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Summary of midterm reviews and major evaluations of country programmes

South Asia region

Summary

The present report was prepared in response to Executive Board decision 1995/8 (E/ICEF/1995/9/Rev.1), which requested the secretariat to submit to the Board a summary of the outcome of midterm reviews (MTRs) and major country programme evaluations, specifying, inter alia, the results achieved, lessons learned and the need for any adjustments in the country programme. The Board is to comment on the reports and provide guidance to the secretariat, if necessary. The MTRs and evaluations described in this report were conducted during 2005.

Introduction

1. The MTRs conducted in 2005 covered the country programmes of cooperation for India and Maldives. The major evaluations for 2005 included in this report are a country programme review, three evaluations, and an assessment. Three of these evaluations relate to emergencies, a major issue in the region, and one is focused on reaching the excluded, which is a major programming challenge for improving the situation of children and women in South Asia.

* E/ICEF/2006/18.

Midterm reviews

India

2. **Introduction.** The 2005 MTR of the Government of India-UNICEF country programme for 2003-2007 was based on comprehensive analysis of actual results compared with planned results for each programme and project at the state and overall country programme levels. The exercise was coordinated by an MTR Steering Committee chaired by the Government's Secretary of the Department of Women and Child Development. The process began with project and state office reviews in the second quarter of 2005 and continued with programme appraisals in September 2005. These reviews were then linked with an assessment of the operational aspects. The review and discussions involved Government counterparts at state and national levels as well as other partners, including sister United Nations agencies and non-governmental organizations (NGOs) and civil society organizations (CSOs). Children also participated, including in West Bengal, where they offered their opinions through an age-appropriate means. Assessments, studies and evaluations completed during the first half of the programme cycle were useful inputs, as were the outcomes of previous mid-year and annual reviews. Global and regional documents, including Executive Board papers and the UNICEF medium-term strategic plan (MTSP) for 2006-2009 were key reference materials. As a result of the inclusive process, a high level of agreement was achieved among partners involved, and the MTR meeting itself took place in a very cooperative atmosphere under the chairmanship of the Government of India.

3. **Update of the situation of children and women.** The rapid growth of the Indian economy since the early 1990s and the increased commitment of the Government to social development were expected to accelerate the realization of children's rights. Significant improvements have been made in the social sector: the near-eradication of polio, an increase in literacy rates and an appreciable increase in the enrolment of both boys and girls in primary school. However, other indicators continue to lag, and inequalities are becoming more pronounced, as certain segments of the population (especially girls, scheduled tribes and castes, and people living in disadvantaged states) do not fully participate in, or benefit from, the economic growth and social development process. Progress has been particularly slow in areas requiring systemic changes to assure access to and delivery of quality basic services and the promotion of sustainable changes in the behaviour of caregivers of children. The HIV/AIDS epidemic continues to accelerate and to pose a significant threat to children and women. With growing disparities, child protection issues are also becoming more pronounced. Consecutive and extensive emergencies such as the tsunami, flooding and earthquakes have adversely affected the lives of children. As things stood at midterm, the targets for many indicators under India's ambitious Tenth Five Year Plan for development, 2002-2007, (initiated in 2003) were not to be met by 2007. The same applied to many targets of the Millennium Development Goals targets for 2015.

4. **Progress and key results.** The **reproductive and child health programme**, through the Integrated Management of Neonatal and Childhood Illness (IMNCI), has demonstrated the effectiveness of a mix of activities, based in communities and health facilities, to improve newborn care practices at home, care-seeking during illness and appropriate and prompt treatment during illness. The adapted child survival and nutrition promotion strategy of the IMNCI has the full endorsement of

the World Health Organization (WHO). IMNCI aims to improve household practices and service delivery at the village level through the skill enhancement/training of local resource persons. This training enables them to provide counselling and better advice to parents on the care of infants, as well as to improve their own skills related to the identification, classification, referral and treatment of major diseases. IMNCI, piloted in seven districts in the country, has produced measurable results on increased quality referral and access to treatment. Preliminary evidence indicates a decrease in neonatal mortality and an improved performance of the health system.

5. At the national level, there has been significant progress towards the eradication of polio, including a reduction in the number of cases of wild polio virus, from 1,600 cases in 159 districts in 2002 to 45 cases in 26 districts in 2005. A broad-based partnership with WHO, Rotary International and other partners, under the leadership of the Government, has been invaluable in the achievement of this result. An evaluation of the extensive social mobilization campaign of UNICEF concluded that the intensive campaign, including house-to-house visits, has improved coverage and has contributed to the near-universal coverage through repeated immunization days.

6. High rates of malnutrition of children (47 per cent overall) continue to be a major challenge addressed through the **child development and nutrition programme**. Nevertheless, in many parts of the country, notable successful models have been developed for reducing malnutrition, and important policy developments have occurred. An effective community-based programme model has been implemented in various states (adapted to local conditions), which in some cases has reduced malnutrition rates by up to 10 per cent in just two years. The programme also contributed to the renewal of the National Guidelines on Infant and Young Child Feeding in 2004, based on the WHO/UNICEF global strategy, and its adaptation in major states. Intersectoral policy dialogue that included CSOs also contributed to the safeguarding of the Infant Milk Substitutes Amendment Act in 2005. A similar dialogue contributed to the Government's decision to reinstate the ban on the sale of non-iodized salt for human consumption. Vitamin A supplementation was supported through a strengthening of the routine immunization system and the delivery of other services, resulting in an increase in the coverage rate nationwide from 17 per cent in 1999 to 45 per cent in 2004. UNICEF contributed supplies, management inputs, including technical assistance, and the implementation of communication strategies.

