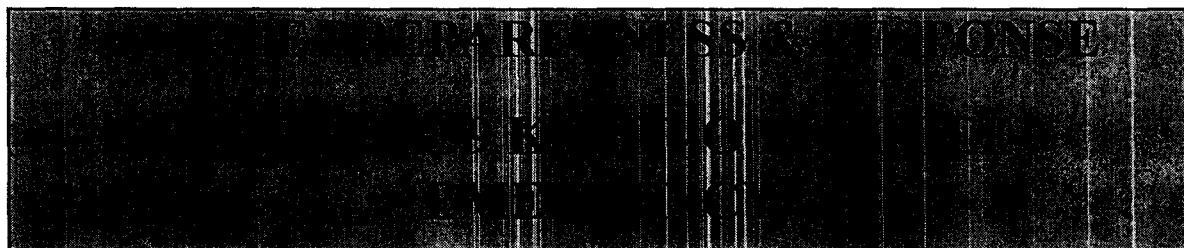


Yugo, FR
122



A JOINT UNICEF/DFID EVALUATION

*The views expressed herein are not necessarily those of
either DFID or UNICEF*

JAN 2000

1	<u>SUMMARY CONCLUSIONS</u>	<u>5</u>
	<i><u>1.1.1 UNICEF Strengths</u></i>	<i><u>5</u></i>
	<i><u>1.1.2 Weaknesses</u></i>	<i><u>6</u></i>
2	<u>BACKGROUND TO THE EVALUATION</u>	<u>8</u>
2.1	<u>THE 1999 KOSOVO CRISIS</u>	<u>8</u>
2.2	<u>UNICEF PRESENCE AND STRATEGY</u>	<u>8</u>
2.3	<u>OBJECTIVES OF THE EVALUATION</u>	<u>9</u>
2.4	<u>EVALUATION COVERAGE AND DURATION</u>	<u>9</u>
2.5	<u>METHODOLOGY</u>	<u>10</u>
2.6	<u>THE REPORT</u>	<u>10</u>
2.7	<u>ACKNOWLEDGEMENTS</u>	<u>10</u>
3	<u>THE CONTEXT - CONSTRAINTS AND OPPORTUNITIES</u>	<u>12</u>
3.1	<u>Constraints</u>	<u>12</u>
3.2	<u>Opportunities</u>	<u>13</u>
4	<u>FINDINGS AND CONCLUSIONS</u>	<u>14</u>
4.1	<u>HEALTH & NUTRITION</u>	<u>14</u>
	<i><u>4.1.1 Background</u></i>	<i><u>14</u></i>
	<i><u>4.1.2 Objectives and adequacy of the response</u></i>	<i><u>15</u></i>
	<i><u>4.1.3 Immunisation</u></i>	<i><u>16</u></i>
	<i><u>4.1.4 Supplies</u></i>	<i><u>18</u></i>
	<i><u>4.1.2 Training, health education, nutrition and reproductive Health</u></i>	<i><u>19</u></i>
4.2	<u>CHILD PROTECTION THROUGH PSYCHOSOCIAL ASSISTANCE</u>	<u>21</u>
4.2	<u>CHILD PROTECTION THROUGH PSYCHOSOCIAL ASSISTANCE</u>	<u>21</u>
	<i><u>4.2.1 UNICEF co-ordination of psycho-social activities</u></i>	<i><u>21</u></i>
	<i><u>4.2.2 Training - UNICEF skill in partnership building/adaptation to the emergency environment</u></i>	<i><u>21</u></i>
	<i><u>4.2.3 UNICEF's Institutional Framework for Psychosocial work</u></i>	<i><u>22</u></i>
4.3	<u>MINES AWARENESS</u>	<u>23</u>
	<i><u>4.3.1 UNICEF lead role in mines awareness</u></i>	<i><u>23</u></i>
	<i><u>4.3.2 Training in mine awareness</u></i>	<i><u>23</u></i>
	<i><u>4.3.3 Materials</u></i>	<i><u>24</u></i>
4.4	<u>CHILD FRIENDLY SPACES (CFS)</u>	<u>25</u>
	<i><u>4.4.1 CFS in practice</u></i>	<i><u>25</u></i>
	<i><u>4.4.2 Impact</u></i>	<i><u>26</u></i>
4.5	<u>EDUCATION</u>	<u>27</u>
	<i><u>4.5.1 UNICEF co-ordination of education</u></i>	<i><u>27</u></i>
	<i><u>4.5.2 Early Child Care Development (ECCD)– Child Rights to Health and Social Care in an Emergency</u></i>	<i><u>28</u></i>
4.6	<u>OPERATIONAL, PROGRAMME SUPPORT</u>	<u>29</u>
	<i><u>4.6.1 Supplies and Logistics</u></i>	<i><u>29</u></i>

4.6.2	<u>Human Resources Management</u>	<u>30</u>
4.6.3	<u>Planning</u>	<u>32</u>
4.6.4	<u>Funding</u>	<u>32</u>
4.6.5	<u>Monitoring and Evaluation, Tracking and Reporting</u>	<u>33</u>
4.6.6	<u>Costs</u>	<u>34</u>
5	<u>RECOMMENDATIONS</u>	<u>35</u>
5.1	<u>General</u>	<u>36</u>
5.2	<u>Specific recommendations</u>	<u>36</u>
5.2.1	<u>Health and Nutrition</u>	<u>36</u>
5.2.2	<u>Mines Awareness</u>	<u>37</u>
5.2.3	<u>Psychosocial</u>	<u>38</u>
5.2.4	<u>Child Friendly Spaces</u>	<u>39</u>
5.2.5	<u>Education</u>	<u>39</u>
5.2.6	<u>Supplies:</u>	<u>40</u>
5.2.7	<u>Human resources</u>	<u>40</u>
5.2.8	<u>Funding</u>	<u>41</u>
5.3	<u>DFID - Lessons</u>	<u>41</u>
5.3.1	<u>Evaluation in Emergencies</u>	<u>41</u>
5.3.2	<u>General</u>	<u>42</u>
	<u>ANNEX A – Evaluation Interviewees, Calendar and Itinerary</u>	<u>43</u>
	<u>ANNEX B – 1999 Chronology of Key Relevant Events</u>	<u>47</u>
	<u>ANNEX C – Refugee and Returnee Flows</u>	<u>48</u>
	<u>ANNEX E – EVALUATION TERMS OF REFERENCE (TOR)</u>	<u>50</u>
	<u>ANNEX F – HEALTH SECTOR STATISTICS</u>	<u>54</u>
	<u>ANNEX G – GLOSSARY OF ACRONYMS</u>	<u>57</u>

MAP OF THE CRISIS REGION



PRIMARY CONCLUSIONS

The following summary conclusions are based on the specific conclusions contained in chapter four (*see cross-references*). They have been presented to UNICEF and DFID in previous drafts of this report. Comments from both organisations have been taken into consideration in the drafting of this summary. Recommendations are presented in chapter five.

1.1.1 UNICEF Strengths

UNICEF displayed a number of actual *or potential* strengths in relation to this crisis. Most are rooted in the organisation's 'value-added' as a 'developmental' (as opposed to 'emergency') agency;

- Catastrophe was avoided, and major epidemics did not occur. The emergency response was largely provided by the refugees themselves and the host families. UNICEF played its important part in this achievement. Participation of and support for national and local levels through UNICEF sponsored programmes has been high relative to many, even most relief agencies. Governmental (e.g. line ministries), national NGOs and local communities and groups were more palpably, effectively and more spontaneously supported and guided through UNICEF programmes than by those of major UN sister agencies, for example.
- The organisation's work can be categorised as 'People Focused' (children and women, but also families and communities). Its experience in dealing with human vulnerability is a welcome balance to the 'life-saving' sectors, generally the main priorities of major relief agencies.¹ Advocacy and actual protection for child rights (under the CRC) is evident in particular in the fact that by and large, education was provided to refugees and gradually to returnees, in this emergency.
- The quality and commitment of the UNICEF has largely been exceptional. The predominance of national staff in middle management positions had a direct impact, in that it facilitated a deeper understanding of needs and realities in the three countries visited than is the case for international agencies managed almost uniquely by internationals, most of whom do not speak relevant languages. Though all senior management are male (Heads of office - Area level, and the three main offices visited) the predominance of females at a middle management level is a heartening trend.
- UNICEF's presence before and after the crisis has provided it with a level of recognition, trust and knowledge that facilitated its programmes over and above that of certain sister agencies. This longer-term continuity is a major and much needed strength in emergencies. The UNICEF support to the UN educational structures in Kosovo, through the secondment of an adviser, is an example of this longer-term vision. (This strength was not exploited *systematically and fully* either before or during the crisis, however. Such a comparative advantage can be developed to greater benefit in emergencies particularly in emergency and disaster mitigation, preparedness and response. Specifically, this would imply detailed contingency planning with targeted counterparts, including both line ministries and non-governmental 'grass-roots' associations. It would also imply regular, as opposed to one-off, training and preparedness measures. During a crisis, it would imply a closer and more supportive relationships with these counter-parts, including material, human and

¹ A senior UNHCR manager said 'we need UNICEF to pinch us every now and then, to remind us about the real objectives of emergency relief (to protect people's right to live in safety and with dignity)'

technical support to ministries to coordinate and implement emergency activities).

- UNICEF's renowned skills at public information and 'communication' made it a potentially effective vehicle for channeling guidance to the public and agencies alike. (When this was not accompanied with adequate physical presence, it did however, lead to a degree of skepticism on the part of international agencies in particular.)
- Coordination on key aspects (e.g. education) and in certain locations was most effective.
- The existence of a wealth of UNICEF emergency experience and expertise is a potential strength. This is manifested by the existence of the UNICEF emergency handbook, a variety of guidelines and mechanisms (e.g. 'Rapid Educational Response'), and by EMOPS.
- Finally, UNICEF's presence and activities in asylum countries (including Montenegro), Kosovo and other areas of Serbia/FRY, underline the importance of adhering to basic humanitarian principles as established under international humanitarian, refugee and human rights law (e.g. that victims shall be assisted and protected irrespective of any political consideration. While its activities may have been modest in non-Kosovar areas of Serbia², activities such as psychosocial attention for children under bombing are clearly a humanitarian activity and deserve recognition).

1.1.2 Weaknesses

A number of important UNICEF weaknesses were evident in the preparedness for and response to this crisis. These centre on UNICEF's capacity and perhaps 'vocation'³ for emergency preparedness and response. *They should be analysed in the light of constraints and opportunities outlined in chapter three.* The evidence for this section is presented under the findings and conclusions sections of this report. *It should be noted that UNICEF has been taking steps to address many of these issues:*

- *Emergency contingency planning and preparedness* as an integral part of UNICEF programmes, have not been systematic in these countries (see supplies and human resources). Despite preparedness activities and meetings⁴, one might expect it to be a central component of its developmental approach. (While the level of this crisis may not have been foretold, Skopje, for instance, can expect an earthquake to follow the disaster of 1963. Albania, regrettably, needs to prepare for possible disorder of the nature of that experienced in 1997. Thus greater practical preparedness measures could have been expected).
- Though highly effective individuals were deployed, some rapidly, human resources management in this emergency was slow and somewhat erratic in getting the right person to the right place at the right time. Constraints did exist, as explained later in this report. Permanent field presence outside capital cities in particular, but also programme and operations capacity were frequently found to be weak. This was in terms of number, seniority, support, preparation and duration of presence. Rotation of internationals was high. Despite inter-agency arrangements whereby certain functions or responsibilities were covered by other UN agencies, UNICEF needed to have sufficient staff to cover key functions. Liaison with the military is an example. Liaison staff might well have helped ensure that 'child rights' and 'child-friendly' standards were better respected by military camp planners. *(See health, operational support, monitoring).*

² According to reports and interviews, no DFID funds were used for non-Kosovo Serbia

³ By this is meant to what degree UNICEF as an organisation, and staff as individuals see emergency mitigation, preparedness and response as a core UNICEF priority (as a complement to, or opposed to, the organisation's development focus).

⁴ E.g. the 1999 Ochrid, FYROM planning meeting

- The emergency supply and logistics chain was neither sufficiently rapid nor reliable for the scale of this emergency (*see operational support and sectors – health, mines awareness, education*).
- While emergency financing was not a major difficulty in the crisis, administrative procedures and perhaps culture⁵, resulted in significant delays (*see funding/operational support*).
- Uniform tracking, monitoring and evaluation systems and approaches were not applied in the emergency, nor was adequate capacity available for these functions. While not the case in every country visited, tracking of the distribution of supplies was disturbingly inadequate in a significant number of cases⁶. (*See operational support*).
- Implementation of core activities was inadequate in certain geographical areas (*see health/immunization and mines awareness*).
- Water and Sanitation was not conducted or coordinated systematically as a core activity throughout the emergency by UNICEF. This role was expected of UNICEF by some international agencies (but not seen, it must be said, as a major gap in the overall emergency programmes).
- The impact of UNICEF's policy advocacy on international agencies was inadequate on important occasions (e.g. on BMS. Also, CFS, which wasn't understood sufficiently as a shared holistic endeavour, but rather than as a set of guidelines to be followed rigorously to address all issues). In some cases this is a matter of inadequate communication of those policies, including within UNICEF (*see operations support/education in emergencies*). In others, it reflects inconsistency and perhaps a lack of clarity (*see health*) and even mistaken approaches (*see mines awareness*).
- Operations planning was not a major strength in the operation. Similarly, monitoring, evaluation and reporting requires a more consistent and systematic approach, staff training and numbers and tools. (*See operations/contingency and return planning, and monitoring*).
- Based on the experience of this crisis, interviews with UNICEF staff experienced in emergencies worldwide, and UNICEF reports, emergency response capacities remain to be mainstreamed into UNICEF (i.e. they are not integrated into all relevant institutional structures and systems). This is despite the wealth of experience gained in emergencies worldwide and lessons learned repeatedly. While the Martigny process is welcome and timely, there is still a lack of clarity institutionally about how this should be achieved⁷.

⁵ A reluctance to recur to the emergency fund after the initial request was noted, despite delays in making funds available from pledges or national committee donations. This is an example of what current and ex-UNICEF staff have termed as a 'business as usual' approach to emergencies

⁶ See constraints regarding introduction of Proms

⁷ Whether for instance this should be through parallel/horizontal functions, or through vertical/geographic functions or both, and if so, how.

2. BACKGROUND AND EVALUATION

2.1 THE 1999 KOSOVO CRISIS

Since the outbreak of open conflict between the Kosovo Liberation Army and Yugoslav military and special police forces in early 1998, Kosovo has been the scene of massive forced population movements. Before the October 27 Holbrooke agreement and the arrival of 2000 OSCE 'verifiers', over 350,000 people had been displaced and many thousands had fled abroad.

In February 1999 the proximity talks between Yugoslav and Kosovar Albanian representatives in Rambouillet broke down. The OSCE mission was withdrawn, and NATO launched its air attack on March 24. Within three days thousands of Kosovar Albanians were forced to flee or were expelled from their homes. Between April and May over 1 million people fled, of whom some 800,000 ethnic Albanians took refuge in countries close to Kosovo, including Albania, the former Yugoslav Republic of Macedonia (FYROM), Bosnia and Herzegovina, Croatia and in Montenegro (Federal Republic of Yugoslavia – FRY). Within Kosovo, the conflict forced people to isolated mountainous areas without shelter, food and basic survival supplies.

