and the national Vision 2030.</p> <p><b>Output 4.1:</b> UNICEF staff and partners are provided with guidance, tools and resources to effectively design, plan and manage programmes.</p> <p><b>Output 4.2.</b> UNICEF staff and partners are provided with tools, guidance and resources for effective advocacy on child rights issues.</p> <p><b>Output 4.3.</b> Strategies to address cross-cutting issues related to child rights are developed and applied.</p>
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## II. PURPOSE, OBJECTIVES AND SCOPE OF THE EVALUATION

### 2.1. Evaluation purpose

58. The main purpose of this evaluation is for learning and accountability. It aims to produce an independent, objective and useful assessment of the CP achievements, to demonstrate accountability to the stakeholders, draw lessons learnt and development specific recommendations.

### 2.2. Evaluation objective

59. The evaluation was intended to inform the new CP development process building on the Mid Term Review. The evaluation sought to explore the extent to which the CP has achieved the intended results and the value it has added to improve child rights in general and for most vulnerable children and regions.

60. The evaluation is also forward looking as it intended to inform the development of the new CPD (2023-2027).

61. The specific objectives of the evaluation are the following:

- Assess the relevance and effectiveness of the Programme;
- Assess the Programme results and achievements and document key factors that have facilitated or hindered achievement of results;
- Assess efficiency in use of resources in delivering the programs;
- Assess the program sustainability plan and suggest sustainability measures;
- Assess the contribution of the CP to upstream policy, strategy and other system level support in promoting child rights in alignment to the emerging national priorities and towards contributing to SDGs;
- Assess the Programme performance in reaching more vulnerable children<sup>17</sup>, adolescence and youth in improving learning, protection, participation, better health and wellbeing;
- Document key Programme learnings as an alternative delivery modality;
- Assess the extent the design and the interventions of the CPD integrate cross cutting issues: gender, youth, child rights, children with disability, equity;
- Provide concrete recommendations to improve the design and relevance of the CP to the UNICEF Strategic Plan.

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<sup>17</sup> Including children with disabilities, adolescent girls

## **2.3. Scope and focus of the evaluation**

### **2.3.1. Thematic Scope**

62. The scope of the evaluation includes four components of the Programme: the social inclusion and data programme, the survival and early development programme, the learning and protection programme and the programme effectiveness component that covers program management and coordination and cross-cutting areas such as C4D, gender mainstreaming, integration of disaster risk reduction and emergency preparedness.

### **2.3.2. Geographic and temporal scope**

63. The evaluation provides an assessment of the CP from the inception in 2018 to 2021. The evaluation was a nationwide focus on UNICEF contribution to the GoE effort to address priority in child health and early development, child protection and learning and child poverty as well as data gaps on SDG indicators related to children.

64. As this is an evaluation of a CP, the predominant focus was on institutional support in high level dialogue and the GoE commitment to advance child rights. The evaluation has assessed UNICEF effort in strengthening national capacity to improve effectiveness and efficiency of service delivery for children, adolescents. The evaluation has also assessed the extent to which CSOs and other implementing partners were effective in programming and service delivery.

65. In addition, due to the significance of the COVID-19 pandemic and its implications for the CP, the evaluation looked at the impact of the pandemic on the Programme.

## **2.4. Key Stakeholders and their interest in the evaluation**

66. The key intended audience of the evaluation, with interest, expected uses and role in the evaluation processes for each stakeholder are listed (*see Table 2*). UNICEF, the line ministries involved, implementing partners are expected to be the primary intended users of this evaluation findings. UNICEF is expected to use the findings to inform the next programmatic cycle and ministries are expected to use the evaluation findings to develop and implement policy directives to improve child rights in different areas.

**Table 2: Stakeholders in the evaluation**

<b>Stakeholders</b>	<b>Role in the evaluation Process</b>	<b>Possible use of evaluation</b>
<b>UNICEF Egypt CO</b>	<ul style="list-style-type: none"> <li>-Main implementing agency, UNICEF's role is to provide guidance and advice on appropriate process and potential issues in the design, approach, methods, instruments, information sources and possible policy and programmatic areas of application of the evaluation</li> <li>-Share background documents and other relevant data on the CP implementation and progress toward results</li> <li>- Take part in key informant's interviews</li> </ul>	<ul style="list-style-type: none"> <li>-End of Programme evaluation</li> <li>-Inform decisions through evidence-based results for future CP implementation</li> <li>-Accountability and application of lessons learned to future strategic programme design and implementation</li> <li>-Advocacy to concerned national government agencies, local government units, development partners on lessons learned and recommendations on the way forward</li> </ul>
<b>UNICEF MENARO</b>	<p>The Regional Evaluation Advisor is the Manager</p> <p>lead and provide guidance and advice on appropriate process and potential issues in the design, approach, methods, instruments, information sources and -quality assurance</p>	<ul style="list-style-type: none"> <li>Identification and dissemination of lessons learned</li> <li>-Contribution to strategic thinking around integrated approaches to improve child rights in Egypt</li> <li>-Advocacy toward multiple stakeholder support for coherent approaches based on good practices, challenges and lessons learned</li> </ul>
<b>Donors</b>	<ul style="list-style-type: none"> <li>-Providing support and resources for the response. Accountable to their public for ensuring good use of money to support an effective response</li> <li>- Take part in key informant's interviews</li> </ul>	End of Programme evaluation
<b>Government of Egypt</b>	<ul style="list-style-type: none"> <li>-Participate in data collection activities</li> <li>-Provide guidance, documents and data on appropriate processes</li> <li>-Inform potential issues in the design, approach, methods, instruments, information sources and possible policy and programmatic areas of application of the evaluation</li> </ul>	<ul style="list-style-type: none"> <li>-Advocacy for continued support to the GoE priorities to ensure sustainability.</li> <li>-Lead roles in government agencies at County levels and Clusters.</li> <li>-Inform programme complementation with GoE, non-state actors and other donors' interventions</li> </ul>
<b>Communities</b> including most vulnerable groups of children, adolescents, women and men	Programme beneficiaries	-Indirectly through use of evaluation findings by other users to improve their living conditions
<b>Civil society organisations</b> including Non-Governmental Organizations	<ul style="list-style-type: none"> <li>-work with communities toward the CP implementation</li> <li>-First responders in many areas of CP focus.</li> <li>-Often involved in long-term development</li> </ul>	-Advocacy toward multiple stakeholder support for coherent approaches based on good practices, challenges and lessons learned.

## III. EVALUATION APPROACH AND METHODOLOGY

### 3.1. Evaluation approach

67. This Terminal evaluation comprises two complementary approaches: A ToC approach and a Logical Framework analysis. The CP has not developed a ToC for the entire Programme but two specific ToC and strategy notes were developed for Outcome 2 (Survival and Early Development) and Outcome 3 (Protection and Learning). In addition, a Results and Resources framework has been developed.

### 3.2. The theory of change

68. The ToC represents the main hypothesis that this evaluation is attempting to assess against the main questions in the evaluation matrix. The evaluation assessed the ToC and the Results and Resources Framework that has been developed. This review has been completed with interviews with and suggestions from the Management Team of the CP.

#### 3.2.1 Potential risks

69. The main risks identified during the design of the CP included:

- 1) the volatility of the political and socioeconomic environment in the region, and its potential negative impacts on Egypt;
  - 2) chronic conflicts in neighboring countries; changing funding priorities for donors;
  - 3) economic slowdown and increasing vulnerabilities as a result of national economic reforms.
- Since the COVID-19 pandemic appeared in 2020, additional challenges are to be taken into account in the implementation of the CP.

#### 3.2.2. Risks and mitigation strategies

70. UNICEF has planned to review the likelihood and impact of those risks on an annual basis and make programme adjustments, including geographic targeting, as necessary.

### 3.3. Evaluation criteria and questions

#### 3.3.1. Evaluation criteria

71. The evaluation covered the criteria of Organization for Economic Co-operation and Development and Development Assistance Committee but not assessing connectedness or impact given the nature of the Programme: **Coherence, relevance, effectiveness, efficiency and sustainability**. In addition, the evaluation included cross cutting elements of gender, equity and human rights-based approaches.

### 3.3.2. Evaluation questions

72. The Term of References comprises high-level key questions which provided framing for more specific evaluation questions.

#### **Coherence**

To what extent is the CP supporting national priorities and SDGs? How has the Programme aligned with the COVID-19 response of the government?

#### **Relevance**

To what extent does the CP align with the key priorities for boys and girls in different categories in Egypt?

#### **Efficiency:**

To what extent has the Programme used the most cost-efficient implementation methods?

To what extent have the Programme management arrangements been efficient?

#### **Effectiveness**

To what extent has the CP achieved its objectives and results or is likely to achieve them?

How were cross-cutting issues taken into account?

What worked well in achieving CP results that should be replicated or scaled up at the design of the next CP?

What factors (political, sociological, economic, etc.) have affected the outcomes, either positively or negatively? How have these factors limited or facilitated progress towards the outputs?

What are the unanticipated effects of the CP either positively or negatively?

How has COVID-9 affected the CP?

#### **Sustainability**

To what extent have initiatives from the CP resulted in the GoE policies and procedures supporting boys and girls?

To what extent has capacity building for government resulted in improved services for boys and girls?

73. The proposed questions in the original Term of References were discussed and streamlined during the inception phase, and this resulted in:

- a) the addition of sub-questions, indicators and data sources next to each evaluation question;
- b) the identification of cross-cutting issues such as Gender, Human Rights and Equity;
- c) the identification of refugee crisis and the COVID-19 Pandemic as issues that could have affected the CP implementation.
- d) In addition, the evaluation assessed partnership and the humanitarian-development nexus. The evaluation matrix stands as following (*see Table 3*):



**Table 3: Evaluations matrix**

Questions	Sub-questions	Indicators	Data sources
<b>Coherence</b>			
<p>1) To what extent is the CP supporting national priorities and SDGs?</p> <p>2) How has the programme aligned with the COVID-19 response of the government?</p>	<p><b>1.1.</b> What pillars of the SDS of the GoE is the CPD aligned with?</p> <p>1.2. To what extent is the CPD aligned with SDG related to ending poverty, Health, Education, equality?</p> <p><b>2.1.</b> What is UNICEF contribution to the COVID-19 response of the government in Health sector including COVID-19 vaccination?</p> <p><b>2.2.</b> What is UNICEF contribution to the COVID-19 response of the government in education sector?</p>	<p>-The degree of alignment of CPD with the pillars of Egypt SDS related to Social Justice, Education &amp; Training and Health</p> <p>-Extent to which CP is addressing SDG 1 (no poverty), 3 (Health), 4 (Education), 5 (gender equality), 10 (Reduced inequalities)</p> <p>-Extent to which UNICEF interventions strengthened public health system resilience and improved COVID-19 vaccination?</p> <p>-Evidence of UNICEF contribution to</p>	<p>→ Review of CPD and strategy notes</p> <p>→ Review of the SDS of the GoE, sectoral plantings and SGD prioritization</p> <p>→ Reports on UNICEF engagement (political dialogue, resources mobilization and projects implementation) in response to COVID-19</p> <p>→ KII with executives (UNICEF and the GoE)</p>
<b>Relevance</b>			
<p>3) To what extent does the CP align with the key priorities for boys and girls in different categories in Egypt?</p>	<p><b>3.1.</b> Did the CP use evidence-based data to identify challenges faced by children in Egypt?</p> <p><b>3.2.</b> Did the CP address key priorities for boys and girls in the areas of education, health, child protection, gender and desegregated data for M&amp;E purpose?</p> <p><b>3.3.</b> Did the CP design relevant document such as ToC, Result &amp; Resource Framework, Programme Strategy notes?</p>	<p>-Evidence that CP priorities are based on evidence data from national/substantial surveys/studies.</p> <p>-Evidence that CP focus is on most vulnerable boys and girls needs in the areas of education, health, child protection, gender equality</p> <p>-Existence of relevant ToCs,, Result &amp; Resource Framework and Programme Strategy notes</p>	<p>→ Literature on conceptual relationship between CP outcomes and related SDGs.</p> <p>→ Data supporting the link between CP outcome related SDGs</p> <p>→ Review of CP progress reports</p> <p>→ Review of ToC, Result &amp; Resource Framework, Strategy notes</p> <p>→ KII with UNICEF and GoE</p>



Questions	Sub-questions	Indicators	Data sources
<b>Effectiveness</b>			
<p>4) To what extent has the CP achieved its objectives and results or is likely to achieve them?</p> <p>5) What worked well in achieving CP results that should be replicated or scaled up at the design of the next CP?</p> <p>6) What factors (political, sociological, economic, etc.) have affected the outcomes, either positively or negatively? How have these factors limited or facilitated progress towards the outputs?</p> <p>7) What are the unanticipated effects of the CP either positively or negatively?</p> <p>8) How has COVID-19 affected the CP?</p> <p>9) How were cross-cutting issues taken into account?</p>	<p><b>4.1</b> What intended outcomes and outputs (i) have been achieved, (ii) have been partially achieved or (iii) have not been achieved to date</p> <p><b>4.2.</b> What results are achieved related to policy dialogue, advocacy and laws?</p> <p><b>5.</b> What successes should be replicated or scaled up in the next CP such as: <i>Takafoul &amp; Karama (cash transfer), Life skills and citizens education, nurseries and parenting programmes; the Jump Start Package (essential health care to children and women), Case Management (for children at-risk or survivors of violence), Gen-U (Adolescent Development and Participation)?</i></p> <p><b>6.1.</b> How national reforms including legislative reforms (amendments to the laws on FGM, the new law against bullying, Universal Health Insurance, civic engagement and Family law, the education reform), the Presidential Leadership Program to develop the skills of young people and the national social protection programs have facilitated progress towards the outputs?</p> <p><b>6.2.</b> How COVID-19 pandemic and refugee's crisis have hindered progress towards the outputs?</p> <p><b>7.1</b> What are the unanticipated positive effects of the CP?</p> <p><b>7.2.</b> Are there unanticipated negative effects of the CP?</p> <p><b>8.</b> How has COVID-19 affected the CP?</p> <p><b>9.1.</b> How is gender equality taken into account in the CP design and implementation?</p> <p><b>9.2.</b> How CP projects on CSED, education, C4D and Child protection in selected Governorates and districts reached out most vulnerable children</p>	<p>-Progress toward achieving key outputs and outcomes indicators in the updated Results framework</p> <p>-Evidence that UNICEF has made substantial contribution to policy dialogue, advocacy and laws to advance child rights</p> <p>-Evidence of successful implementing strategies that could be replicated or scaled up at the design of the next CP</p> <p>-Evidence that national reforms have facilitated progress towards the outputs?</p> <p>-Extent to what COVID-19 pandemic and refugee's crisis have hindered progress towards the outputs?</p> <p>-Evidence that the CP upstream policy, strategy and other system level support towards contributing to SDGs</p> <p>-Evidence that the CP implementation has not result in negative impact on achieving SDG</p> <p>-Evidence that CP strategies were adjusted to support the Covid-19 response of the GoE?</p> <p>-Evidence that Gender Equality is taking into account in all components of CP</p> <p>-Evidence that UNICEF specific projects on CSED, education, C4D and</p>	<p>→ Review of CP progress reports</p> <p>→ Government strategic plan targets on Child survival, education &amp; learning, protection, social policy, poverty</p> <p>→ National data (on CSD, education &amp; learning, child protection, social policy, child poverty) disaggregated by social group (gender, wealth, location)</p> <p>→ Mapping of Governorates, districts and villages targeted by UNICEF specific projects</p> <p>→ Interviews with UNICEF, government officials and other keys Stakeholders</p>

Questions	Sub-questions	Indicators	Data sources
<b>Efficiency</b>			
<p>10) To what extent has the programme used the most cost-efficient implementation methods?</p> <p>11) To what extent have the programme management arrangements been efficient?</p>	<p><b>10.1</b> What were the costs of achieving the outcomes and how are they when compared to UNICEF benchmarks?</p> <p><b>10.2.</b> Could alternative management strategies be implemented to increase effectiveness?</p> <p><b>11.</b> To what extent the allocation of resources (financial and HR) leads to optimal implementation of strategies to achieve CP results</p>	<p>Evidence of cost-efficiency compare to UNICEF benchmarks</p> <p>-Documentation of which alternative management strategies could have increased CP efficiency</p> <p>-Extent to which management strategies have applied optimal allocation of resources</p>	<p>→ Review of CP budget, procurement, and programme documentation</p> <p>→ Interviews with UNICEF (Representation, Operation &amp; Programming), keys donors and implementing partners</p>
<b>Sustainability</b>			
<p>12) To what extent have initiatives from the CP resulted in the GoE policies and procedures supporting boys and girls?</p> <p>13) To what extent has capacity building for government resulted in improved services for boys and girls?</p> <p>14) To what extent has the humanitarian-development nexus been implemented</p>	<p><b>12.1</b> To what extent has UNICEF support led to GoE policies and procedures supporting children such as <i>the National Strategy for ECD, the National Plan of Action on EVAC, the national girls' empowerment initiative and the education reform?</i></p> <p><b>12.2.</b> Are established partnerships capable of continuing work in conjunction with the Government to advance child rights?</p> <p><b>13.</b> To what extent has capacity building for government resulted in improved services for boys and girls?</p> <p><b>14.</b> To which the CP supports reinforcing national institutional mechanisms in ensuring humanitarian assistance when needed while foreseeing the long-term development</p>	<p>-Degree to what UNICEF advocacy, technical and financial support lead to the GoE policies and procedures supporting services for children</p> <p>-Evidence that established partnerships including private sector partners bilateral and multilateral partnerships are likely to continue</p> <p>Extent to which capacity building for government resulted in improved services for children</p> <p>Evidence that the CP has reinforced national institutional mechanisms in ensuring humanitarian assistance when needed while foreseeing the long-term development</p>	<p>→ Review of CP progress reports</p> <p>→ Review of partnerships established or strengthened during the CP implementation</p> <p>→ Interviews with UNICEF executives, senior public officials, implementing partners and donors</p>

### **3.4. Evaluation methodology**

74. The evaluation was carried out following the UNEG Norms and Standards and the evaluation report is prepared following the Handbook of Global Evaluation Report Oversight System handbook<sup>18</sup>. The evaluation incorporates the human rights-based and gender perspective and applied Results-Based Management (RBM) principles and logical framework analysis.

75. The evaluation relied on diverse, both quantitative and qualitative information that was triangulated. It utilized a diverse range of data collection methods that include: systematic document review, quantitative data analysis and semi-structured online interviews.

#### **3.4.1. Documentation review**

76. The desk review uncovered sources of usable secondary data, thus let primary data collection be focus on how to overcome limitations in terms of quality and availability of secondary data as well. It included:

- Policies and programme content analysis;
- Document and evidence review.

#### **3.4.2. Qualitative data collection and analysis**

77. The KII were conducted with representatives from key stakeholders' groups: specialists and Senior Management Team from UNICEF Egypt CO, high level officials from ministries, staff from implementing partners and donors.

#### **Sampling of Key Informant Interviews**

78. Out of 40 key informants invited, 34 responded/participated and this represents a completion rate of 85 per cent. Twenty-one (21) women participated in the KII; this represents 62 per cent of participants. Thirteen men participated in KII and this represents 38 per cent (detail list of participants at annex 3). The interviews were conducted with 14 participants from UNICEF, 10 key informants from the Government, 5 participants from the implementing partners and 5 participants from the donors.

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<sup>18</sup> GEROS handbook : Handbook for UNICEF Staff & Independent Assessors at <https://www.unicef.org/evaluation/media/1381/file/GEROS%20Handbook.pdf>

79. Due to COVID-19 outbreak, online interviews were used for primary data collection. A script was designed with the aim to structure the contents of the semi-structured interviews following the results chain from inputs to outcomes (*see annex 4*).

### **3.4.3. Data analysis**

80. The quantitative analysis at the national level was conducted to assess the progress made in outcome indicators. Using available secondary data from both the quantitative national database and the evidence and document review, a trend analysis for outcome indicators was undertaken with the aim of understanding underlying bottlenecks that impede the progress against CP results. The evaluation has also performed analysis drawing upon Programme financial expenditures. Qualitative data was analyzed in line with the contribution analysis approach, whereby the assumptions that underpin the ToC was assessed.

### **3.4.4 Management of the evaluation**

81. The evaluation was undertaken by a consultant who developed a detailed evaluation design during the inception phase. He collected all necessary data, completed data analysis and presented findings to key stakeholders. During the entire process, the consultant worked in close consultation with the MENARO Regional Evaluation Advisor who has ensured quality assurance.

82. In addition to UNICEF Egypt CO Management Team, the keys stakeholders for this evaluation are the donors, relevant Government partners and implementing partners that have signed joint annual work plans with UNICEF.

### **3.4.5. Ethical requirements**

83. The evaluation follows the UNEG Norms and Standards as well as the UNICEF Ethical Guidelines for Evaluation<sup>19</sup> for conducting Ethical Research Involving Children and Ethical Principles and Guidelines for the Protection of Human Subjects of Research and followed the three principles of:

- (i) Respect for Persons;
- (ii) Beneficence; and;
- (iii) Justice.

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<sup>19</sup> UNICEF procedure on ethical standards in research, evaluation, data collection and analysis at <https://www.unicef.org/media/54796/file>

84. The evaluation was based on the following principles of independence, impartiality, credibility, absence of conflicts of interest and accountability.

85. For all interviewees', an informed consent was obtained. Informed consent includes the ethical components as following:

- (i) transparency about the objectives and content of the study;
- (ii) privacy and data security;
- (iii) voluntary participation;
- (iv) the right of participants to refuse or skip any questions without incurring any consequence;
- (v) a follow-up to inform or receive complaints and supply any further information about the study.

86. Before data collection phase, protocols for the protection of human subjects in the evaluation were assessed through a research ethics review by “HML Institutional Review Board” (*see a copy of the certificate in Annex 8*).

87. In regard to the adaptation to the COVID-19 pandemic, the evaluation was carried out remotely without travel to Egypt. Then, there was no need to apply the respect of COVID-19 pandemic barrier measures required for in-person data collection.

### **3.5. Limitations and constraints faced by the evaluation**

#### **3.5.1. Issues in baseline and target setting**

88. A substantial number of baselines and/or targets had not been established and were expected to be completed with DHS data given that a DHS was planned for 2017 and another was expected for 2021. As the last comprehensive DHS was 2014 with a special edition published in 2015, the reliance on the DHS data caused challenges as a DHS. So, in the adapted CP result framework, data sources had been changed. To overcome those challenges, the evaluation used a proxy for indicators or relied on previous reports indicators.

#### **3.5.2. Limited disaggregated data**

89. There was a limited availability of disaggregated data related to the situation of children and across different vulnerable groups (gender, location disability). Mitigation strategies were a strong emphasis on triangulation for increasing reliability and additional disaggregated data collection to the extent possible.

### **3.5.3. The timing of the evaluation**

90. The timing of the evaluation had limitations because the data collection phase was fallen in December – January, when stakeholders were on tight deadlines to complete their annual reports. Care was taken to ensure that before the interview, the interview guide was shared with the interviewee to avoid time wasting.