7. In response to the high levels of anaemia among adolescent girls, iron supplementation programmes were supported through the Integrated Child Development Services and schools in 11 states, including through the provision of supplies and support for management, planning, communication and monitoring implementation. State-wide supplementation using Government resources has taken place in the states of Tamil Nadu, Orissa, Andhra Pradesh and Gujarat. A performance and impact review indicated that a reduction in anaemia of 10-25 per cent was achieved among 8.7 million girls at a cost of \$0.25-\$0.80 per girl per year.

8. The **child environment programme** has contributed to an increase in sanitation coverage in several states, although the national average remains low at approximately 33 per cent. A national communication strategy for the Total Sanitation Campaign, including use of mass media and interpersonal communication, has been developed and is being implemented in nearly all states

with the support of the programme. While access to water is relatively high in India, at 85 per cent, a significant number of public water supplies disseminate unsafe water. With the support of the programme, water-quality testing and mitigation efforts have been scaled up, focusing on arsenic and fluoride.

9. The **elementary education programme** has contributed to an increase in enrolment over the past decade. There has also been a reduction in disparities between boys and girls and an increase in retention. However, completion is hampered for many students by the poor quality of education. In response to this challenge, work has begun on defining components of a 'quality package' and on establishing a monitoring system for school performance. With support from the programme, School Sanitation and Hygiene Education has been mainstreamed into national sanitation and water supply programmes.

10. The **prevention of HIV/AIDS programme**, implemented with the Joint United Nations Programme on HIV/AIDS (UNAIDS) and other partners under the leadership of National AIDS Control Organization, has helped to mobilize political will and administrative commitment among various actors, who have achieved consensus on key medium-term priorities. Education for HIV/AIDS prevention among adolescents has been mainstreamed in schools.

11. Communication strategies, including interpersonal techniques, and materials to empower families and communities with appropriate knowledge and skills for improving the care and protection of children, have been developed and piloted under the **child protection programme**.

12. **Resources used.** From 2003-2005, \$89.8 million was spent in regular resources; \$168 million in other resources; and \$21.5 million in emergency other resources.

13. **Constraints and opportunities affecting progress.** Weak management systems, including programme delivery and monitoring mechanisms, particularly in disadvantaged states and high-mortality districts, is a constraint that needs to be addressed by all partners to accelerate results for children. Effective strategies are needed to address the shortage of skilled workers and the particularly uneven geographic deployment, which result in reduced coverage of workers in remote and disadvantaged areas. With a predominantly vertical, issue-specific approach to service delivery (including, for example, over 200 centrally sponsored schemes), there is a low level of collaboration and synergy between programmes and services and among service providers within communities. Initiatives by individuals in some states and districts have opened opportunities for improving service delivery through stronger collaboration between the Department of Women and Child Development and the Department of Health and Family Welfare. The challenge now is to provide evidenced-based documentation of this experience for use in broader planning and policymaking. Recent successes by UNICEF in engaging the Government and other partners in dialogue have formed a good basis for further dialogue related to policy, systems development and governance, and for progress for children.

14. **Adjustments made.** The MTR reconfirmed the validity of the country programme's objectives and strategies as presented in detail in the master plan of operations (MPO). The key adjustment was, therefore, to strengthen the alignment with the Millennium Development Goals and MTSP. In order to accelerate progress

towards the achievement of the national development targets and the Millennium Development Goals, renewed efforts were begun to reduce the gap between Government and partner outlays and development outcomes for children. For this purpose, efforts to improve relevant planning, monitoring and management capacities and systems will be accelerated. In response to the increased disparities in the country, the country programme will emphasize the promotion of social inclusion by focusing on the most disadvantaged children and also by addressing the underlying and structural causes of the disparities to the extent possible. A key component of this approach will be the promotion of social mobilization and behaviour change among households to harness local efforts and resources for children. Responding to further analysis of the situation of children, the programme will also accelerate support to addressing HIV/AIDS and broaden its approach to issues related to child protection.

Maldives

15. **Introduction.** Two years into implementation of the country programme of cooperation between the Government of the Republic of Maldives and UNICEF (2003-2007), the tsunami hit on 26 December 2004. The disaster and its aftermath drastically impacted the rights of children and women and consequently changed programme challenges and strategies. Therefore, in addition to addressing the original programme, the MTR included the tsunami and its impact, and post-tsunami programming. To guide the MTR process, the Government and UNICEF developed a joint concept paper and work plan. An updated situation analysis of children and women was prepared and a rapid country programme evaluation took place with support from UNICEF headquarters and the South Asia regional office. Also carried out were an external evaluation of the UNICEF tsunami response and an internal audit focusing on the management of the programmatic and operational response to the disaster. The recommendations from the reviews and evaluations fed into the MTR process. Reviews at all points involved Government officials, UNICEF, and other partners, including United Nations agencies. The final MTR meeting was chaired by the Government.