International agencies, governments and AFOR began to construct dozens of camps for refugees in anticipation that the refugees would be spending many months in exile. An estimated 444,600 refugees fled to Albania, 244,500 to FYROM and 69,900 to Montenegro. As many as two thirds or more of the refugees in Albania and FYROM were hosted not in camps but within the local community, either as guests or paying for their own accommodation.

The conflict and resulting refugee crisis also had an adverse impact on countries receiving refugees. The influx put tremendous pressure on infrastructure, services and budgets in already vulnerable communities in each country - but especially Albania with its hospitable response despite being one of the poorest regions in Europe. In FYROM, the influx had the potential to destabilise the delicate internal ethnic balance.

On June 3 Yugoslavia accepted a peace plan requiring the withdrawal of all forces from Kosovo and the entry of NATO peacekeepers under a UN mandate. Russian and NATO forces entered Kosovo on June 13, followed the next day by the first humanitarian convoy. By June 14 refugees began to flood back to Kosovo - within the first 3 weeks over 600,000 refugees returned to their often badly damaged homes. As the Albanians streamed home, however, it is estimated that over 200,000 Serbs and Roma were displaced, seeking safety in Serbia and Montenegro or in enclaves within Kosovo. Fewer than 75,000 Kosovar refugees and IDPs remained in FYROM, Albania, Montenegro and Bosnia and Herzegovina. Most refugees and returnees have little or no resources with which to rebuild their livelihoods. Many are single mothers whose husbands died during the conflict. There is also a high percentage of mentally and physically disabled among these refugees. Finally, the violence has left many severely traumatised.

By the end of June well over one hundred international organisations established themselves in Kosovo, working under a new UN Civil Administration. They are backed by tens of thousand of NATO troops.

2.2 UNICEF PRESENCE AND STRATEGY

UNICEF was well placed to support the humanitarian efforts in relation to the Kosovo crisis. Offices had already been established in Kosovo before the exodus. Country programme offices existed in Albania,

⁸ For further details of UNICEF activities readers should consult the 1999 UNICEF report to the UNICEF

FYROM, Montenegro, Bosnia and Herzegovina and Serbia⁸.

Pre June 13 1999

UNICEF's strategy was to focus on refugee and internally displaced children and women in camps/collective centres and with host families, while simultaneously strengthening social sector infrastructure and services in areas receiving refugees.

Post June 13 1999

The UNICEF strategy in Kosovo is to support the establishment of new civil structures in the education, health and social welfare sectors. UNICEF has also provided essential and life-saving relief assistance to children and women.

2.3 OBJECTIVES OF THE EVALUATION

This short evaluation seeks to identify strengths and weaknesses of the UNICEF preparedness for and response to the crisis and draw lessons from them. While not the primary focus, recommendations for future UNICEF emergency preparedness and response are made. Full terms of reference can be found in the Annex E.

Before the evaluation team left for the field a meeting was held in DFID between all available team members and key DFID and UNICEF staff. While Kirsi Madi (UNICEF team-member) was unable to attend, Stephen Johnson (Head of UNICEF Pristina) attended in her place. This meeting acknowledged the perspectives, concerns and views of the parties and set the participatory and collaborative tone for the evaluation.

Evaluation Team Members:

Madeline Greene	Independent Consultant (<i>Psycho-social, Education, Mines Awareness & 'Child Friendly Spaces'</i>)
Kirsi Madi	UNICEF, EMOPS Geneva (<i>Operational Support & institutional issues</i>)
Robert Stevens	Health Adviser to DFID Pristina (<i>Health, Nutrition, Water & Sanitation</i>)
John Telford	Independent Consultant (<i>Team Leader, Operational Support & institutional issues</i>)

DFID focal point - Chris Porter (support)

The joint-nature of the evaluation facilitated the team in the process of better understanding both UNICEF and the operation. It also allowed for in-depth discussion of key conclusions and recommendations.

2.4 EVALUATION COVERAGE AND DURATION

DFID funding to UNICEF during the crisis was utilised in both Montenegro and Bosnia Herzegovina. For practical reasons it was decided that the evaluation would focus on the funded areas of Albania, FYROM

Executive Board on the Kosovo crisis .

and Kosovo. The total duration of the evaluation was approximately one working-month, spread over the three final months of 1999. Following the pre-evaluation meeting in London, the team spent 5 days in Albania, 3 days in FYROM and 7 days in Kosovo. The team-leader and Ms. Madi continued discussions and interviews in New York (2 days) and Geneva (a week).

DFID contributed £5.25million towards the UNICEF crisis appeals (see the Terms of Reference – TORs - in the annexes). This funding was unearmarked and therefore for ease of budgeting and reporting UNICEF allocated it to certain but not all assistance sectors. However, it was agreed that the evaluation would attempt to get a holistic view of the operations, and thus study UNICEF's preparedness and response to the crisis in general, as opposed to concentrating on just DFID funded activities.

Due to both the wide range of disciplines present in the team and also the valuable support, engagement and transparency of the UNICEF offices themselves, the evaluation was able to cover more than just programme issues. Aspects of the wider institutional role of UNICEF in emergencies were also examined. A large degree of consensus has been found on many points that have been identified which if taken forward could well lead to positive developments in UNICEF's emergency preparedness and response capacities.

2.5 METHODOLOGY

The methodology applied is standard for such evaluations. It takes into consideration both UNICEF evaluation guidelines and DFID/CHAD humanitarian guidelines for organisational appraisal. Also of use in the early design of the Evaluation were the recently published DAC guidelines for the evaluation of humanitarian programmes.

Methods applied include the following:

- Preparatory generic literature and documentation search and review
- Interviewing, for triangulation; mainly semi-structured including of programme beneficiaries
- Email and telephonic consultations with key people not available for interviewing (including a 'strengths, weaknesses and recommendations' questionnaire)
- Short participatory workshops and group consultations with UNICEF partners and staff
- Attendance at programme coordination meetings
- Field visits including, as a priority, regions of significant existing or previous emergency programme relevance in Albania, FYROM and Kosovo (including Serb enclaves).

2.6 THE REPORT

The report is structured broadly in line with UNICEF and DFID guidelines for such studies. While it has been suggested that a sectoral format 'is not the most appropriate given the child rights framework which guides UNICEF activities'⁹, the report follows a sectoral approach. This is for two reasons. Firstly, UNICEF itself organises its programmes and reports upon them using such categories. Secondly, a sectoral approach is a practical way of organising the report writing in line with the division of responsibilities within the evaluation team. The conclusions chapters and related recommendations and lessons learned have been authored by the respective team-member(s) covering each specific sector.

⁹ UNICEF comments to first draft report

2.7 ACKNOWLEDGEMENTS

Deep gratitude is due to all UNICEF staff that participated in the evaluation. Their commitment, transparency, willingness to share opinions and information, and their stamina are impressive and very much appreciated. The team wishes to leave on record its deep sense of respect for their qualities, both human and professional. Our gratitude is also due to UNICEF for the efficient and comprehensive logistics and organizational support provided throughout the field visits. All programmes and visits were prepared and organised very effectively.

Numerous other individuals and organizations assisted in the evaluation (see the interviewee list in the annexes). We thank them all for their time, contributions and on occasion, patience.

CONSTRAINTS AND OPPORTUNITIES

Conclusions ought to be seen within the context of the specific conditions within which UNICEF was operating. Both favourable and unfavourable conditions existed. Significant constraints and opportunities are identified below. These outline the context within which UNICEF operated both prior to and during the crisis. While weaknesses identified in this evaluation must be weighed against constraints, equally, they ought to be seen in the light of opportunities or conditions potentially favourable to emergency preparedness and response.

3.1 Constraints

As ever in emergencies, significant constraints to effective emergency preparedness and response existed. Many of these were beyond UNICEF's control:

- The speed and size of the refugee exodus took almost everyone by surprise. Despite a plethora of intelligence data available to interested parties, mainly military, no one admits to having seen the crisis coming in the scale that it did. Preparations by all actors were totally inadequate.
- While the Albanian borders were open and access unhindered, the political complexities of FYROM meant that refugee protection and assistance was a major challenge. In Albania significant administrative difficulties and requirements also existed.
- The number of international actors was overwhelming. Multi-lateral, Bi-lateral, domestic governmental and private actions were highly funded and present. While a welcome boost to resources and capacities, this complicated coordination of the response, and generated competition, especially for visibility.
- Despite the above plethora of agencies, or because of it and emergencies elsewhere, the competition for quality, emergency experienced human resources was intense.
- Unsolicited 'supply driven' in-kind donations clogged the system (second-hand clothes). In some cases they contravened standards and guidelines for emergency aid (milk formula)¹⁰. This absorbed resources and time to rectify.
- There is a world shortage of polio vaccines. Polio vaccines take up to 15 months to produce. There is a drive to accelerate polio eradication which has led to more EPI days. This has doubled demand and complicated the UNICEF supply-chain for this product.
- Despite decades of sensitisation, there is still a significant lack of appreciation within the international community for the importance of basic rights and essential services, such as education,¹¹ in emergencies. Time and effort is required to convince influential agencies of the need for education and psychosocial assistance in emergencies, as a complement to food, water and sanitation, health, shelter and nutrition.¹²
- The change over from the GFSS financial management system to PROMS (the programme management software system) corresponded with the crisis and hampered a number of basic

¹⁰ Inappropriate food had to be consigned to the zoo in one case as a way of dealing with the problem

¹¹ In the Stenkovic camps FYROM space for education was taken back due to the need for space for accommodation

¹² SPHERE, for instance, prioritises these five sectors and the Albanian National/International EMG did not respond positively to the UNICEF proposal to establish a 'social desk'.

functions including supplies and financial tracking. This was unfortunate and probably could not reasonably have been avoided.

- The size of the emergency limited access to appropriate numbers of appropriately skilled, experienced and qualified staff from outside the organisation.
- UNICEF is but one cog in a very big wheel. The performance of the agency depends in part upon the performance of others. In Kosovo, for instance, the political, organisational and financial difficulties facing UNMIK and the UN in general have constrained UNICEF (in rapidly finding an appropriate joint-UN office, and in the rapid establishment of educational structures).
- Emergency standby and preparedness measures can be extremely costly. Donors are not always receptive to paying for human and material resources standby arrangements (e.g. stockpiling).

3.2 Opportunities

There were a number of opportunities and potentially favourable conditions evident in this emergency:

- The refugees were relatively better nourished, healthier, and with access to greater resources (including, very significantly, from the Kosovar Albanian Diaspora) compared to those in many emergencies. This was a significant contributing factor in assuring that no classically defined emergency actually occurred (mortality and morbidity rates were generally well within emergency levels).
- Host communities, including in FYROM Albanian community, welcomed the refugees. It is reliably estimated that some two thirds of all refugees were sheltered by host families or in paying accommodation¹³.
- The administrations of both Albania and FYROM mobilised capacities rapidly and effectively to help absorb the total of around 700,000 refugees. In Albania the reception at the border was unhindered and open.
- UNICEF was present in all three countries covered by this evaluation before the crisis, including in Pristina before the evacuation. While limited, established country programme activities and resources were in place. Similarly, UNICEF has built up important emergency capacities such as the Copenhagen based supplies centre.
- An unprecedented flood of international resources was made available from individual, community and official sources. The UNICEF National Committees provided close on half of UNICEF's funding for the crisis.
- While the geography, logistics and infrastructure in Albania were challenging indeed (though hardly more so than in many emergencies), in FYROM they were exceptionally favourable. The proximity to major European communications hubs, and sophisticated market centres was notable.

¹³ This is borne out by beneficiary interviews in Kosovo. Of ten randomly selected interviewees, both urban and rural, 9 were not sheltered in camps. Half paid for their shelter either entirely or in part.

4.1 HEALTH & NUTRITION

4.1.1 Background

The word 'health' connotes wholeness of bodily capacity. A widely quoted WHO definition states it as both absolute and integrative: a complete state of mental, physical and social well-being, not merely an absence of disease. How then can health be understood in the context of an emergency characterised by organised violence and forced population movement?

A more relative definition of health considers it not as a state, but rather as the inherent capability first to cope with, and secondly to make the most of, changing or stressful circumstances. This definition focuses attention on the necessarily differing consequences for individuals or population groups of social and environmental stresses. It is holistic in the sense of considering all consequences of stressors, not just disease; but it does not state the need to integrate mental, physical and social dimensions, which are separated in the WHO definition. Furthermore, the health effects of a rapidly emerging set of stressors are not conceptually distinct from those of long term poor housing or ethnic discrimination, just more discrete and visible, which implies a continuum¹⁴ between emergency and development settings.

By locating emergencies within a general framework of needs, the model justifies UNICEF's continued presence before, during and after the Kosovo refugee crisis. Networks and relationships established before major population movements occurred were utilised to the full; for instance, to mobilise government and local NGO workers, and to facilitate legislation relating to the treatment of refugees in host country primary care, and government guidance on the importance of breast feeding, particularly in camps where it is associated with a reduced incidence of infectious intestinal diseases. The clear and tangible good-will, which was developed between UNICEF and local actors, may have made a significant contribution to easing ethnic tensions during the refugee crisis.

Besides traditional health concerns, UNICEF's other operational programmes in education and social protection, and its track record in community involvement and advocacy, give it a holistic approach to health which can be demarcated from what might be seen as WHO's more technocratic and normative stance. UNICEF's mandate to concentrate on the health of specific population groups suggests a strong role for broadly defining children's and women's health needs, preferably within local and human rights contexts. Public health strategies, aimed at meeting these needs, are often thought of in terms of health protection or health promotion.

Health protection involves direct intervention to reduce the consequences of social or environmental stressors, such as by providing child friendly spaces, clean drinking water, and training in hygiene practices or immunisation. Health promotion, on the other hand, tends to operate through social action and aims at helping people make healthy choices within the resources available to them. Approaches to health promotion include, for instance, awareness raising, facilitating mutual support, social and political advocacy, improved access to high quality preventive health services and better legislation. *UNICEF's emergency response contained elements of both strategies during the periods of refuge and return.*

UNICEF achieved conspicuous and commendable successes through health promotion during the

¹⁴ This report does not enter into a debate on whether there is a linear progression from emergency through rehabilitation to development ('continuum'), or whether such phases can occur contiguously ('continuum'). The reference here is related to this specific point in health.

emergency. The qualitative success criteria employed in this judgement are the achievement of prompt and appropriate legislation and rapid training and mobilisation of community groups. Such achievements are not easy during an emergency and interview evidence from other UN agencies confirmed that UNICEF was comparatively more successful in this regard. Health protecting interventions, on the other hand, can and should be judged according to quantitative indicators of process and outcome, standardised and applicable to comparable situations, if possible. UNICEF's ability to provide or commission prompt and adequate direct interventions was less satisfactory according to the quantitative information available.

4.1.2 Objectives and adequacy of the response

These objectives are paraphrased from the most recent programme documents available entitled 'UNICEF. Kosovo crisis: funding proposal to the UK Government dated 21st June'.