## IV. FINDINGS OF THE EVALUATION

### 4.1 Coherence

91. The key questions related to the coherence criterion are as follows:

- 1) To what extent is the CP supporting national priorities and SDGs?
- 2) How has the Programme aligned with the COVID-19 response of the government?

In order to answer the above questions, the evaluation assessed the CP alignment with national priorities and international development agendas and the effectiveness of the CP in responding to specific/urgent requests from government.

#### 4.1.1. Country Programme alignment with national priorities and key development issues

92. During the design of the CP, UNICEF learned from national reforms that have been undertaken since 2014. Lessons learned from the previous CP was also an opportunity for a more focused, strategic and cross-sectoral programme. Thus, UNICEF improved its work with a more focus on an upstream level focused on policy advices and capacity building. This decision was based on the needs and requests from the GoE and then, the CPD was articulated around three core programme components:

- 1) The Social Inclusion and Data component;
- 2) The Child Survival and Early Development (CSED) including health, Nutrition, ECD and Water, Sanitation and Hygiene (WASH). This component includes also the parenting programme focusing equally on skills building and social support;
- 3) The learning and Protection component (Learning, Child Protection) and C4D.

The Programme effectiveness component includes Communication, Planning and M&E, Operations.

93. The evaluation assessed the alignment of the CP with the main policy document of the GoE: the SDS. It is the governing framework for all development programs to be implemented until 2030 and counts ten priority pillars.

- 1- Economic development
- 2- Energy,
- 3- Knowledge, innovation and scientific research,
- 4- Transparency and efficient government institutions,
- 5- Social justice,
- 6- Health,
- 7- Education and training,
- 8- Culture,

- 9- Environment,
- 10- Urban development.

94. The outcomes of the CP resonate with four out of the 10 pillars of the SDS as shown in below (*see table 4*):

- (1) social justice;
- (2) Health;
- (3) Education and training;
- (4) Knowledge, innovation and scientific research.

95. Furthermore, the CP were designed to have multiplier effect on other pillars including pillar 1 (Economic development), Pillar 9 (environment), Pillar 4 (Transparency and efficient government institutions).

**Table 4: Country Programme outcomes and related SDS pillars**

CP programme components	SDS Pillars
Outcome 1: social inclusion and data	5: Social justice 3: Knowledge, innovation and scientific research
Outcome 2: CSED	6: Health 7: Education and training
Outcome 3: learning and protection	7: Education and training 5: Social justice

96. As the SDS is committed to guarantee growth, development, and prosperity for future generations, it aims to improve the Egyptians' quality of life and raise their living standards while achieving social justice and equality. The SDS is primarily focused on economic development and growth but it also takes into account rights-based approaches. Even some areas such as child protection and ECD are not directly listed as key pillars, they are fully considered in the SDS document.

97. The CP is consistent with the country priorities enshrined in the SDS. The intended outcomes of the CP are also aligned with key sector strategic documents (national strategies) in the areas of education, health, social protection and justice as well as cross-cutting issues such as women empowerment.



**Table 5: Country Programme alignment with national priorities and development agenda**

CP Components (outcomes)	SDS and selected national strategies	UNICEF strategic plan 2018-2021	UNPDF 2018-2022	SDG, 2030
<b>Social inclusion and data</b> Poor and vulnerable children are better identified and increasingly benefit from inclusive, child-sensitive, integrated, well-resourced and shock-resilient social policies and programs	The social justice pillar <b>National Strategies</b> 2018-2022 Government Action Plan National Social Protection Strategy national Population Strategy; National Housing Strategy; Upgrading Strategy for Slum Areas	Every Child has an Equitable Chance in Life	Social Protection	SDG 1 (no poverty), 5 (gender equality), 8 (decent work and economic growth), 10 (reduce inequality), 11 (sustainable cities and communities), 16 (peace, justice and strong institutions) 17 (partnerships for SDGs)
<b>CSED</b> By 2022, more vulnerable children in their early years (aged 0 to 6) have improved survival and are nurtured and stimulated for improved ECD	HEALTH & EDUCATION & TRAINING pillars <b>National Strategies</b> National Education Strategy; National Health Strategy; National HIV/AIDS Strategy National Food Security Strategy National Food and Nutrition Strategy	Every Child Survives and Thrives; Every Child learns; Every child lives in a safe and clean environment (water & sanitation and climate change)	Health, Nutrition and Population; Education	SDG 3 (Health), 4.2 (ECD, care and pre-primary education)
<b>Learning and Child Protection</b> By 2022, more vulnerable children, adolescents and youth experience improved learning and are increasingly protected from violence, abuse, exploitation and neglect.	The social justice pillar Women's socio-economic empowerment (mainstreamed in the SDS) <b>National Strategies</b> 2030 National Women's Empowerment Strategy National Action Plan on Combatting Child Labour	Every Child learns; Every Child is Protected from Violence and Exploitation; Every Child has an Equitable Chance in Life	Protection; Education women's empowerment	SDG 5 (gender equality), 8 (decent work and economic growth), 4 (quality education); 10 (Reduced inequalities) SDG 16 especially 16.2
Program effectiveness: Ensure that the CP is efficiently designed, coordinated, managed and supported to meet quality programming standards in achieving results for children.				

98. The CP is also aligned with the 2014 Constitution that provides opportunities for improving the national child rights system. This Constitution explicitly mentions fundamental rights, including the right to identity, basic services and protection, including the provision that the state will establish a judicial system for child victims and witnesses as well as safeguards against detention of children.

#### **4.1.2. Country Programme alignment with the SDG, UNPDF and UNICEF Strategic Plan**

##### **Country Programme alignment with SDG**

99. The CP was based on the priorities identified in the SDS document, which document is fully aligned with the 17 SDGs, as well as the African Agenda 2063.

100. The Social inclusion outcomes directly addressed the SDG1 (no poverty), SDG 5 related to gender equality and reducing inequality (SDG 10). In a context where three in every 10 Egyptians are in monetary poverty and a similar proportion of children in multidimensional poverty, the CP was intended to address the poverty issues including advanced work on multidimensional child poverty and deprivations as well as support to national, targeted conditional cash transfers for most vulnerable children living in poverty.

101. UNICEF had committed to most of the targets under SDG 3 (related to health) and SDG 4.2 related to ECD, care and pre-primary education. The strategy concerning health included strengthening the PHC systems and maintaining health and nutrition services in spite of COVID-19 while supporting the COVID-19 response of the GoE including supply and awareness for vaccination.

102. The component related education and learning is focuses on improving quality education, ECD and pre-primary education (SDG 4) in line with national reforms and government priorities, that bridges the first 1,000 days through to the early years of formal education.

103. Regarding child protection, the focus is on social norms to strengthen girls' empowerment, reduce harmful practices such as FGM, child marriage and optimize positive parenting. This CP component is aligned with SDG 5 (gender equality), and reduced inequalities (SDG-10).

## Country Programme alignment with UNPDF

104. The UNPDF -2018-2022 in Egypt is composed of four outcomes:

- 1) Inclusive Economic Development,
- 2) Social Justice,
- 3) Environmental Sustainability and Natural Resource Management,
- 4) Women's Empowerment.

105. UNICEF worked towards reinforcing its comparative advantages in achieving directly two outcomes: outcome 2 (social justice that comprises health, nutrition and population, education, social protection) and outcome 4 (Women's Empowerment) whilst also ensuring national ownership through encouraging the collective contribution of national initiatives, key stakeholders and government entities as well as all relevant United Nations agencies.

## Country Programme alignment with UNICEF Strategic plan 2018-2021

106. The CP is also aligned with the UNICEF's Five Global Goal Areas identified by the UNICEF Strategic plan 2018-2021 namely:

1. Every child survives and thrives,
2. Every child is protected from violence and exploitation
3. Every child learns,
4. Every child has an equitable chance in life
5. Every child lives in a safe and clean environment

107. It is worth mentioning that in terms of access to safe and clean environment, UNICEF key interventions were about WASH, embedded in the CSED outcome. The same programme component has started developing interventions that address climate change issues.

108. As the global SDGs has called for quality early childhood experiences, UNICEF has placed a greater emphasis on improving early learning which is also a priority for the GoE. ECD is part of the transformative agenda for 2030, making it an international priority for the 21<sup>st</sup> century.

109. The global targets in education (SDG 4.2), health (SDG 3.2), nutrition (SDG 2.2), and protection (SDG 16.2) addressed key issues to realize young children's developmental potential.

110. The CP outcomes and outputs respond to the strategic objectives of UNICEF and most of them are clearly covered. Although, more explicit emphasis can be placed in future on improving the equitable use of safe drinking water, sanitation and healthy environments, some

specific outputs can also address the aim of lowering the risk of natural disasters, including those from climate change.

#### **4.1.3. Country Programme Ability to respond to urgent requests from Government: the COVID-19 response**

111. The CP that was aligned with national priorities and international development agenda was also planned to review the likelihood and impact of key risks on an annual basis and make programme adjustments, including geographic targeting, as necessary.

112. The most significant urgent request from the GoE was the COVID-19 outbreak in February 2020 in Egypt. The response of UNICEF was intense and timely and it consisted of a rapid mobilization of additional funds. It also led to the response of the international community, the mobilization of other sources of funds. For example, UNICEF launched a joint tender in April 2020 on behalf of several United Nations Agencies for the period covering till the end of 2020 for access to Personal Protective Equipment supplies for COVID-19. On a parallel front, UNICEF had worked on preventative actions to protect the health of children and their parents and caregivers. The programmatic response of UNICEF to the COVID-19 pandemic was changed, in the sense of being more sustainable taking into account the impact of the pandemic.

113. Other major emergency issue that required an important response from UNICEF was the refugee crisis especially, the need to support migrant and refugee children.

#### **Conclusion**

114. The CP-2018-2022 is fully aligned with the SDS covering the following pillars: social justice, Health, Education and training, Knowledge, innovation and scientific research. The CP was also aligned with national sectoral strategies.

115. The CP is aligned with many SDG, the African Agenda 2063 as well as UNICEF Strategic Plan 2018-2021. It has made important contribution to UNPDF outcomes.

116. The CP was effective in supporting the Government response of COVID-19 in a timely manner. It has also implemented programmes to address issues related to the refugee crisis especially, for children in vulnerable situations and their family.

## 4.2. Relevance

To what extent does the CP align with the key priorities for boys and girls in different categories in Egypt?

In answering the above question, the evaluation assessed the extent to what:

- 1) The CP used evidence-based data to identify and address challenges faced by boys and girls in relevant areas in Egypt.
- 2) The CP designed relevant tools such as ToC, Result & Resource Framework, Programme Strategy notes.

### 4.2.1. Evidence-base data to identify and address key challenges for boys and girls

117. The main priority areas of the CPD and its results framework were intended to address the needs of vulnerable children and their families. The following are examples of studies and consultation processes that have informed the design of the CPD.

#### 4.2.1.1. Egypt Demographic and Health Survey – 2014

118. The main source of quantitative data to inform the CPD process was the DHS conducted in Egypt in 2014. This DHS report has shown key improvements and challenges in maternal and child health indicators, including nutrition and medical assistance. The report has also included in-depth analysis on birth registration, disabilities among young children, ECD, primary and secondary school education, child labor, child discipline and FGM.

119. Almost indicators presented in the DHS report are disaggregated by sex, households' characteristics and wealth quintile. Most indicators were estimated and presented at national as well as the governorate level.

#### Household Income, Expenditure and Consumption Survey (2017/2018)

120. Carried out by the CAPMAS, the nationally representative Household Income, Expenditure and Consumption Survey that ended in September 2018, is the principal source of data for poverty in Egypt including child poverty.

121. Up to date information on household living conditions let drawing poverty maps that are essential component to design efficient programs to eradicate poverty. For instance, poverty indicators were crucial for TKP that UNICEF supports in different ways including: Highlighting geographic variations, understanding poverty determinants, selecting and designing interventions, identify better targeting mechanisms and monitoring progress.

#### **4.2.1.2. Study on multidimensional poverty in Egypt-2017**

122. This study utilized the Multiple Overlapping Deprivation Analysis to identify the main deprivations on several aspects of children's well-being.

123. The poverty indicators were estimated and presented by sex and at the governorate level.

The study helped the government to revise its interventions to better address the needs of children and to achieve a more equitable environment for all children and also recommended the following:

- Policies to reduce multidimensional child poverty:
- Integrated response for ECD,
- Systemic response to end violence against children,
- National action plan to address malnutrition,
- Develop programmes targeting different socioeconomic characteristics given that the incidence of multidimensional poverty differs widely by child age, geographic location, and child and household socioeconomic characteristics.

#### **4.2.1.3. Violence against children in Egypt-2015**

124. Carried out in Cairo, Alexandria and Assiut, this study provided an in-depth overview of the status of children and adolescents in the country in regard to violence. Quantitative Survey has provided evidence on the magnitude and pattern of physical, emotional and gender-based violence affecting children in Egypt. The qualitative part of the study provided inputs on the perceptions of children and adults on the issue of violence against children.

125. Overall, the report has called for the GoE to uphold a zero-tolerance policy on violence against children, and has provided the means and tools to help parents, care givers and schools' staff to use positive discipline methods with children.

#### **4.2.1.4. Evaluation of Takaful and Karma Program impacts**

126. Egypt has been providing cash to poor households through its first conditional cash transfer program, TKP, a social protection program run by MoSS, since March 2015.

127. The TKP was evaluated by the International Food Policy Research Institute using both quantitative statistical methods and qualitative methods. The evaluation was designed to measure and explain the impacts of the cash transfers on household welfare, and to examine whether the program's criteria for household selection were effective in identifying poor households (Breisinger, ElDidi, El-Enbaby, Gilligan, Karachiwalla, Kassim, Kurdi, Jilani and Thai, 2018).

128. The main findings from the evaluation can be summarized as following:

- Beneficiaries report that program implementation works well.
- Impacts on households' consumption are positive and helped the poor to cope with rising prices
- The program improves the quality of diets and then, improved the nutritional status for children under the age of two years
- Takaful increased household spending on school supplies and transportation to school

129. Based on the findings, the evaluation recommended:

- To continue to fund the program and expand coverage.
- Improve targeting to increase participation of excluded poor households, especially in urban areas.
- Increase transparency in the beneficiary selection process.

UNICEF support to KTP is in line with the above recommendations in expanding the coverage of the programme, improving the selection process of the beneficiaries and support the development of a M&E framework for TKP.

#### **4.2.1.5. Consultation process with stakeholders to inform the design of the CPD -2017**

130. The stakeholders who participated to the KII during the evaluation have acknowledged the high-level adequacy of the CPD with its implementation strategies.

131. Key ministries that participated in the consultation process including: the Ministry of International Cooperation, the Ministry of Finance, the Ministry of Planning and Economic Development (MoPED), NCCM, MoHP, MoSS and MoETE.

132. CSOs, Non-Governmental Organizations, religious leaders and academia have also participated to the development process of the CPD.

133. Other important development partners were also consulted namely: WHO, UNFPA, EU, World Food Programme, World Bank, the International Organization for Migration and the United Nations High Commission for Refugees.

134. The CP was designed with the assumption that the government would gradually assume responsibility for the direct implementation of the programme. Thus, UNICEF was expected

to be more focused on providing institutional support to the major priority components known as upstream model.

#### **4.2.2. Did the Country Programme address key priorities for boys and girls in Egypt?**

135. Learning from previous CP and based on available data, the CP was designed along with interventions that addressed most pressing needs of the children and their families, especially in the areas of education and learning, health, child poverty, child protection and the abandonment of harmful practices. Moreover, UNICEF has increasingly responded to the humanitarian needs of children not only with respect to refugee areas, but also with regards to the negative impact on the economy due to COVID-19.

136. It is important to acknowledge that the context of Egypt has changed significantly since the CP was designed; in particular with the economic deterioration, shocks due to COVID-19. In fact, the current CP was designed in 2017 in a different context, with UNICEF Egypt making a shift in programming, and hence development activities focused on activities such as advocacy, knowledge management, systems strengthening accompanied with interventions on service delivery on particular intervention areas.

137. In the education and learning component, the CP has high focus on increasing the pre-primary education enrollment rate and improving the quality of education in all level of education system. The CPD explicitly identified weak quality, low learning outcomes and associated dropout rates as key issues to address. According to the CPD, half of the students do not learn foundational skills and perform at the bottom of international learning assessments. The teaching approach generally focuses on memorizing and recalling information rather than encouraging critical thinking, does not provide students with the skills they need to succeed in the labour market or to meet life challenges. The support in the education sector also aimed to ensure formal and non-formal learning opportunities that include life skills, personal empowerment and active citizenship for the more vulnerable children, adolescents and youth, including children on move

138. In the Health sector, UNICEF intended to further improve the PHC services and neonatal survival. The interventions of UNICEF were also keen to tackle the main issues of malnutrition (stunting, anemia, and overweight) prevalence. Furthermore, UNICEF has positioned ECD as a key means by which multiple threats to children may be addressed, and as a strategic mechanism for ensuring strong cross-sectoral linkages within the CP.

139. Regarding child poverty and inequalities, UNICEF targeted governorates with the highest entrenched extreme poverty and inequities and improve knowledge on child poverty.



Rural/urban gaps in access to services and household living standards are compounded by differences in opportunities for children across governorates. The CP was also focus on addressing challenges faced by children of urban slum communities and informal settlements and the particular needs those children of Upper Egypt.

140. Boys and girls faced diverse types of violence as reported in Egypt and, accordingly, UNICEF has developed meaningful programmes to tackle violence against children through maintaining diversified interventions at different fronts, including legislative framework, policies and regulations, quality prevention and response services/interventions, inter-linkages and referrals among different system structures as well as community mobilization, child protection mechanisms, monitoring, data and resources management.

141. In regard to gender-based harmful practices such as FGM, early marriage, UNICEF was committed to support the GoE in the enforcement of laws protecting children from harmful practices. Through supporting policy development and enhancement, community mobilization interventions including intergenerational dialogues and girls' empowerment, and national campaigns, as well as institutional capacity strengthening through investment in protection services and evidence generation, the engagement of UNICEF was instrumental in galvanizing even further national support to eradicating harmful practices including FGM. Addressing these root causes would enhance the impact of the Programmes across sectors, including harmful practices social protection, child survival and early development, education and child protection.

#### **4.2.3. Did the Country Programme design relevant documents for monitoring and evaluation purpose?**

##### **4.2.3.1. Theory of change**

142. The 2014-2017 Strategic Plan of UNICEF presented the first corporate ToC for each of the main outcome areas. The CO are now encouraged to prepare ToC during the preparation of new Country Programs.

A ToC provides a graphical overview of how interventions contribute to a common goal. The aim is to understand the overall goal and the intended results of this initiative at each level, the logical connections between the various levels of these results, the preconditions or assumptions on which these connections are based, and any inherent risks that could affect those assumptions and the achievement of results.

143. UNICEF Egypt has developed a thorough rational for its 2018-2022 CPD which identified priorities for children to be addressed in partnership with the GoE in the system level, in services delivery as well as in the most deprived governorates. The CPD also included risk analysis and mitigation strategies.

144. UNICEF Egypt has developed a strategy along with a detailed ToC for two of its CP components namely: outcome 2 (Child Survival and Early development) and Outcome 3 (Learning and Child Protection) (Annex 6 and Annex 7). Nevertheless, UNICEF has not developed a full and detailed ToC for the entire CP.

#### **4.2.3.2. Result matrix**

145. The CPD developed a result matrix in which many indicators either baseline or target were supposed to be filled with the planned DHS surveys. Unfortunately, since 2014, Egypt has not conducted a DHS or similar nation-wide household survey. Hence, UNICEF relied on other data sources to fill data gap as much as possible. For this reason, some key indicators in the latest result matrix such as child poverty related indicators and those on learning outcomes are not updated. Furthermore, for some outcomes there has been a change of focus which meant the readjustment of outputs and associated indicators.

146. In addition to this data informational gap, the context of Egypt has changed since the CP was designed, in particular with the COVID-19. Thus, with regards to gaps in data, it is important to conduct thematic researches based on informational gaps to better prioritize and address girls and boys needs in Egypt.

147. On the positive side, the CO has planned to complete a Country Office Annual Report (COAR) and also track results through the Results Assessment Module (RAM). Therefore, in this report, the main quantitative information source used was COAR and the RAM with new or updated indicators.

#### **Conclusion and recommendation**

148. The CPD was aligned with key priorities for boys and girls in Egypt. It was developed using evidence-based data from DHS and other reliable sources to identify and address challenges faced by boys and girls in relevant areas in Egypt. Moreover, the CP results are highly relevant for enabling UNICEF to better align and respond to the priorities of the GoE, especially in regard to boys' and girls' needs. To ensure the effective and efficient implementation of the CP, UNICEF had developed a result matrix that was enriched during the implementation of the Programme.

149. However, the CP had not developed a full and ToC for the entire Programme and some key indicators were not updated due to a lack in household related indicators. Furthermore, not all baseline and target indicators have been set up on time due to the lack of updated indicators. As the Egypt Family Health Survey will be completed in 2022 it is expected to help in closing the data gap. This nation-wide households survey is an opportunity to conduct further thematic analysis on relevant topics based on informational gaps to better prioritize and address girls and boys needs in Egypt.

## **Recommendation**

**Recommendation 1:** Improve the documentation of the CP by (a) developing a comprehensive ToC for the entire new CP; (b) setting up all baseline and target indicators and (c) develop strategic notes for Programme components. To fill data gaps the office should conduct a evidence gap mapping exercise and plan for relevant research to fill these gaps.

Suggestions for strengthening the M&E component include:

- To timely develop detail ToC for the entire CP;
- To develop ToC for key programmatic components of the CP;
- To explore ways for setting up baseline and target indicators such as:
  - redefining the target group of social protection and not only target the extremely poor and set up a system to report data on most vulnerable children (for example: children on the move, children with disability);
- To conduct thematic researches based on informational gaps identified.

### 4.3. Efficiency

150. The efficiency assesses the extent to which the available resources and inputs produce results. It examines the extent to which the results and/or direct effects are achieved with the appropriate resources and inputs.

151. The key questions related to the efficiency criterion are the following:

To what extent has the Programme used the most cost-efficient implementation methods?

To what extent have the Programme management arrangements been efficient?

To understand the efficiency of the CP, in this section, we focus on:

- ✓ the cost structure allocation and the efficiency utilization of short-term funds,
- ✓ the efficiency of using resources management arrangements,
- ✓ the efficiency of the capacity building.

#### 4.3.1. Cost structure allocation and effective fund rising

152. According to the CPD, the Programme had an intended resourcing of US\$ 94.2 million for the 5 years for the entire implementation period, of which about 15 per cent (US\$ 14.2 million) is RR and 85 per cent (US\$ 80 million) is OR.