16. **Update of the situation of children and women.** Social and economic development in Maldives has been shaped by its distinct geography. The country consists of 26 natural atolls and 1,192 coral islands, of which 200 are inhabited and 87 are used for high-end tourist resorts. A fourth of the population of 270,100, lives in the capital, Malé. About half of the population is under 18 years old, and two out of three Maldivians are younger than 25. The 2005 Maldives country report on the Millennium Development Goals indicated that the country has made substantial progress towards achieving the Goals. Prior to the tsunami disaster, the country was scheduled to graduate from the Least Developed Countries group; this step has now been deferred. The tsunami increased the vulnerability of children and women. In addition to dealing with the trauma itself, the country faced challenges relating to displacement and hosting of internally displaced people, which augmented the pressure placed on the family and increased the risks for violations of children's rights.

17. Almost two years after the tsunami, Maldives is recovering but still grapples with other emerging social challenges. While growing up in a steadily more prosperous and developed country, young Maldivians are experiencing some of society's more troubling aspects in the form of youth unemployment and an

emerging drug culture. In addition, compared with urban children, rural children face more difficulties: fewer opportunities for survival, growth, development and participation; limited access to quality health care (in the peripheral islands); high malnutrition rates; the destruction of health, education, and water supply services due to the tsunami; the contamination of groundwater; the non-return of expatriated professionals (teachers and health staff) to islands following the tsunami, and increased substance abuse. The current climate of transition to democracy should, however, afford greater freedom of expression, tolerance, promotion of respect for the rule of law, and the stronger realization of child rights. The expected passage of the amended Bill of Human Rights by Parliament will strengthen the work of the National Human Rights Commission and facilitate the much-needed review of the legal system regarding human rights, in particular the rights of children.

18. **Progress and key results.** By midterm, the most significant results achieved by Government, with UNICEF support, related to the timely tsunami response. Re-establishment of the cold chain and vaccine supplies were the key emergency response activities of UNICEF. In the post-tsunami era, UNICEF has focused on supporting the Government's rebuilding efforts. UNICEF is supporting a Back to School initiative that is helping the Government to reopen schools and the provision of safe water through reverse osmosis units and rain water-harvesting tanks. Statistics on the still-fluid situation are not available to pinpoint results, but clear process-related actions have been or are being taken to build a solid foundation for social development and the realization of child rights. A draft integrated early childhood development policy is in place, and a media campaign is under way to engage communities in improving caring practices for children. These efforts are being enhanced by the training of caregivers and the establishment of model child-friendly preschools, with both activities contributing to efforts to create a nurturing, caring and protective environment for the youngest children. Vaccination coverage has been sustained at above 95 per cent, and school hygiene promotion packages are being developed and piloted in priority islands. A biological waste water treatment system and child-friendly learning activities are under pilot. A pilot child protection system has also been established, featuring family conferencing as an alternative form of justice for juvenile offenders and community-based rehabilitation centres for children with disabilities, which were established in selected islands.

19. **Resources used.** The annual programme expenditure in 2003 was about \$600,000, and around \$800,000 in 2004. The expenditure increased twenty fold in 2005, to \$16 million.

20. **Constraints and opportunities affecting progress.** The non-return of atoll-based expatriate professionals in the education and health sectors has severely weakened the Government's capacity to deliver and sustain quality health and education services. As of November 2005, only 25 per cent of (approximately 680) expatriate teachers resident in the island schools had returned to Maldives. UNICEF experienced shortfalls in its own capacity after the tsunami, relying on support from deployments on short mission and therefore suffering from a lack of continuity in programme and operational implementation. The uniquely dispersed nature of the country's populations presents enormous and expensive logistical constraints during regular programming periods. The acute shortage of suitable local supply sources, transportation services and warehousing placed a severe strain on relief distribution efficiency and effectiveness. Overall, gaps in legislation and the lack of clear guidelines and policies are cross-cutting constraints negatively affecting all sectors

and hindering efforts to deal with several emerging issues, such as increased juvenile crimes, substance abuse and environmental degradation.

21. **Adjustments made.** A number of adjustments have been made to the Country Programme Action Plan in alignment with the draft Seventh National Development Plan of the Maldives, the Millennium Development Goals, the MTSP and the United Nations Development Assistance Framework (UNDAF) results matrix:

(a) The quality education programme and pre-primary component of the early childhood development programmes have been merged to facilitate the scaling-up of the child-friendly school initiative, strengthen in-service teacher training and promote inclusive pre-primary and primary education policy reform;

(b) The health and nutrition programme has been expanded to incorporate the early childhood development programme component relating to children under three years old, with a dual focus on national policy and planning as well as community-based interventions;

(c) Water and environmental sanitation is now a stand-alone programme with technical service delivery components that address sustainable safe water provision, holistic sanitation solutions, environmental education and policy reform;

(d) The child protection programme has been expanded to address the growing livelihood concerns of adolescents in addition to the continued reform of the juvenile justice system and protection of vulnerable children and adolescents from abuse and exploitation;

(e) A new cross-sectoral programme encompassing communication, advocacy and planning is proposed to position the issues of Maldivian children in national and international media, to pursue human rights-based advocacy and State Party obligations under human rights conventions and to ensure that all policy reforms uphold the “best interests of the child”. This programme will encompass emergency preparedness planning, joint United Nations planning (Common Country Assessment/UNDAF) and national planning coordination functions for all sectors;

(f) Monitoring functions will be substantially strengthened through the proposed creation of a field-based monitoring team. To ensure proper oversight of the delivery and implementation of supplies to the islands, it is proposed to base the field monitoring team in all five regions of the country. The monitoring reports will be compiled and analysed monthly, using a specially designed programme-monitoring database to guide timely adjustments and enhance programme delivery.