Albania

1. Provide vaccines and other immunisation supplies
2. Supply paediatric drugs and equipment, water quality testing equipment and hygiene materials
3. Provide refresher courses in basic paediatrics and safe motherhood
4. Disseminate basic health messages
5. Conduct comprehensive nutrition monitoring system in districts with higher refugee concentrations
6. Support reproductive health services set up by NGOs and local HAs

fyROM

1. Support vaccination
2. Supply PHC essential medical supplies and equipment, cold chain equipment and ORS
3. Provide in-service training of PHC workers in CDD and ARI
4. Distribute information on correct home-care of children
5. Supply high protein biscuit
6. Strengthen existing mother and child health services

Kosovo

1. Conduct a measles immunisation campaign
2. Provide vehicles, relief supplies and equipment for mobile clinics
3. Ensure access to primary health care services by deploying mobile health clinics in cooperation with national and international NGOs
4. Provide health education programmes
5. Supply water testing kits, ORS and collapsible containers
6. Conduct HIV/AIDS prevention

7. Stockpile nutritional supplements

The objectives in Albania and FYROM are essentially the same, following the numbering shown they are: immunisation, supply, training, health education, and nutrition and reproductive health. The objectives for Kosovo were written shortly after the cessation of bombardment before the situation was clear, including the intention of donors other than DFID. In fact, UNHCR funded the mobile clinics referred to in item 1 and they were operated by Medecins sans Frontieres. Furthermore, although UNICEF has been involved in HIV/AIDS prevention, UNFPA funded the Department of Social Medicine at the Kosovo Institute of Public Health to carry out health education activities centered on this issue.

Communicable disease surveillance carried out by WHO and the ministries of health showed that, although the incidence of diarrhoeal disease and acute respiratory illness in children was high, *there was no evidence of significant outbreaks of communicable disease. Weekly data reported in the WHO/Albanian Ministry of Health publication entitled "Health Talks" strongly suggest that, whether attributable to the actions of UNICEF or not, the displaced and refugee communities did not experience a health crisis.* Furthermore, well-conducted nutritional anthropometric surveys¹⁵ provided little evidence of acute malnutrition, although they raised the issue that Kosovar children might be particularly vulnerable to acute malnutrition following even a short period of future food scarcity.

This evaluation focuses on immunisation for several reasons. First, evidence for the effectiveness of well organised immunisation as a health protection strategy is overwhelming. Secondly, extensive experience of performing immunisation in refugee settings has produced a large available literature on the necessary logistic and administrative procedures. Thirdly, if immunisation is poorly organised, it can actually cause harm through a variety of direct and indirect mechanisms. Finally, quantitative methods of evaluation were applied and standard success criteria exist.

In view of the opinion expressed earlier in this chapter that UNICEF performed better judged against qualitative criteria, focussing on immunisation may be interpreted as emphasising the negative. This is not, however, the intention. The possibly imbalanced representation of UNICEF's health response it introduces should be viewed against the need to include such quantitative data as were made available to the evaluation team as a whole.

4.1.3 Immunisation

UNICEF's established support of immunisation programmes in the three countries covered by this evaluation provided an institutional knowledge base, which facilitated a prompt emergency response. Differences between existing immunisation strategies in countries receiving refugees explain, to some degree, differences in approaches taken to refugee immunisation. Strenuous efforts to immunise children in camps were accompanied by a strengthening of the routine immunisation systems to accommodate children living in the community. Immunisation records issued to refugee families were in many cases the only official papers they possessed. The symbolic value for refugees of this official recognition was said by UNICEF staff to be significant.

UNICEF supplied the majority, if not all, of vaccines officially used during the crisis. This was because the quality of some existing stocks was suspect and because some bilateral donations were not supported with complete documentation detailing their date of manufacture and conditions of storage and transport. The quantities available in UNICEF stocks were largely adequate but where an emergency order had to be placed, there was a delay of almost three months. *The impact of this delay was however small as stocks were mobilised from other Balkan UNICEF stores and planning problems resulted in delays in any case.*

¹⁵ Woodruff BA, McBurney R, Janeva N, Stojanovska B, Venovska K. Report: nutrition and health survey of Kosovar refugees in the camps in FYR macedonia. UNHCR, UNICEF, Action Against Hunger: May-June 1999.

Additionally, it is worth noting that there is reportedly a world shortage of vaccines.

Oral polio vaccine (OPV) was administered as an emergency precaution in the camps in view of serious outbreaks of polio, which occurred in both Albania and Kosovo in the 1990s. OPV contains live polio viruses from which the virulence factor necessary to cause polio has been removed. The viruses nonetheless multiply in the intestine and can be excreted in large quantities in the faeces. Evidence exists that, extremely rarely, virus can naturally mutate back into virulent form and be transmitted to susceptible individuals in conditions of poor hygiene. There is an academic debate taking place at the moment concerning the implications for vaccination of recent cases of polio. The decision to use OPV was tempered by the logistical simplicity of administering this vaccine as opposed to killed virus vaccines, which must be injected. It is difficult to disagree with this pragmatic decision, with the proviso that up-to-date guidance must be made available in the field.

The types of vaccines and target populations for measles vaccination differed between host countries. Single antigen measles vaccine was used in one country whereas combined measles, mumps and rubella (MMR) vaccine was used in another. The target age group was five years and under in FYROM and eleven years and under in Albania. The decision to widen the target age group in Albania was probably taken because of the theoretical risk of actually increasing the overall burden of disease if a sizable population group missed out from both immunisation and natural immunity gained from having had the disease before immunisation reduced its incidence. It is unlikely that any real harm will arise from these differences but a consistent policy with regard to refugees would be a sign of good technical leadership.

Table 1 in Health Statistics Annex F.2. shows that, in Albania, the under five year old measles vaccine coverage rate was very low in Kosovar refugees prior to the immunisation campaign - 17% versus a target of 90%. However, following the campaign, it was higher than that in native Albanian children. *These figures confirm that, although not reaching 100%, the immunisation of refugees was both necessary and well conducted under difficult circumstances.*

Table 15 in Health Statistics Annex F.1. provides an estimate of under five year old measles vaccine coverage in FYROM refugee camps as 75.3% (95% CI 72.0 to 78.4) by mother's report or immunisation record. This proportion is described in the text of the report as being diluted by large numbers of arrivals since the previous (weekly) vaccination campaign. Table 1 in Health Statistics Annex F.2. estimates the under twelve-year-old measles vaccine coverage among Kosovar refugees in Kukes town as 85.4% (95% CI 80.0 to 90.9) by mother's report or immunisation record. It is likely that refugees resident in Kukes town represent a more stable population than those in FYROM camps. *It can be concluded that the Albanian and FYROM estimates were derived using standard methods applicable to static populations and are therefore difficult to interpret and certainly should not be directly compared.*

Vaccination in Kosovo was planned jointly by the Institute of Public Health (IPH) and UNICEF, *which did not have a long-term international health adviser in post until late September (some 3 months after the return to Kosovo, and in a function that ought to be regarded as a UNICEF 'core commitment')*. Although an order for vaccines for Kosovo was placed on June 12th, before the return, not all the stock had been received by November 1st. There were other problems relating to the rapid re-start of routine vaccination, however. There was initially an over reliance, on the part of IPH and UNICEF, on the capacity of municipal health services to make administrative and logistical arrangements. The vaccination plan was not announced until a large public meeting was called at IPH Pristina on August 11th. NGOs were requested to provide large numbers of vehicles so that the vaccination campaign could begin simultaneously in all municipalities on September 1st. Vaccination in fact began on September 10th in a more *ad hoc* fashion with NGOs and KFOR diverting resources away from their intended purposes in order to give emergency assistance to the vaccination programme. Subsequently, UNICEF ordered 30 vehicles, which are anticipated to arrive in December and to be stationed in the municipalities for the purpose of vaccination. *These events provide evidence of inadequate senior management staffing, ineffective co-ordination with the international community and insufficient influence over the IPH.*

Children were invited by the IPH to attend clinics for vaccination by delivering a letter to addresses given on extant civil registration or immunisation documents. Many children are likely never to have been registered, or be no longer resident at these addresses. Coverage, defined as the number of children immunised divided by those who were invited, has been patchy, ranging from 30 to 90%. *It should, of course, be defined using resident children in the target age group as the denominator, and plans for a new registration system are now being drawn up by IPH.* A pilot for this plan suggested that around 30% of children are currently unrepresented by extant documents.

Could the vaccination performed in refugee populations have provided sufficient protection after the return to Kosovo to prevent outbreaks of measles? It has been estimated that 50% of the Kosovo target population were immunised in 1998, with more like 70% in the preceding years, and that around 50% of young children became refugees. Assumptions therefore of an average 65% coverage in-country and 100% coverage among refugees (*which is not the case – in FYROM, for instance, it is estimated by UNICEF to have been 95% in camps and 60% in host families*), the overall coverage would be 82.5%, well below the minimum standard of 90%. *The possibility of a measles outbreak this winter therefore remains.*

4.1.4 Supplies

The supply of health education materials was said by international NGOs operating in all countries to be inadequate during the emergency. Several international NGO interviewees expressed their frustration at multiple visits to the UNICEF warehouses to pick up posters and leaflets only to return empty handed. *The quality of health education materials was, however, generally thought to be good.*

By and large during the crisis, UNICEF did not lead, nor consistently coordinate on water and sanitation. *While emergency experienced interviewees expressed mild surprise at this, significant gaps were not reported as arising from UNICEF's low-profile absence from these activities.* UNICEF's emergency response in the field of water and sanitation included supply of disinfectant for drinking water and oral rehydration salt (ORS). The adequacy of these distributions and those of hygiene kits and primary health care (PHC) materials is difficult to ascertain because many other simultaneous donations and distributions were made. UNICEF's stated policy in this regard is to fill any gaps left by other actors. The fact that PHC materials remained in stock after the crisis suggests that supplies were either adequate or not distributed.

UNICEF's support to PHC was established prior to the crisis. Many other suppliers responded specifically to the needs of refugees. It would not be surprising therefore if gaps detected in supply during the crisis were actually in areas with low refugee populations. An attempt was made by the evaluator therefore to assess whether PHC supplies were targeted to refugee populations. Map 2 in Health Statistics Annex F.2. indicates the refugee concentrations in Albania – each administrative district is shaded by population quintiles. Health Statistics Annex F.3. is an excerpt from a table of UNICEF's PHC distributions for May 1999 published in WHO/Albanian Ministry of Health publication entitled "Health Talks" number 12. Table 1 below presents three of these PHC supplies according to the refugee population quintiles to which they belong.

Table 1. Distribution of UNICEF's PHC supplies according to numbers of refugees, May 1999

Drug name	Items distributed to districts with refugee populations (Thousands)				
	Falling into quintiles:				
	Quintile 1 50-107 refugees	Quintile 2 10-50 refugees	Quintile 3 5-10 refugees	Quintile 4 2-5 refugees	Quintile 5 0.5-2 refugees
AMX/AMP	16,000	-	7,000		
Vit. C		36,000	36,000	-	12,000
ORS	39,000	5,000	18,000	8,000	9,000

The first row of Table 1 shows, for example, that 16,000 amoxicillin or ampicillin tablets were distributed to districts containing 50,000 to 107,000 refugees. *The general trend of the Table illustrates that supplies were in fact preferentially distributed to districts with higher numbers of refugees.* Although rather a crude analysis, these data suggest that the supplies that UNICEF distributed directly contributed to, rather than compensated for, the response to refugee's needs. Given its presence before, during and after the emergency.

With some exceptions (e.g. in FYROM where a system was developed locally), no timely system of tracking distributions by date and consignee was operated. Managers are unlikely, therefore, to have been able to reflect on overall patterns and underlying trends in distribution, or to co-ordinate effectively with other distributing agencies.

4.1.5 Training, health education, nutrition and reproductive health

UNICEF training of trainers working in local NGOs before the refugee crisis allowed these organisations to provide good quality advice and support, particularly in the fields of hygiene and child care. Training of Kosovar health professionals during the refugee period was probably also of value in creating a shared understanding of priorities between all health workers. The bulk of UNICEF's training sessions organised for refugees themselves occurred in the two or three weeks before return, which reduced their impact.

The finding that the vast majority of refugees and internally displaced persons were in fact well nourished meant that there was little need to distribute the high protein biscuits, which had been stock-piled. The production and government ratification of breast-feeding guidelines was well conducted. Several of the more practical aspects of infant nutrition policy were, however, questioned by international NGOs. Reportedly, Serb soldiers smashed glass infant feeding bottles as mothers and babies crossed the border. The breast feeding policy advises that bottles should not be used as they establish a technique of sucking which makes babies less likely to adapt to later attempts at re-introducing breast feeding. Cups and spoons are the prescribed alternative. Many mothers were, however, too distressed after the border crossing to learn how to feed their babies with cups and spoons and replacement bottles were unavailable.

A further aspect of the breast-feeding policy was making breast milk substitute (BMS) available only on the advice of a doctor. This message was not easy to communicate to the rapidly changing international staff of relief agencies, which continued to distribute large amounts of BMS. *Furthermore, practical advice on what to do with this BMS was not effectively communicated to camp managers in the early part of the*

crisis.

UNICEF's principal interventions in reproductive health were distribution of drugs, material and equipment to primary health facilities and maternity hospitals, and provision of mobile mother and child health clinics. The latter were organised in FYROM and staffed by local health workers. They worked both in rural areas where substantial numbers of refugees lived with host families and in the camps. *Although there were some tensions between these national health teams and their international NGO counterparts, the programme was successful and created a great deal of good will by directly involving the ministry of health.*

Improvements in family planning, antenatal and obstetric services in Kosovo have been slow to start. The reasons for this lie largely outside UNICEF's control. The scale of the problems is enormous. There is a suspicion on behalf of many of the population that family planning is a form of ethnic manipulation. Secondly, there are very few trained midwives. Thirdly, WHO and the United Nations Mission in Kosovo have not yet decided where birthing centres should be sited.

4.2 CHILD PROTECTION THROUGH PSYCHOSOCIAL ASSISTANCE

Definition

In UNICEF, as elsewhere, psychosocial assistance can be used by non-experts to refer to any activities that are beneficial to a child. In the emergency, however, the activities under the psychosocial banner consisted of: training para and non-professionals in identifying behaviours resulting from war experience, including trauma; support through NGOs to **unstructured** social play and activities; support to **organised** social play and activities; psychosocial education and guided psychosocial activities; and, in a few cases, specialised psychosocial services (e.g. support to child mine victims in Pristina hospital).

4.2.1 UNICEF co-ordination of psycho-social activities

In Kosovo, the lead role UNICEF takes in the psychosocial field has helped to clarify 5 categories of psychosocial work ranging from unstructured social play and activities to specialised mental health services. In Kosovo (and across the region), there are hundreds of individuals/organisations who have become interested in conducting psycho social work with children in schools and, during the emergency, in camps. It is reported that these individuals/organisations have been kept in check due to UNICEF co-ordination, though there are no sanctions against those who work without UNICEF authorisation. How to value psychosocial work in a long list of priorities in an emergency is debated in UNICEF and elsewhere. Practitioners are anxious to provide psychosocial assistance as part of the emergency response as a principle, not only where larger resources in a European setting are available. The need for a co-ordination process for the well-meaning initiatives that will be started in any case is clear. That UNICEF provided this coordination during the Kosovo crisis is also clear, and a mark of success.