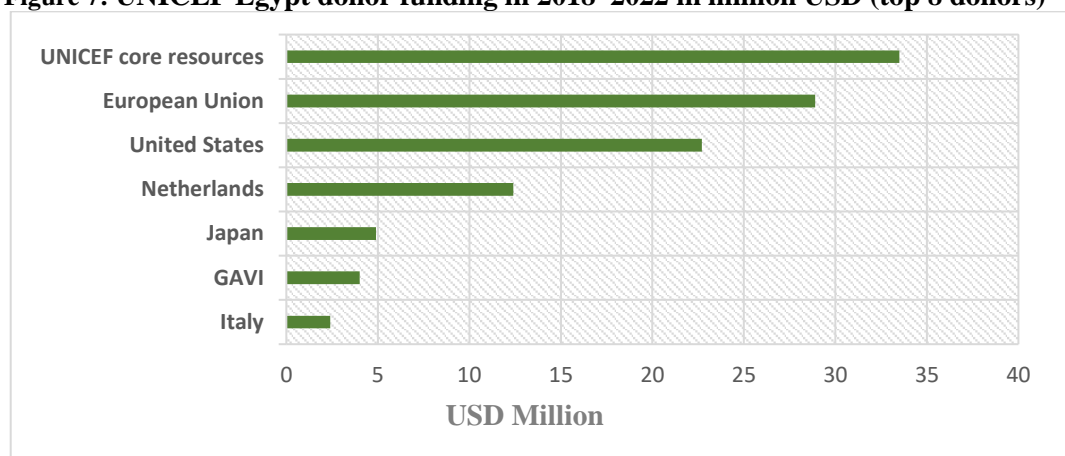
153. The planned budget has increased over time and was up to USD\$ 116.5 million in 2022. The CP was effective in resources mobilization as much more funding (US\$134.57) was received than planned (*see Table 6*).

**Table 6: Country Programme planned, received and utilized funds (2018-2022) in USD**

Programme Structure	Planned (a)	Planned %	Funded (b)	Funded%	mobilization % (b/a)	Utilized (Commitment+ Actual)	Utilization % (Utilized/b)
800 – Operational Effectiveness	2,644,100	2.3%	5,076,668	3.8%	192.0%	4,940,711	97.0%
880 – Outcome 4 : Programme Effectiveness	7,556,145	6.5%	8,913,701	6.6%	118.0%	8,082,951	91.0%
881 – Outcome 1: Social Inclusion and Data	12,890,000	11.1%	5,007,853	3.7%	38.9%	4,735,148	95.0%
882 – Outcome 2: Child Survival & Early Development	38,537,403	33.1%	38,132,732	28.3%	98.9%	30,305,587	79.0%
883 – Outcome 3: Learning and Child Protection	54,877,352	47.1%	77,447,426	57.5%	141.1%	69,597,558	90.0%
<b>TOTAL</b>	<b>116,505,000</b>	<b>100%</b>	<b>134,578,381</b>	<b>100%</b>	<b>115.5%</b>	<b>117,661,956</b>	<b>87.0%</b>

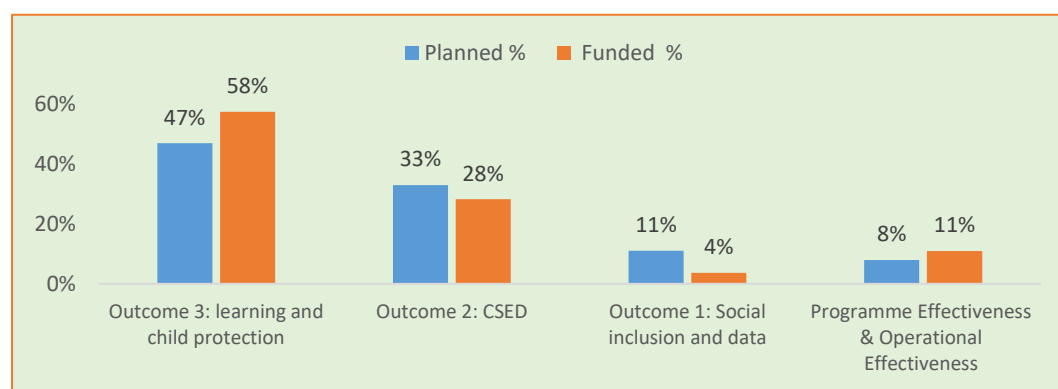
154. In such difficult context of the COVID-19 pandemic, UNICEF has adapted its fund mobilization strategy and approaches to include the development of successful project proposals and the development of partnerships with the private sector to ensure an optimal influx of resources for the implementation of the CP. The main donors providing OR are EU, United States, Netherlands, United Kingdom, Japan, Italy, Global Alliance for Vaccine and Immunization. UNICEF has also received additional thematic funding for COVID-19 pandemic (see Figure 7).

**Figure 7: UNICEF Egypt donor funding in 2018–2022 in million USD (top 8 donors)**



155. The Social Inclusion and Data programme was less funded (3.7 per cent). This Programme component has also a low budget mobilization rate (38.9 per cent). In regard to the household data gap reported in previous section, this component has to continue its financial and technical support to CAMPAS and to other specialized organizations in order to support data collection, data analysis and the dissemination of updated household indicators.

156. Overall, the CP has a good fund utilization rate of 87.0 per cent. However, the CSED programme had a low utilization rate of 79.0 per cent due to the situation of COVID-19.

**Figure 8: Percentage of planned, received and utilized budget (2018-2022) in million USD**

157. The bulk of funds (57.5 per cent) was used for the implementation of interventions under Outcome 3 (Learning and Protection) in line with the respective resource requirement. In the same way, the CSED component is the second most funded programme (28.3 per cent).

158. The funded budget of the ‘Learning opportunities for disadvantaged children’ component counts for the half (52 per cent) of the entire budget of the outcome 3 component, while a third of the funded budget supports the two components of Child Protection namely: ‘Child protection system strengthening and EVAC’ and ‘quality child protection interventions’ (*see Table 7*).

**Table 7: Learning and child protection: planned, received and utilized funds (2018-2022) in USD**

Programme Structure	Planned (a)		Funded (b)		Mobilized (b/a)	Utilized (Commitment+ Actual)	
	Amount	Weight (%)	Amount	Weight (%)		Amount	Weight (Utilized/b)
Education System Strengthening	4,381,038	8.0%	4,117,466	5.3%	94.0%	3,981,457	97.0%
Learning opportunities for disadvantaged children	20,336,480	37.1%	40,435,615	52.2%	198.8%	38,242,776	95.0%
Child protection system strengthening	11,177,408	20.4%	8,936,814	11.5%	80.0%	8,154,651	91.0%
EVAC and quality child protection interventions	11,375,676	20.7%	15,785,226	20.4%	138.8%	13,085,645	83.0%
Positive parenting and FGM	5,160,350	9.4%	5,853,760	7.6%	113.4%	4,957,511	85.0%
Adolescents’ participation	2,446,400	4.5%	2,318,545	3.0%	94.8%	1,175,519	51.0%
<b>Outcome 3: learning and child protection</b>	<b>54,877,352</b>	<b>100%</b>	<b>77,447,426</b>	<b>100%</b>	<b>141.1%</b>	<b>69,597,558</b>	<b>90.0%</b>

159. The ‘Positive parenting and FGM’ is funded with 7 per cent of the budget of the outcome 3 component. The ‘Adolescents’ participation’ programme counts for 3 per cent of the funded budget. It had a low utilization rate of 51 per cent. The three programmes with low fund utilization rate (‘Adolescents’ participation’, ‘Positive parenting and FGM’ and ‘EVAC and

quality child protection interventions’) should accelerate the implementation of their planned activities during the year 2022.

160. The evaluation has identified fund rising challenges such as potential gap in the budget for the near future. Part of the potential budget gap stems from the Cooperation Framework between EU and the GoE. In fact, EU is discussing its global cooperation framework in Egypt with the Government and is likely to decrease its financial support for UNICEF in the near future (2022-2023). Given that EU is one of the top donors of UNICEF in Egypt, in the case of an important decrease in its financial support, UNICEF should strengthen its ability to leverage funds from other donors including private sector to continue its core activities.

161. Another key point is that the funds for COVID-19 response are emergency short-term funds and then, they could expire before being fully utilized by the Programme. Hence, beyond strengthen its fund rising capacity, UNICEF should reinforce the dialogue with the GoE about much increase of funding from the GoE for the social sectors to ensure that key sectors are better equipped to cope with steep drops in resourcing.

**Table 8: Outcome 2- CSED: Planned, received and utilized funds for CSED (2018-2022) in USD**

OUTCOME 2 : CSED Programme Structure	Planned (a)		Funded (b)		Mobilized (b/a)	Utilized (Commitment+ Actual)	
	Amount	Weight (%)	Amount	Weight(%)	%	Amount	Weight (Utilized/b)
Cross-sectoral ECD policies and STA	5,740,457	14,9%	3,114,848	8,2%	54,3%	2,998,759	96,3%
Maternal, child and adolescent health	6,470,653	16,8%	10,674,986	28,0%	165,0%	10,170,108	95,3%
Nutrition, policies and capacities	5,947,043	15,4%	2,795,942	7,3%	47,0%	2,253,858	80,6%
Early childhood care and education	5,308,524	13,8%	5,688,959	14,9%	107,2%	5,372,723	94,4%
Nurturing care and positive discipline to children	10,319,772	26,8%	5,515,124	14,5%	53,4%	4,150,955	75,3%
COVID-19 medical response	3,650,954	9,5%	10,342,874	27,1%	283,3%	5,359,184	51,8%
<b>OUTCOME 2 : SED</b>	<b>38,537,403</b>	<b>100%</b>	<b>38,132,732</b>	<b>100%</b>	<b>98,9%</b>	<b>30,305,587</b>	<b>79,5%</b>

#### 4.3.2. Efficiency of using resources and management arrangements

162. The government officials, the implementing partners and the donors consulted during data collection phase perceive that the results have been achieved in a cost-efficient manner, with little duplication mentioned.

163. The evaluation learnt that financial monitoring practices are based on regular financial reports of implementing partners, Harmonized Approach to Cash Transfers rules and

regulations including Funding Authorization and Certificate of Expenditure form, spot checks on utilization of funds and site monitoring visits. In addition, trainings were provided to the counterparts on Direct Cash Transfers reporting requirements. Staff capacity to support Harmonized Approach to Cash Transfers assurance activities has been enhanced through workshops/training. UNICEF ensured effective financial management through the efficient use of ‘VISION’ and close monitoring of financial implementation. As an illustration, UNICEF has carried out 26 spot checks and 96 programmatic visits, which make completion percentage of 104 per cent and 105 per cent, respectively. UNICEF procedures are also acknowledged to be transparent and trustworthy, by the development partners consulted for this evaluation.

164. The efficiency gains have also resulted from the rigorous use of the agency procedures and guidance for in country transportation, fuel supply, and printing services, as well as extensive use of national rosters for individual while relevant. These arrangements helped increase efficiency and reduce time and transaction costs through economies of scale.

165. Most of the interviewed participants appreciated the UNICEF practice to use national expertise as much as possible to minimize costs and secure national ownership and capacity development. As far as comparison with other development partners is concerned, the stakeholders’ perceptions about the financial costs of UNICEF programmatic assistance were positive overall. Thus, there was straightforward spending as per approved budget by UNICEF, with funds spent in an accountable and cost-effective manner. As a result, UNICEF achieved the targeted satisfaction rate (90 per cent) through the annual end-user survey.

#### **4.3.3. Efficiency of capacity building**

166. An important mechanism set in place to support the GoE and other partners to achieve efficient interventions has been the capacity-building at the institutional and community level. For instance, many ministries have put a great deal of effort into training technical staff. The capacity building activities helped improve the financial management, provided better quality of services delivery to population, and better planning and M&E of public policies.

167. Since the COVID-19 outbreak, UNICEF increased the utilization of innovations in new technologies and communication in addition to face-to-face trainings. Online platforms were also developed to support eLearning and online trainings for healthcare workers.

168. A remote training offers a solution for an effective training strategy during the COVID-19 pandemic. Nevertheless, the challenges of online learning can sometimes create barriers to implementing it effectively. UNICEF has recognized in the 2020 COAR that “there were



connectivity challenges for many partners and service providers, and the switch to online training was not without its challenges”. In addition to the connectivity issues, other stumbling blocks that sometimes come up with online learning include lack of learner interaction, engagement and motivation and weak digital literacy. A virtual learning can be isolating itself, and spending more time alone in front of a screen can get in the way of productive learning.

An online learning often means sitting passively and reading text on a screen and listening to a lecture. When there is not enough interaction with the content, learner will lose interest and be engaged in surfing. In an online training, the trainer is not sure that all learners especially those who are not familiar with e-learning platform are up to speed with the latest technology. This can be frustrating for them and, even compromise their training outcome. While online training is not to replace in-person training, the pandemic has given an urgency to bridge the digital gap and plan for and overcome the most prevalent online training challenges.

#### **4.3.4. Efficiency of coordination mechanisms and monitoring and evaluation systems**

169. Intersectoral coordination mechanisms are crucial on enhancing intersectoral components. The coordination model has inherent clear benefits, and some of them relate to the coordination and coherence of the interventions both internal and within United Nations Agencies. The presence of joint Programme components speaking with one voice enable the identification of common and complementary operational interests for each programme component. This makes it possible to determine the most appropriate interventions with the Government and the rest of the national partners, avoiding duplication and maximizing the good use of limited resources to achieve common purposes.

170. UNICEF has set up functioning task forces that hold regular internal meetings. For example, the Office wide task forces held regular meetings to design, plan and review joint sectoral collaborations chaired by the Representative such as task force on ECD and task force on violence against children.

171. UNICEF is also engaged on different coordination mechanisms with other United Nations Agencies and with the GoE. the Development Partners Group chaired by the United Nations Resident Coordinator is an example of such external coordination mechanisms. In addition, on a monthly basis, each CP component met with donors and implementing partners to discuss planning and implementing issues for more efficient service delivery. As a participant said during the KII: “UNICEF is playing very important role in enhancing the communication on the national by engaging with different donors and different stakeholders

and expanding network of good will ambassadors not only for UNICEF but for the entire UN system in Egypt”.

172. However, there is still room for improvement to increase synergies and efforts between the United Nations Agencies and with the CP components. In regard to internal coordination, cross sectoral components are implemented at a relatively slow speed as each sector is predominately focused on its own priorities. Hence, a strong leadership and management are essential to strengthen internal task forces and coordination mechanisms and the, ensure effectiveness of task forces and overall coordination mechanisms. In terms of coordination with other United Nations Agencies, it is important to prevent coordination issues such as those that the government officials participating in the KII have pointed out regarding the Sinai programme.

173. The M&E component ensures continuous performance monitoring of the CP in efficient manner and also developed tools and provided capacity building to UNICEF programmatic section and Government officials to enhance monitoring skills and practices. Especially, the M&E component has enhanced its efficiency through the use of RTM and the support to effectively target vulnerable children and their families.

#### **4.3.5. Did the Country Programme establish unit-cost of service delivery?**

174. UNICEF conducted cost-effectiveness analysis on nutrition and ECD interventions on the feasibility of potential scale-up scenarios. An investment case in the nursery sector was conducted in November 2019. The study found that, the total annual cost of service delivery for a coverage rate of 10 per cent of all children age 0 to 4 in registered nurseries will be about 2.6 billion Egyptian Pound (EGP) in 2020. The total cost of providing services over the entire period (2019-2030) will be about 67 billion EGP. Based on the estimations of this study, an investment strategy that targets a 20 per cent coverage rate by 2025 would reach up 5.8 billion EGP.

175. In the nutrition sector, a study on the cost-of-service delivery was carried out to help policy makers understand the potential benefits of scaling up key interventions and to identify and prioritize the most cost-effective package of interventions. The study found that the estimated benefit-cost ratio for implementing this scenario in Egypt is 17.87: meaning that every dollar invested would result in about \$18 in economic returns and \$1,326 million in productivity gains, hence, benefits of investing in nutrition significantly outweigh the costs.

176. In regard to positive parenting programme, UNICEF has conducted a formative research during the pilot phase before scaling- up the programme by 2021. This formative research indicated that almost boys and girls have been to school, with only approximately 2 per cent with no education. However, gaps in parental knowledge, attitude and practices related to breastfeeding, hand washing, oral hygiene and food diversity are widespread.

177. The formative research was successfully in supporting the scaling and rollout of parenting programme and then, the parenting programme become one of the GoE top priorities and a strategic intervention to promote the wellbeing of children and families in the country.

178. In the education, child protection and child poverty components, the evaluation did not find cost-efficiency studies that identify the cost-efficient scenario or other implementation arrangements or alternative service delivery modalities.

## **Conclusion and recommendation**

179. The budget utilization rate of the CP is about 87 per cent, and UNICEF has good financial and management arrangement to achieve cost efficient interventions. Two case investment studies were conducted in ECD and in nutrition sector to identify cost-effective package of interventions.

180. However, due to the COVID-19 pandemic and the discussions on the Cooperation Framework of EU with the GoE, there might be a potential gap in the budget for the coming years. Areas of improvement include:

- Improvement UNICEF ability to leverage funds including partnerships with private sector.
- Strengthen coordination mechanisms and avoid overlapping service delivery interventions between the CP components and with other United Nations agencies in Egypt.

## **Recommendation 2: Continue efforts to leverage funds for children.**

Recognizing the success factors of fundraising focus on:

- Strengthen the relationships with the top donors (bilateral and multilateral) and ensure their satisfaction with the Programme implementation and reporting,
- Strengthen corporate engagement for financial and in-kind support to programs,
- Engage with new potential donors including the private sector,
- Celebrate an annual fundraising event,

- Continuous dialogue on sustainability issues with the GoE including about a gradual increase of Government funding to social sectors that could help ensure that key sectors are better equipped to cope with steep drops in resourcing.

**Recommendation 3:** Strengthen internal task forces and other coordination mechanisms to maximize the coherence and effectiveness of CO programming.

This could include:

- Strong leadership and management to ensure appropriate staffing/workloads to balance sectoral and intersectoral responsibilities and eliminate sectoral isolation;
  - Ensuring that the responsibility for intersectoral work is appropriately distributed across all positions with well-defined responsibilities in the staff members;
  - Introduce programmatic tools for planning and reporting that articulate the horizontal links across programmatic sectors necessary for effective intersectoral work;
- continue to promote intersectoral work with and between government partners especially related to multisectoral issues such as health, child protection, education, C4D.

#### 4.4. Effectiveness

181. The effectiveness aims to analyze the extent to which the expected outputs and outcomes were achieved, and also assess the extent to which these products have contributed to the achievement of the planned results. The key questions to assess the effectiveness are as follows:

- To what extent has the CP achieved its objectives and results or is likely to achieve them?
- How were cross-cutting issues taken into account?
- What worked well in achieving the CP results that should be replicated or scaled up at the design of the next CP?
- What factors (political, sociological, economic, etc.) have affected the outcomes, either positively or negatively? How have these factors limited or facilitated progress towards the outputs?
- What are the unanticipated effects of the CP either positively or negatively?
- How has COVID-19 affected the CP?

182. In order to answer the above questions related to effectiveness for each component of the CP, this section of the report is structured as follows:

- 1) Effectiveness in policy level and achievement of outcomes and outputs,
- 2) National reforms and key factors that have facilitated progress towards the results,
- 3) CP performance in addressing emergency issues COVID-19 pandemic and refugee's crisis,
- 4) Gender equality and inclusion issues.

183. The policy level analysis aims to appreciate the extent that the 2018-2022 CPD upstream policy, strategy and other system level support in education reform, child protection, and youth empowerment, ECD, and child survival contribute in promoting child rights. Thus, above the assessment of outcomes and outputs, the report is highlighting what is been completed with the support of UNICEF in terms of designing and costing sector planning documents, policy dialogue and capacity building in the central level of different ministries and government's entities.

184. For each CP component, outcome and outputs analysis include both quantitative and qualitative assessment of the achieved results. The analysis is based on the updated framework or the Result matrix. It also used available data from the COAR and RAM.

185. In order to allow for a more executive understanding of this section and due to the large amount of information related to each outcome and output, the results are presented using a traffic-light colour scheme (*see Table 9*).

**Table 9: Effectiveness matrix – colour legend**

Outcome and output indicators	Fully achieved / on track
	Partially achieved
	Not achieved / Not reported

Note: some of the color's, (e.g., that for “not achieved”) have also been used to point out certain issues, for example, when an indicator, had no baseline or did not have a target.

#### 4.4.1. Achievements in the Social Inclusion and Data component

186. The results achieved in this component contribute to four progress indicators with annual milestones for outcomes. The results in table 10 indicate that all the output indicators are met or are likely to be achieved by the end of the CP in 2022.

##### 4.4.1.1. National Protection Strategy and restructuring of social protection action

187. UNICEF has supported the development of a National Protection Strategy. Given that child poverty has different dimensions, addressing the related issues includes enabling an environment of integrated social protection system, sensitive to children's rights. So, the National Protection Strategy is focused on cash transfers to better target the poor families with children while increasing the investment in quality basic social services such as education, PHC, nutrition and child protection. The Social Protection Strategy was finalized in 2020 along with its Action Plan.

188. UNICEF has continued supporting MoSS to develop policy and strategic framework on social protection. Moreover, MoSS has finalized and adopted the TKP beneficiary module with a support from UNICEF. The CP contributed to the development of a M&E framework for TKP and then, MoSS has utilized data from this M&E framework in its annual reporting. UNICEF provided technical support to MoSS to coordinate the overall operations/expansion and technical support to the TKP, the conditional and unconditional cash transfer program. *“The way UNICEF is actively engaged to provide technical and financial support the Takaful and Karama initiative if very well appreciated”* said a stakeholder during an interview.