Major country evaluations

Real-time evaluation (RTE) of the cluster approach to the earthquake in Pakistan

22. **Reasons for the evaluation.** In 2005, the Inter-Agency Standing Committee (IASC) ad-hoc working group proposed that United Nations agencies lead nine “clusters” to identify and fill humanitarian assistance “gaps” in a predictable and accountable manner and act as the “provider of last resort” in all international humanitarian response operations, beginning in 2006. However, the United Nations Disaster Assessment and Coordination Team, the Humanitarian Coordinator and the United Nations country team (UNCT) decided to apply the spirit of the cluster approach as the framework for the emergency response to the Pakistan earthquake

of October 2005. In November 2005, the IASC working group requested an inter-agency RTE on the practical application of the cluster approach in Pakistan. An eight-member IASC group that included UNICEF carried out the evaluation to elicit feedback on the effectiveness of the cluster framework, to recommend any reorientation in its implementation, and to derive lessons for its ongoing global development and refinement.

23. **Summary of design and methodology.** A key stakeholder analysis was used that surveyed more than 80 active participants in the cluster structure, including members of the country team, cluster leads and members, Government officials, agency headquarters staff, NGOs and institutional donors. The evaluation took place in Pakistan, from 10 to 20 February 2006, in Islamabad, Muzaffarabad, and Mansehra. The team attended several coordination meetings to observe the clusters in action, held two meetings with stakeholders and invited comments from the UNCT.

24. **Findings, lessons learned and recommendations.** Since Pakistan had strong pre-existing national response capacities in place, the validity of the evaluation's findings may apply more to emergencies in similarly prepared countries. It was determined that although the early performance was uneven, the cluster approach provided a recognizable framework for coordination, collaboration, decision-making, and practical solutions in an otherwise chaotic operational environment. However, insufficient guidance from agencies' headquarters and a lack of clarity on roles and responsibilities in the initial stages was a major challenge. The understanding of the cluster approach, particularly the notion of "provider of last resort" was thus inconsistent among agencies, and cluster responsibilities and agency mandates lacked clarity in implementation. Furthermore, to widen the approach beyond that of a United Nations exercise, participation in clusters needed to involve NGOs, international financial institutions, government offices, and donors more systematically. The success of the relief effort was largely due to the competence of the Government of Pakistan and its military institutions. Clusters that had designated Government counterparts and those with a technical emphasis performed well, drawing from institutionalized best practices. Other clusters were challenged in addressing the cross-cutting issues: gender, human rights, environment, participation, and monitoring and evaluation. These issues largely fell between the cracks. Planning, information-management, and gap identification were weak, as was coordination, especially in the early stages.

25. A potential conflict of interest existed when the cluster lead was attracting resources for the cluster while raising money for its own agency, thus hindering the potential the cluster approach offers for better planning and costing and more reliable funding appeals. An early start to recovery did not receive priority in the face of overwhelming life-saving demands, and clusters were assumed to continue beyond the emergency phase in some form. In the early days of the response, issues of personal authority, leadership experience, and facilitation skills hampered some aspects of cluster implementation.

26. Based on the above findings, **recommendations** were made for the various stakeholders. For the IASC Principals, the recommendations were to reinvigorate high-level efforts to coordinate with international financial institutions and to initiate a review of coordination arrangements. Recommendations for the IASC working group included the following: ensure that the cluster approach is

incorporated in all IASC members' operational manuals and guidance and make these widely available; develop cluster toolkits and guidance for policy as well as common planning and assessment formats, minimum standards and benchmarks, and make these available to support the application of the approach in the field; further define camp coordination; and clarify the potential for the Central Emergency Response Fund to support funding for the early deployment of dedicated cluster-lead personnel and other key staff.

27. For the global cluster chairs, the recommendations included the following: ensure that the initiation of clusters are limited to and are based on filling identified gaps, and establish an exit strategy for phasing out the clusters; and provide guidelines for an integrated planning, monitoring and evaluation system. Regarding the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), the recommendations included leading efforts to mobilize resources for the cluster approach at the upcoming IASC appeal so that planned work could be implemented; engage donors in cluster approach discussions and advocate for resources for this new way of doing business. A recommendation for the Pakistan country team was to initiate more robust inter-cluster contact, especially between hubs and Islamabad. It was recommended that the cluster leads establish a results-based planning monitoring and evaluation system to help identify and fill gaps and to review performance against agreed results. It was also recommended that OCHA redefine its role as humanitarian information centre for the cluster system and relocate resources and personnel to field hubs.

28. **Use made of the evaluation.** The IASC Principals, IASC working group, and Pakistan country team have responded with actions to implement the recommendations. The recommendations have been agreed as high, low and medium priority, and time frames for action have been set for almost all by end-2006. The recommendations above were given high priority; other recommendations being acted upon were given medium or low priority.