The objective of UNICEF's psychosocial work in the emergency appears to have been working on the assumption that such work will mitigate effects of trauma in children at an early stage so as to avoid the longer term and severe symptoms of Post Traumatic Stress Disorder (PTSD) which, in children, may include severely anti-social behaviour, withdrawal and self-destruction. Commonly in crisis situations, children experience disturbed sleep, bed-wetting, depression, aggression and fear of abandonment (clinging). Kosovo was no exception.

4.2.2 Training - UNICEF skill in partnership building/adaptation to the emergency environment

The UNICEF emergency psychosocial programmes built on already established partnerships in different ways. The Zagreb based Society for Psychological Assistance (SPA) was already working in Albania while the Centre for Crisis Psychology (CCP) has an established relationship with UNICEF in some crisis countries and was engaged in FYROM and in Kosovo. Both organisations provided emergency training in working more effectively with trauma sufferers. Trainees included teachers, social workers and youth volunteers who were themselves refugees, as well as these groups in the host populations. The feedback from the training has been universally positive in terms of what the participants experienced. It has also been a way to pay incentives to refugees. In interviews with Roma participants (currently in a collective centre in Kosovo), the adults said they were themselves assisted in recovering from their own trauma, and felt sure they were better equipped to deal with the trauma of the children in their care. What was less clear however, was the way in which they now, after training, would react differently to the children as well as what pro-active measures they were taking to deal with trauma through their work in the classroom.

The partnerships established with experts will be key in determining the future strategy for psychosocial work in UNICEF. The Albania office has developed a quality assurance system that could be useful in emergencies in the future as well as monitoring and supervision systems in the ongoing programme. The FYROM office is developing 8 family centres in refugee dense communities to provide psychosocial support to mothers and children. This project will work closely with the Centres for Social Welfare in the context of a residual **registered** refugee caseload of 14,000, almost 70% of which is in host families and

20% of FYROM families on social welfare. Plans in Kosovo include collaboration with the WHO to develop local expertise.

The partnerships with local organisations that were established or built on during the emergency are a reflection of UNICEF's advantage as an agency that had in-country presence before the crisis. UNICEF's contacts and high calibre local staff yielded good access to partners in direct contact with refugees. In line with the rest of the International community, it was easier for UNICEF to access the refugee population in camps rather than in host families. Some teachers in the host populations were trained in order to provide support to the refugee children attending schools and materials were delivered. Some parents hosting refugees felt that, "UNICEF helped the school and the school helped us" but staff and partners agree that quicker delivery of supplies would have made a difference earlier. Recreational kits ordered for Albania have not to this day arrived.

4.2.3 UNICEF's Institutional Framework for Psychosocial work

In 1998, UNICEF undertook a 'Critical Review of UNICEF's Support to Psychosocial and Peace education in the countries of the Former Yugoslavia'. The review reports an opinion that the trainees may benefit more than the secondary target group, children. Indeed much of the work carried out by those trained during their exile will go unmonitored if it is carried out at all, given the rapid return to Kosovo and a set of new challenges presented there. There are also difficulties in measuring the impact of training to a group of adults that will only secondarily affect children. The review also shows UNICEF in two minds about just how specialised it should become in the field of psychosocial assistance. There is also a wider debate as to the impact of such generalised work in a situation where needs are more specific, extending to one to one therapy in acute cases.

4.3 MINES AWARENESS

4.3.1 UNICEF lead role in mines awareness

UNICEF is the United Nations Focal Point for mine awareness education. In the Kosovo crisis, UNICEF was the first UN body undertaking any mine-related activities in the refugee camps in Macedonia, Albania and Montenegro. In order to co-opt all the players and institute a process to vet new NGOs that had little or no experience in mine awareness education, UNICEF organised a weekly meeting (initially in Skopje later expanded to other areas), which included interested donors, UN agencies and the NGO community. These meetings served to share information on current practices, avoid duplication of effort and wastage of resources, and plan appropriate strategies for the various phases of the mine awareness campaign. This open and transparent process was instituted prior to the arrival of UNMAS and the setting up of UNMACC.

The UN International Guidelines for Landmine and Unexploded Ordinance Awareness Education states the primary objective of, "shielding populations from accidents involving landmines, unexploded ordinance (UXO) or other anti personnel devices left behind by military conflicts". The same guidelines outline a programme cycle design that is based on a level one survey and official data on population figures, mine maps and accident data. This information was clearly absent before June 9 when such mines awareness work was undertaken and, had the programmes remained at the level of basic mine messages disseminated through training, posters and leaflets and the media, the mine awareness effort would have probably had limited sustainable effect. However, each country office visited is now developing a strategy in mine awareness education on the basis of all the available information on the mines threat. In addition, UNICEF has provided funding for a full time staff member to assist UNMACC in the coordination of all mine awareness agencies in Kosovo, as well as a focal point in the Pristina office for mine awareness education.

Expectations of UNICEF are high in terms of co-ordination of activities, and production and dissemination of materials; all, of course, in a timely and appropriate manner. Coordination was described as 'excellent' in Skopje, during the crisis. Some (mine awareness) field workers found the early UNICEF materials (posters, leaflets) controversial. There was consensus that the later materials were a vast improvement on the earlier ones. *It is worth noting that the constraints UNICEF were working under directly affected the mines awareness education programme during the emergency: there was inter agency disagreement on the most appropriate message to broadcast so as not to encourage rapid and spontaneous return.* The return meant that people were crossing heavily mined border areas. *On balance, the rapid and spontaneous return in itself justifies the interventions that were made.* The figures reported of people who either died or were injured in mine/UXO accidents in June and July i.e. the peak return period, total 224 while the following two months saw a total of 77 victims. *In Kukes, Albania where UNICEF (and partners) had a presence, mine awareness information was reported to be "on every wind shield" of vehicles returning to Kosovo, as opposed to Shkodra, Albania where information posters were displayed two days after the major return.*

4.3.2 Training in mine awareness

UNICEF co-ordinated the training of volunteers in the basics of mine awareness and in techniques of how to communicate these mine awareness messages to others. In FYROM and Montenegro OXFAM, Norwegian Refugee Council, World Vision and others were selected to train a wide range of community leaders in refugee camps. The training is, essentially, rapid information dissemination with a few clear messages particularly "Don't touch" and report the mine to the authorities. Some information on UXOs was included as well as the procedure of waiting for help if you find yourself in a minefield. The "training" conducted in Albania seems to have been less formally arranged with briefings to UNICEF staff and partners in Kukes who subsequently delivered leaflets on the mines threat "tent by tent".

The names of approximately 300 people trained in Montenegro (92) and FYROM (203) are recorded in the UNICEF office Pristina. *No formal contact strategy has, as yet, been developed to track the refugees who have returned and could still be active in spreading mines awareness messages in their communities. There*

are no formal records of those trained in Albania and there is a degree of uncertainty among interviewees as to how formal the training was¹⁶. The lack of recorded information on trainees in Albania is a mark of the speed of return. It also points out the opportunity missed in the Kosovo crisis to "accompany" refugees throughout their exile and return.

4.3.3 Materials

Creative mechanisms to deliver materials to refugees, both in host families and in camps, were reported during the evaluation. Materials were ordered in Serbian and Albanian rapidly, although dissemination was somewhat delayed. In particular the cooperation with partners such as Islamic Societies, HI Belgium and the Balkan Sunflowers showed flexibility and a 'people-focus' in the UNICEF response. By working simultaneously with both established and new organisations, direct access to refugees, wherever they happened to be, was gained.

The mines community is a highly critical one. Major debates as to appropriate approaches to communicating mines awareness messages continue. For example, how to show mines as realistically as possible without making them attractive to (particularly) children is debated, picking them up in training is increasingly seen as bad practice high tech training can be seen as unsustainable over the longer term. During the evaluation, the most debated component of UNICEF's mines action effort in the Kosovo crisis was the "Superman" material. This part of the report seeks to record this debate and outline a recommendation to UNICEF based on the information gathered in interviews with UNICEF staff and numerous partners, UNMACC, ICRC etc. The material was also known to be under scrutiny after its use in Bosnia.

The "Superman" material translated into Albanian for distribution in Kosovo has been heavily criticised by the mines awareness community. Many representatives of the mines community met in Albania, Macedonia and Kosovo expressed concern regarding the material while praising other aspects of the UNICEF mine action activity. The main concern is that the materials convey the wrong message for a mines awareness programme i.e. that Superman will save them instead of encouraging them to adopt safe behaviour. Handicap International psychologists recommend the identification of role models within the community whose behaviour children can copy, rather than the use of fictional heroes. Questions are raised as to whether the International Guidelines have been meticulously followed in the testing of the material. Other issues are that the age range of the target audience (7 - 14 years) is too wide, that there are no cluster bombs featured although cluster bombs form part of the threat and that the material is in any case not immediately available in Serbian. *There was not a single vote of support for the Superman material throughout the countries visited.* The questions raised would seem to pose a threat to UNICEF credibility if the material is distributed. This would seem to be counterproductive, as the sector has been generally well managed during the emergency.

¹⁶ *Whether they were formally and professionally trained or if they were simply delivered printed mine awareness information*

4.4 CHILD FRIENDLY SPACES (CFS)

Definition

The CFS Initiative was used by UNICEF Albania to describe the provision of education, health, recreation and psychosocial services to children and mothers in camps and collective centres. The FYROM office lobbied for a child friendly environment without specific reference to the CFS initiative. In accordance with the CFS criteria, the number of Child Friendly Spaces actually achieved for camps in Albania is reported by UNICEF to be 6, while it is estimated that some 24 were in progress. *The total figure is estimated to be less than half the camps or 'camp-like' population concentration in Albania at the height of the emergency.* The CFS Initiative was a useful way of organising an integrated response in the Tirana office among staff that were adapting country programmes to emergency circumstances: education, health and psychosocial staff members were effectively coordinating their activities.

As was pointed out in Albania, the Kosovo refugee crisis was "an emergency on top of a crisis" and the access of children to their rights in the Albania is usually limited.

4.4.1 CFS in practice

The CFS concept had a higher profile in Albania rather than elsewhere. Taking the operating context in Albania then, the sheer bulk of refugees requiring assistance posed major difficulties to the International Community; of the 200,000 child refugees, 60-70 % proved most difficult to access as they were in private accommodation – with families or paying their own way. "We were all (concentrating on) camps" comments one international NGO representative reflecting on the emergency response of the I.C. Many camps were operating elements of CFS without UNICEF co-ordination, however. NATO, a significant early player in the organisation of camps in Albania was reported to be "more soldier friendly than child friendly". UNICEF report that some school buildings were used to accommodate refugees which meant that education for Albanian children was interrupted. This lack of capacity in schools also ruled out speedy and wide-ranging integration of refugees into the mainstream education system. Albania could, arguably, have not absorbed refugees into an already weak education system as happened in Macedonia. After the initial political obstacles were overcome in Macedonia, the operating context was more difficult in Albania and consequently the CFS initiative, in its own terms, had more limited coverage (for example in education)

The UNICEF Tirana office had limited capacity to cover all the areas hosting the huge numbers of refugees (450,000 at peak point) whether in camps, collective centres or in host families. In the context of limited UNICEF field presence, the Emergency Management Group (EMG) tasked the OSCE with presenting the CFS Initiative at the regional sector meetings. (It is, incidentally, worth noting that a UNICEF initiative to create a 'social' desk within the EMG was turned down by that body. This may indicate a degree of scepticism among 'hardened' emergency managers and/or novices, about the priority to be accorded to psychosocial, child friendly and educational initiatives in emergencies, compared to the classical 'life-saving' sectors). When CFS was presented, some reports from the field suggest that what was intended to be a flexible tool came across as a set of *unsupported* instructions. The specifications for space in camps were particularly misunderstood and provoked assertions that there were other priorities; food, shelter, water and sanitation, health. In Shkodra, the presentation of CFS came at a time of high security risk and was seen by some as a lack of attention to regional detail on the part of UNICEF. Red Barnet, a child focused NGO, reflected the reality of the emergency environment with this comment from a regional sector meeting when CFS was discussed,

"All these guys dealing with WATSAN and the hard stuff said, 'Oh God, children again.'

It is worth noting that *the rapid and spontaneous return of refugees meant that the CFS initiative was hardly off the ground before the refugee population left Albania for Kosovo.*

4.4.2 Impact

There is no doubt that advocacy for child friendly conditions (whether one calls them 'space' or 'environment'¹⁷) was essential. If UNICEF had not been lobbying for child and woman focused camps and collective centres, there are at least two examples of how breast-feeding and schooling would not have been organised in particular camps.

At the same time, UNICEF has undertaken to provide such services in emergencies as part of its Core Commitments. To achieve this, it must improve its delivery on the ground. The Kosovo Crisis experience underlines UNICEF's potential in emergencies and makes a good basis on which to *better* institutionalise the development of UNICEF's emergency capacity to respond effectively *when and where it is required*.

¹⁷ A significant difference of perception regarding the usefulness of the CFS concept emerged between UNICEF Albania and FYROM

4.5 EDUCATION

4.5.1 UNICEF co-ordination of education

During the emergency, UNICEF played a lead role in Albania and FYROM in the provision of education in the emergency. *Strengths are seen as policy guidance and diplomatic pressure where appropriate.* Interviewees in the community (Humanitarian, Government) expected UNICEF to provide such policy guidance and diplomatic pressure where appropriate, rather than a direct operational function. In the emergency, expectations among interviewees were met and exceeded with exceptions in timeliness of supplies.

The thrust of efforts in Albania went into the provision of teaching and student supplies to schools, toys to camps, training to teachers (psychosocial) and support to the summer schools project. This project for Kosovar children to use the Albanian schools for catch up classes was due to start on June 7 1999. UNICEF had supported the programme with furniture and student kits. *Local feedback on these supplies was very positive though some arrived after the return of the refugees.* Due to the rapid return of refugees to Kosovo, the summer schools project closed after 1 month. But had the refugees stayed, the project would have provided an essential service using and developing existing and facilities. Partnerships with NGOs, local authorities and the central ministry were good.

The Government of FYROM initially refused to allow any refugee to be educated in their schools. *This line changed following clear indications from the local Albanian community that they would provide these services anyway, and from the International Community (notably UNHCR and UNICEF) that the line was unacceptable and in contravention of International Standards.* The schools were supported with furniture (which could have usefully arrived earlier) and the camps were supplied with classroom tents and equipment. Teacher stipends were paid via the partnership with the Norwegian Refugee Council (NRC) who co-ordinated and monitored the education activities in the camps. One of their few criticisms was in the slowness of procedures for payment.

The larger camps of FYROM (as opposed to the greater number of smaller camps in Albania) were delivering education to children from mid April - August. Some schools in the communities introduced a third shift to cope with the increased number of pupils. They were also supported through rehabilitation of water and sanitation facilities in schools. *UNICEF worked on the basis of an MOU with the government and it appears that 85% of refugee children attended school during their exile in FYROM – quite an impressive achievement in an emergency.*

Kosovo

UNICEF have had to "pick up for UNMIK when they weren't there" given that the staff to represent UNMIK in the regions only arrived in mid October. At the time of writing, teachers in some areas have not been paid for 18 months, there have been strikes and only patchy payments of teachers has taken place so far. UNICEF have supported UNMIK to perform this and other tasks in education by providing staff to the education section of UNMIK as well as an architect to monitor the quality of the rehabilitation and reconstruction of schools. UNICEF assistance was made available in the provision of heating in schools for the winter. This reversion to its emergency role in the post emergency phase shows the benefits of UNICEF's flexible approach and the essential gap filling that took place in the emergency and continues now. Clearly, the relationship with UNMIK requires sensitive handling and UNICEF have certainly been up to the task.