**Table 10: Results achieved by the social inclusion and data programme**

Outputs 1: Social protection systems to provide appropriate responses to the needs of poor and vulnerable children are strengthened	Baseline	Target	Results in 2021	Achievement status
Progress indicators to have internal annual milestones for outcomes (both standard and additional for reporting)				
1.1 Number of national reports with updated key performance indicators related to children	0	1	0	Not achieved
1.2 Child poverty statistics included in the regular National Statistical Office poverty reporting	0	1	0	Not achieved
1.3 Number of Children covered by social protection system (disaggregation by sex, age, disability and location)	3.5 million	6.5 million	5.3 million	Partially achieved
1.4 Percentage of GDP on targeted social protection for poor and vulnerable families and children	2.3%	4.8%	4.8%	Fully achieved
PROGRAMME OUTPUTS 1.1: Social protection systems to provide appropriate responses to the needs of poor and vulnerable children are strengthened				
1.1.1. Number of children reached by cash transfers as a humanitarian response		3800	4870	Fully achieved
1.1.2 Number of analysis and strategies (advisory notes, policy papers, etc) to increase inclusion of excluded children in social protection developed	0	9	14	Fully achieved
1.1.3 Policy and strategic framework on social protection developed	0	Social Protection Strategy & Action	SPS and Action Plan	On-track
1.1.4 An M&E framework for T&K that provides regular reporting and analysis on beneficiaries, Conditionality's, operations, is established	0	Analytical document	analytical document produced	On-track
PROGRAMME OUTPUTS 1.2: Increased availability of quality disaggregated data and analysis on children, for more inclusive and equitable decision- making				
	Baseline 2017	Target	Results in 2021	Achievement status
Ind 1.2.1 National government measurement of child poverty using multidimensional measures	score 3	score 4	Draft MPI	On-track
Ind 1.2.2 Advocacy is shaped by child poverty analysis (media and social media campaigns)	0	6	6	Fully achieved
Ind 1.2.3 Evidence generated on budgets and their linkages to child outcomes to improve budget allocations/expenditure for children	0	4 products	4 products developed	Fully achieved
Ind. 1.2.4: Number of HH surveys (including other primary data collection) and databases supported to provide disaggregated data on most excluded children with focus on the SDGs	0	12	13	Fully achieved
Ind 1.2.5: Number of knowledge and advocacy products (analytical papers – based on studies, policy briefs, statistical briefs, snapshots, panel discussion briefs, dashboards, apps) on the situation of children, including on climate change and urbanization (excluding Social protection related products-to be accounted in 1.1), developed and disseminated	0	46	95	Fully achieved
Ind 1.2.6: Number of products related to public finance for children (budget analysis; online videos, infographics, etc.) implemented and/or developed, with support from UNICEF	0	22	37	Fully achieved

189. UNICEF has provided support to the TKP implementation, to the design and implementation of its M&E system. It has also supported reporting to enhance the dissemination of lessons learned, research and key achievements.

190. The share of GDP allocated to targeted social protection for poor and vulnerable families and children has increased from 2.3 per cent to 4.8 per cent since 2017. Furthermore, public

investment component of the public expenditure, where the share of investment towards education and health have been on a steady rise since 2016. As a result, social protection programme was expanded to reach more than 3.4 million families according to the 2020 Mid Term Review and 5.5 million children are covered by social protection system.

#### **4.4.1.2. Effort to close data gap on child related SDG**

191. UNICEF has provided technical and financial support to the CAPMAS to implement the ‘Egypt Family Health Survey’ which replaces the DHS. Data collection has started in 2021 and continue in the first semester of 2022. This programme is such important as it will update datasets on children and SDGs.

192. Two progress indicators related to child poverty statistics are not reported due to a lack of updated data. Those indicators will be updated when the ‘Egypt Family Health Survey’ report becomes available in late 2022. However, there are ongoing discussions on the creation of a national child multidimensional poverty measure to be included in the national regular reporting.

193. In regard to Social Inclusion and Data program, almost output indicators are achieved and three indicators are on good track to be achieved by the end of the Programme (*see Table 10*).

#### **4.4.1.3. Products to generate evidence and advocacy for children**

194. Working with different partners including the CAMPAS, MoPED, MoSS, the American University of Cairo, UNICEF has successfully generated evidence to inform policy debate and budgetary decisions on the main deprivations that children face in Egypt. For example, the Programme produced relevant knowledge document on FGM, children on the Move, shock-responsive social protection and poverty, public finance for children. UNICEF has successfully supported several trainings to strengthen the capacity of researchers. In addition, UNICEF supported seven structured training courses to enhance the capacities of more than 174 researchers in developing public policy research papers on children’s issues.

195. UNICEF is also collaborating with the Oxford Poverty and Human Development Initiative, the United Nations Economic and Social Commission for West Asia, MoSS, MoPED, and CAPMAS to produce new and updated estimates on separate indices on child multidimensional poverty, thereby addressing the evidence gap on this SDG indicators.



196. UNICEF also supported the deployment of RapidPro under the ownership of MoPED, currently used by MoSS and MoHP to generate evidence.

197. UNICEF has also completed a repeated phone-based assessments using RTM to track the impact of COVID-19 on children's well-being. The RTM was considered as a global good practice by UNICEF Regional Office and the Head Quarters and was included in a report on 'Situation and Programmatic Monitoring Adaptations in COVID-19'.

#### **4.4.2. Achievements in Child Survival and Early Childhood Development**

198. UNICEF has supported MoHP to achieve important milestones including strengthening the PHC system, developing the National Food and Nutrition Strategy and National Strategy for ECD. Additionally, UNICEF has made great support to the medical component of the COVID-19 response. UNICEF has also supported MoHP to finalize a plan that integrate adolescent and mental health in PHC: this new area of focus is very acknowledged by the participants of KII from the MoHP as a gap to be filled.

199. In regard to outcome indicators, four indicators are fully achieved or on good progress and two are partially achieved in spite of the COVID-19 pandemic (*see Table 11*).

200. The output indicators related to CSED (including Health, nutrition, WASH and medical COVID-19 response) components are fully achieved or likely to be achieved (*see Table 11*).

##### **4.4.2.1. Strengthening primary health care system**

201. UNICEF has worked together with MoHP to continue strengthening the PHC system even during the COVID-19 pandemic outbreak.

202. The Jump Start Package was developed to ensure over 1,445,000 children and women received essential health care, including perinatal services, immunization and treatment of childhood illnesses through UNICEF-supported health facilities.

203. Furthermore, UNICEF and MoPH have accomplished the following:

- (i) Increased the capacity of district health managers for evidence-based planning;
- (ii) Conducted skills-enhancement training of health service providers;
- (iii) Expanded the scope of essential health service to include ECD corners and parenting programmes;
- (iv) launched social media campaigns to disseminate core messages related to COVID-19 prevention and vaccination;

(v) Established several community platforms, and supported the Government to establish online platforms including RapidPro, Facebook page, YouTube channel and WhatsApp groups).

The universal health coverage has been identified as a platform through which services across sectors are organized to ensure the progressive realization of children's rights. MoHP is implementing its roll-out plan for the Universal Health Insurance (UHI) with the support of UNICEF that incorporates high high-impact maternal, newborn, children and adolescent health interventions. To support UHI model, UNICEF has completed a rapid assessment of the model and has initiated the priority areas of support in 2021 were trainings of family practitioners on RBM, Integrated Management of Childhood Illness and nutrition.

The support of UNICEF is expected to be intensified in 2022, as UNICEF is contracting international institution to perform a comprehensive assessment of the new model, and to support roll-out of the model to new governorates.

**Table 11: Results achieved by the Child survival and Early education component**

Outcome 2: By 2022, more vulnerable children in their early years (aged 0 to 6) have improved survival and are nurtured and stimulated for improved ECD	Baseline 2017	Target	Results in 2021	Achievement status
Progress indicators to have internal annual milestones for outcomes (both standard and additional for reporting)				
2.1 Mothers receiving postnatal care within two days of childbirth	63	68	59.8	Partially achieved
2.2 % of women (aged 15–49) attended antenatal care at least four antenatal visits in family health units (From government primary health care units).	19	25	26.5	Fully achieved
2.3 Percentage of children that are vaccinated with three doses of DTP / Penta containing vaccine	94	95	95	Fully achieved
2.4 Proportion of women who gave births and registered in government primary health care units who received postnatal care visit within 48h of birth	63	70	68	On-track
2.5 Average number of growth- monitoring visits in the first 2 years of life-	6.7	7.5	4.6	Partially achieved
2.6 Gross enrolment rate in pre-primary education	26.7	33 (2021) & 36	31 (2021)	On-track
<b>Programme output 2.1: ECD System Strengthening</b>				
Ind 2.2.1. Early stimulation, protection and nutrition packages targeting children aged 0-3 (Including Care for Child Development) developed		3800	4870	Fully achieved
Ind 2.2.2. ECD strategy and policy with clear budget allocations in place	0	1	1	On-track
Ind 2.2.3. # of Comprehensive National Standards developed and disseminated	0	Early Learning and	National framework finalized	Fully achieved
Ind 2.2.4. Number of new nursery models developed	0	4		Fully achieved
Ind 2.2.5: Comprehensive ECD-MIS system developed	0	1	ECD-MIS system designed	Fully achieved
Ind 2.2.6: Number of new nursery models developed	3	2		On-track
<b>Programme Output 2.2: Health</b>				
	Baseline 2017	Target	Results in 2021	Achievement status
2.2.1 Percentage of districts implementing at least 3 interventions to improve the quality of maternal and newborn care at primary health care level	0	100	98%	On-track
Number of children and women receiving essential health care, including prenatal, delivery and postnatal care, essential newborn care, immunization. Treatment of childhood illnesses and HIV care through UNICEF supported community health workers and health	0	1,000,000	1,165,008	Fully achieved
The roll-out plan for Universal Health Insurance incorporates high -impact maternal, newborn, children and adolescent health interventions	NO	Yes	Yes	On-track
2.2.4 Number of healthcare workers within health facilities and communities provided with Personal Protective Equipment with UNICEF support	0	50,000	50,000	Fully achieved
2.2.5 Status of UNICEF supporting Health System Strengthening in context of COVID-19; disaggregated by type of support: (Yes/No)	0	Yes	Yes	On-track
2.2.7 Number of live births delivered in health facility through UNICEF supported Programme	440,000	500,000	133,250	Partially achieved
2.2.8 Number of health service providers that have undergone skills enhancement programs through UNICEF-supported programs	0	1000	1002	Fully achieved
2.2.9 Number of families reached with health communication messages through UNICEF supported Programs	0	500,000	789,640	Fully achieved
2.2.10: Number of health facilities that has been improved for WASH services	0	30	62	Fully achieved

Outcome 2: By 2022, more vulnerable children in their early years (aged 0 to 6) have improved survival and are nurtured and stimulated for improved ECD	Baseline 2017	Target	Results in 2021	Achievement status
<b>Programme outputs 2.3: NUTRITION</b>				
2.3.1 Number of primary caregivers of children aged 0-23 months who received IYCF counselling and messages through facility, community outreach, social media and other communication channels with UNICEF support)	80000	500,000	505,204	Fully achieved
2.3.2: # of health and nutrition workers trained to provide IYCF counselling services as per national standards	0	150	840	Fully achieved
2.3.3: # of school children with improved hygiene practices in targeted governorates		100,000	350,000	Fully achieved
2.3.4 Number of children and women receiving essential healthcare, including prenatal, delivery and postnatal care, essential newborn care, immunization, treatment of childhood illnesses and HIV care through UNICEF supported community health workers and health facilities	0	100 0000	1165008	Fully achieved
<b>Programme outputs 2.4: Early Childhood Care and Education</b>				
2.4.1 Number of children (aged 4-5) attending UNICEF supported Kindergartens including children on the move) disaggregated by gender, nationality, location (rural, urban)	750	19000	9516	Partially achieved
2.4.2 Number of Kindergartens teachers with a pedagogic qualification, disaggregated by location (urban/rural) in UNICEF targeted locations	0	220	113	Partially achieved
<b>Programme outputs 2.5: Nurturing care and positive discipline to children</b>				
Budgeting for C4D Strategies meets quality standards	0	75	60	Partially achieved
2.5.1. Capacity development strategy under implementation to strengthen and institutionalize C4D skills of government, implementing partners staff at national level and subnational level meets quality standards	0	50	10	Partially achieved
2.5.2. UNICEF-supported Government-led coordination mechanism/s for C4D meet/s quality	0	75	45	Partially achieved
Generation and use of social, behavioural and communication data and evidence meets quality standards for informing and monitoring C4D	0	75	45	Partially achieved
2.5.3 Number of people sharing their concerns and asking questions/clarifications for available support services to address their needs through established	0	1,500,000	625,099	Partially achieved
2.5.4. % of parents/caregivers attending positive parenting activities (TMFs, PP sessions, edutainment) who can successfully recall/identify 3 out of 5 practices related to ECD	0	70%	30%	Partially achieved
2.5.5. Number of people sharing their concerns and asking questions/clarifications for available support services to address their needs through established	0	1.5 million	4,970,625	Fully achieved
2.5.6. Reach on social media platforms	1%	6% of 70	106,000,000	Fully achieved
2.5.6 Percentage of overall engagement on digital platforms	0	6	3.6	Partially achieved
<b>Programme outputs 2.6: COVID-19 Response</b>				
2.6.1 Number of healthcare workers within health facilities and communities provided with Personal Protective Equipment with UNICEF support	0	50,000	50,000	Fully achieved
2.6.2 Number of vaccination sites that received UNICEF support to conduct COVID-19 vaccination	0	150	1393	Fully achieved
2.6.3 COVID-19 vaccine deployment and vaccination coordination mechanisms	0	1	1	Fully achieved
2.6.4 # of health facilities which has been improved for WASH services	0	30	29	Fully achieved

#### **4.4.2.2. Support to improve nutrition status**

204. Nutrition strategies are known to be multisectoral and require prioritization and coordination at a high level to achieve common goals. Developing a common nutrition and food strategy to set common goals, prioritize interventions across sectors, and coordinate activities to promote efficiencies and build on synergistic activities. In Egypt, a National Food and Nutrition Strategy 2022-2030, was developed with a strong support and coordination from UNICEF.

205. UNICEF has made significant contributions towards maternal and child health and has contributed to the results through planning and organizing maternal and child health services in the field. In addition, the field coordinators hired by UNICEF were instrumental in mapping and convening local government and community stakeholders to implement and track the health and nutrition initiative in selected governorates.

206. The Programme also provided technical support to the development and dissemination of training packages, including those on Integrated Management of Childhood Illness, Infant and Young Child Feeding and RBM.

#### **4.4.2.3. Early Childhood Development**

207. UNICEF is engaged in continuous high-level advocacy to ensure that ECD is prioritized by the GoE and developmental partners.

In the system level, UNICEF worked towards supporting the government to develop an integrated ECD national strategy to guide and support the scaling up of quality ECD services. The strategy was finalized in 2020 along with a plan of action and budget were developed and endorsed by the national ECD committee. Other important technical inputs from UNICEF include supported the development of a comprehensive ECD-Management Information System, supply forecasting and design and implementation of communication campaigns. Prior to the strategy, an ECD situational analysis and a framework for national Early Learning and Development Standards were also developed, with support from UNICEF, to inform the ECD national strategy development.

208. To ensure that caregivers of children are adequately engaged to maximize and sustain effects of results, in 2021, UNICEF scaled up the operationalization of a Social and Behavioral Change Model on parenting.

209. UNICEF also partnered with MoYS, MoSS, CSO, Federation of Egyptian Industries and International the Labour Organization to implement an ECD Voluntary Centre model. The ECD Voluntary Centre model supports play-based learning in some of the most deprived communities. Cash transfer was also distributed to PHC centres to roll out an integrated package of services, and financial resources provided to MoSS and MoYS to support implementation of the new ECD model centres. As a result, a total of 11,108 children and over 107,000 parents benefitted from ECD centers in 2021, which were scaled up from the childcare models developed by UNICEF to be adopted by private sector.

210. As mentioned in the efficiency section, UNICEF has conducted a cost-effectiveness analysis on ECD nursey interventions to highlight the feasibility of potential scale-up scenarios. The ECD model centres which has shown great results is an application of the case investment study. This evaluation suggests that the evidence of success gained in ECD model centers be used for advocacy to leverage funds to continue implementing the pilot ECD model as well as to scale up the model.

211. In addition to the ECD, an Early Childhood Care and Education tailored for 4-5 years old children has been implemented in the kindergartens (KG) that can also refers to pre-primary classes. The KG programs are a form of early childhood education that takes place in a formal classroom setting. About 10,000 children (aged 4-5) are attending UNICEF supported KG in which 113 KG teachers are trained with a pedagogic qualification.

#### **4.4.2.4. Strong support to the medical response of COVID-19 pandemic**

212. The initial response of UNICEF was focused on the Infection Prevention and Control, procurement of critical supplies, and risk communication. In addition, healthcare workers within health facilities and communities provided with Personal Protective Equipment with UNICEF support. UNICEF has also led the efforts along with WHO to secure millions of COVID-19 vaccinations to the country through the COVID-19 Vaccines Global Access (COVAX) initiative. UNICEF also supported CSOs with funds and technical expertise to engage community-based organizations in the promotion of health and nutrition and shaping individual and social expectations, in addition to awareness-raising, knowledge-sharing and skills development.

213. In 2021 and 2022, UNICEF continues its focus on the prevention of the spread of the virus and mitigating the negative impact of COVID-19 pandemic on the population in partnership with other development partners.

### 4.4.3. Achievements in Education

214. This section is focused on the main achievements in the education sector reform, learning system strengthening and expanding learning opportunities, learning opportunities for disadvantaged children and community based and inclusive education. The Programme specific outcome and output indicators are on good track and, almost indicators are likely to be achieved by 2022. However, statistics on learning outcome (in mathematics and science) as well as three indicators on ‘Learning opportunities for disadvantaged children’ are not reported due to a lack of updated data (*see Table 12*).

**Table 12: Results achieved in the Education component**

Outcome 3 : By 2022, more vulnerable children, adolescents and youth experience improved learning and are increasingly protected from violence, abuse, exploitation and neglect.	Baseline 2017/2018	Target	Results in 2021	Achievement status
Progress indicators to have internal annual milestones for outcomes (both standard and additional for reporting)				
Percentage of grade 8 students not reaching the low benchmark learning outcomes in core subjects (i) mathematics, (ii) science	(i) 53%, (ii) 58%	(i) 50%, (ii) 55%	Not updated	Not updated
<b>Programme output 3.1: Learning- System Strengthening</b>				
3.1.1 System Strengthening – Skills – National curricula and training support the mainstreaming of skills development within the national system – score (1-4)	Score 1	Score 3	Score 3	On track
3.1.2 National Education Sector Plan 2021/2022 finalized	Yes	Yes (2022)	Education Analysis Sector and Education Sector Plan	On track
3.1.3: Number of research analysis, advocacy tools and policy briefs to inform improved coordination, planning, monitoring and financing in education and youth development, produced, with support from UNICEF	0	8 (2022)	4	Partially achieved
3.1.4 Number of models for which experiences have been assessed, documented and scale up strategies have been developed, including funding mechanism and integrated M&E system	0	8 (2022)	Sector MIS	On track
<b>Programme Output 3.2: Learning opportunities for disadvantaged children</b>				
	Baseline 2017	Target	Results in 2021	Achievement
3.2.1 Service Delivery – Inclusive Ed. – Schools that were supported by UNICEF to become accessible to children with disabilities, Number	0	100	67	On track
3.2.2 Service Delivery – Emergency response – UNICEF-targeted children and youth in humanitarian situations provided with life skills training	0	5000	0	Not Reported
3.2.3 Number of children reached with pre-primary, primary and secondary online/distance education lesson with UNICEF support in the reporting year	0	30000	25768	On track
3.2.4 Number of schools and learning facilities, with renovated physical environment including WASH facilities and IE resource rooms, with support from UNICEF, disaggregated by location (governorate), type of intervention	0	450	427	On track
3.2.5 Percentage of teachers and facilitators applying acquired knowledge in active learning, classroom management and life skills education, with support from UNICEF (including children on the move), disaggregated by gender, nationality, location (rural, urban), residence (governorate), type of intervention	0	50	0	Not Reported
3.2.6 Number of schools that have put in place school protection committees/frameworks, with support from UNICEF, disaggregated by location (governorate), type of	0	300	0	Not Reported

Outcome 3 : By 2022, more vulnerable children, adolescents and youth experience improved learning and are increasingly protected from violence, abuse, exploitation and neglect.	Baseline 2017/2018	Target	Results in 2021	Achievement status
3.2.7 Number of children enrolled in formal and non-formal education opportunities, with support from UNICEF (including children on the move), disaggregated by gender, age, nationality, location (urban, rural), residence (governorate)	0	473,328	448,078	On track

#### 4.4.3.1. Education system reform, learning system strengthening and expanding learning opportunities

215. In late 2017, MoETE initiated a full-scale transformation of the education system to be completed by 2030. This reform, the ‘Education 2.0’ is focused on skills-based learning and an expansion of digital learning. The CP is supporting the Education 2.0 reform program through policy dialogue and technical assistance.

216. UNICEF has coordinated with MoETE to successfully complete the Education Sector Analysis and Education Sector Plan and then, co-chaired the first Local Education Group. UNICEF has advocated for a skills-based approach to learning and worked with MoETE to develop and roll out a skills-based curriculum starting by Pre-Primary and Primary 3 by training MoETE curriculum experts. UNICEF conducted researches on global best practices for skills-based education for Grades 7 to 12 and the findings will be used to develop a roadmap, policy advice, and strategy recommendations to education authorities to inform the rollout of Education 2.0 in these higher grades.

217. The digitalization is an important focus of the education reform agenda in Egypt. It aims to link education and technology. The COVID-19 crisis has also accelerated technological advances due to social distancing guidelines and, free online spaces were created to get educational content and providing educational technology to classrooms. The support of UNICEF to the COVID-19 response facilitated safe school reopening and supported MoETE in building an online platform offering materials and channels to support the continuation of learning during the pandemic. For example, the teachers’ preparedness training package was deployed, reaching 1,170 teachers (54 per cent refugees) reaching 27,800 students. Furthermore, 760 teachers received LSCE training that they applied during after-school sessions and summer camps that were instrumental to ensure continuity of learning for marginalized children due to UNICEF Support.



#### **4.4.3.2. Learning opportunities for disadvantaged children**

218. UNICEF is supporting the government initiative to enroll children in formal and non-formal education opportunities, including children on the move and has supported the development of guidelines for the adaptation of learning materials for children with disability and out of school children and adolescent.

219. The COVID-19 response facilitated safe school reopening and 552 schools received WASH rehabilitation benefitting 475,518. Those children received either hygiene supplies (161,865), cash grants (13,884), educational supplies (15,827) or learning support (277). UNICEF reached a total of 701,676 children who had improved access to quality, safe learning opportunities in 9 governorates.

220. To strengthen national capacity to provide formal and non-formal Early Childhood Care and Education services for more vulnerable children, UNICEF supported 20,766 children with comprehensive interventions to mitigate the impact of the pandemic on children. Similarly, educational supplies were given to 50 KG benefitting around 3,195 refugee children. Education cash grants reached 13,884 refugee children. The rehabilitation interventions conducted in 20 KG benefitted 1,586 students. In 55 KG refugee schools 2,101 children received hygiene supplies by the end of the year.

#### **4.4.3.3. Community based education and inclusive education**

221. The CBE or community schools are used to meet the education for all goal in communities that generally lack school infrastructure which are mostly located in remote areas. These alternative education models provide primary education in which the curriculum is the same of the public schools and locally relevant in terms of local language dealing with problems of daily lives. The community schools also reach unschooled children and utilize child-centered, active-learning approach.

222. According to the Mid-term evaluation of an EU funded programme entitled ‘PAGODA’, about 1 per cent of all primary school students’ study in community schools. About 10 per cent of primary students attend private schools, with the remaining 89 per cent of primary students attending regular government schools. The community school model is promising, although, data reveals that CBE reaches approximately 133,000 students per year (up to 30 students per 5,000 community schools) most of which are out of school children wishing to complete primary education (*See Table 13*).