29. UNICEF identified priority actions for the IASC working group, the Global nutrition cluster and the Global data communication cluster. UNICEF has also identified specific inputs for actions and products to be delivered under the above recommendations. For example, in response to the recommendation on incorporating tools and guidelines and other inputs in all IASC operations documents, UNICEF contributions included incorporating the cluster approach in several ways: (a) the revision of the Core Commitments for Children (CCC) in Emergencies (end-2006); (b) the training primer on the CCC currently being developed (June 2006); (c) the work of indicator development that is under way; (d) efforts to increase the number of interdivisional mechanisms at UNICEF headquarters addressing the cluster approach; (e) rapid assessment guidelines being developed, which will be used as a template for IASC cluster rapid assessment guidelines; and (f) systematic discussions with pilot countries. The UNICEF nutrition section will complete, by end- 2006, prioritized activities covering a number of recommendations. The data communication cluster of UNICEF will finalize, by end-2006, a complete cluster toolkit and guidance on linkages and accountabilities, inter-agency technical standards, performance benchmarks and similar guidance mechanisms.

30. On the recommendation to initiate clusters only as means to fill gaps, the UNICEF nutrition cluster has begun to identify the scope of cluster responsibility

and inter-linkages with existing sectors (food and agriculture) in order not to “over clusterize”. As part of the cluster toolkit, response triggers will be developed for cluster initiation as well as an exit strategy. On the recommendation to establish a simple template for rapid needs-assessment and a rollout mechanism for more detailed assessments after the initial phase, the nutrition cluster has created a sub-working group to assess existing assessment tools and recommend one for cluster endorsement. These tools are currently being field-tested. UNICEF has also developed an intersectoral rapid assessment tool with PDA data-entry capability. There is scope for this tool to be endorsed by the cluster as an inter-agency rapid assessment tool for clusters, coordinated by OCHA.

Evaluation of the UNICEF response to the tsunami emergency and initial recovery phase

31. **Reasons for the evaluation.** The tsunami of December 2004 killed 227,000 people, of whom more than a third were children; displaced 1.7 million people; and cost \$10 billion in damage. UNICEF responded to the disaster in eight countries. This evaluation, coordinated by UNICEF headquarters, focused on the response in Sri Lanka, Maldives and Indonesia, where 87 per cent of financial allocations were made, while gathering information from five other countries. The evaluation had several overall purposes: (a) identify major achievements of the response, focusing on the initial and early recovery phase; (b) note constraints and gaps in the response; and (c) highlight potential policy implications for the future.

32. **Summary of design and methodology.** The evaluation was carried out by a team of external evaluators over six months using the CCC as the main framework. The response was assessed against the CCC, based on information gathered through document reviews; interviews with UNICEF staff, key stakeholders, other United Nations organizations and partner organizations, internally displaced persons and members of host communities; and observations in the focus countries and the regional offices.

Findings, lessons learned, and recommendations

33. UNICEF made a significant contribution to the collective response in all eight countries, particularly when the organization drew on its pre-existing relationships with Governments and other partners. The response was generally both appropriate and relevant. Funds were quickly mobilized. By the end of December 2005, \$219 of the \$656 million received had been spent — 79 per cent of the planned allocation for 2005. By December 2005, 3.5 million affected children and women had been assisted. The response contributed to the prevention of serious communicable disease outbreaks, to the quick return of children to school, to the prompt registration of separated and unaccompanied children and to the protection of children and the safeguarding of their psychological well-being. In water and sanitation, UNICEF was unable to fully meet its lead role obligations for coordinating that sector.

34. The investment of UNICEF in humanitarian response capacity-building, supported by the Department of International Development (DFID) and the European Commission Humanitarian Office (ECHO), has shown positive results, particularly in areas such as headquarters capacity for monitoring and response, information technology and security management. The efficiency of UNICEF

responses was mixed. For example, in Ache, the distribution of mosquito nets led to a measurable decrease in malaria, whereas in Maldives, at least a third of the 4,000 rain-water-harvesting tanks distributed by UNICEF were not installed during the critical rainy season because UNICEF had not assigned the implementation responsibilities of partners.

35. This evaluation also showed, as have several others, that there is much work still to do. Important issues need to be addressed as part of an adequate standing response and surge capacity mechanism at all levels. There is need, for example, to shift focus away from processes, delivery, and outputs towards the achievement of impacts and to balance risk-aversion with the need to meet humanitarian needs and achieve results. In addition, financial, administrative, operational and programme procedures and processes need to be better adapted to humanitarian response situations. UNICEF must also work to overcome human resource “transition gaps” that exist between the initial response and longer-term requirements. It is also important to ensure stable and predictable donor funding within the context of developing good humanitarian donorship.

36. The contribution of UNICEF to the response was enhanced by the availability of experienced staff, a strong field presence and rapidly available in-country relief stocks. Pre-existing partnerships with governments and NGOs were a major strength, except in Ache, where local government capacity was severely stretched. UNICEF partnerships with international NGOs were effective for strategy and coordination, but not for implementation, which was marred by bureaucratic procedures. The provision of emergency relief items at an impressive and complex scale was on the whole timely. In contrast, the limited emergency logistics capacity of UNICEF was overstretched.

37. The evaluation made a series of recommendations regarding organization-wide issues and specific country programmes. The recommendations have been internally validated and will be aligned with other frameworks, including the MTSP, ongoing organizational reviews, and in the wider context, reforms to the United Nations humanitarian architecture. The recommendations were detailed on strengthening the focus on results, on developing human resources capacity and on ensuring robust operations support, emergency preparedness, assessment and planning, beneficiary participation and monitoring and evaluation. Recommendations also covered actions to improve sector-specific response.