The rehabilitation and reconstruction of schools in Kosovo is currently being led by UNICEF. Working in the absence of a Ministry of Education, they are generally praised for co-ordination and leadership and for flexibility in their approach. The decision to create tent schools rather than allow the construction of prefab

schools is generating concern due to the inappropriate tents that have been sent to some areas. On balance, it would seem preferable to avoid prefabs that could be in use for 20 or more years and be counter-productive to educational reform and development in the Province. *Again weaknesses in supplies are highlighted, however. The Bulgarian tents saga and the inappropriate desks have dogged the Kosovo education programme to the point that the logistics chain is now clogged and behind schedule.* Regarding results in education in Kosovo, as of 1 November 1999, it is estimated that 75% of the school age children are back in school. School term officially began on 25 October. UNICEF had aimed to have all children back by then. *However, the result is not to be sneezed at given current constraints in Kosovo.*

4.5.2 Early Child Care Development (ECCD)– Child Rights to Health and Social Care in an Emergency

An example of an existing programme (i.e. pre refugee exodus from Kosovo) that was expanded in the refugee crisis included the ECCD (Macedonia) programme. This programme reaches rural women and provides education and support in issues of childcare such as feeding and play. During the emergency it was extended to include refugee women and children in host communities to promote health and nutrition and the emotional and social well-being of children.

Reports from the women themselves indicated that the emotional and economic pressure of their experience as host families was immense. Also that *the weekly sessions with an educator and the group meetings provided in many cases the only support mechanism available to them and to the refugee children and mothers while protecting the rights of the children to uninterrupted health and social care.* The programme will now be expanded into other refugee dense areas and is an example of UNICEF, through the Albanian League of Woman, making a qualitative difference to the lives of thousands of rural women and children.

4.6 OPERATIONAL, PROGRAMME SUPPORT

4.6.1 Supplies and Logistics

As noted in the previous sections, supplies and logistics have, in general, not been a strong point of UNICEF's emergency preparedness and response in this crisis. It is recognised that constraints existed¹⁸, and in many cases reasonable steps were taken to minimise shortcomings. None-the-less, significant problems were noted in all three countries, albeit to significantly varying degrees. They affected most if not all sectors from education to health, to mines awareness and programme coordination and monitoring¹⁹.

UNICEF interventions in both refugee-receiving countries included a large supply component. Prior to the crisis, both the Tirana and Skopje offices had neither a separate supply section nor in-house experience of operations sufficient for a supply/logistics component as large as was subsequently required. *Supply staff in both offices must be commended for their adaptability to respond to the workload and requirements, which increased exponentially practically overnight.* The lack of preparedness in terms of availability of a standard supply provision and monitoring system meant that the newly assigned supply and logistics staff in both offices independently designed their own systems. The external support provided in terms of supply/logistics staff during the initial phase was crucial but not adequate.

Local procurement played an important role in the whole emergency operation. The local bidding process that had been conducted in FYROM in February 1999 provided a source for immediate local procurement by UNICEF of hygiene items, which were distributed during the first days of the refugee exodus. Local, cross-border or regional procurement was identified in all countries as the preferred option to central procurement. This was due to the relative speed of access and availability of supplies in the countries and in the region as well as the *commendable strategy to support local economies.*

The UNICEF operation in Kosovo has an exceptionally large supply component as a result of UNICEF's direct implementing role in provision of school facilities in Kosovo. The supply delivery/logistics strategy that was established for the provision of education supplies in the beginning of the operation had to be modified later. *The operation has faced several serious problems related to the procurement process in terms of timeliness and appropriateness of school furniture.* International procurement for the school furniture was suggested as the preferred option by the Supply Division, given the quantities of supplies required. However, significant complications and *delays* were encountered in the procurement²⁰ and delivery of school furniture. It would seem that local/cross-border procurement would have, in the end, proved to be more cost and time effective in this key, *and highly visible sector.*

A significant percentage of Bulgarian tents proved to be unusable. Even when in good condition, they required an inordinate amount of labour to be erected correctly. UNICEF did exercise quality control inspections prior to purchase, which unfortunately did not manage to avoid the subsequent difficulties. Corrective action was taken, including more on-site inspections with the suppliers. That experience with school tents suggests that perhaps too much consideration was given to the pure financial cost of supplies without calculating indirect costs including the manpower required. The supply tracking/monitoring system that was put in place is also inadequate.

Long delays were experienced in all countries in provision of certain items. Restrictive regulations on import/export of goods were introduced during the crisis especially in FYROM posing constraints to delivery of supplies. *Also in Albania the UNICEF office was constrained by the local bureaucracy causing on occasion unnecessarily lengthy delays.*

¹⁸ Such as the complex and time-consuming administrative requirements for importation in both Albania and FYROM

¹⁹ For example, the shortage of vehicles, especially at the beginning of the emergency affected all activities

²⁰ Over-sized desks were ordered, for instance, from the Pristina office for the Kosovo schools

The degree of involvement by the European civil society in responding to the crisis was unprecedented. This positive involvement resulted in a large number of in-kind donations to UNICEF, many of them through UNICEF National Committees. *All the offices encountered problems with inappropriate and/or expired in-kind donations. A system was established quite rapidly for the Supply Division to screen all offers for in-kind donations. The understanding by the national committees of the need for 'demand' and not 'supply' driven programmes was patently absent, however.*

Various supply/logistics difficulties encountered at the field level resulted in the Supply Division sending several staff members to the field offices essentially for trouble shooting. *This assistance was very welcome. Had the Supply Division been involved more closely in programme planning, especially in Kosovo, some of the supply/logistics problems could have been avoided.* The evaluation mission encountered inadequate logistics capacities in Kosovo in particular, regarding warehouse management, tracking, and general systems. Warehouses do not, for example have computers for logging in and out goods and equipment. No comprehensive, consolidated inventory was readily available. Neither were basic logistics and warehousing management manuals and guidelines available. The logistics staff were swamped, and no comprehensive logistics plan, foreseeing through-flow, storage and transport requirements over the next months had been developed. The 'supply-chain' was reactive to requests from programme, seemingly on an ad hoc basis. *It should be mentioned that field staff in Kosovo did praise logistics for their prompt shipping of goods when requested and available.*

The experience overall suggests, however, that in the future more emphasis needs to be given to well integrated planning and implementation *involving both programme and supply/operations sections in the field office and the Supply Division in Copenhagen. Secondly, the lack of a consistent cross-country supplies and logistics system (common tools and capacities) was evident. This maybe in part explained by the problem of introducing the PROMS software just when the crisis broke. Such a tool can be a significant advantage in the future, though it is worth examining whether it ought to be adapted to emergencies. PROMS alone, however, will not address the range of issues regarding supplies and logistics that are outlined in this report.*

The Swedish Rescue Services Agency (SRSA) was deployed to Kosovo to provide support to UNICEF operation for a period of three months. Delay in deployment (arrival two weeks after the re-entry of the UNICEF team) and lack of clarity in expectation at both sides regarding SRSA support function had a negative impact on the cooperation. The support provided by SRSA especially during the first phase of the operation (approximately one month) was appreciated *but cooperation could have been reviewed and scaled down after the first phase. This would have allowed for major savings (perhaps hundreds of thousands of dollars), which could have been directed to better staffing the field offices in Kosovo.* A lessons-learned paper is being prepared by UNICEF Pristina to provide a basis for potential future cooperation between UNICEF and SRSA.

4.6.2 Human Resources Management

"Need for the right staff, in the right place, at the right time"

National and international staff in Albania, FYROM and Kosovo demonstrated great commitment to UNICEF's mission. Staff in other offices – Sarajevo, Geneva and New York, for instance – were also called upon to make considerable sacrifices, and to work under considerable pressure and in trying conditions. They also showed professionalism by adapting to the quickly changing and demanding circumstances. The pressures, trauma and stress of living the crisis directly or indirectly (e.g. through assisting refugees personally) were immense. Despite these, and thanks to personal commitment, UNICEF operations continued to the benefit of refugees and returnees.

It should also be recognised that UNICEF fielded staff under considerable constraints. Not the least of which was the competition for resources due to the number of emergencies taking place at the same time as

the Kosovo operation. The need to 'determine the right mix of staff talent base was crucial and problematic' as explained by UNICEF human resources officers. Despite these constraints, UNICEF managed to almost triple its staffing in the region between April and August. Some staff were redeployed internally within a matter of days, particularly at the beginning of the crisis. In certain cases deployment was prompt²¹.

The availability of highly competent national staff from prior to the emergency was a major asset to UNICEF. UNICEF expert emergency managers were, naturally, needed however. In general, they did not arrive in sufficient numbers, and fast enough. Nor was the need in terms of profiles adequately met (especially UNICEF experienced emergency managers). A few key staff were deployed to support the offices in response to the crisis relatively rapidly. However, delays occurred in identification of additional *essential* staff available for longer periods of time. For Albania the main increase in staffing took until mid-April²². The same was true for FYROM where key emergency arrivals didn't occur until well into April and it took until mid-May to reach the staffing maximum of 77²³. *Staffing charts indicate clearly that at least two weeks passed before even modestly sufficient international staff deployments occurred to both countries. In most relief agencies 72 hours is the target for the initial wave of emergency team/staff deployments.*

The turnover of staff was quite high and it was suggested that a minimum period of stay should have been at least a month to provide a necessary degree of continuity. According to UNICEF data, 'the turnover of staff was less than a month for 49% [of staff]'. The very rapid turnover of communication staff proved to be especially problematic. Programme staff were required to adapt to the continuously changing communication staff. The communication and programme staff seemed to work largely independently of each other, which was a weakness that affected detrimentally the work of both.

Similarly, the imbalance between the numbers of programme staff and operations staff was clearly an impediment to effective programme delivery. While programme staff were put in place, the corresponding operations personnel were not in many cases made available resulting in frustration on both sides and delays in programme delivery. The presence of an experienced operations officer is required from the start of an operation. The Programme coordinator function is a key role in prioritizing the requirements made by different programme sections and overseeing the programme development and delivery. The highly complex and constantly changing institutional set-up of international agencies in Kosovo after the return consumed a large part of the time of the head of office. Therefore the lack of a programme coordinator in Kosovo during the first two months after the return proved to be a considerable constraint. While the principle of aiming at identifying the most appropriate longer-term staff into required positions is undoubtedly a right one, the programme delivery would have benefited greatly from shorter-term (1-2 months) temporary UNICEF staff in the key positions.

The question of integration of the UNICEF Pristina staff into the UNICEF Skopje office was a highly sensitive issue. The lack of clarity regarding entitlements of the UNICEF Pristina staff while working at UNICEF in Skopje added an additional set of frustrations and constraints to the working environment.

Staff responding to an emergency situation working under stressful conditions would benefit from stress management support during a crisis situation. A two-day session was organized for the UNICEF Pristina staff in Skopje.

²¹ To quote UNICEF, 'Some consultants/TFT's were assigned to the area within 3 days from the date the requests were received from the (field) office, particularly in April'. On occasion, there was a delay in requesting staff, however.

²² Not until the 14th April did the Albania office staffing reach the modest level of a reported 18 internationals

²³ 25/03/99 – 8; 10/4/99 22 (following evacuations from Kosovo); 25/04/99 32; 15/05/99 77

The new staff that arrived in the countries to provide support to the emergency programme *received little orientation or induction to the situation or to the programme either prior or at arrival. The basic UNICEF materials such as manuals and forms were not available in the Pristina office before end July. No orientation materials on UNICEF were available to staff members newly recruited to UNICEF.* In some cases even copies of the Convention on Rights of the Child (CRC) were not provided formally and directly to new staff. *Similarly, delays in the issuance of key documentation such as Laissez Passers were noted. While recognising the rush to get staff on-site, such documents are a key protection for any international civil servant. Mechanisms for a more speedy issuance of necessary documentation in emergencies clearly need to be developed. Finally, and despite the policy to distribute orientation materials to new UNICEF staff prior to departure, new field staff lamented their ignorance not only about UNICEF, but about their own conditions of employment (entitlements and responsibilities).*

4.6.3 Planning

Return planning by the international humanitarian community can be characterized as late and inadequate. *The return was more spontaneous than organised, and self-resourced than assisted.* In both Albania and FYROM, return planning began in earnest only in May. It lacked adequate resources, especially staff. While a sectoral approach to planning was attempted, this was not coordinated adequately from one sector to another (different basic assumptions, scenarios and standards were adopted among related sectors e.g. water, sanitation and shelter). The actual inter-agency *preparatory* work for the return started only in the beginning of June in Skopje. Planning did not lead to appropriate preparedness measures, including adequate customs arrangements for agile importation of materials into Kosovo.

UNICEF initiated its planning process mid-April by the production of a rather short, draft plan. *It did not start to operationalise the concept until 10 days before the return on 12 June.* Earlier and more substantive UNICEF planning could have resulted in having greater operational capacity in place from the beginning of the return to Kosovo. There was a general disbelief that a rapid return would take place. This underestimation had concrete implications. It led to inadequate staffing for return planning until early June. UNICEF has not recovered since. *This delay in planning and preparation has effectively meant that to this day UNICEF in Kosovo is trying to catch-up.*

UNICEF had been warned of imminent crisis from at least as early as March 1998. The 'CEE/CIS discussion paper²⁴' dated March 9th 1998 was an unambiguous call to action. Some action was taken. UNICEF points to its re-opening of the sub-office in Montenegro and strengthening of primary health care services in refugee hosting areas in northern Albania prior to the crisis'. The evaluation team recognises these measures. In FYROM, for example, a new national staff member had been identified through preparedness measures. This is an example of practical preparedness. Such measures were, however, neither sufficiently systematic, nor comprehensive throughout the region.

Comprehensive, professional, and effective emergency contingency planning and preparedness were not an integral part of the relevant UNICEF country programmes, however. With the exception of UNICEF participation within broader UN exercises (led by UNHCR), there was an absence of adequate in-house contingency planning (*whereby preparedness activities are systematically established and specific responsibilities, outcomes and deadlines fixed*

4.6.4 Funding

UNICEF's funding status was relatively good throughout the crisis. Two government contributions, which were negotiated already prior to the crisis and a loan of 2 million US\$ from UNICEF's internal Emergency Programme Fund enabled UNICEF to respond effectively from the start of the emergency. This mechanism

²⁴ 'Current Problems of Albanian Population in the Countries of the Balkan Sub-Region & Implications for UNICEF' by the 'Programme Division CEE/CIS Section'

was not re-activated subsequently, despite delays in the availability of actual PBAs (budget authorisations) at certain moments during the crisis. These delays relate to UNICEF internal procedural requirements (see below). A large portion of UNICEF funding throughout the crisis was received through UNICEF National Committees - 19 April 49%, 26 April 53% and by the end of June 64% of funding available originated from National Committees or other non-governmental sources.

Of the total USD61.09M²⁵ funding reported for the crisis up to August 31st, a little more than half is reported as coming from national government donors i.e. USD33.5M. The largest governmental donors are the USA (USD12.2M), and the UK (USD8.4M). Denmark provided USD2.3M. The largest UNICEF National Committee donations came from Germany (USD7.3M), the UK (5.3M), The Netherlands (USD4.7M) and Italy (USD2.2M). ECHO donated (USD3M).