**Table 13: CBE Education Snapshot (2015-2020)**

School Year	Classes	Teachers	Students	Students/ Class	Teachers Student Ratio
2015-2016	5083	8,427	114,939	23	14
2016-2017	5000	8,386	123,672	25	15
2017-2018	4899	8,214	128,694	26	16
2018-2019	5048	7,983	133,007	26	17
2019-2020	4995	7,851	133,692	27	17

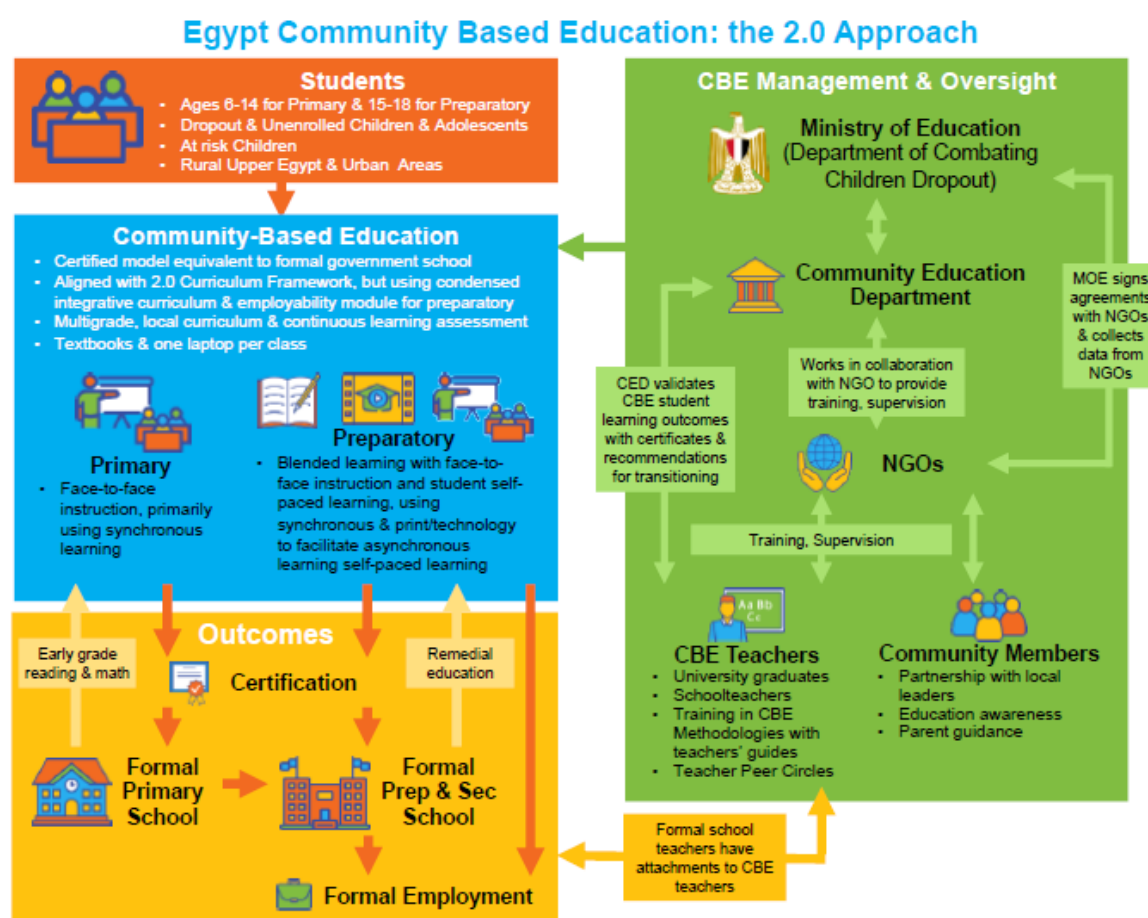
**Source:** Egypt Community Based Education Framework: Updated Guidance

Given that the estimated primary age out-of-school children are about 78,000-372,000 and preparatory age out-of-school children about 221,000-474,000, the CBE reach a little over a third of out-of-school children.

223. The CBE have faced many challenges. For instance, on the supply side, the CBE programs often have a strong technical approach, but sometimes lack the political will to recognize CBE as equal to public education. On the demand side, there is an overall misperception of CBE as second class and relegated to the poor. This is coupled with inadequate community mobilization towards CBE and lack of a structured community participation mechanism hinder the support of community members to the day-to-day school operation.

224. In consultation with MoETE, UNICEF is actively working to improve the model especially in light of the broader ‘Education 2.0’ reforms building on its success in reaching out-of-school children and providing quality education. UNICEF also worked on building a skills-based curriculum for community schools that serve out-of-school children and ensures that skills-based learning is available to marginalized children, including those with disabilities and those who are out of school. The figure below presents the proposed revised CBE 2.0 approach in the context of the global education 2.0 reform (*see Figure 9*).

225. This new approach of CBE 2.0 should provide more opportunities to learners including certification and transitioning to public schools and transition to pre-employment education or employment.

**Figure 9: UNICEF Egypt Community based education approach**

**Source:** Egypt CBE Framework: Updated Guidance January 2021

226. In support to the inclusion of children with disability in the education system, key milestones for inclusive education in Egypt under education 2.0, are namely:

- 1) the special education curriculum frameworks,
- 2) the guidelines for the adaptation and accommodation of learning materials for the children with sensory disabilities,
- 3) the teachers' guide on inclusive education.

These resources will act as pivotal references for education staff working in inclusive and special education schools across Egypt.

227. UNICEF is also engaged in service delivery working with communities through projects. As illustration, UNICEF has implemented an EU funded programme 'PAGODA Delegation Agreement for Expanding Access to Education and Protection for at Risk Children in Egypt' which has a component on inclusive education. The programme has supported the establishment of district-level Performance Improvement Centers to serve in cascading

technical assistance and capacity building programmes to the public school in their clusters. In 2019, the evaluation of this programme found that the programme has led to the institutionalization of the inclusive education model that is accredited by MoETE and national universities. As a result, MoETE started the dissemination of the inclusive education capacity building interventions beyond the programme target and educational establishment. For instance, in 2021, UNICEF reached 28,128 refugee children and 6,177 children in CBE who received educational supplies and learning opportunities.

#### **4.4.4. Achievements in child protection and behavioral change**

##### **4.4.4.1. Laws and policies to protect children from violence and alternative care**

228. In policy level, the NPA of EVAC was finalized in 2020 by the National EVAC taskforce, with a support from UNICEF. A M&E and costed framework of the NPA of EVAC were also developed. UNICEF also launched a national alternative care strategy in line with its advocacy with MoSS to institutionalize a case management system to protect children. This case management system became a national model for the provision of comprehensive package services proposed to the Prime Minister's Office as the model for Haya Karima villages targeting the most vulnerable communities in Egypt. UNICEF has also established with MoETE, child safeguarding mechanisms in schools, based on the national EVAC strategy. The support from UNICEF (technical, financial and advocacy) contributed to the adoption of law criminalizing FGM medicalization and introduced amendments to Child Law on judicial treatment and alternative care.

229. Overall, the CP has well performed on its child protection related indicators both in the protection system strengthening, access and quality service providers. UNICEF contributed to the development of the quality assurance system for social work. The achieved results include capacity building for social service workforce and other child protection stakeholders in different sectors such as justice, education and health, leading to provision of improved case management services to children at risk, victims of violence and children in contact with the law and in-person psychosocial support for those children.

230. Laws and policies to protect children from violence and ensure an adequate response from duty bearers and justice sector institutions are endorsed by the government (*see Table 14*). However, indicators on violent disciplining method were not reported due to the absence of updated data. The CP has a relatively low performance in terms of percentage of children in contact with the law that are reached with non-custodial alternative measures to detention and

child-friendly procedures and legal services. For example, UNICEF has supported the establishment of specialized forensic centres at prosecution offices to speed up the process for medical examination of confiscations in cases related to children. Despite the existence of alternative measures to deprivation of liberty in the Egyptian law such as training and rehabilitation programs and community service, these alternatives are still not widely implemented. To improve the situation of children in contact with the law with alternative measures, key informant interviewees suggested “*the establishment of child prosecution offices in more governorates, as well as extension of the period of appointment of prosecutors working on child cases*”.

**Table 14: Results achieved in the Child protection, Social and Behavioural Change and adolescent participation**

Outcome 3 : By 2022, more vulnerable children, adolescents and youth experience improved learning and are increasingly protected from violence, abuse, exploitation and neglect.	Baseline 2017/2018	Target	Results in 2021	Achievement status
Progress indicators to have internal annual milestones for outcomes (both standard and additional for reporting)				
Percentage of girls and women aged 15-17 years have undergone through circumcision (FGM), (data available disaggregated by age, location, wealth quintile, mother's education)	61%	57%	Not updated	Not updated
Percentage of children aged 1-14 years experienced any violent disciplining method, during the past month (data available disaggregated by gender, age, residence (urban/rural), governorate, wealth quintile, mothers' education)	93	88	Not updated	Not updated
Percentage of children aged 1-14 years experienced any violent disciplining method, during the past month (data available disaggregated by gender, age, residence (urban/rural), governorate, wealth quintile, mothers education)	No	Yes	Yes	On track
Programme outputs 3.3: Protection – System Strengthening				
3.3.1 Plan is costed with a concrete results framework in 2021, fulfilling the operationality benchmark.	0	Yes		Fully achieved
3.3.2 Normative frameworks: Score 3 System of supervision and support: Score 3 System for licensing/accreditation of social work: Score 3 Data collection systems: Score 3	0	Score 3	Score 3	Fully achieved
Programme outputs 3.4: Protection – Access and Quality Service providers				
3.4.1 IMS system in MoSS being piloted	0	System (case management and incident reporting) is functional	IMS at NCCM and MoSS is being tested	On track
3.4.2 Percentage of UNICEF-targeted girls and boys in humanitarian situations provided with psychosocial support, including access to child friendly spaces with intersectoral programming interventions	0	100%	100%	Fully achieved
3.4.3 Core prevention and response interventions addressing violence against children through UNICEF-supported programmes (adapted to context of COVID-19):  (a) number of mothers, fathers and caregivers reached through parenting programmes; and  (b) number of girls and boys who have experienced violence reached by health, social work or justice/law enforcement services Number of children who have experienced violence reached by health, social work and/or law enforcement/justice (adapted for delivery during the pandemic)	0	a) 30,000  b) 30,000	a) 88,354  b) 14,291	Partially achieved

Outcome 3 : By 2022, more vulnerable children, adolescents and youth experience improved learning and are increasingly protected from violence, abuse, exploitation and neglect.	Baseline 2017/2018	Target	Results in 2021	Achievement status
3.4.4 An alternative care policy in line with the 2009 Guidelines for the Alternative Care of Children exist.	No	Yes	Yes – National Alternative Care Strategy is endorsed	<b>Fully achieved</b>
3.4.5 Number of children cases reached with child management (including children on the move), disaggregated by gender, age, nationality, location (rural/urban), residence (governorate), type of intervention	0	20,000	14,291	Partially achieved
3.4.6 Number of people who participate actively in education/sensitization/social mobilization sessions promoting the elimination of FGM	0	2 million	1,733,314	Partially achieved
3.4.7: Percentage of children in contact with the law reached with non-custodial alternative measures to detention and child-friendly procedures and legal services	0%	30%	7%	<b>Not achieved</b>
<b>Programme outputs 3.5: Social and Behavioural Change Social perceptions and attitudes towards violence against children and harmful gender-based practices are improved in targeted areas</b>				
Number of women, men, girls and boys targeted by social norm change interventions or other GBV-related information or awareness intervention	0%	100,000	137,633	Fully achieved
Budgeting for C4D Strategies meets quality standards	0%	75	55	Partially achieved
UNICEF-supported Government-led coordination mechanism/s for C4D meet/s quality standards	0%	75	55	Partially achieved
% of attained level of knowledge of Religious Leaders who received TOT on Elimination of Violence against children	0	70%	25%	<b>Not achieved</b>
% of attained level of knowledge of community members who received awareness sessions on elimination of violence against children conducted by Religious Leaders	0	70%	25%	<b>Not achieved</b>
% Number of people engaging with Dawwie activities (off line and online)	0	1 million	500,000	Partially achieved
<b>Output 3.6: Adolescents and youth are equipped with life, employability and civic engagement skills for better socio-economic opportunities</b>				
3.6.1 Existence of a strengthened system for adolescent participation	NO	Yes	Sector management information system	On track
3.6.2 Number of adolescent girls and boys who completed a skills development program	0	20,000	35,977	Fully achieved
3.6.3 Number of adolescent girls and boys who participate in or lead civic engagement (including online) in UNICEF-supported programmes for COVID-19 preparedness, response and building back better (more resilient, peaceful, greener and sustainable) in the reporting year	0	2,200	2,336	Fully achieved
3.6.4 Number of beneficiary adolescents and youth trained/oriented/engaged on knowledge and skills for active citizenship, in targeted areas,	0	10,000	16,220	Fully achieved
3.6.5 Percentage of targeted adolescents and youth who have implemented/engaged in adolescent youth-led initiatives in their communities (disaggregated by location and type)	0	40%	23%	Partially achieved
3.6.6: Number of schools with active student unions	0	20	98	Fully achieved
3.6.7 Number of young people who are engaged in the design, implementation and/or M&E of national programmatic young people's development programmes	0	100	80	On track

#### 4.4.4.2. Social and behavioral change model

231. The current CP focuses on positive parenting and girls' empowerment as drivers of change tackling the root causes of individual and societal behaviors harmful for children (RAM, 2021). Thus, Social and Behavioral Change component focuses on addressing root causes of behaviors through two strands of work on positive parenting and girls' empowerment (gender transformative programming).

##### Positive parenting

232. The violence against children may occur in the home, in the community, at school and online; and may be perpetrated by parents or other caregivers, peers, as well as by strangers. According to UNICEF global databases, about three quarters of young children are subjected to violent discipline by their caregivers on a regular basis (UNICEF, 2020)<sup>20</sup>. In Egypt, the report of the 2014 DHS has shown that 93 percent of children (1-14 years) are exposed to some form of violent discipline by their parents and/or caregivers. While the most common forms of violence affecting children take place in a home and family setting, the home and family can also be the most important sources of protection from violence, and of care and support when violence has occurred.

233. A parenting programmes are broadly defined as a set of activities or services aimed at improving how the parents approach and execute their role as parents, specifically their parenting knowledge, attitudes, skills, behaviors, and practices (UNICEF, 2010). These programmes intend to help parents and caregivers to understand the importance of positive, non-violent discipline in child development and of close, effective parent-child communication reduces harsh parenting practices, creates positive parent-child interactions and helps increase bonding between parents or other caregivers and children – all factors that help prevent violence against children.

MoSS and NCCM, in cooperation with UNICEF and with the support of EU, have launched a positive parenting program targeting underprivileged families. The program offers community sessions on several areas of positive parenting including: proper care, psychological support, health, nutrition, learning, cognitive development and positive discipline. The program has also a focus on child marriage, FGM and the importance of education.

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<sup>20</sup> UNICEF. (2020). Designing parenting programmes for violence prevention: a guidance note May 2020.



234. MoSS has adopted the concepts of positive parenting within the package of interventions for social protection and ECD programmes. The programme presented the curriculum implemented in villages and governorates of ‘Decent life’ initiative. The Programme also uses the interactive communication platform of Social Solidarity in documenting and following up with families in need of advice on family and education issues through communication via hotline (free message).

235. NCCM successfully launched its first important multimedia campaign on positive parenting ‘Awladna’ (meaning Our Children), in December 2016 with the support of UNICEF. In 2021, UNICEF scaled up the operationalization of a Social and behavioral change model on parenting. As a result, an estimation of 160,000 children (4 children for each of the trained parent) interacted with the over 41,000 parents and 163,000 community members that engaged with face-to-face activities related to positive parenting and COVID-19 prevention and response during the reporting period.

### **Girls’ empowerment**

236. UNICEF supported NCCM in a consultative process to define a social and behavioral change model to promote acceptance of diversity (gender, ability, nationality) and to define a national M&E framework to track girls’ empowerment in Egypt.

237. UNICEF enhanced the positioning of the National Girls’ Empowerment Initiative also known as “Dawwie” which mainly aims to empower female adolescents through several activities that provide them with the chance to speak out about their dreams, struggles, and beliefs. In Arabic, the word ‘Dawwie’ is the echoed voice, meaning a voice that is loud enough to create an impact. In the ground, the activities provided to both girls and boys included digital literacy, self-expression, participation, inter-generational dialogue, and community theatre in safe and culture-sensitive spaces such as the Civic Education Centres. The Dawwie programme was launched in five governorates across Egypt, and it is expected to be expanded into a wider range of communities in order to combat harmful practices and other issues rooted in social norms including FGM, child marriage, education, skills development and employment especially for girls and women.

238. Again, there is a lack of reported data for a number of indicators to monitor the progress on annually basis as shown in red cells (*See Table 14*). For instance, indicators on FGM were not reported due to an absence of updated data. Furthermore, the degree of attained knowledge on elimination of violence against children of both religious leaders and community members



who received awareness training sessions was 25 per cent, below the target of 70 per cent (*see Table 14*).

239. On the positive side, the programme reached many communities especially in rural areas. For instance, in 2021 results, 53,000 community members engaged in viewing clubs focusing on harmful practices, 15,000 community members engaged Face -to-face and over 32,000 online with Dawwie activities. Over 7,000 boys and girls have been trained on digital literacy focusing on gender equality.

240. The practices rooted in cultural and social norms such as FGM take long time to change. Hence, UNICEF should continue advocacy and service delivery for girl's empowerment to scale up the implementation of the Dawwie community engagement package. UNICEF is already working on establishing a partnership with the Haya Karima Presidential Initiative in coordination with relevant national and international partners such as NCW and UNFPA.

#### **4.4.4.3. Adolescent and youth participation and skills development**

241. Indicators on adolescents and youth are on good progress to achieve 5 indicators out of 7 while the remaining 2 indicators are partially achieved.

242. UNICEF is supporting MoYS to implement the 'Meshwary' programme. It is a life skills and employability programme endorsed by the Prime Minister through a comprehensive social and economic empowerment programme for youth and adolescent.

243. UNICEF supports the implementation of three projects implemented in partnership with MoYS namely: Meshwary 'My Journey', Civic Education and Adolescents and Youth Parliaments, and Sports for Development (S4D). In 2021, 52,197 young people were directly reached through those three programmes.

The Meshwary project is implemented in many governorates namely Cairo, Alexandria, Sharkya, Assiut and Sohag, Aswan, Qena, Kafr El Sheikh, Dakahlya and Behaira and Gharbya. The project has coached girls and boys from 10 to 24 years old to become more empowered economically and socially through training on life, employability and entrepreneurial skills and comprehensive career guidance. The focus was on enhancing the skills of young people living in impoverished governorates and preparing them to transition from learning to earning.

The S4D project is focused on building social cohesion and promoting gender equality and girls' empowerment using play, sports and physical activity.

Both Meshwary and S4D project supported adolescent and youth to develop skills such as teamwork, communications, self-confidence and decision making, where assessment for all participants showed an improvement in skills development perceptions from 51 per cent to 95 per cent and 42 per cent to 96 per cent respectively.

The Civic Education and Parliaments programme equipped 220 adolescents and youth with the necessary skills to design and implement adolescent and youth-led initiatives. For the year 2021, the project has reached 16,220 adolescents and youth. For the same year (2021) the participants were trained and 2,863 leading initiatives were developed on COVID-19 to raise community awareness about social distancing and hygiene, reaching 70,000 community members.

244. Given the current widespread geographic reach of adolescent and youth participation projects especially Meshwary project, and their potential to support key adolescent development outcomes, the programme gained endorsement from the Prime Minister.

245. Therefore, the evaluation suggests that UNICEF continue to advocate on positioning young people as a priority on the national agenda through policy dialogue and then, prioritizes the scaling-up of this promising model in 2022 and beyond.

#### 4.4.5. Achievements in regard to Programme effectiveness (Outcome 4)

246. In terms of effectiveness, important achievements can be mentioned. For instance, the repeated phone-based surveys on tracking the impact of COVID-19 on children's well-being was considered as a global good practice by UNICEF Regional Office and the Head Quarter. The surveys were also acknowledged by the government officials: *"this online assessment is very useful to monitor the COVID-19 pandemic and the effectiveness of COVID-19 response"*.

247. UNICEF has successfully launched online platforms which engaged individuals including influencers, political/community/religious leaders for effective advocacy on child rights issues such as harmful practices. Social medias also correct COVID-19 related misinformation while highlighting the importance of vaccines (see Table 15).

248. In cooperation with UNICEF, United Nations Development Programme, Plan International and MoYS launched the 'Generation Unlimited' on January 11<sup>th</sup> 2022 under the name 'Shabab Balad' (Country's Youth) during the World Youth Forum 2021 in Sharm El Sheikh. Egypt is the first country in the region to witness the launch of a national version of the international platform. The initiative is committed to train and empower adolescent and youth for them to participate effectively in achieving Egypt's vision 2030. The initiative is fully

aligned with the willingness of the political leadership in Egypt to support adolescent and youth and to avail all means for them to develop skills such as creativity, innovation and entrepreneurship.

**Table 15: Results achieved in the Programme effectiveness component**

Outcome 4 : The Country Programme is efficiently designed, coordinated, managed and supported to meet quality programming standards in achieving results for children.	Baseline 2017/2018	Target	Results in 2021	Achievement status
Progress indicators to have internal annual milestones for outcomes (both standard and additional for reporting)				
% of UNICEF partners with improved knowledge and understanding of PSEA standards and protocols	0	100	100	Fully achieved
<b>Programme output 4.1: UNICEF staff and partners are provided with guidance, tools and resources to effectively design, plan and manage programmes.</b>				
4.1.1 E-tools are operational by year end	0	Yes-All IPS reporting on Quarterly basis	Not all IPS	Partially achieved
4.1.2 Resource mobilization strategy updated by February 2019	0	Yes	Yes	On track
4.1.3 Percent of new partners whose SEA provisions are compliant with the new Procedure for Managing Risks of SEA	0	100	27	Partially achieved
<b>Programme Output 4.2: UNICEF staff and partners are provided with tools, guidance and resources for effective advocacy on child rights issues.</b>				
	Baseline 2017	Target	Results in 2021	Achievement status
4.2.1 Number of articles/stories with UNICEF mentions in top-tier media outlets	0	120	191	Fully achieved
4.2.2 Number of high-profile individuals (including GWAs, influencers, political/community/religious leaders, etc.) who publicly support/amplify UNICEF advocacy messages and initiatives	6	20	39	Fully achieved
4.2.3 Number of people reached on UNICEF social media channels	88,000,000	56,600,000	145,465,619	Fully achieved
4.2.4 Number of users on UNICEF websites and blogs	13,286	80,000	387,062	Fully achieved
4.2.5 Number of people reached on COVID-19 through messaging on prevention and access to services	0	20,000,000	58,500,000	Fully achieved
4.2.6 Number of people who participate in COVID-19 engagement actions	0	500,000	3,200,000	Fully achieved
4.2.7 Percentage of engagement on relevant social media	0	5%	8%	Fully achieved
<b>Programme outputs 4.3: Strategies to address cross-cutting issues related to child rights are developed and applied.</b>				
Status of roll out of UNICEF internal reporting system	1	4		Fully achieved
<b>Programme outputs 4.4: Private Sector fundraising</b>				
Value of monetized core business assets	0	5,000,000	2,319,572	Partially achieved
USD amount of new funding (financial) for ECO programme are generated against established targets	0	2,000,000	1,217,937	Partially achieved
<b>Programme outputs 4.5: GenU partnership platform is established and operational</b>				
4.5.1 GenU platform is developed and endorsed by key stakeholders	0	Investment agenda completed	Investment agenda	On track

### 3.4.6. Country Programme performance in addressing COVID-19 pandemic and refugee's crisis

During the implementation of the CP, humanitarian response has acquired great importance in Egypt with COVID-19 pandemic and refugee crisis.