38. **Use made of recommendations.** Two country offices in the region, Maldives and Sri Lanka, have provided written management responses that pinpoint responsibilities and timing for each of the applicable recommendations, thereby setting an example for others countries in the region. The two countries have taken most of the recommended actions, particularly in strengthening results-based management, consolidating programme interventions and expanding coverage to excluded groups; in Maldives, actions have also included working with partners to strengthen the water and sanitation cluster and monitoring it through *DevInfo*.

Assessment of school sanitation and hygiene education in Nepal

39. **Reasons for assessment.** As part of a global initiative to promote School Sanitation and Hygiene Education (SSHE), UNICEF and the International Water and Sanitation Centre have supported a SSHE programme in six countries (Burkina Faso, Colombia, Nepal, Nicaragua, Viet Nam and Zambia). SSHE is expected to

increase latrine coverage in schools and improve the hygiene behaviour of children through a participatory approach, leading to better health conditions among schoolchildren and improved education for both boys and girls. In Nepal, the programme had gradually expanded over the last five years to cover the 15 UNICEF-supported districts.

40. **Summary of design and methodology.** In 2005, a participatory assessment of the SSHE initiative in the six countries was conducted to identify strengths and weaknesses of the programme as part of an effort to scale it up. The assessment in Nepal, undertaken in seven districts, covered 71 schools– 64 SSHE programme schools and 7 non-programme schools. Change was measured in relation to baseline and comparison districts. Using a variety of participatory tools, the assessment team, together with the stakeholders, examined the cleanliness of the facilities and environment and the hygiene behaviour of children both in the sampled schools and surrounding communities.

41. **Findings, lessons learned and recommendations.** Programme schools performed very well, regardless of geographic location, compared with non-programme schools. Over 90 percent of programme schools showed positive results: sufficient numbers of child- and gender-friendly latrines and urinal facilities; good operation and maintenance schemes; adequate water supply facilities; child clubs to promote hygiene and sanitation in schools and communities; and satisfactory levels of personal hygiene. By contrast, although latrines were found in all non-programme schools, none had urinal facilities or routines for maintaining cleanliness. In those schools, water supply facilities were poor, knowledge and practice of personal hygiene was lower, and child clubs did not exist. Children in programme schools exerted a positive influence on the behaviour of their parents, convincing them to install and use latrines. Largely as a result, 70 percent of households surrounding programme schools had latrines, compared with only 30 per cent of households surrounding non-programme schools. Self-monitoring systems at programme schools promoted participation and enhanced ownership by students and teachers. Moreover, basing the programme in schools made it more sustainable.

42. In Nepal, the SSHE programme has been institutionalized through coordination among stakeholders working at policy and operation levels. The programme has influenced the development and implementation of sanitation and hygiene policy and guidelines and has encouraged local, national and international stakeholders to commit additional resources to SSHE. Both schools and School Management Committees have supported implementation of the SSHE programme by contributing 33 per cent of the total cost for construction of school latrine facilities. In addition, Village Development Committees have contributed 33 per cent, matching the contribution of UNICEF. In some schools, district development committee funds were also mobilized to construct playgrounds, fencing and school buildings and to purchase furniture. The total investment to support a five-year SSHE programme cycle in each school was approximately \$3,000, which, over a period of 10 years, amounted to about \$2 per child per year, excluding the cost of maintenance. The programme has also helped to engender an enabling educational environment for children, enhancing their self-esteem, learning capacity and creativity. Largely as a result of the programme, enrolment has increased and dropout rates have decreased, especially for girls.

43. Shortcomings of SSHE were also identified. Frequent monitoring and follow-up in some schools were hindered due to remoteness and the conflict, and cumbersome financial procedures delayed implementation. The frequent transfer of staff in implementing agencies weakened the functioning of district steering committees for SSHE. Financial constraints, such as the inability of poor schools to make financial contributions, directly affected scale-up and limited the development of information, education and communication materials. Difficulties were also experienced in raising funds for school facilities. Finally, the SSHE guidelines lacked strong motivational tools for inciting community sanitation and hygiene promotion.

44. While this programme was funded solely by UNICEF, with contributions from the schools and Village and District Development Committees, a wider network of government and non-government organizations were involved at the national level as members of the National Steering Committee for Sanitation Action and provided guidance to the programme. As a result of a briefing a visit to some of the programme sites, the Japanese Red Cross Society agreed to fund the Nepal Red Cross Society for implementing a similar programme in districts other than those supported by UNICEF. The Asian Development Bank has also initiated a pilot project based on the SSHE model in one district, which if successful will expand to other districts where the Bank is supporting the installation of water supply schemes.

45. A number of recommendations were made to scale up and further improve the SSHE programme. To begin with, high priority should be placed on advocating high-level political commitment for scaling-up to help to meet the Millennium Development Goals nationally. Another recommendation was that the programme be integrated with wider water and sanitation activities and other development programmes. Documentation and monitoring mechanisms should be strengthened at various levels through training and support. Participatory tools should be used more effectively to scale up sanitation and hygiene in the schools located in catchment areas. The District Steering Committees for SSHE should be made more functional through such improvements as better monitoring and capacity development.