The sectoral distribution was as follows:

Education & Mines Awareness	37%
Health & Nutrition	29%
'Cross Sectoral Programme Support'	15%
Child Protection	13%
Indirect Programme Support	5%
Advocacy	1%

Kosovo has been allocated most funds, at 36%, then Albania (21%), FYROM 15%, Central Serbia and Vojvodina 11%, and 7% for both Bosnia & Herzegovina and Montenegro. Croatia and 'area coordination' are both reported at 2% each.

A considerable portion of funding remains uncommitted.²⁶ The unexpectedly rapid return of the refugees may in part explain this. When questioned about the size of the uncommitted portion, UNICEF indicated that this allows for much needed carry-overs to next year and that it is a sign of good programme management.

While funding was recognisably 'abundant', the speed of availability to the field of the funds was sporadically problematic. A significant constraint related to the funding from non-governmental sources is the regulation which allows for the Programme Budget Allocations (PBA) to be issued by UNICEF HQ only after the actual receipt of funds whereas in the case of government contributions UNICEF can issue an PBA based on the pledge letter. Given the level of funding provided by National Committees for emergencies and the need to avoid delays in committing funds, it would be useful to explore the ways to expedite issuance of PBAs for National Committee contributions.

In the case of Kosovo programme some considerable delays were experienced in receiving an actual pledge letter from a governmental source after an announcement of forthcoming contribution was made which resulted in delays in procurement.

4.6.5 Monitoring and Evaluation, Tracking and Reporting

²⁵ Source – UNICEF Interim Report on the Kosovo Crisis January to August 1999, for the UNICEF Executive Board

²⁶ In FYROM, for example, as of 12/10/99, of the total USD9.4M reported funding, USD3.2M remained uncommitted

While more formal evaluation exercises were not noted, a number of 'self-evaluation' (lessons learned exercises) and audit (of the contracts procedures in FYROM) exercises were. This is positive and needs to be built upon through greater and guidance to the field. The impressive UNICEF evaluation manual can be adapted for use in emergencies, and for a much wider audience. 'Real-time' self-evaluation can be invaluable if conducted unobtrusively, and with expert support. Such support should include training in emergency standards, both UN and those of the SPHERE project. *This would greatly enhance the technical quality of proposals and reports whereby stated qualitative (not just quantitative) targets for specific emergency interventions could be explicit right through from conception to monitoring, evaluation and reporting.*

In all three countries the inadequacy of systematic tracking capacities has already been referred to. PROMS looks to be an impressive tool and it was unfortunate that its introduction corresponded with the emergency, when it was too late to train and equip (computers) offices adequately for its timely application. The evaluation team examined it in some detail. It is impressive that an attempt at going beyond just financial management tools has been made. *The software holds great promise as a more integrated system, introducing a linking of objectives and results with financial and supplies requirements and tracking. The possibility of expanding the 'bookshelf' with good-practice guides appears particularly encouraging. It is a significant advance on systems being applied by other UN agencies.* That being said, it is still clearly more a financial and resources input driven tool than a solidly integrated, results driven, monitoring and evaluation system. Control of inputs, for instance, takes undoubted precedence over the qualitative and quantitative monitoring and evaluative analysis of results achieved. As such, it does have a degree of inflexibility that may require an inventive approach in emergencies. (As was done in Pristina, where most activities appear under one main programme, rather than the Programme, sub-programme, project, sub-project, model. Such adaptation is admirable in an emergency, but the need to do it illustrates that the software may not be totally emergency friendly. It also reduces its effectiveness as a monitoring tool in that specificity and detail are reduced).

While PROMS (financial, supplies and programme management system) will now be a significant boost, there were other issues involved. *Staffing of the field in all cases was less than adequate to meet the needs of such a large programme (USD61M).* In Albania local partners pointed to the inadequate coverage of the south of the country. In FYROM, staff were stretched between programme design, adaptation, management, coordination and field monitoring. While in Kosovo the 3 field unit model (one field officer, one driver/assistant/interpreter and one secretary/assistant) is simply out of proportion to the scale of the role UNICEF hopes to play in a complex range of activities – physical rehabilitation, mines awareness, psychosocial programmes, health, education, supplies distribution, etc. While all were yet again so obviously committed and individually skilled and variously experienced, they confess to a feeling of isolation and a degree of institutional inadequacy in that they are largely new to the organisation. Additional national field staff could have been funded for field units and for instance logistics (e.g. using money saved from releasing the expensive SRSA for so long). This would have increased the effectiveness of the international officers exponentially, and at relatively little cost (compared to the cost of a similar number of additional international staff). This is not to say that international expertise is not at times needed. It is and the delay in putting in place key international experts (e.g. health Pristina) reduced the timeliness and effectiveness of the establishment and monitoring of that programme.

Apart from numbers, the field (and at times programme) staff lacked adequate monitoring training, guidance and tools for their work. The under use (even ignorance) of the emergency handbook throughout the operation is notable. In Albania the newly hired staff dealing with education received the guidelines on education in emergencies well after the height of the emergency.

4.6.6 Costs

While a full cost-effectiveness study has not been attempted, issues were noted in Kosovo in particular. The purchase of Lada Niva 4x4 1.7 litre vehicles for partners at a little more than USD5, 000 each is an

example of exceptional value for money. While they might not have a long life expectancy, they are regionally appropriate (spare-parts and repair) and cheap. On the other hand, the prolonged deployment of the SRSA was an unduly expensive undertaking. As stated, they could have been released earlier, thus saving perhaps hundreds of thousands of dollars. Similarly, improved human resources management ought to increase programme credibility and the cost-effectiveness of expensive international staff deployments (stay longer, less rotation).

Price is not all, either. The Bulgarian tents, irrespective of price were an unfortunate experience. Similarly for the outsized, inappropriate school desks.

5.1 General

The following recommendations refer to UNICEF's activities in this on-going crisis. Where sufficiently important, recommendations relevant to the institution's capacity to deal with future emergencies are also made. They relate to the specific findings and conclusions contained in the chapter three.

1. Based on its strengths (see above), UNICEF has had, and should continue to have an important role in emergencies. *Donors should continue to support fully the development of this role. Greater clarity is required on the desired scale and specific expertise of that emergency capacity.*
2. UNICEF's strengths in emergencies need to be exploited and developed more systematically (see strengths). To do this, first the issue of whether and how emergency preparedness and response can be mainstreamed into what are essentially development programmes can be achieved. This debate would appear to remain to be resolved. If such mainstreaming is to take place, every country office should be capable of and required to engage in comprehensive preparedness measures, as an integral part of its country programme. Similarly, the quality of UNICEF's guidance on core UNICEF emergency issues (mines awareness, breast milk substitute), and the depth and systematic professionalism of its preparedness activities (e.g. capacity building, emergency vulnerability analysis and contingency planning and actual preparedness measures), need to be improved.
3. Despite UNICEF's declared objective to 'mainstream' emergency preparedness and response into its institutional capacities and general programming, this is far from having been achieved. DFID funding to strengthen UNICEF emergency preparedness and response is timely. There is no doubt that the organisation can benefit from such long-term investment.
4. A comprehensive review of all the major components of emergency preparedness and response is required. This should lead to an action plan with targets and deadlines for improving significant weaknesses that exist at the institutional level. To be comprehensive, it ought to cover policy, resources (financial, material, and above all human), and systems, procedures and tools. According to experienced UNICEF staff, the broad conclusions contained in this report are not new to UNICEF. *The process should build on experience acquired throughout years of emergency response. Lessons learned during the development of EMOPS and of other relevant capacities, structures and systems (e.g. supplies in Copenhagen) need to be retained and applied.*

5.2 Specific recommendations

(Where they relate to the on-going operations, an * is inserted)

It is recommended that:

5.2.1 Health and Nutrition

- * In this crisis, UNICEF consider focusing its health strategy on its existing strengths in social action and advocacy aimed at meeting population health needs; and in strengthening its capacity to directly provide, commission and co-ordinate health protecting interventions in a timely manner and avoiding significant gaps.
- UNICEF consider either markedly strengthening its operational capacity in emergencies or developing more extensive call-down arrangements with other relief agencies.

- Mechanisms for timely central supply of vaccines be improved. UNICEF must develop the capacity for timely deployment of senior professional staff into the field during an emergency.
- Sufficient staff and resources be deployed at the earliest opportunity to ensure that technical capacity is built for core activities such as immunisation from the beginning of a post-conflict situation.
- UNICEF and WHO ensure that a firm statement is made regarding the use of OPV in camp settings and it is communicated with frequent re-enforcement to all those who need to know.
- The reasons for apparent departures from a consistent immunisation policy from one country to another need be clarified by UNICEF.
- UNICEF develop and disseminate methods of monitoring vaccination applicable to situations with high population turn over as opposed to those applicable to static populations.
- Procedures need be put in place to ensure that models are available to field offices for the immediate production of health education materials.
- * UNICEF develop tools to quantify its response to different beneficiary groups such as 'supplies delivery per population concentration' mapping (i.e. that will indicate the areas and population groupings that receive supplies, and when).
- * UNICEF ensure that adequate distribution tracking procedures, systems and tools are operating in emergencies.
- Given the trauma experienced by mothers in crisis situations, and the difficulties of feeding children by spoon in the very early stages of an emergency, UNICEF consider the possibility of making infant feeding bottles available to field staff as an exceptional, case-by-case response for the immediate use of refugees during initial influx.
- UNICEF ensure that relief agencies adopt an appropriate BMS distribution policy and that their staff have been adequately trained to implement it prior to deployment. UNICEF staff or implementing partners should be made responsible for giving practical guidance to camp managers on infant nutrition.
- * UNICEF take a strong position in advocating for a holistic policy of maternal and child health in Kosovo.

5.2.2 Mines Awareness

- *It be recognised that the representatives of the mine awareness/emergency community visited during the evaluation have presented a clear conclusion that **any** further distribution of the Superman material in its current form would seriously damage UNICEF's credibility. The concept of a comic was, however, welcomed.
- *Trainees be tracked systematically. The training conducted in FYROM and in Montenegro provides UNICEF with an opportunity to track and where possible, continue to engage with willing volunteers in the ongoing mines awareness campaigns. If volunteers were tracked, this would be one way in which a "people focus" could pass from paper into practice, and allow for further capacity building based on existing skills.
- UNICEF partner presence be strategically increased in areas of high refugee density during an

emergency in order to secure wide and timely broadcasting of mine awareness messages. Given the lead role of UNICEF in mines awareness education, serious credibility gaps occur when materials are perceived to be either inappropriate or untimely.

- * All the offices continue to receive expert input on their mines awareness strategy development from the headquarters Mines Awareness Education focal points at this post emergency point.
- In an emergency, the issue of dissemination to minorities in their language is **systematically** addressed and time lags avoided.
- * In developing strategies for the media (TV and radio), mine awareness expertise in-country or at headquarters be woven into the design of the information programme. This will require building on the existing cooperation in UNICEF field offices between information and mines staff.
- * In Kosovo, where UNMAS is operational through the UNMACC, duplication continue to be avoided. The UNICEF niche areas of children and youth could be exploited in careful consultation with the UNMACC. If UNMAS were to repeat this operation, the inclusion of UNICEF at the pre-deployment planning stage would be essential as the roles and responsibilities could be discussed at an earlier stage to avoid wasting time and creating uncertainty.

5.2.3 Psychosocial

- * UNICEF continue to examine what it means by capacity building and consult its partners on how best they can be supported in the medium term. UNICEF has supported several larger organisations such as the Albanian Youth Council, The Albanian League of Women, El Hilal etc. These groups made an immense contribution to the delivery of assistance to refugees in the emergency. Now, post-emergency, they are in a position to reflect on their vision for the future and to be supported in achieving it. UNICEF has developed a draft framework and tools for assessment, monitoring and evaluation. Such work is complex and time-consuming. Practical testing is necessary. This ought to be a pivotal component of a developmental approach to emergency preparedness and response. The offer of management skills development would be welcomed by several partners²⁷.
- UNICEF clarifies its capacity to deliver psychosocial programmes in emergencies and considers the value of having UNICEF staff dedicated to the sector as well as working through implementing partners. UNICEF **presence** in the field in emergencies should target, co-ordinate and supervise assistance that is timely, monitored and quality assured. This implies staff increases in emergencies.
- * UNICEF develops strategic alliances in the field with agencies experienced in psychosocial programming (e.g. CRS) as well as responsible institutions to consult widely and provide comprehensive policy guidance.
- * UNICEF in the field review the cross cutting nature of building the capacity of institutions to deliver child friendly services. It is strongly recommended that UNICEF builds alliances with sister UN agencies and others to address, for example, the strengthening of Centres for Social Welfare as a local governance issue as well as a child friendly services delivery mechanism. The systems of governance are weak and over centralised and need broad-based institutional reform as well as focused theme-based inputs. It is probably counter-productive to limit the focus of a reform programme to UNICEF niche areas when the whole service delivery process could be addressed.

²⁷ Some partner organisations, according to an observer, were unable to avail of this much-needed assistance during the emergency.

It is recommended that UNICEF builds on its successful planning so far to include several UN agencies (and others) in a combined programme of assistance to, for example, the Centres for Social Welfare in FYROM.

- * UNICEF continue to monitor their staff capacity in the psychosocial "sector". The Pristina office is recruiting more psychologists but there is also a need to address the huge area and number of sectors being covered by UNICEF field officers and the limitations in terms of time and expert support available to them.
- *The success achieved so far in Kosovo by UNICEF in coordinating psychosocial work and in providing technical assistance to UNMIK be enhanced by **building upon local capacity**. This should aim at more timely and appropriate **psychosocial support in both emergencies** as well as in longer-term programmes (with WHO) in order to build a network of support services. In addition, a **regional** (including the Albanian, Macedonian, Kosovar, and FRY offices) emergency capacity in psycho social work could usefully be considered to **build on strengths UNICEF and partners** have developed during the most recent emergency.
- * The area including the Albania, Kosovo and FYROM office staff meet to discuss substantive programme issues, to share learning from the emergency phase and experience that could inform the ongoing programming. (Applies to all sectors).

5.2.4 Child Friendly Spaces (education, psychosocial, recreation and well baby/health)

- UNICEF lobby the International Community for the systematic inclusion of CFS (i.e. space to provide integrated services - school, well baby, adult and recreation) in the first phase of emergency camp design. As heard repeatedly, day two is too late.
- * The CFS Initiative *not* remain 'packaged' in its current form. The presentation (or more crudely put, the 'marketing') under the label 'CFS' of an integrated approach to providing services to women and children does not seem to have added value. The terminology and concepts are not readily translatable in many languages. The reaction to the CFS packaging in Albania also shows that "Child Friendly Services" is not instantly recognisable as a shorthand way of saying "Integrated Services."
- If UNICEF were to consider implementing CFS in an emergency again, the field capacity to present, support and monitor the initiative be put in place at the earliest stage. Enhanced staff capacity in the field would be required whatever the package, if integrated services were to be systematically provided.