#### 4.4.6.1. COVID-19 response

249. UNICEF has relied on sector working groups for delivery of services in COVID-19 pandemic. UNICEF was one of the development partners in Egypt to timely address the prevention of the spread of the virus in support to the COVID-19 response of the GoE. UNICEF also strengthened the capacity of the health system and support MoHP to develop and implement the Egypt National Deployment and Vaccination Plan. As a result, 540 health providers and community health workers were trained, and COVID-19 Risk Communication and Community Engagement campaigns reached 106 million with an engagement of 3,5 million. In addition, 1,393 vaccination posts were setup, 75 million doses of vaccines delivered and other necessary medical and hygiene supplies – most of which by UNICEF through the COVAX facility and the cold and ultra-cold chains had been equipped. In terms of vaccination, 29 million people were vaccinated, among them 16.8 million (58 per cent) are fully vaccinated.

250. The Egyptian economy performed relatively well in the COVID-19 context with the support from development partners including UNICEF. The Government continue its effort to mitigate the negative impact of the COVID-19 and UNICEF should continue its support to the Government in regard to its comparative advantages compared with other development partners in the country.

251. For instance, UNICEF has provided its knowledge and expertise to the medical response of the COVID-19 pandemic coupled with support to mitigate the negative impact of COVID-19 pandemic in multiple areas such as nutrition, health, education, WASH and child protection.

252. Another aspect that illustrates the comparative advantage of UNICEF is its capacity to mobilize financial resources especially, in support to the medical response of the COVID-19 pandemic as outline in the efficiency section (*see table 8*).

253. Furthermore, UNICEF has increased the complementarity and coherence among the development partners and consequently provide technical assistance in a more comprehensive manner to the GoE. For example, UNICEF has led efforts together with WHO to secure millions of Covid-19 vaccinations to the country through COVAX initiative.

#### **4.4.6.2. The refugees' crisis**

254. UNICEF Egypt has been working with Children on the Move to adapt its programming to respond to the increased needs of refugees, migrant and vulnerable host community children and their families. UNICEF programming in Egypt has an approach which focuses on resilience and development to respond to the ongoing humanitarian needs of refugees, migrant and vulnerable children in the country.

255. The CP is supporting the government in its efforts to integrate refugees and asylum seekers into Egyptian communities: instead of refugee camps, they are integrated into Egyptian communities, moving freely in the country and with access to public education and PHC services at an equal level to Egyptian citizens.

256. In its efforts to also push Children on the Move as a priority target group for the GoE, UNICEF supported the rollout of Annex Standard Operating Procedures along with NCCM, the United Nations High Commissioner for Refugees and the International Organization for Migration through developing a simplified referral pathway, which was validated for implementation by relevant governmental stakeholders, including the National Coordinating Committee for Combating and Preventing Illegal Migration and Trafficking in Persons . In addition, through UNICEF advocacy efforts, MoSS officially approved availing services of Case Management Units to children on the move and their placement in care institutions.

257. According to the 2021 COAR of UNICEF, the CP has made notable efforts to facilitate the refugees/migrant to access basic social services:

- 20,000 refugee and migrant students attending refugee community schools;
- UNICEF supported 28,128 refugee children in Community-based-Schools with educational supplies and learning opportunities;
- UNICEF supported around 3,195 refugee children in 50 KG, with educational supplies;
- 13,884 refugee children benefitted from education cash grants to support continuation of KG education;
- 2,101 children in 55 KG refugee schools received hygiene supplies to ensure COVID-19 safety in schools;
- 59000 young refugees/migrants, aged 10-24 were reached through Meshwary programme.
- 342 adolescent's refugees/migrants aged 10-18 participated in UNICEF's S4D programme;

- In 2021, UNICEF has supported 94 schools in North Sinai, 25 schools in Ismailia governorate; as well as, 25 schools in South Sinai with improved water and sanitation facilities, as well as the provision of soap to create a safe learning environment for all students.

258. Psycho-social support and positive parenting sessions benefited 25,490 children (11,552 boys and 13,938 girls) including those on the move and 9,761 parents (659 fathers and 9,102 mothers) from vulnerable families through Family Clubs’ original programming. UNICEF also continued to play a significant role with NCCM and the Office of Prosecutor General in supporting the release of 81 detained children due to irregular migration in Aswan in 2021 and bringing total to 10,000.

259. The GoE has granted full access to public education for Syrians, although significant barriers remain related to both access and quality of education in a safe environment.

#### **4.4.7. Human Rights-Based Approach, equity and gender equality, and empowerment of women**

260. The Programme is assessed to be coherent with the principles of non-discrimination and equality, participation and inclusion, and accountability. HRBA is a normative approach that focuses on the development of the capacities of ‘duty-bearers’ to meet their obligations and of ‘rights-holders’ to claim their rights. HRBA was explicitly used in identifying the vulnerable groups and developing strategies to promote their rights as well as in multiple research and analytical work.

- (i) The evaluation found that the Programme objectives and approaches were compliant with national and international legal instruments, and commitments signed by the GoE, including:
- (ii) Convention on the Elimination of All Forms of Discrimination against Women in 1981;
- (iii) International Convention of Civil and Political Rights (1982);
- (iv) Convention on the Rights of the Child (1990);
- (v) International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families;
- (vi) Convention on the Rights of Persons with Disabilities (2008);

Moreover, the Programme objectives and approaches were found consistent with the development and policy priorities of the GoE as stipulated in the SDS of the GoE which include

the promotion of child rights and well-being and, therefore it could be argued that the Programme is aligned with the HRBA principles.

261. Furthermore, the TKP cash transfer that UNICEF has supported is fully informed by HRBA as it focuses on alleviating the burden of citizens in communities most in need in the countryside and slums in urban areas. UNICEF financially supported the expansion of the TKP while technically helped building effective targeting and efficient systems. The programme main principles are: Human Rights Based, Equity, National ownership, Systematic & integrated, Developmental Approach<sup>21</sup>. The TKP supports Egypt's most vulnerable citizens by providing efficient Targeting<sup>22</sup> based on a proxy means testing questionnaire crosschecked with a Unified National Registry linked to the unique identifier.

262. UNICEF is also supporting the Decent Life (Haya Karima) initiative to ensure access to health and other social services for the most vulnerable populations. UNICEF has selected priority governorates, namely: Assuit, Minia, Gharbya, Alexandria, Marsa Matrouh, and North Sinai for the intervention. The selection criteria are based on the highest concentration of poor, refugees, high child mortality rates and prevalence of stunting,

263. The Egypt National Deployment and Vaccination Plan that UNICEF supports is committed to ensure timely and successful deployment of the vaccines to all people living in Egypt, including refugees, migrants, asylum seekers, and other foreign residents.

264. In addition, UNICEF has implemented specific projects/programmes in selected governorates to better reach children most in need such as refugee/migrants, unaccompanied children including those in North Sinai. For instance, in 2020, FGM prevention and response interventions have expanded into Primary Health Units, schools and sports centers with a focus on Upper Egypt which has the highest prevalence of FGM in Egypt.

#### **4.4.8. Gender Equality & the Empowerment of Women & UN-SWAP Compliance)**

265. This section presents the commentary on integration gender equality into the Programme

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<sup>21</sup> Strengthening Social Protection Systems “Takaful and Karama” available at [https://www.gob.mx/cms/uploads/attachment/file/152498/Strengthening\\_Social\\_Protection\\_Systems\\_Takaful\\_and\\_Karama\\_-Egypt- Presented by H.E. Minister Ghada Waly.pdf](https://www.gob.mx/cms/uploads/attachment/file/152498/Strengthening_Social_Protection_Systems_Takaful_and_Karama_-Egypt- Presented by H.E. Minister Ghada Waly.pdf)

<sup>22</sup> Takaful and Karama: A Social Safety Net project that Promotes Egyptian Women Empowerment and Human Capital: available at <https://www.worldbank.org/en/results/2020/11/17/takaful-and-karama-a-social-safety-net-project-that-promotes-egyptian-women-empowerment-and-human-capital>



particularly with reference to compliance to the GEEW and UN-SWAP standards. The assessment of the integration of gender equality has been merged into the section on compliance to UN-SWAP and GEEW. Gender equality is a normative principle to ensure that priorities in the national development framework reflect the country's commitments to achieving gender equality and that CP results and strategies contribute to these gender equality goals through gender mainstreaming.

266. To assess gender mainstreaming, the evaluation has appreciated in which degree gender concerns have been taking into account: (1) during the CP design and was identified in the Country Program Document; (2) during the implementation and was highlight in annual reports and other key document; (3) in the service delivery according to girls' and boys' needs.

#### 4.4.8.1. Existence of gender analysis in the Country Programme Document

267. A gender analysis was not documented in the CPD. In addition, the indicators presented to describe the rational and the context of the Programme does not contain enough gender disaggregated data. Similarly, the initial result framework had not included gender disaggregated baseline indicators.

#### 4.4.8.2. Existence of gender-disaggregated analysis in periodic reports

268. A sex-disaggregated analysis is not available across all CP components in periodic reports. In the annual reports, information is disaggregated by sex only in the sections related to ECD, learning, adolescent and young participation (*see Table 16*).

**Table 16: Sex- desagregated data in the annual report (2021)**

Indicator	Achèvement (2021)	Percentage of girls
Educational supplies distributed to refugee children	3,195	50%
Children benefitted from the rehabilitation interventions conducted in 20 KG in North Sinai and Ismailia governorates	1,586	47%
Refugee students that received hygiene supplies in 55 KG	2,101	50%
Students in schools with WASH rehabilitation	475,518	48%
Life skills education for children in North Sinai	68,945	49%
Young people (10-24) reached through Meshwary programme	31,700	49.5%
Participation in S4D programme (10-18 years)	4,27	88.7%
Participant in Civic Education and Parliaments programme who led initiatives in their communities (10-24 years)	4,583	54%
Participant in S4D programme (10–18 years)	4,277	89%



269. The gender parity is almost achieved as girls' percentage vary from 48 percent to 89 percent (*see Table 16*). In the primary education, the Net Enrolment Ratio stood at 100.2 per cent with a Gender Parity Index of 1.06 (gender equality). Moreover, 50 per cent of girls in primary education benefitted through UNICEF's technical support to the national education reform.

#### **4.4.8.3. Existence of relevant and specific service delivery for boys and girls**

270. There is a little information about the service delivery according to different needs of boys and girls. For example, all schools should have separate toilets for boys and girls. While there are not studies providing quantitative evidence in Egypt, girls may be discouraged from attending school without adequate toilet facilities coupled with poor menstrual hygiene practices.

271. On the positive side, in the child protection area, boys and girls in contact with law are treated differently. This was confirmed during the interview by participants: *"the judicial treatment and alternative care promoted by UNICEF is different for girls and boys according to their needs"*.

272. Above all, gender mainstreaming still a concern since there was a little gender analysis during the CP design and sex-disaggregated data were not reported systematically in the annual reports. Regarding the service delivery, there is not a reference to girls' and boys' needs except in the child protection component. Thus, the Programme could be argued to be rather 'gender neutral' with evidence to suggest that any interventions were planned and implemented to promote child rights and reach those in most deprived situation. However, the evaluation found evidence for interventions prioritizing gender equality such as girls' empowerment interventions.

#### **4.4.9. Factors that have facilitated or hindered effectiveness**

##### **4.4.9.1. Enabling factors**

273. Many external factors have contributed to the achievement of the CP substantive results. Below are the main external factors.

##### **Legislative reforms**

274. Since the adoption of the SDS, GoE carried out many legislative and institutional reforms while conducting structural reform in many sectors such as education, health, social inclusion and child protection.

### **The education reform agenda (education 2.0) in 2017**

275. The reform aims to update teaching strategies and change mindsets is supported by IT integration programs covering digital content. “Students will learn for life, not for an exam”, said an interviewee.

### **The amendment provisions of the Penal Code regarding “bullying” in 2020**

276. The law outlines an updated definition for bullying as ‘a show of force or control by the offender, or the abuse of a vulnerable victim’ and outlined a minimum prison term of six months and/or a penalty. This new law should help to tackle violence against children.

### **The Universal Health Insurance law of 2018**

277. This law reinforces the universal coverage and grant access to Egyptians who had limited access to healthcare, or none at all, under the previous health insurance scheme. It makes the enrolment of all Egyptian citizens residing in Egypt in the UHI programme compulsory.

### **The amendments to the laws on FGM of 2021**

278. The maximum sentence of seven years is now up to twenty years and doctors and other medical staff involved in FGM are banned from practicing their profession for up to five years.

### **Presidential initiatives**

279. **The leadership Program** intended to develop the skills of young people and the TKP.

280. **Funds to mitigate the COVID-19 impact.** The GoE allocated 100 billion EGP to fund a comprehensive plan to combat the Coronavirus impact including expanding cash transfer programme.

### **Technological revolutions the world**

281. The COVID-19 pandemic crisis has accelerated technological advances: for example, free online spaces were created to get educational content and providing educational technology to classrooms and training are conducted in both online and face to face formats.

282. The main internal supporting factors have contributed to the achievement of the CP substantive results are the following.

### **Well-established internal structure and competent staff**

283. UNICEF staff have exercised due skills and track record of delivering complex and sensitive programs/projects.

## **Effective leverage of relationships**

284. UNICEF maintains excellent relationship with the Government, Parliament, oversight bodies, civil society, EU and international development partners which have been shaping policy on specific issues.

## **Partnerships with authentic change actors**

285. The partnership with CSOs, think tanks and media helped understand the challenges and engage them in the transformation process and implementation work, and build ownership.

## **Comparative advantage of UNICEF**

286. This advantage has been put at good use through the ability of UNICEF to link work at the local level with policy level, given its status with privileged relationship with the Government.

- The positive image of UNICEF among the public
- A strong cross sectoral Communication functions

### **4.4.9.2. Factors hindering effectiveness**

287. The main factor which affected the realization of children's rights as a whole and hindered the achievement of the CP planned results to date was the COVID-19 pandemic.

288. Direct impact of COVID-19 pandemic includes school closure, increase of violence against children during lockdown, delay in implementing planned activities such as face to face training, delay in purchasing supplies. In addition, short-term funds for COVID-19 response expire before all dedicated activities are implemented.

289. Other factors which hindered the effectiveness of CP implementation and which were not under the control of UNICEF include the following.

- **The legal framework of NCCM:** NCCM has more a policy making and coordination role while MoSS has direct responsibility for delivery of services. NCCM is part of MoHP which impedes its efficiency in terms of coordination. An advocacy is engaged for new law to make NCCM an independent Agency in line with the recommendations of International Committee of Children.
- **The turnover of government officials** working with UNICEF in all components especially for specialized judges and trained health workforce.

290. Refugee crisis increase in the number of refugees and asylum seekers up to 2021, 269,826 in November 2021, and around 38 per cent of which are children with specific vulnerability and needs.

#### **4.4.10. Unplanned effects**

291. As far as CP implementation is concerned, the evidence collected for this evaluation does not bring much about unexpected or unplanned (negative) effects of the Programme. However, stakeholders are unanimous that COVID-19 pandemic comes with accelerated technological advances with application during the CP implementation.

#### **Rapid increase in the use of innovative technologies in organization**

292. With the emergence of the COVID-19 pandemic in early 2020, UNICEF Egypt has accelerated its transformation into a digital organization from the upscaling of digital teleworking practices to the use of innovative technologies in its programmes, finance and operations.

#### **Increased use of real-time information solution**

293. A real-time information solution was deployed to monitor the impact of the COVID-19 pandemic on household through repeated surveys. The use of RapidPRo has been intensified for COVID-19 risk communication and youth/community engagement at scale.

#### **Leveraging e-learning power**

294. UNICEF established a Learning Hub that supports online learning platforms such as the Learning Passport as well as those from MoETE to enable continuous access to education during COVID-19 education crisis for children, adolescent and youth, and teachers around the world and drive improved learning outcomes through high-quality, portable education. UNICEF has also supported the efforts led by MoHP to provide online trainings for more than 550 healthcare professionals tackling infection prevention and control.

#### **Conclusion and recommendations**

295. The majority of outcomes and outputs are archived or most likely to be achieved by the end of the CP (2022). There is evidence demonstrating that UNICEF interventions/strategies led to legislation and policy changes and ensured dedicated budget allocations in the targeted areas. The ‘Egypt Family Health Survey’ that is underway will allow UNICEF to assess the progress in areas such as FGM, learning outcome and poverty reduction.

296. The stakeholders were unanimous that UNICEF has made timely and important support to the COVID-19 response of the Government either in terms of medical response or mitigating the impact of the pandemic. The COVID-19 pandemic seems to be under control in 2022, however, it has already impacted vulnerable household and their children and there still a need for UNICEF to support the Government in mitigating the negative effects of the pandemic. UNICEF has comparative advantages to do so, in regard to its technical expertise, capacity to leverage funds and its leadership role to increase the complementarity and coherence among the development partners and consequently to provide technical assistance in a more comprehensive manner to the Government.

297. The CP was successful in implementing pilot models in different sectors. Based on a case investment study in ECD, pilot nursery model was successfully implemented.

298. UNICEF continues its advocacy with MoSS to institutionalize the case management system which became a national model for the provision of comprehensive package services proposed to the Prime Minister's Office. UNICEF supported the GoE to launch a national alternative care strategy, informed by two gap assessments on foster/alternative care systems and two executive regulations introducing structural reforms to institutional child care.

299. Learning on the pilot phase and the formative research on positive parenting, UNICEF is supporting MoSS and NCCM to scale up the positive parent-child interaction programme which is an essential requirement for ECD and to prevent violence against children. The GoE, SCOs, UNICEF and EU remain committed to the promotion of positive parenting programme. Private sector is also supportive to the programme.

300. The Dawwie programme is implemented in five governorates is expected to be expanded into a wider range of communities in order to combat harmful practices rooted in social norms. As the programme is a success with a favorable echo especially in rural community, UNICEF is currently working on establishing a partnership with the Haya Karima Presidential Initiative in coordination with relevant national and international partners such as NCW and UNFPA to scale up the Programme.

301. The Meshwary project that aimed to train adolescents and youth to become more economically and socially empowered. The project is a success and has a potential to support key adolescent development outcomes and, it gained endorsement from the Prime Minister.

302. The GoE is committed to continue and scale up the implementation of the pilot models and UNICEF is a key partner to provide technical and financial support to the Government. Learning from its predecessor, the Strategic Plan, 2022–2025 of UNICEF is mainstreaming multiple cross-cutting priorities including a more focus on ECD, gender-transformative programming, community engagement, social and behaviour change. For instance, the multi-disciplinary area of social and behavior change, and community engagement is positioned as a ‘Change Strategy’ under the new UNICEF Strategic Plan 2022-2025. This shift in social and behaviour change within UNICEF promotes policy and programme actions that are routinely informed by behavioral evidence, customized to local contexts, and grounded in human rights approaches.

303. In addition, UNICEF has already developed partnerships including with UNFPA and the private sector to leverage funds to implement and scale up the promising models.

## Recommendations

**Recommendation 4:** Continue the effort in mitigating the negative impact of the pandemic through technical assistance and financial support and also support to the GoE with systematic and long-term social and behavioural change programmes.

**Recommendation 5:** continue the advocacy and service delivery for innovative, promising and newly implemented models and projects namely community based ECD models, positive parenting, case management system to protect children, girls' empowerment and, adolescent youth participation.

Proposed ways to implement this recommendation include:

- to explore the possibility of replicating these promising projects in other areas of the Country Program based on need and budget availability,
- to set up a more systematic framework to measure change over time through cost-efficient data collections activities.

## 4.5. Sustainability

304. The sustainability assessed whether the strategies and mechanisms put in place ensure that the results of the interventions remain after the CP is completed, with an emphasis on national capacity development and established partnership.

305. There are three main questions related to sustainability as follows:

- To what extent have initiatives from the CP resulted in GoE policies and procedures supporting boys and girls?
- To what extent has capacity building for government resulted in improved services for boys and girls?
- To what extent has the humanitarian-development nexus been implemented

306. To answer the above questions, the evaluation was focus on measures that ensure sustainability of results in policy and services delivery level, and how humanitarian-development nexus has been implemented.

### 4.5.1. Measures for ensuring sustainability of results

307. The sustainability has been analyzed through different aspects:

- (a) policy environment and policy strategy;
- (b) capacity to implement policies;
- (c) financial and for human resources committed for implementation;
- (d) existence of a monitoring system to ensure the implementation is sustained.

#### 4.5.1.1. Existence of enabling policies and strategies to support sustainability

308. An important aspect of the sustainability is that UNICEF has achieved the CP results working together with the GoE to develop legislation and policies which create and strengthen an enabling environment across UNICEF's target sectors. For example, at system level, sustainability mechanism is related to political advocacy and capacity building. As mentioned in the effectiveness section, UNICEF has supported the development of national or sectoral strategies and law which explicitly take into account the issue of children's rights.

#### 4.5.1.2. Capacity to implement policies and strategies

309. In order to achieve future sustainability of the interventions, UNICEF has developed capacity building activities and advocacy at institutional, governorate, district and community level. Staff from ministries including MoHP, MoF, MoPED, MoSS, MoYS, NCCM and



CAPMAS have successfully completed trainings and capacity building activities supported by UNICEF.

310. A sub-question of the evaluation is related to the extent to what the capacity building for government resulted in improved services for boys and girls.

311. To answer this question, the evaluation relied on the interviews of stakeholders from central government. They noted that trainings, workshops, manuals and guidelines prepared with the support of UNICEF helped them to understand better the needs and possible approaches to respond to the needs of children. There are also examples of positive impact at individual level: first cohorts of trained practitioners became competent trainers for programmes implemented with MoYS and MoHP.

312. A consensus among stakeholders was that the efforts of UNICEF were of particular importance in the sectors of social inclusion and data, case management, FGM, education, ECD, medical response of COVID-19 and, provided the best coverage given available resources. For example, through the design and implementation of the Egypt National Family Survey, CAMPAS staff have gain substantial knowledge, leadership and ownership to conduct future nation-wide household surveys. Indeed, the generation of evidence is based on the organization of briefs/studies and seminars with national and international experts and, this is potential to sustain the advocacy for children's rights and deprivations as it places children's rights at the centre of the policy debate and policy making.