46. **Use made of the evaluation.** Some of these recommendations have already served as inputs for revising toilet designs, improving construction quality, revising SSHE training and promotion materials and promoting the more active involvement of partners at the district level. Other recommendations are expected to be incorporated in the expanded programme, to be funded by the Government of Netherlands.

Summative evaluation on the first phase of the Basic education for the hard-to-reach urban working children project in Bangladesh

47. **Reasons for the evaluation.** To address the deprivation of the rights of urban working children to basic education, the Government and UNICEF launched the Basic Education for Hard-to-Reach Urban Children project (1997-2004). The project sought to provide non-formal basic education and safe and supportive environments for 351,000 urban working children 8-14 years of age in six divisional cities, thereby enabling them to move out of hazardous work. The strategy was to provide non-formal education centres benefiting 30 students each that would operate two hours a day, six days a week. Implemented by the Directorate of Non-Formal

Education through 151 partner NGOs, the project was financed jointly by the Government of Bangladesh, the Swedish International Development Cooperation Agency (Sida), DFID and UNICEF. The contribution of UNICEF entailed partly funds, partly coordination between other donors, Sida and DFID, and technical assistance. The Government provided the implementation framework. A summative evaluation was carried out to identify lessons for the programme's second phase.

48. **Summary of design and methodology.** The evaluation was based on a sample survey of learners; qualitative assessments of teachers, supervisors, parents/guardians of the learners, community members and NGOs; and interviews with project officials and donors. Student achievements were assessed through a standard instrument used in the midterm assessment.

49. **Findings, lessons learned and recommendations.** The key finding was improved enrolment and attendance: in roughly equal numbers, 346,000 working boys and girls, slightly in excess of the target, were enrolled, and 76 per cent of them attended the full duration of 24 months. The programme also focused policymakers' attention on the educational needs of working children. However, in order to ensure that children stay in school and complete an education of quality, several issues need to be addressed, such as the selection and management of NGOs, the upgrade of physical infrastructure and the improvement of the quality of teaching.

50. This project was a bold initiative. When it began, working children were considered to be hard to reach by both education authorities and the society at large. Moreover, education was not considered necessary either by parents or employers. The successes of the project increased the awareness among the Government and sections of the community that even the poorest and most disadvantaged working children have education rights that must be fulfilled.

51. In the implementation of this programme, the NGOs provided the bridge between the Government and communities. The well-established NGOs had less difficulty than newer NGOs in developing effective Centre Management Committees (CMCs) for the learning centres. However, there was a need for an even stronger identification of the "community team" involved in the centres, including NGO, the school supervisor, teachers, the CMC and local government members. In addition, it was thought beneficial to locate learning centres in the areas most accessible to working children.

52. The evaluation recommended that the project ensure (a) that the education received by children enables them to leave the workforce, to continue on to higher education or to leave hazardous labour; and (b) that the future recruitment of children in the workforce is reduced through an increase in formal school attendance. Several changes were recommended for the non-formal centres: locate them so that they are easily accessible to most working children; ensure that they have enough space, lighting and water and sanitation; and widen their use so that they are transformed into community centres offering multiple facilities, such as a recreation room, a women's centre and a night shelter for children. Specific recommendations were also made for improving the quality of teaching, the management of the centres, the performance of implementing NGOs, and the cooperation of employees in terms of attendance and increased working hours.

53. **Use made of the evaluation.** The programme's second phase, which aims to reach an additional 200,000 working children, was designed to incorporate the recommendations above and findings from a number of other assessments. The main changes included the following: the establishment of baselines and periodic monitoring systems; the engagement of NGOs in revised selection criteria for centres; the improvement of the learning and teaching methods and curriculum and the provision of adequate learning materials to all centres; the strengthening of support systems for teachers and supervisors; and, on a pilot basis, the expansion of the programme to provide access to livelihoods for children who demonstrate potential. On a more far-reaching level, the programme aims to help improve employers' and parents' capacity for, and awareness of, their responsibilities in mitigating risks for working children and in eliminating hazardous labour.

Regional assessment of life skills-based education

54. **Reasons for assessment.** In most countries, life skills-based education (LSBE) — both in and out of school — remains a mainstay of government strategies for adolescent HIV prevention, with UNICEF support. To support a more systematic and accelerated scaling-up of effective programming, under the framework South Asia Technical Working Group of UNAIDS, the UNICEF regional office for South Asia (ROSA) coordinated a regional assessment of LSBE. The results of the assessment informed discussion at the first South Asia forum on the subject, convened by ROSA in late September 2005, in which teams from all South Asian countries participated.

55. **Summary of design and methodology.** The design and methodology used consisted of several elements: (a) a literature review; (b) the development and review of a preliminary questionnaire on life skills distributed to country offices in the region; (c) the development of an interview tool; (d) site visits to Bangladesh, India, Nepal, Pakistan and Sri Lanka, and telephone interviews for the Islamic Republic of Afghanistan, Bhutan and the Maldives; (e) the development of eight individual country reports, which were shared with the appropriate UNICEF country offices and key stakeholders for comments and suggestions; and (f) the analysis of individual country reports and the development of the regional assessment.

56. **Findings, lessons learned and recommendations.** The assessment highlighted a growing dichotomy between general in-school interventions for students and more specific behaviour-focused interventions for vulnerable children and adolescents. Of great concern was the finding that many life skills programmes, particularly those in schools, were unable to answer the question "Life skills for what?" or to articulate behavioural outcomes. Many of the programmes focused on the core/generic life skills, providing 'key messages' on health and development (including HIV and AIDS), little or no linkage between knowledge and skills. This approach was highlighted in a number of 2005 UNICEF country office annual reports that referred to young people as being "trained with life skills messages" or having received "orientation on life skills".