5.2.5 Education

- * UNICEF programme officers meet across the area to exchange experience discuss substantive programme issues in the education sector (and other sectors) and make recommendations for improvements to emergency procedures
- * The issue of untimely delivery of supplies is resolved with operations staff
- * The residual refugee caseload in FYROM maintains access to education, particularly in camps where UNHCR has suspended education programmes (as of September 15 1999) pending movement of the inhabitants.
- * SPHERE standards be followed, including in water and sanitation works in schools that are being rehabilitated.

- Bureaucratic procedures enabling local purchase and speedy payments of, for example, teachers, are available at the earliest point of an emergency/ that partners such as NRC are asked to make upfront payments that can be refunded.²⁸

5.2.6 Supplies:

- A standard supply tracking/monitoring system be established and shared with all UNICEF offices. Targeted training supported with simulation exercises should be established.
- 'Real time' assessment of operational, supply and human resources capacities of offices responding to an emergency be introduced as a *standard* procedure in the organization. Early assessment and where required the strengthening of the supplies and logistics capacity is necessary.
- Local, cross-border and regional procurement be facilitated to a greater extent in emergencies. As part of *preparedness* planning, guidance and training for periodic local and international market research should be provided (e.g. on international standards for core supplies). Lists of potential suppliers and updated prices for relevant supplies should be maintained to allow for rapid local procurement.
- A standard instruction for potential donors, especially National Committees, be established regarding in-kind donations. This should clarify the standards, procedures and contact points within the organization for such donations.
- The Supply Division in Copenhagen be a 'close partner' of field programming staff in the emergency programme planning process, in order to ensure consistently appropriate supplies, in accordance with local conditions and requirements and relevant international standards.

5.2.7 Human resources:

- A roster of experienced emergency staff with appropriate professional and inter-personal skills and understanding of cultural sensitivity be established. This should enable deployments with 72 hours notice to emergencies. A roster of a limited duration of, for example six months during of which the staff member is available for 4-8 week deployment could be an option. During the six-month roster standby period the staff member would be ready to deploy at any time. Supervisor approval would be automatic and pre-agreed for that period.
- Based on existing materials, more extensive, well-targeted²⁹, multi-level emergency training be established to enhance UNICEF planning, implementation and monitoring of emergency preparedness and response programmes. Various levels need to be provided targeted to specific functions – team-leaders, team-members, and by priority function (e.g. supplies and logistics).
- Staff entitlements be clarified for all staff in emergency situations
- All staff travelling to a field office receive all necessary information regarding the situation, security and overall conditions including names of focal points and contact numbers prior to arriving at the field to their field assignment. For staff newly recruited to UNICEF, a basic induction package on UNICEF and their responsibilities and entitlements should be made available before, or exceptionally upon arrival at the duty station.

²⁸ See NRC final report, Macedonia October 1999 outlining this as one of very few criticisms of the generally positive relationship with UNICEF.

²⁹ E.g. for priority offices in emergency prone areas

- A package of basic core materials, such as UNICEF procedures manuals, guidelines, forms, welcome to UNICEF booklet, CRC, etc. be made available automatically to offices in emergencies. This should be in both hard and electronic formats³⁰.
- * The ethnic make-up of the Pristina local staffing be examined with a few to improving the balance between Albanian Kosovars and non-Albanian Kosovars.

5.2.8 Funding

- Options be explored as to how to introduce “a single emergency PBA” which would cover all contributions received for a specific emergency operation. The contribution management of numerous separate PBAs is a very time consuming exercise both at the headquarters and in the field. While donor governments might have reservations about the establishment of a single PBA, it should be pursued at least for National Committee contributions.

5.3 DFID - Lessons

5.3.1 Evaluation in Emergencies

Evaluation of humanitarian aid is increasingly frequent, not to say fashionable. There is a number of lessons to be learned from this particular evaluation.

- Though rarely conducted, joint-donor/partner agency evaluations are feasible. The shared analysis can be enriching, especially if the exercise is well coordinated in preparation and implementation. A multi-disciplinary team including both ‘insiders and outsiders’ of both the donor and partner agencies can produce a healthy mixture of perspective, knowledge, and experience.
- International relief coordination and management are increasingly complex, involving a multitude of increasingly inter-dependent actors. The effectiveness and results of any one actor depend on those of others. Additionally, overall impact often can only be measured meaningfully at the level of a particular situation (e.g. mortality, morbidity and access to education in Kukes in Albania, or in all FYROM). Finally, the multiplicity of evaluations in this crisis suggests that there is a degree of evaluation fatigue in the region. It is therefore recommended that in future emergencies, evaluations be conducted at the level of the overall operation. This is not to the exclusion of highly focused evaluations, which would, however, hopefully be less necessary.
- Ex-post evaluations in emergencies are limited by the rapid loss of institutional memory. Rapid staff rotation compounds the problem. It is recommended that pilot ‘real-time’ evaluations be conducted. This would require the deployment of a small evaluation team in support of agencies during emergencies as a capacity for participatory analysis and strategy development with staff at all levels, especially the ‘deep-field’. ³¹ Such a capacity could act as a catalyst for and support to self-evaluation. It could also support, and where necessary conduct evaluations, be it of the overall operation, or thematically. Naturally, this would be as a complement to existing evaluation, monitoring and oversight systems and capacities within agencies.
- Just as coordination among agencies in actual operations is important, so too is coordination of evaluations among donors. The Kosovo crisis has so far led to almost 30 formal evaluations³². Joint-evaluations, as was conducted for the Rwanda crisis, are recommended. Compared with a

³⁰ This is particularly important for offices that may have lost all their materials in the emergency

³¹ Such a model, while still requiring considerable planning and preparation, was proposed by, among others, Martin Griffiths when he was in Skopje during the crisis.

³² ALNAP London evaluations database

multitude of evaluations, joint-efforts are potentially more efficient and less taxing on agency staff in that the effort is concentrated into a shorter time period.

5.3.2 General

Catastrophe was avoided for the Kosovars in Albania and FYROM. Apart from the immense contribution of the refugees and those that welcomed them, the level of funding made available to a wide range of agencies during this emergency contributed to containing the crisis. It allowed for an unusual and welcome range of services to refugees (such as mobile phone calls for tracing relatives). UNICEF has played its part, *including in Central Serbia*, in favour of victims and refugees, in line with international humanitarian, refugee and human rights law (especially the CRC).

- It is trusted and expected by beneficiaries and practitioners alike that new ground has at last been broken in raising the standards of relief for victims of emergencies and catastrophes worldwide. The very core of humanitarianism is that protection and relief benefit all victims irrespective of colour, creed, ethnicity and geographic (or strategic) considerations. Were this not to be the case, the laments emanating from the plethora of currently under-funded emergencies (in Western Africa, India and the Caucasus, for instance) might lead to an unfortunate degree of cynicism. Humanitarian values and basic human rights belong to all humanity, to be applied universally and transparently.



ITINERARY

Evaluation team-members visited the following locations on these dates. The complete team did not necessarily visit all locations

DATES	LOCATION
21,22/10/1999	London
23-27/10/99	Albania
28,29/10/99	FYROM
30-31/10, 1-4/11/99	Kosovo
12/11/99	London
17-19/11/99	NY
20-26/11/99	Geneva

List of Interviewees

Interviewed by Madeline Greene

Albania

Pablo Zapata	UNHCR
Aurora Busha	UNICEF
Elvana Zhezha	UNICEF
Franz Petutsching	UNICEF
Gentiana Sulo	UNICEF
Benjamin Perks	UNICEF
Manuel Fontaine	UNICEF
Arlinda Ymeraj	UNICEF
Grete Thoro Pedersen	Red Barnet
Representatives	Shkodra
William Mitchell	OSCE
*Hubert	OSCE, Shkodra
Mr. Shima	Municipality, Shkodra
Blendi Gonxha	Ministry of Culture, Youth, Spt
Altin Goxhaj	Albanian Youth Council (AYC)
Brikena Kasmi	Executive Committee Rep., AYC
*Ariane	ICRC
Dr. Zamira Sinoimeri	Ministry of Work & Social Affairs

Macedonia (FYROM)

Abdul Frasheri	School Director
Christine Vuichoud	ICRC
Majke Huijbregts	UNICEF
Nora Shabani	UNICEF

Lyn Williamson	Centre for Crisis Psychology(CCP)
Grete Flakk Slinning	CCP
Lejla Pakkala	UNICEF

Representatives : El Hilal, Albanian League of Women, Handicap International, OXFAM, CARE International, Caritas Germany, Italian Consortium of Solidarity, International Catholic Migration Commission, PSF, GVC, Representatives, The Albanian League of Women, Roma teachers, Dare Bombol, Camp managers, Dare Bombol, Refugee Family, Tetovo

Kosovo

Elke Wisch	UNICEF
Flaka Surroi	UNICEF
Enda Dowd	UNICEF
Miranda Shala	UNICEF
Gordon Weiss	UNICEF
Sabrina Avakian	UNICEF
Alain Kolly	ICRC
Lynette Larson	HCInfoCentre
John Flanagan	MACC
Sarah Warren	VVAF
Betsy Grave	UNHCR
Melissa Brymer	CCP
Fatmire Boshtrakaj	Mines Awareness Trust (MAT)
Ian Clark	MAT
Kate Moynihan	CRS
Marcus Brand	OSCE

Interviewed by Dr. Rob Stevens

Albania

Ken Gibbs	UNICEF
Marianna Bukli	UNICEF
Arlena ?	UNICEF
Franz ?	UNICEF
Luigi Migliorini	WHO
Elleanor Mombiot	Humanitarian Information Centre
Dr Ibrahim Loloci	Institute of Public Health, Albania
Magnus Wolfe Murray	International Medical Corps, Albania
Leonard Solis	MOH
Agan Shehe	MOH
Vassily Teta	MOH
Annabel Shearer	DFID

Macedonia (FYROM)

Raim Kabi	Tetovo
Baranislav Dastevsji	Kumanova
Paul Langford	CAD
Guisseppe Anunziata	UNICEF
Katerina Veron?	UNICEF
Vassiliki Delimitsou	UNICEF

Kosovo

Monica Paslaru	UNICEF
Lulzim ?	UNICEF
Skender Bosniaku	Inst Public Health
Prof Dedushaj	Inst Public Health
Barbara Percy	International Medical Corps
Helene Lefevre-Cholay	WHO

Kirsi Madi and/or John Telford

Albania

Aurora Bushati	UNICEF Tirana??
Benjamin Perks	UNICEF
Dr. Andrea Marto	Dep. Minister of Education Albania
Filipo Greekkk	UNHCR
James Shepard-Barron	ECHO
Jan Wahlberg	UNDP
Jargo Papingji	Director, Ramazan Jarani School
Kastriot Islami	EMG
Manuel Fontaine	UNICEF
Paul Hebert	EMG/UNHCR/OCHA
Roberto Lorenzini???	UNICEF (Rep. Tirana)
Silvia Fadda	Coperazione Italiana
?Antela	UNICEF asst in health project asst. in health. Began in the emergency.
Anila Miria??	UNICEF child friendly spaces

Macedonia (FYROM)

Ed MacLaughney	UNICEF
Elena supplies and vice-chair of regional staff association	
Eric Beaudet	ECHO
Leila Pakala	UNICEF
Pino, Elena ed. and ombudsperson 30/10	
Radu Leontescu	UNICEF
Roberta Canulla	ECHO
M?SASHA??	

Kosovo

Blandine Contamin	UNICEF
Col. Bianchi Italian	Multi-national brigade, Gorazdevac
David Riley	UNHCR
Elke Wisch	UNICEF
Fatmire Boshtrakaj	MAT
Flaka Surroi Ed.	UNICEF
Frederike Seidel	UNICEF
Gilles	ECHO
Gonzalo Retemal	UNESCO
Gordon Weiss	UNICEF
Fatmire Boshtrakaj	MAT

Ian Clark	Mines Awareness Trust (MAT)
Leif Wall	SRSA
Monica Paslaru	UNICEF
Richard Acland	UNHCR
Reze Duli	UNICEF
Sabrina	UNICEF Pec
Stephen Johnson	UNICEF
Sune Wallner	SRSA
Yulia Krieger	UNICEF (Sarajevo Regional Office)

London


Debbie Duncan	DFID
Dr. Ann Doherty	DFID
Mukesh Kapila	DFID
Rob Holden	DFID
Chris Porter	DFID

Geneva

Daniel Endres	UNHCR
Marc Vergara	UNICEF
Marie Heuse	UNICEF
Mireille Girard	UNHCR
Mohamed Mukaled	UNHCR
Martin Griffith	Centre Henri Dunant
Serge Male	UNHCR
Stephen Tull	OCHA/UNHCR 25/11 Gva.
Steven Allen	UNICEF

New York

Alice Otieno-pala	UNICEF
Dan O'Dell	UNICEF
Gareth Aicken	DFID
Isabel Crowley	UNICEF
Karin Sham Poo	UNICEF
Kate Alley	UNICEF
Magdalena Lopez	UNICEF
Nils Kastberg	UNICEF
Nino Brusa	UNICEF
Paul Martin	UNICEF
Peter Buckland	UNICEF
Peter Crowley	UNICEF
Shamsul Farooq	UNICEF
Steve Fazio	UNICEF IT NY?
Steven Jarett	UNICEF
Tenaz Tadour?	UNICEF
Tom Mc Dermot	UNICEF
Wandia Gichuru	DFID
MacKay Wolff	UNICEF



23 February	Failure of Rambouillet talks
19 March	OSCE KVM withdraw
22 March	New influx of refugees into Macedonia begins
24 March	Commencement of NATO air strikes
25 March	New influx of refugees into Albania begins
29 March	ICRC withdraws from Kosovo
16 April	AFOR established (Albania)
24 May	ICRC reopen Pristina office
	Sergio Viera De Mello reports on humanitarian assessment mission to Kosovo
2 June	IRC commence air drops of food for IDPs
5/6 June	ICRC begins direct distribution of food parcels to IDPs
9 June	Military agreement reached between NATO and FRY forces
10 June	Suspension of NATO air-strikes
	FRY starts withdrawal of forces
	UNSCR 1244 on Kosovo adopted
11 June	Spontaneous return of refugees begins
12 June	UN, KFOR and Russian forces enter Kosovo
13 June	First humanitarian convoys enter Kosovo
20 June	FRY forces complete withdrawal
28 June	UNHCR organised repatriations begin from Macedonia
30 June	UNHCR organised repatriations begin from Albania
	Expulsions of Serb and Roma populations from Kosovo begin
16 July	Kosovo Transitional Council holds first meeting
25 October	Kosovo school year starts