313. Implementing partners (CSOs and Non-Governmental Organizations) have been supported in different areas including: financial management processes, capacity development training, development of e-tools and this led to timely report on a quarterly basis. Above all, some participants in KII said: “UNICEF is functioning on need based and its direct interventions for children and young people in their communities is an assurance of sustainability and impact on children's life”.

314. In addition, the positive change in social norms (FGM, girl empowerment and violence against children) represents key prerequisites for sustainable outcomes for children.

#### 4.5.1.3. Committed resources to ensure sustainability

315. The GoE is committed in a sustainable manner to achieve SDG including to promote the well-being of children. Consequently, the public investment on education and health sector has been on a steady rise since 2016.

316. The GoE has also made effort to get human resources to implement the CP. However, sustainability of acquired knowledge and skills at institutional level is challenging due to the high turnover rate of technical staff.

317. The sustainability of CP is also dependent on the partnership that the GoE has established with other development partners. The following partnerships are good examples of sustainability with long term effect and then more sustainable. The ‘United Nations Joint Fund Support Project for Integrated Financing for SDGs in Egypt’ aims to help Egypt fulfil its National Sustainable Development Agenda 2030 with a realistic financing strategy to invest in several key sectors, including some ‘accelerators’ of the SDGs. UNICEF has participated in this joint programme that is under the coordination of the United Nations Resident Coordinator’s Office and the United Nations Development Programme in Egypt<sup>23</sup>. The joint Programme is expected to catalyse high level dialogues on key aspects of SDG financing in Egypt between the Government and the United Nations system involving other key stakeholders such as the international financial institutions and the private sector.

318. The second example of joint programme that involves UNICEF is the ‘Mainstreaming, Acceleration and Policy Support’<sup>24</sup>. It operates within the premises of the 2018-2022 UNPDF and intended to better understand interlinkages across the SDGs and to nurture planning and decision-making in an integrated way that supports balanced progress across the three pillars of development and also to provide concrete evidence-based policy recommendations that are actionable.

#### **4.5.1.4. Monitoring system to ensure the implementation is sustained**

319. In supporting TKP, UNICEF contributed to improve its design, implementation and the M&E system for sustainability.

320. In regard to child protection, EVAC strategic framework and plan of action were developed along with a case management system.

321. Stakeholders from government are also willing that UNICEF develop or apply framework or tools to more systematically capture the impact of its interventions and lessons learnt for future programmes.

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<sup>23</sup> [United Nations Joint Fund Support to Egypt for Integrated SDGs Financing](#)

<sup>24</sup> <https://egypt.un.org/sites/default/files/2021-01/Integrated%20MAPS%202018%20Report%20-%20Egypt%20Final.pdf>

322. Furthermore, the GoE has formed an Inter-Ministerial Committee by a decree from the Prime Minister to follow up the implementation of the SDGs including CAPMAS as the national statistical office and the main source of data required for the SDGs. However, challenges exist and could jeopardize the M&E system of the SDG in Egypt including<sup>25</sup>:

- weak technical capacity building on SDGs;
- Insufficient quality assurance of data produced by other statistical parties;
- Data gaps on key thematic areas;
- The need to rely more on administrative data;
- Insufficient Financial Resources;
- Lack of a National Strategy for the Development of Statistics.

#### 4.5.2. Humanitarian-Development nexus

323. The Humanitarian-Development Nexus approach demands both humanitarian and development efforts to be more effectively connected, working towards achieving collective outcomes that reduce need, risk and vulnerability, over multiple years.

324. As mentioned in the efficiency analysis section, emergency issues were important during the CP course as the overall emergency budget represents 39.1 per cent 26 of the budget received up for the for CP.

325. Given that children, adolescent and youth in emergency contexts face numerous challenges in accessing and obtaining a quality education, UNICEF has supported community-based-schools with educational supplies and learning opportunities including for refugee children. UNICEF has also set up an online learning platform (the learning Passport) to serve the most marginalized children in Egypt, particularly refugee and migrant students.

326. UNICEF is successfully and appropriately working with and through the GoE to strengthen state-led responses to COVID-19. In doing so, the organization reinforces its subnational presence and comparative advantage through strong relationships and networks with line ministries including MoHP across multiple sectors.

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<sup>25</sup> National Monitoring of the SDGs:

<http://www.stats.gov.cn/english/pdf/202011/P020201102578418186936.pdf>

<sup>26</sup> Figures presented during consultation with MoIC on 12 October 2021 when designing CP-2023-2027

327. However, the new approach of the nexus and its language are not fully integrated in the CP as it is not yet prominently integrated into the 2018-2021 Strategic Plan. Thus, UNICEF might fully integrate COVID-19 adaptations into the next CPD and maintains funding for both wider development programming and ongoing emergency responses. Additionally, there is an opportunity for COVID-19 to accelerate progress on shock-responsive social protection and strengthen local and national capacities for disaster risk management and preparedness.

## Conclusion and recommendation

328. Sustainability aspects are embedded in the CP towards sustainable change at the level of duty-bearers in terms of enabling policy frameworks and strengthened capacities as well as at the level of rights-holders through sustainable access to opportunities and services and through empowerment for meaningful participation in rights realization of boys and girls.

329. UNICEF Egypt has shown a substantive contribution to the development and improvement of the legal and policy framework in many focus areas of the CP such as its support to education reform, NPA of EVAC, amendments to the laws on FGM. Thus, UNICEF has contributed to establish an enabling environment for preserving and enriching the CP results in the coming years and evidence of sustainability should be more evident after the end of CP.

330. Furthermore, there are results across outcomes which are already showing good sustainability prospects. For instance, UNICEF support is acknowledged in terms of capacity development training, support to improve the M&E system of TKP, interventions to address root causes of harmful practices.

331. With the support of UNICEF, capacities building activities led to more competent and skilled staff, institutionalized trainings in M&E approaches, availability of a wide range of guidelines, quality standards toolkits, training modules and methodologies. Staff turn-over in public institutions impedes the long-term strategic thinking and action and might decrease the institutional sustainability.

332. The results achieved in support to the COVID-19 response of the government and UNICEF effort to integrate refugee children and migrant in learning opportunity are examples of humanitarian-development nexus, even there is a need to accelerate progress on shock-responsive social protection and strengthen local and national capacities for disaster risk management and preparedness. The frequency and complexity of humanitarian crises urge having a better risk-informed programming and stronger systems for prevention, response and early recovery. However, UNICEF Egypt has not yet designed a strategic framework for emergency preparedness which explicitly connect shock responsive interventions and long-term development initiatives especially for most vulnerable communities. UNICEF Egypt has been rather reactive to COVID-19 pandemic in the absence of a strategic planning.

**Recommendation 6:** Prioritize the finalization and implementation of the strategic framework for emergency preparedness to support resilient and shock-responsive activities while focusing interventions where possible in the most vulnerable communities for the new CP.

Ways to fully integrate the humanitarian–development continuum into programming include:

- To implement the nexus in accordance with the UNICEF’s Strategic Plan 2022–2025 which does not separate out humanitarian action as a cross-cutting priority, but rather, and in accordance with an approach that supports programming across the humanitarian-development nexus, it systematically applies a humanitarian lens to the theories of change underlying work on all Goal Areas including the results framework;
- To consider an emergencies risk analysis as part of the CP planning process to assess internal skills and capacity, analyze children and women’s vulnerability, assess capacities of Government, humanitarian actors, national partners and communities;
- To develop minimum preparedness activities for different types of crises (sudden/slow-onset, acute/chronic) to fill potential capacity gaps and ensure UNICEF readiness to respond in line with UNICEF global emergency preparedness guidance.

## V. LESSONS LEARNED

333. This section, outlines the main lessons learned that emerge from findings highlighted in previous evaluation. The following lessons learnt can be capitalized for the future programme implementation.

### 5.1. Looking through the COVID-19 window of opportunity

334. The COVID-19 pandemic in forcing to respond quickly and adapt constantly to new challenges has demonstrated the importance of robust and resilient and shock-responsive national systems in all development areas.

335. In addition, bridging the digital divide can help bring quality education for all. As a result, there is a growing interest for online platforms dedicated to E-learning or training sessions. The pandemic has sped up the use of RTM for example to conduct a monitor the impact of the COVID-19 pandemic on a number of social indicators in Egypt.

336. With all of the changes that have taken place globally due to COVID-19, remote work has proven not only to be a necessity but an overwhelming success. Then, the pandemic has increase cost-efficient virtual meetings of which some are more suitable compared to face-to-face meetings.

337. Learning from its experience of managing partnerships during the COVID-19 response, the CO might also improve budget flexibility, adaptive programming and meaningful partner interaction, and simplifying its partnership arrangements in emergency contexts. Thus, the pandemic brings many opportunities that help promote children rights.

### 5.2. Functional task forces and internal coordination mechanisms

338. Intersectoral coordination mechanisms is crucial on enhancing intersectoral CP component. Hence, a strong leadership and management are essential to strengthen internal task forces and coordination mechanisms and the, ensure effectiveness of task forces and overall coordination mechanisms.

339. In regard to coordination with other United Nations Agencies, it is important to prevent coordination issues such as those related to the Sinai programme.

### 5.3. Many external factors have facilitated the progress toward results

340. The COVID-19 pandemic has occurred during the CP implementation. However, many external factors have facilitated the progress toward results such as legislative reforms and

presidential initiatives. The enabling factors include strengthening systems, promoting child sensitive legislation and regulatory frameworks, structural reforms with targeted subsidies, interventions in the most vulnerable regions (especially in upper Egypt). They are strong foundation to achieve better results in child rights related indicators.

#### **5.4. Promising successful pilot models**

341. The ECD pilot models including on-site childcare service, shared childcare facilities, outsourcing, and childcare allowance should be adopted by the private sector as there is an evidence-based of their success.

342. The case management system approach established by MoSS which firstly serves as a one-stop shop for various services including child protection services, became a national model for the provision of comprehensive package services proposed to the Prime Minister's Office as the model for Haya Karima villages targeting the most vulnerable communities in Egypt.

343. The success of the pilot phase of the positive parenting programme and the findings of the formative research on this programme have been instrumental for scaling up the positive parenting programme in Egypt. Moreover, the GoE, the civil society, UNICEF, EU and private sector remain committed to the promotion and the scaling up the positive parenting programme as an enabler for child development and protection from violence and a subsidiary of the Child Development Foundation.

344. Regarding UNICEF's work on girls' empowerment coupled with the abandonment of child marriage and FGM, donors and other stakeholders have agreed that more outreach to the local level is needed as many governorates are concerned with those issues that are rooted in cultural and social norms.

345. The Meshwary project on adolescents and youth empowerment is a success and has a potential to support key adolescent development outcomes. It also gained endorsement from the Prime Minister



## ANNEX

### Annex 1: Key Reference Documents

- 1) Breisinger, C., ElDidi, H., El-Enbaby, H., Gilligan, D., Karachiwalla, N., Kassim, Y., Kurdi, S., Jilani, A.H. and Thai, G. (2018). *Egypt's Takaful and Karama cash transfer program: Evaluation of program impacts and recommendations*. Intl Food Policy Res Inst.
- 2) Common Country Analysis Key Findings
- 3) Country Office Annual Report 2019, 2020, 2021
- 4) Country Programme Results and Resource Framework
- 5) Egypt Network for Integrated Development, (2019). *Community Schools: Filling the Education Void in Rural Upper Egypt*
- 6) Egypt Sustainable Development Strategy 2030
- 7) Egypt United Nations Partnership Development, 2018-2022
- 8) EGYPT- UNICEF Country Programme Cooperation, 2018-2022
- 9) El-Saharty, S., Richardson, G. & Chase, S. (2005). *Egypt and the millennium development goals: Challenges and opportunities* (No. 31705, p. 1). The World Bank.
- 10) El-laithy, H.F.A.F (2021) *Inequality of education opportunities in EGYPT: impact evaluation*, Working Paper No. 216
- 11) End of Year Results Summary; 2019, 2020, 2021
- 12) Langsten, R. & Hassan, T. (2018). *Primary education completion in Egypt: Trends and determinants. International Journal of Educational Development*, 59, pp.136-145. List of projects documents and budget.
- 13) Ministry of Health and Population (2015): *Egypt Demographic and Health Survey, 2014* Cairo, Egypt
- 14) RAM, 2019, 2020, 2021
- 15) Stakeholders mapping table.
- 16) Strategy notes for Outcome 2 and Outcome 3
- 17) The European Union, (2020): *Mid-term Evaluation – of the EU funded programme ‘PAGODA Delegation Agreement for Expanding Access to Education and Protection for at Risk Children in Egypt’* (ENI/2015/ 371-652)
- 18) UNICEF 2015: *Violence against children in Egypt Quantitative Survey and Qualitative Study in Cairo, Alexandria and Assiut*
- 19) UNICEF (2017): *Understanding Child Multidimensional Poverty in Egypt*

- 20) UNICEF Egypt (2019): Investment Case for Early Childhood Development in Egypt, November 2019.**
- 21) UNICEF, (2021): Egypt Community Based Education Framework: Updated Guidance**
- 22) UNICEF, (2021): Evaluation of Social Inclusion Programme UNICEF Egypt Country Programme 2018 – 2022**
- 23) UNCT annual result report, 2020,**
- 24) UNCT-SWAP Scorecard**
- 25) Voluntary National Review, 2021**

**Annex 2: Timeframe for the CP evaluation mission**

Activities	Oct. 2021	Nov. 2021	Dec 2021	Jan. 2022	Timeline
Inception phase					Oct –Nov. 2021
Production of Inception Report					13/10/-14/11/2021
Review of Inception report Finalize Inception Report					15-30/11/2021
Data collection and analysis					Dec.2021 -Feb 2022
Document review Interviews with key stakeholders					5-22/12/2021-10/02/2022
Presentation of preliminary findings					31/01/2022
Data analysis and drafting					2-15/02-02/03/2022
Reporting					March 2022
Production of 1 <sup>st</sup> draft report					15/02-02/03/2022
1 <sup>st</sup> round reviews of the draft report					05-20/03/2022
Integration of comments to the report					21-31/03/2022
Approval					April 2022
2 <sup>nd</sup> round reviews of draft report review					5-19/04/2022
Integration of residual comments and					20-30/04/2022

**Annex 3: Organizations/individuals key informant interviews**

N°	Organization		Title	Email	Sex
1	UNICEF-Egypt	Fazlul Haque	Deputy Representative	<a href="mailto:fhaque@unicef.org">fhaque@unicef.org</a>	M
2		Dalia Bayoumi	M & E Specialist	<a href="mailto:dbayoumi@unicef.org">dbayoumi@unicef.org</a>	F
3		Ahmed Bayad	M & E Specialist	<a href="mailto:abayad@unicef.org">abayad@unicef.org</a>	M
4		Muhamad Al-Zawawy	M & E officer/UNV	<a href="mailto:malzawawy@unicef.org">malzawawy@unicef.org</a>	M
5		Luigi Peter Ragno	Chief Social Policy, M&E	<a href="mailto:lragno@unicef.org">lragno@unicef.org</a>	M
6		Peter Oliver	Chief CSED	<a href="mailto:opetrovic@unicef.org">opetrovic@unicef.org</a>	M
7		Nevine Dous,	Health Specialist	<a href="mailto:ndous@unicef.org">ndous@unicef.org</a>	F
8		Katharina Wuppinger	Education Specialist	<a href="mailto:kwuppinger@unicef.org">kwuppinger@unicef.org</a>	F
9		Weaam El-Leithy	Adolescent Development Specialist	<a href="mailto:welleithy@unicef.org">welleithy@unicef.org</a>	F
10		Ahmed Khalaf		<a href="mailto:akhalaf@unicef.org">akhalaf@unicef.org</a>	M
11		Gaia Chiti Strigelli	Chief CD4	<a href="mailto:gstrigelli@unicef.org">gstrigelli@unicef.org</a>	F
12		Denise Ulwor	Chief Child Protection	<a href="mailto:dulwor@unicef.org">dulwor@unicef.org</a>	F
13		Hala Abu-Khatwa	Communication Specialist	<a href="mailto:habukhatwa@unicef.org">habukhatwa@unicef.org</a>	
14	UN RCO	Iman Mahdy Amer	UN RCO/Communication Specialist	<a href="mailto:iman.amer@un.org">iman.amer@un.org</a>	F
15	Ministry of International Cooperation	Dr Mohamed Abdel Gawad,	Senior programme Manager	<a href="mailto:mgawad@moic.gov.eg">mgawad@moic.gov.eg</a>	M
16		Cynthia Gabra	programme Manager	<a href="mailto:cgabra@moic.gov.eg">cgabra@moic.gov.eg</a>	F
17	Ministry of Health and Population	Dr Wael Adel Razek	Head of primary healthcare and nursing sector	<a href="mailto:wabdelrazek@gmail.com">wabdelrazek@gmail.com</a>	M
18		Amal Abd EL Hay	Manager of MCH/ Healthy mother and child project	<a href="mailto:amal_zein_8@hotmail.com">amal_zein_8@hotmail.com</a>	F
19	Ministry of Education and Technical Education	Dr. Hanem	Manager at the Ministry of Education	<a href="mailto:int_co_moe@hotmail.com">int_co_moe@hotmail.com</a>	
20	Ministry of Youth and Sport,	Dr. Ghada hamdy	General Manager of Central Administration for Sports for Development	<a href="mailto:Ghada.hamdy1986@gmail.com">Ghada.hamdy1986@gmail.com</a>	F
21		Dr. Sonia Donia	Chief and Undersecretary of Central Administration for Sports for Development	<a href="mailto:Ghada.hamdy1986@gmail.com">Ghada.hamdy1986@gmail.com</a>	F
22		Ms. Randa Al Bitar,	General Manager of Central Administration for	<a href="mailto:rha441967@yahoo.com">rha441967@yahoo.com</a>	F
23		Mrs. Manal Gamal	Chief and Undersecretary of Central Administration for Youth Training and Projects.	<a href="mailto:manal.gamal03@gmail.com">manal.gamal03@gmail.com</a>	F
24	National Council for Childhood and Motherhood	SOMAYA Elalfy	programme Project Manager	<a href="mailto:elalfeysomaya2019.nccm@gmail.com">elalfeysomaya2019.nccm@gmail.com</a>	F
25	CARE Egypt/SCO	Ali A.Mohsen	programme staff / Programme Project Manager	<a href="mailto:ali.mohsen@care.org">ali.mohsen@care.org</a>	M
26	Egyptian Foundation for Advancement of the Childhood Conditions	Mr. Hany Helal	President of EFACC, General secretary of the Egyptian Coalition on Children's Rights (ECCR)	<a href="mailto:efacc.child@gmail.com">efacc.child@gmail.com</a>	M
27	Egyptian Red Crescent	Mahmoud Tharwat	Head of programme	<a href="mailto:mahmoud.tharwat@egyptianrc.org">mahmoud.tharwat@egyptianrc.org</a>	M
28	Assiut Childhood and development association/CSO	Nasamat Elkousy	programme Manager	<a href="mailto:acdaegypt@yahoo.com">acdaegypt@yahoo.com</a>	M

29	SOHAG association for women and children situation improvement SAWCSI/CSO	Ali Mubarak	Programme Project Manager	<a href="mailto:almobarak9000@yahoo.com">almobarak9000@yahoo.com</a>	M
30	Japanese Government	Rie Kurihara	Programme Manager	<a href="mailto:Rie.kurihara@mofa.go.jp">Rie.kurihara@mofa.go.jp</a>	F
31	European Union	Ahlam Farouk	Programme Manager Education and TVET	<a href="mailto:Ahlam.farouk@eeas.europa.eu">Ahlam.farouk@eeas.europa.eu</a>	F
32	USAID	Amira Radwan	Programme Manager		F
33	USAID	Nardeen Eshak	Programme Manager	<a href="mailto:neshak@usaid.gov">neshak@usaid.gov</a>	F
34	Netherlands Embassy	Ms Algindy, Habiba	Programme Manager	<a href="mailto:habiba.algindy@minbuza.nl">habiba.algindy@minbuza.nl</a>	F
<b>Total =34; Women= 21; men=13</b>					

#### **Annex 4: Informed Consent form (for each key informant interview)**

Hello, my name is ZIDA Yemdaogo, and I work with UNICEF as a consultant.

We are conducting the final evaluation of UNICEF Egypt Country Programme (2018-2022)

We would very much appreciate your participation in this evaluation. Participation involves an interview with you about your experiences with the results achieved by UNICEF interventions in Egypt since 2018. The interview with you will take about 45 minutes to complete.

The information you provide will be confidential and not connected to you.

Even your employee and the research team know that you are participating in this study, only the research team will have access to your responses. In fact, the evaluation consultant who conducts the interviews has access to individual responses and the Evaluation manager will also have access to the file of subjects' responses for quality assurance. A part from Research team, no one else will be able to tell what information came from you. Other people will not know what you have said during the interview.

I will take notes during the interview but only evaluation Team will have access to this information, and all information will be stored safely under the care of the evaluation consultant. We will put information we learn from you together with information we learn from other people we interview.

Your participation in this study will not benefit you directly, but it may benefit others in the future, as your responses may improve education, health, child protection and our understanding about ways to provide better services to children.

Your participation in this study is voluntary. This will be the only time that we will ask you questions as part of this survey. If you don't want to be in the study, it is OK. If you want to be in the study now and change your mind later, that's OK too. You can stop at any time. If you agree to participate, you can decide not to answer any question and can stop the interview at any time.

Your decision about whether to participate in this study or to answer any specific questions will not impact your employment or job position or relationship with UNICEF (For Government officials, donors and implementing partners).

If you do choose to participate, please answer the questions honestly and openly, so that we can understand your experience and find out what you really think and have experienced.

Before you say yes or no to being in this interview, we will answer any questions you have.

If you join the study, you can ask me questions at any time during the interview.

If you have any questions or concerns, you may also contact the following person:

**Robert Stryk**, Regional Evaluation Advisor, Middle East and North Africa Regional Office  
[rstryk@unicef.org](mailto:rstryk@unicef.org) Office: +962 6 5502 682

Do you have any questions now?

Do you understand everything I have explained?

Do you agree to participate in this interview?