57. The assessment highlighted the shortcomings of extracurricular or project-related approaches in schools that are common across South Asia and stressed that in-school LSBE needs to be integrated into the formal curriculum to ensure effectiveness and sustainability.

58. The assessment also revealed that South Asian countries share many programming challenges and issues of concern, including the following:

(a) Countries need to develop conceptual clarity and build a shared understanding of LSBE, ensuring a programming framework with a strong behavioural focus;

(b) Many South Asian life skills programmes were built without an evidence base of the vulnerabilities and risks confronting children and adolescents;

(c) All countries of South Asia must rapidly begin to initiate the LSBE approach in primary schools rather than later in secondary schools, as many South Asian children either do not reach that level of schooling or become exposed to risks and vulnerabilities before reaching it;

(d) The selection and training of trainers and the provision of in-service support has been generally inadequate, but insufficient attention has been paid to building confidence in the teaching content and methods. There has been little monitoring of quality. The use of cascade training and peer education methods is problematic;

(e) The participation of learners in programming is limited;

(f) LSBE has been marginalized in or excluded from wider education-sector reform initiatives;

(g) The programmes need to create school, family and community environments that support the use of life skills by learners;

(h) LSBE programmes need to address the South Asian challenges of social exclusion and inequity.

59. In addition to the above recommendations for strategic and programme-approach adjustments were the following two:

(a) National or subnational forums on LSBE should be formed, involving Government and NGOs to promote coordination, collaboration and learning;

(b) Informal and formal referral links to services — particularly to youth-friendly health and social services — should be strengthened.

60. The assessment and subsequent forum deliberations contributed significantly to bringing together Governments, NGOs and United Nations agencies, in particular the United Nations Population Fund, the United Nations Educational, Scientific and Cultural Organization and WHO at national and regional levels to critically review their individual and collective approaches to LSBE.

61. **Use made of the assessment.** These groups re-examined their LSBE work planning, placing greater emphasis on defined behavioural outcomes based on assessments of adolescents' and youth risk and vulnerability. UNICEF offices also revised their strategies, in line with MTSP targets, so that LSBE could better reach the most vulnerable and at-risk youth with information, skills and services that were relevant and effective.

Conclusion

62. Despite good progress, considerable ground remains to be covered in results-based programme management and evaluation capacities. This is especially so for results-based reporting, the weakness of which is demonstrated in MTR report sections, "Progress and key results at mid-term". The weakness stems partly from the fact that the Country Programme Action Plans that drove the MTRs were objectives-based and defined targets and goals from the perspective of the programme rather than beneficiaries. Moreover, translating the objectives into results language was difficult. In some cases, the objectives they became so "unSMART" that it was impractical to generate data for results-based reports. The MTRs were used as opportunities to develop more results-based targets. Region-wide training in results-based management (RBM) started last year, and the country and regional offices will be working together to progressively make all country programmes fully results-based.

63. As part of efforts to strengthen RBM, the region's eight countries have completed the annual integrated monitoring and evaluation plan and have received feedback from the regional office. Two evaluations in Bangladesh and Sri Lanka have been identified for 2006. To contribute to the evidence base for improving the contributions of UNICEF programming in the context of the UNDAF, the regional office has planned for two multi-country evaluations to be completed this year. These will assess the contribution of UNICEF programmes to achieving the Millennium Development Goals related to education and maternal mortality reduction in the region.

64. Other steps to strengthen capacity for high-quality evaluations at the country and regional levels include the recent collaboration of ROSA with the UNICEF Regional Office for East Asia and the Pacific to establish a United Nations Evaluation Group in Asia. Through this group, United Nations agencies in the region will collaborate on adopting common norms and standards and the harmonization and simplification of procedures, conforming to the specifications of the global United Nations Evaluation Group. The Group will have its first meeting in July 2006 to agree on its mission and working modalities. An Asia evaluation network will also be established in support of the professionalization of evaluation. In addition, a South Asia evaluation strategy has been developed, its key elements being the strengthening of the regional office's quality assurance; the provision of peer support and technical assistance for selected major evaluations; the launch of a capacity development programme for both UNICEF and its partners; and the promotion of the utilization of evaluations. Two resource centres are to be set up to assist major evaluations.

65. Given their importance to RBM and good evaluations, the availability and quality of data are being addressed through innovative approaches such as Best Estimates of Social Indicators in the Islamic Republic of Afghanistan. Other countries, such as Maldives and Nepal, are collaborating with the regional office to address data issues in light of reviews undertaken of monitoring and evaluation systems. Lessons learned are to be shared at the next regional Planning, Monitoring and Evaluation meeting.

66. A major challenge for large country programmes is the coordination and simplification of monitoring and evaluation systems. Innovative approaches are

needed to link monitoring and evaluation activities at different levels in the country and to recruit staff with adequate capacity to sustain such links. Separated from the planning function at the beginning of the current biennium, the monitoring and evaluation function is being repositioned to support country offices in these areas. The repositioned regional monitoring and evaluation function would also provide strengthened support for the design, conduct, and utilization of evaluation results and recommendations.