1 November 75% of Kosovan children back in school

Refugee and Returnee Flows

DATES	Montenegro (FRY)	Bosnia & Herzegovina	Macedonia (FYROM)	Albania
23	25,000	10,000	16,000	18,500
30	32,500	13,000	20,500	78,500
31	35,000	14,000	28,000	103,500
01	40,000	15,000	43,000	103,500
02	50,000	16,000	43,000	138,000
03	52,000	17,000	108,000	200,000
04	54,000	18,000	109,000	247,000
05	55,000	20,000	110,125	254,813
06	58,000	21,000	111,250	262,625
07	60,000	22,000	112,375	270,438
08	61,000	23,000	113,500	278,250
09	62,000	24,000	114,625	286,063
10	63,000	25,000	115,750	293,875
11	64,000	26,000	116,875	301,688
12	63,000	27,300	118,000	309,500
13	65,500	27,400	116,500	314,300
14	67,200	27,700	116,000	314,300
15	67,200	31,500	117,500	318,000
16	74,200	31,500	122,000	321,000
17	73,000	32,300	129,000	339,000
18	73,000	32,300	132,700	359,000
19	73,500	32,300	132,500	365,000
20	72,000	32,300	127,500	355,000
21	70,000	32,300	130,000	357,000
22	68,200	32,300	132,100	359,000
23	66,500	32,500	133,000	362,000
24	65,700	32,500	133,700	363,000
25	65,700	32,500	135,200	363,100
26	64,300	15,000	136,500	364,500
27	63,800	15,000	138,750	365,500
28	63,300	15,000	142,650	367,200
29	62,800	15,000	154,400	371,000
30	62,400	15,000	160,700	373,400
01	62,000	15,000	174,600	385,900
02	62,000	15,000	181,850	392,200
03	61,700	15,000	193,220	395,600
04	61,900	15,000	204,070	396,300

05	61,700	17,600	211,340	404,200
06	61,700	17,600	201,890	405,360
07	61,700	17,600	230,900	406,000
08	61,700	18,500	230,900	407,100
09	63,200	18,500	228,000	413,100
10	63,200	18,500	241,200	422,700
11	63,900	18,500	238,900	426,600
12	64,400	18,500	231,200	427,000
13	64,300	18,500	234,500	431,100
14	64,300	18,500	233,000	431,500
15	63,500	18,500	231,100	432,800
16	63,400	18,500	230,000	432,900
17	63,300	18,500	229,300	433,000
18	63,300	20,000	226,500	433,000
19	64,000	20,000	226,800	433,300
20	64,000	20,000	226,300	433,400
21	64,000	20,000	226,300	433,400
22	64,000	21,500	225,300	437,000
23	64,000	21,500	232,800	437,600
24	64,000	21,500	237,600	438,000
25	64,200	21,500	246,700	439,500
26	64,700	21,500	252,600	439,600
27	64,900	21,500	252,300	440,600
28	65,100	21,500	251,100	441,000
29	65,100	21,500	250,400	441,500
30	66,300	21,700	250,100	442,100
31	67,000	21,700	250,000	442,000
01	67,600	21,700	249,300	442,400
02	68,400	21,700	248,900	442,600
03	68,900	21,700	248,400	443,100
04	69,300	21,700	247,800	443,300
05	69,300	21,700	247,700	443,500
06	69,400	21,700	247,600	443,700
07	69,400	21,700	247,400	443,800
08	69,600	21,700	247,000	444,000
09	69,700	21,700	247,400	444,200
10	69,700	21,700	245,100	444,200

Source – UNHCR

**Evaluation of UNICEF's performance during the Kosovo crisis
Terms of Reference**

Summary

1. DFID's Conflict and Humanitarian Affairs Department (CHAD) wishes to engage a team of consultants to undertake an evaluation of UNICEF's response to the Kosovo crisis. By concentrating on UNICEF operations in Kosovo, Macedonia and Albania, DFID wishes to identify and disseminate lessons learnt for future UNICEF programme identification, design, implementation and response capacity.

Background:

2. During the Kosovo crisis DFID has provided over £98 million to date in support to Kosovo and Kosovan refugees in the region. Since the end of March DFID has provided UNICEF with £5.25million for the region. This was split between the appeals listed below. These cover both the period when refugees were fleeing Kosovo to Albania and Macedonia and also post 13 June when it was possible to access IDP's within Kosovo and the process of refugee return and return to normality for the people of Kosovo began.

- £250,000 Montenegro (agreed early April)

Activities: Health and nutrition

Education and mines awareness

Children in need of special protection measures

- £1 million Macedonia (agreed late April):

Strategy: promotion of Child friendly spaces in refugee camps, collective centres, refugees with host families and host families themselves

Activities: Health and nutrition

Education

Psychosocial support

Advocacy

- £1 million Albania (agreed early May)

Strategy: promotion of Child friendly spaces in refugee camps, collective centres, refugees with host families and host families themselves

Activities: Health

Watsan

Nutrition

Education

Psychosocial Assistance

- £3 million Regional (agreed early July)

£2 million Kosovo, £1 million regional

Activities: Health and nutrition

Education and mines awareness

Psychosocial care

Cross-sector

Full project documents attached at Annex 1 and UNICEF's summary progress report (June 23) at Annex 2.

3. UNICEF were therefore a key partner for DFID in the humanitarian response to the Kosovo crisis. It is important for DFID to now evaluate UNICEF programmes. This includes examining how UNICEF adapted to the rapidly changing situation, the overall quality and appropriateness of the response and what lessons can be learnt for DFID and UNICEF.

4. Important that any evaluation of UNICEF is seen in the broader context of the recently agreed DFID support to the agency: agreed funding of £9 million to be split equally between 3 projects to improve the capacity of UNICEF to work effectively in the field. The projects are:

- Children in Conflict
- Strengthening Humanitarian Response
- Mines Awareness

5. Purpose of Evaluation

The overarching purpose of this evaluation is:

- To assess the extent to which UNICEF's programmes met their objectives and to draw lessons from this assessment for future improvements
- To assess the extent to which UNICEF's programme objectives fed into DFID's overall strategy for the region.

Secondary purpose is:

- to identify areas of UNICEF management and delivery capacity requiring strengthening; thereby helping UNICEF further define their work plan for the recent funding DFID is providing to strengthen the capacity of the organisation to respond to crises globally (see above). Also, to provide a benchmark of performance upon which any future improvements can be measured

- with the caveat that given the time available it will be impossible for the team to complete a total benchmark appraisal of UNICEF as an agency. However, through evaluating programmes and talking to stakeholders observations will be reached and the team should be flexible enough to focus on particular priority issues which evolve during the mission. Although not the primary focus, the evaluation does present an opportunity to look at the bigger picture and perhaps identify areas which require further attention/investigation in the future.

6. Outputs:

The evaluation will be carried out in accordance with the standard guidance notes provided by Humanitarian Assistance Guidelines (Section D2, pp.31-33), DAC/ODI guidelines and advice from Evaluation Department. The team will be expected to produce a written report of 2 parts:

Part One:

- an assessment of the appropriateness of programme appraisal, design and implementation (i.e. its relevance). Whether this matched UNICEF's perceived comparative advantage in the region (specific questions to be answered: how were target areas/populations targeted; what involvement did beneficiaries/local community have in project design, relevance, effectiveness, efficiency, impact and sustainability)
- an assessment of the effectiveness, efficiency, impact and sustainability of interventions (including special emphasis on child friendly spaces)
- Did the programmes fit within UNICEF's stated principles and working practices
- an assessment of local management and delivery capacity (also see part 2), adequate staffing levels,

familiarity of staff with the region and to assess the commonality in project cycle management between both different sector projects and different country projects

- an overview of the cost effectiveness of the contribution and whether the programme approach provided the most effective means of achieving the programme purpose.
- to examine how UNICEF adapted to the changing patterns in refugee caseload, including the return process
- An assessment of UNICEF's level of coordination with other agencies, Government, NGOs and external links with other stakeholders
- Quality of internal reporting to HQ and reporting to DFID/other donors
- a qualitative review of any particularly significant social, economic and political impacts of the programmes that were not explicit in the programme objectives, considering in particular the programme's impact on
 - (a) inter-ethnic relationships
 - (b) relations between host and refugee populations
 - (c) on poverty and vulnerability in the area
- an assessment of DFID's relationship with UNICEF - what could DFID have done better

Part Two:

- Although not the primary focus of the evaluation it is inevitable that by evaluating the programming details and talking to stakeholders, generic conclusions will be reached on the general performance of UNICEF in the region. Thus areas requiring strengthening will be identified which could improve UNICEF's delivery capacity (bearing in mind para 4 above).

7. Activities:

The team will be given 2 days pre visit for briefing, research and will be asked to respond to the TORs with a short approach paper setting out key evaluation, objectives, issues and methodology. Within this approach paper the consultants will also suggest and agree useful deliverables with DFID and UNICEF.

Methodology for consideration by the consultants:

The team will be expected to undertake oral briefings and conduct interviews with the following:

- local UNICEF programme offices
- UNICEF partners (including lead agency and local NGOs both in camps and in the community)
- DFID Tirana, Macedonia and Albania
- Meet with beneficiaries, focusing on children and women (e.g. individuals, Ministry of health, local health and education officials)
- also meet with non beneficiaries e.g. host communities

And to conduct substantial field visits during a 12 day mission to the region, split between 3 days in Albania, 1 day in Macedonia and 5 days in Kosovo. In some circumstances the relevant camps may have closed in which case it would be useful to contact partner NGOs even if back in the UK.

Although the evaluation is concentrating on Albania and Kosovo (with a short stop in Macedonia) there is value in also contacting Montenegro for any generic lessons.

7. Timing:

Draft timetable:

Starting in London	Friday 22 October
Travelling to Albania	Sunday 24 October
To Macedonia	Thursday 28 October

To Kosovo
To London

Saturday 30 October
Friday 5 November

Important to undertake this before the end of October. In October UNICEF will be producing a work plan for our recent funding to strengthen the organisation areas of humanitarian response, mines awareness and children in conflict. It would be of great benefit to have the evaluation completed before then allowing any results to be incorporated into the work plan.

An October evaluation also fits into UNICEF's schedule.

8. Skills required:

A team of 4 people would be required:

1. Health specialist - Rob Stevens
2. Social Development Specialist - Madeline Greene
3. Professional evaluator - John Telford
4. UNICEF rep, from Emergency section Geneva (regional officer)- Ms Madi

The same team would be expected to complete both the Kosovo, Albania and Macedonia parts of the evaluation, but to utilise the skills and experience within DFID Pristina, Skopje and Tirana as relevant.

9. Management requirements:

Overall management of the study will be the responsibility of DFID's Conflict and Humanitarian Affairs Department, who will contract and supervise the team (Contact Chris Porter + 44 171 917 0061)

Nutrition and health survey of Kosovar refugees in the camps in FYR Macedonia.

Woodruff BA, McBurney R, Janeva N, Stojanovska B, Venovska KUNHCR, UNICEF, Action Against Hunger and Institute of Mother and Child Health, Skopje. May – June, 1999.

Table 15. Measles vaccine coverage and coverage of camp-based vaccination programs among children < 5 years of age. Kosovar refugees in camps in FYR Macedonia, May – June, 1999

Vaccination		Brazda n=302		Stankovac II n=161		Cegrane n=159		4 Smaller camps n=148		Weighted average for all camps (95% CI)	
		Number	%	Number	%	Number	%	Number	%	%	
Ever vaccinated against measles (ages 12-59 months)	Yes, by mother's report or card	191	63	117	73	122	77	122	82	75.3	72.0 – 78.4
	Vaccinated in camp (children < 48 months of age	143	46	98	61	146	87	140	86	74.3	70.9 – 77.6

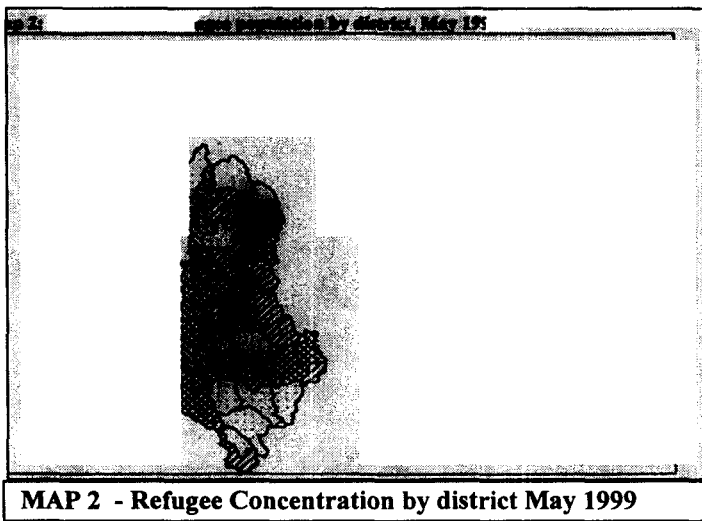
**Ministria e Shendetesise
Se Republikes se Shqiperise**

**WHO
UNICEF
BIOFORCE Militaire Francaise
Institut de Veille Sanitaire**

**Assessment Of Measles And Polio Immunisation Coverage
After The Accelerated Immunisation Campaign
Kukes, April 1999**

Table I : Estimation of immunisation coverage rates in Kukes city (Albania), May 1999.

	Nationality	Source of information *	Immunisation coverage rate (%)	95% CI	% immunised before Immunisation Campaign	% immunised during Immunisation Campaign	% immunised after Immunisation Campaign
Measles	Albanian	According to mothers	80.9	74.0—87.9	31.4	60.1	8.5
		According to IIC*	69.5	60.4—78.7			
	Kosovo	According to mothers	90.1	86.0—94.3	17.0	75.8	7.1
		According to IIC*	85.4	80.0—90.9			
Polio	Albanian	According to mothers	73.0	59.7— 86.3	37.3	57.6	5.1
		According to IIC*	59.0	44.8—73.2			
	Kosovo	According to mothers	81.0	74.3— 87.7	16.5	75.9	7.6
		According to IIC*	79.0	70.0—88.0			



**ANNEX
F.3. –
HEALTH
SECTOR
STATISTICS**

District	Quintile	AMX/AMP	Vit C	ORS
Kukes	1	16000		39000
Durres	2		12000	1000
Elbassan	2		12000	1000
Kavaje	2			1000
Lezhe	2			1000
Shkoder	2		12000	1000
Berat	3	4000		5000
Diber	3			1000
Korce	3		12000	1000
Kruje	3			1000
Lushnje	3			1000
Mallakast	3			1000
Tirane	3	3000	12000	7000
Viore	3		12000	1000
Bulqize	4			1000
Devoll	4			1000
Librazhd	4			1000
Mat	4			1000
Peqin	4			1000
Puke	4			1000
Sarande	4			1000
Skrapar	4			1000
Delvine	5			1000
Gjirokaster	5		12000	1000
Gramsh	5			1000
Kolonje	5			1000
Kucove	5			1000
Mais Madi	5			1000
Mirdite	5			1000
Permet	5			1000
Tepeiene	5			1000
Totals		23000	84000	79000

* Taken From Health Talks 12, Health Co-ordination Meeting Minutes, 30th June, WHO and Ministry of Health, Albania.

Blank



ARI	Acute respiratory infection
BMS	Breast milk substitute
CDD	Communicable diarrhoeal disease
CFS	Child Friendly Spaces
DFID	Department for International Development
ECCD	Early Child Care Development
EMG	Emergency Management Group
EPI	Expanded Programme of Immunisation
FRY	Former Republic of Yugoslavia
FYROM	Former Yugoslav Republic of Macedonia
HA	Health Authorities
ICRC	International Committee of Red Cross
IPH	Institute of Public Health
IRC	International Rescue Committee
NGO	Non Governmental Organisation
NRC	Norwegian Refugee Council
OPV	Oral Polio Vaccine
ORS	Oral Rehydration Salts
OSCE	Organisation for Security and Cooperation in Europe
PHC	Primary Health Care
SRSA	Swedish Rescue Services Agency
UNHCR	United Nations High Commission for Refugees
UNICEF	United Nations Children's Fund