☐ **Yes**

☐ **No**

**Annex 5: Key informant interviews guides**

<b>Script for the interviews with UNICEF</b>		
<b>I-Identification</b>		
Date .....	Function .....	Gender
Section: (Rep, DepRep, Operation, CSED, Education, Child Protection, Social Policy, Partnership, ...)		
<b>COHERENCE</b>		
1) How do you appreciate the CP alignment with national priorities and with SDGs?		
2) How has the CP support in the response to the COVID-19 outbreak since 2020 and refugee crisis?		
<b>RELEVANCE</b>		
3) What evidence-based data were used to identify children needs when designing the CPD?		
<b>EFFECTINESS</b>		
4) What worked well in achieving Country Programme results (list up to 5 examples) Should the successful results and strategies replicated in the next CP?		
5) Is there some gap in achieving the CP outcomes? (list up to 3)		
6) What factors (political, sociological, economic, etc.) have affected the outcomes?		
7) What would be the next CP priorities?		
8) Could you share your opinions on how humanitarian crisis (refugee crisis and COVID-19) have impacted the CP implementation?		
9) Could you gives examples of how CP has taken into account Gender, Human rights and Equity in the design as well as during the implementation phase?		
<b>EFFICIENCY</b>		
10) What resources were used in the CP, were these enough?		
11) Is there a way that could has been more cost-efficient in achieving CP outcomes (adaptation management)?		
<b>SUSTAINABILITY</b>		
12) Is the CP designed to be sustainable in future in terms of capacity building, partnerships?		
12) What are some important partnerships established to successfully implement the CPD? Are those partnership likely to be continued or improved beyond 2022?		
13) Could you share examples of evidence that UNICEF supports national institutional mechanisms in ensuring humanitarian assistance when needed while foreseeing the long-term resilience and development?		



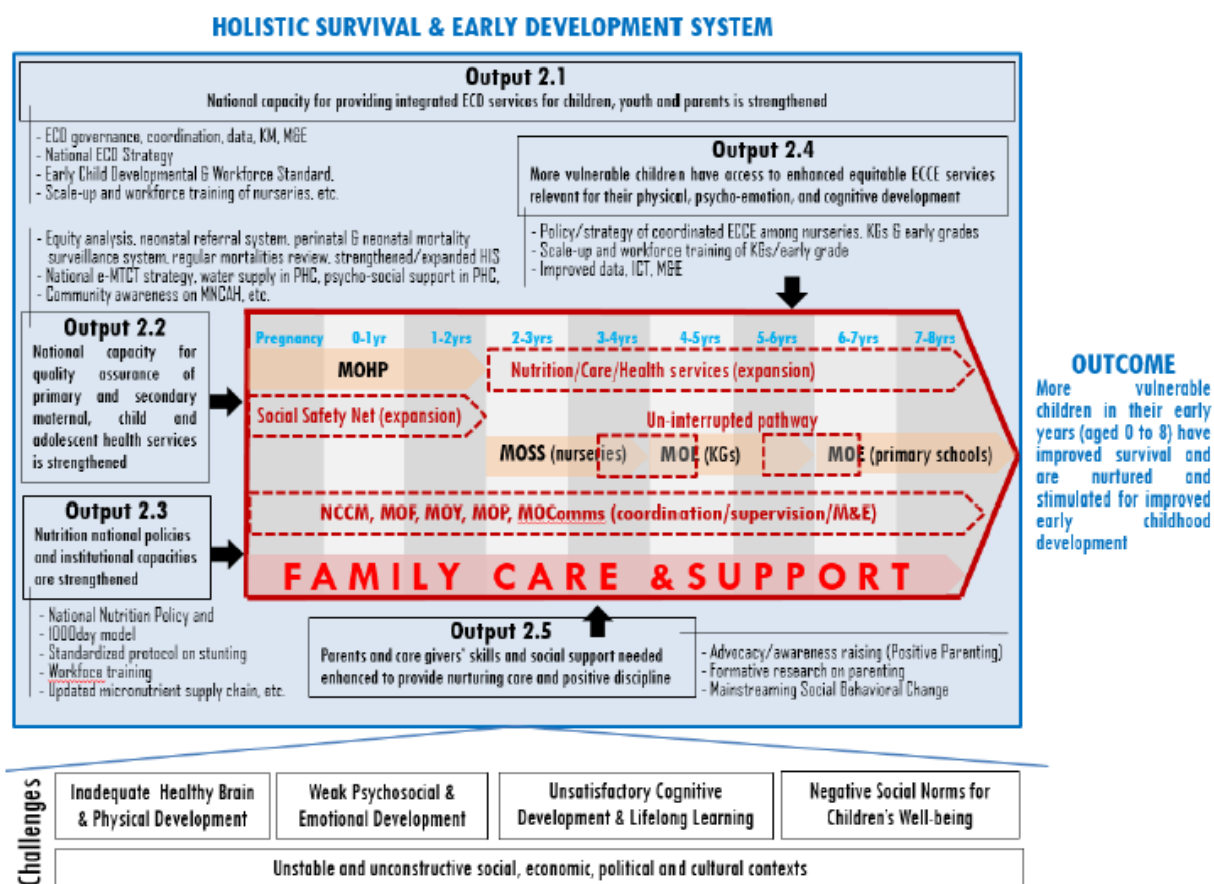
<b>Script for the interviews with Implementing partners (Government and CSO)</b>		
<b>I-Identification</b>		
Date .....	Function .....	Gender.....
Projects or Programmes thematic areas.....		
<b>COHERENCE</b>		
1) How do you appreciate the CP alignment with national priorities?		
2) How was UNICEF contribution to the Response to COVID-19 pandemic?		
<b>RELEVANCE</b>		
3) Were the implementation strategies for your projects relevant to achieve intended outputs and outcomes?		
<b>EFFECTINESS</b>		
4) What worked well in achieving your projects results?		
5) What did not work well in achieving your projects results?		
6) What factors (political, sociological, economic, etc.) have affected the outcomes?		
7) Could you share your opinion on how COVID-19 has impacted your projects?		
8) Could you share examples on how your projects has taken Gender, Human rights and Equity into account in the implementation phase?		
<b>EFICIENCY</b>		
9) Where funds enough?		
10) Were the implementing strategies cost-efficient?		
<b>SUSTAINABILITY</b>		
11) How about the sustainability of the results you achieved in terms of capacity building, partnerships? Please, could you give some examples?		
12) Have you implemented both humanitarian and development activities under the CP?		
If so, can you give examples of your efforts to link humanitarian and development actions for the building of long-term resilience?		

<b>Script for the interviews with Government officials</b>		
<b>I-Identification</b>		
Date .....	Function .....	Gender
Ministry:		
<b>COHERENCE</b>		
1) How do you appreciate the CP alignment with national priorities?		
2) How has the CP facilitated political engagement in the response to the COVID-19 outbreak since 2020 and in refugee crisis?		
<b>RELEVANCE</b>		
4) Are there the implementation strategies relevant for the context to achieve program outcomes?		
<b>EFFECTINESS</b>		
4) What worked well in achieving Country Programme results?		
5) Is there some gap in achieving the CP outcomes?		
6) What factors (political, sociological, economic, etc.) have affected the outcomes?		
<b>SUSTAINABILITY</b>		
7) Is the CP designed to be sustainable in future? In terms of capacity building, partnerships?		
8) Could you share examples of evidence that UNICEF supports national institutional mechanisms in ensuring humanitarian assistance when needed while foreseeing the long-term development		

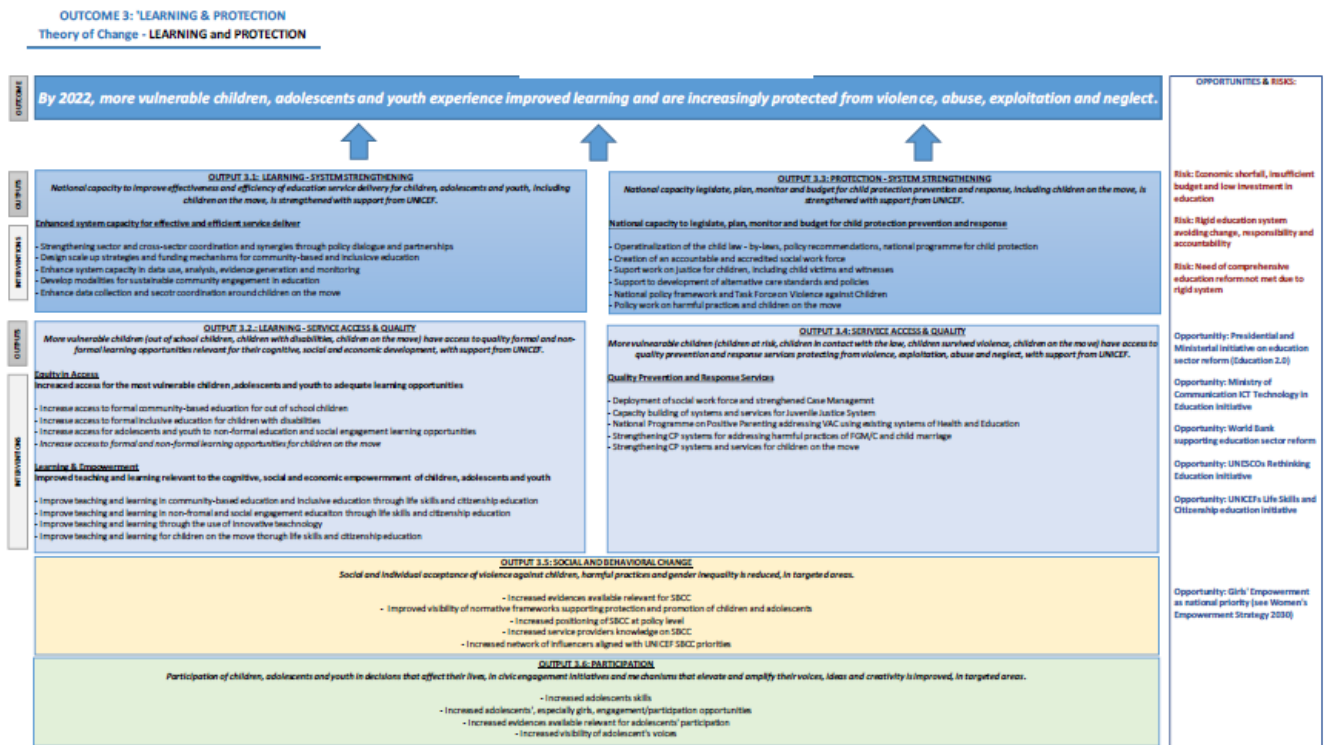
<b>Script for the interviews with donors</b>			
<b>I-Identification</b>			
Date .....	organization .....	Function.....	Gender.....
Outcomes covered by the donor's contribution			
<b>EFFECTINESS</b>			
1) What worked well in achieving Country Programme results			
2) Are there some gaps in achieving the CP outcomes?			
3) What contextual factors (political, sociological, economic, etc.) have hindered the interventions of UNICEF			
<b>EFICIENCY</b>			
4) Are you proud of UNICEF efficiency in terms of financial management? Could you give examples?			
5) Is your organization likely to continue in financing the next CP?			
<b>Sustainability</b>			
6) Do you have flexible financing schemes to supporting nexus approaches? Are those approaches utilized in the implementation of the Egypt CP			

## Annex 6: Theory of change: outcome 2: Child Survival and Early development

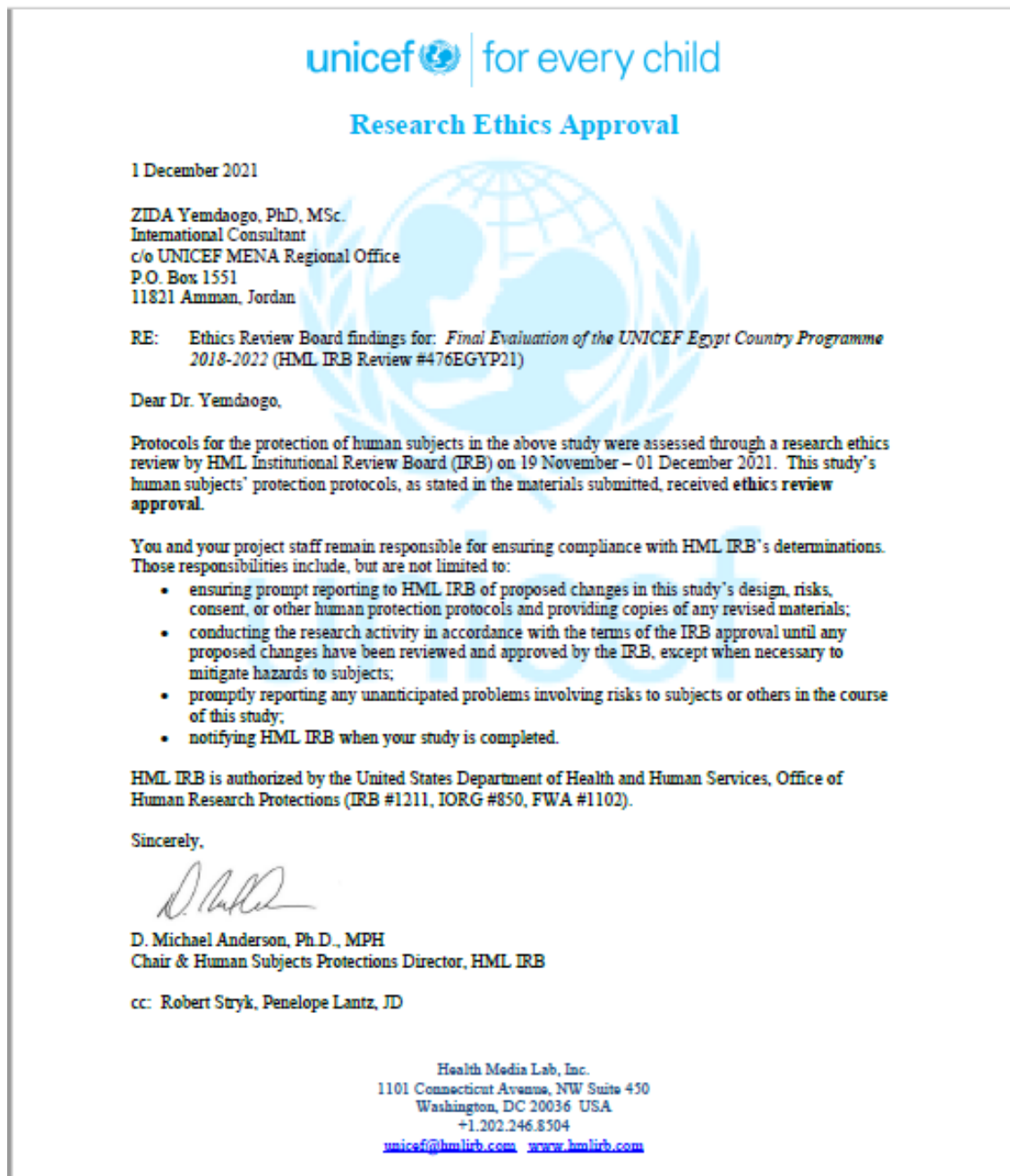
### Theory of Change



## Annex 7: Theory of change: outcome 3: Learning and Child Protection



## Annex 8: Certificate of ethical clearance



## **Annex 9: Terms of Reference**

Title	Funding Code	Type of engagement	Duty Station:
Consultant Egypt Country Programme Evaluation	FR 1000025365	<input type="checkbox"/> Consultant <input checked="" type="checkbox"/> Individual Contractor <input type="checkbox"/> Full-Time <input checked="" type="checkbox"/> Part-Time	Home Based with travel to the location as required
<p><b>Purpose of Activity/Assignment:</b></p> <p>In line with the UNICEF Evaluation Policy, Country Programme Evaluations are mandatory for every second programming cycle. As the Egypt Country Office did not have a Country Programme Evaluation during its last programming cycle and is therefore mandated to conduct a Country Programme Evaluation at this point. It is within this context, that the government of Egypt and UNICEF Egypt Country Office (ECO) will begin discussions about the priorities, strategies, and resource requirements of the next Country Programme (CP) for the period 2023-2026.</p> <p>To inform this work a Country Programme Evaluation is being undertaken to allow the office to evaluate the current country programme and how UNICEF has fared. The evaluation seeks to understand factors that have facilitated or hindered achievement of results for children and identify key lessons and recommendations for the upcoming country programme. Furthermore, the evaluation will look into alignment of the current country programme to national priorities.</p> <p><b>Objectives</b></p> <p>The objective of the independent evaluation consultancy of the UNICEF country programme 2018 - 2022 is to produce an independent and useful evaluation report that provides accountability and learning. The Evaluation is forward looking and inform the development of the new CPD (2023-2027).</p> <p>More specifically the evaluation will:</p> <ul style="list-style-type: none"> <li>Assess the relevance, effectiveness, efficiency, and sustainability of the program and of the results achieved, the focus will be on relevance and effectiveness.</li> <li>Assess the extent that the UNICEF CPD 2018-2022 upstream policy, strategy and other system level support in education reform, child protection, and youth empowerment, ECD, and child survival contribute in promoting child rights in alignment to the emerging national Egyptian priorities and towards contributing to SDGs? What are the factors that have facilitated or hindered achievement of results for children and the key lessons, accelerators and recommendations to inform the upcoming country Programme?</li> <li>Assess the extent UNICEF CPD was effective and contributed to more vulnerable children<sup>27</sup>, adolescence and youth in improving learning, protection, participation, better health and wellbeing? What could be done differently to address the vulnerability through upcoming country programme.</li> <li>Assess the extent the design and the interventions of the Country Programme Document integrate cross cutting issues such as gender, youth, child rights, children with disability, equity, etc?</li> </ul> <p>Provide concrete recommendations to improve the design and relevance of the Country Programme to the UNICEF Strategic Plan (relevant Egypt planning tools)</p>			

<sup>27</sup> Including children with disabilities, adolescent girls.



### Scope of Work

The Country Programme Evaluation will focus on the CP 2018 – 2022. The evaluation will draw on the CPD document, CPD Results and Resources framework, as well as the evaluations already conducted and the Mid-term Review of the country programme. The evaluation will look at the program at a high level focusing on strategic and high-level issues rather with a zoom on promoting child rights in alignment to emerging national priorities and towards contributing to the SDGs. And to what extent UNICEF CPD was effective and contributed to more vulnerable children and how did it apply cross cutting issues such as gender, youth children with disability throughout the country program.

### Evaluability

The country programme includes agreements of the work programme by sector as well as strategic notes that describe the activity

The programme has undergone several deep dives as well as a midterm review that have documented much of the key issues of the country programme as well as the progress to date.

The mid-term review includes reflection on the pathways for change.

### Evaluation Questions

The evaluation questions are relatively high level with potential sub-questions that should help the consultant develop the evaluation matrix included in the annex. The Consultant is expected to design the methodology and questions that are expected to effectively inform the objectives of this assignment. The questions are selected taking the OECD Development Assistance Committee (DAC) criteria into account but not assessing connectedness or impact given the nature of the programme.

30. The main purpose of this evaluation is for learning and accountability. It is both summative and formative Summative and formative to inform the new Country Program development process building on the MTR.

### Coherence

To what extent is the country programme supporting national priorities and SDGs? How has the programme aligned with the COVID response of the government?

### Relevance

To what extent does the country programme align with the key priorities for boys and girls in different categories in Egypt?

### Efficiency

To what extent has the programme used the most cost-efficient implementation methods?

To what extent have the programme management arrangements been efficient?

### Effectiveness

To what extent has the country programme achieved its objectives and results or is likely to achieve them?

How were cross-cutting issues taken into account?

What worked well in achieving Country Programme results that should be replicated or scaled up at the design of the next country programme?

What factors (political, sociological, economic, etc.) have affected the outcomes, either positively or negatively? How have these factors limited or facilitated progress towards the outputs?

What are the unanticipated effects of the country programme either positively or negatively?

How has COVID 19 affected the country programme?

### Sustainability

To what extent have initiatives from the country programme resulted in Government of Egypt policies and procedures supporting boys and girls?

To what extent has capacity building for government resulted in improved services for boys and girls?

## Methodology

Based on United Nations Evaluations Group (UNEG) and UNICEF guidance on evaluation including the norms and standards, the guidance on how to integrate gender into evaluation. Ethical Guidelines for UN Evaluations and the UNICEF procedure for ethical standards in research, evaluation, data collection and analysis will guide the overall process. UNICEF adapted evaluation report standards and Global Evaluation Reports Oversight System (GEROS). The evaluation should incorporate the human rights-based and gender perspective and be based on results-based management principles and logical framework analysis.

The Consultant will develop the detailed evaluation design during the inception phase – in close consultation with the MENARO Regional Advisor Evaluation managing the evaluation, and key evaluation stakeholders. The Evaluation should rely on diverse quantitative and qualitative information that will need to be triangulated. The stakeholders for this evaluation are relevant Government partners with whom UNICEF has joint annual work plans. Where possible and appropriate, the evaluation should seek to obtain evidence as to what may or may not have occurred in the absence of UNICEF's programme.

The evaluation will use data from primary and secondary sources, including desk review of documentation and information and interviews with key stakeholders. A participatory and transparent process will be followed to engage with multiple stakeholders at all stages of the evaluation process.

<b>Supervisor:</b>	<b>Start Date:</b>	<b>End Date:</b>	<b>Number of Days (working)</b>
<b>Robert Stryk</b>	<b>15 August 2021</b>	<b>30 December 2021</b>	<b>50 days</b>
<b>Regional Advisor Evaluation</b>			

<b>Work Assignment Overview</b>			
Tasks/Milestone:	Deliverables/Outputs:	Timeline/duration	Estimate Budget (payment %)
<b>1. Preparatory and Inception phase</b>  Inception report with annexes of the evaluation matrix and data collection tools including ethical protocols for discussion at the Steering Committee  Answers to questions from the ethical clearance process if required.  Addresses question and responses to the issues raised by the Steering Committee and the ethical clearance process.	Inception report	10 days	15%
<b>2. Data collection phase</b> <ul style="list-style-type: none"> <li>Data collection from all identified target population (online FGDs, interviews)</li> <li>Process and analyze collected data, and draft the report on the results of the Evaluation</li> <li>Preparation and delivery of emerging findings</li> </ul>	Presentation of preliminary findings and recommendations to the key stakeholders	20	20%
<b>3. Drafting, validation and completion phase</b> <ul style="list-style-type: none"> <li>Data analysis and drafting, taking into account the feedback received during the preliminary findings phase.</li> <li>Responding to all comments received in the comments' matrix</li> <li>Draft Evaluation Report for commenting.</li> </ul> <ol style="list-style-type: none"> <li>Responses to all comments received in the comments' matrix</li> <li>Finalization of the report.</li> </ol>	Final evaluation report meeting UNICEF quality standards; including an executive summary	20	65%

<b>Minimum Qualifications required:</b>  <input type="checkbox"/> Bachelors <input checked="" type="checkbox"/> Masters <input type="checkbox"/> PhD <input type="checkbox"/> Other Enter Disciplines: Evaluation, economics, development studies, social sciences or equivalent.	<b>Knowledge/Expertise/Skills required:</b> <ul style="list-style-type: none"> <li>A minimum of 10 evaluations conducted of which at least three as team leader or lead consultant.</li> <li>Proven track record in evaluating similar national programmes of UN or UNICEF;</li> <li>Strong analytical skills, as well as ability to process qualitative and quantitative data.</li> <li>In-depth understanding of issues in child rights, equity and gender sensitive analysis;</li> <li>Understanding of programming modalities in high-income countries.</li> <li>Preferably can speak and understand Arabic</li> </ul>
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