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**For information**

## **Summary of mid-term 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 mid-term 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 two MTRs and four evaluations described in the present report were conducted during 2003 or early in 2004.

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## I. Country mid-term reviews

### Bangladesh

1. **Introduction.** The mid-term review (MTR) of the Bangladesh country programme for 2001-2005 was completed in the third quarter of 2003. The review was carried out under the guidance of the Government and UNICEF through joint project and programme review teams and with the participation of donors and non-governmental organizations (NGOs). There was a special assessment of training activities, which form a major component of several UNICEF-funded projects and are a key tool in strengthening capacities. Assessments of the sector-wide approaches (SWAPs) for health and nutrition, and of gender mainstreaming, life-skills based education, capacity-building, and rural water supply and hygiene education projects also informed the MTR.

2. **The situation of children and women.** In addition to the cluster survey of the expanded programme on immunization (EPI) and the national nutrition survey, a multiple indicator cluster survey (MICS) was conducted in 2003. Many of the indicators for Bangladesh do not show much change over the last few years, although the under-five mortality rate (U5MR) decreased from 92 per 1,000 live births in 1998 to 82 in 2001. Some two thirds of infant deaths are related to neonatal problems and one third by such causes as diarrhoea and acute respiratory infections (ARI). A 2003 study sponsored by UNICEF found that injuries and accidents cause 29 per cent of deaths among children aged 1-4 years, and 38 per cent of all deaths in the age 1-17-year group, with 59 per cent of those due to drowning. Child malnutrition remains a major concern. About 45 per cent of pregnant women and 76 per cent of children aged 6-11 months are anaemic. The net enrolment ratio for primary school rose from 82 per cent in 2000 to 83 per cent in 2003 (84 per cent for girls and 81 per cent for boys). Data from the Fourth National HIV Surveillance revealed that the HIV prevalence rate has increased from 1.7 to 4 per cent among injecting drug users in central Bangladesh. The total number of working children (5-17 years) was found to be 7.9 million in 2003, 1.3 million of whom are engaged in hazardous labour. Child domestic labour is of particular concern. The age of criminal responsibility for children in the country is still seven years, and relevant laws are being revised.

3. **Progress and key results at mid-term.** The country programme has five programmes and 15 projects, including new initiatives in the areas of early childhood development (ECD), HIV/AIDS, adolescent rights and emergency obstetric care. The programme is now more closely aligned to the medium-term strategic plan (MTSP), particularly through enhanced attention to HIV/AIDS and convergence of project activities for integrated ECD.

4. The objective in girls' education is to contribute to achieving the national goal of 95-per-cent net enrolment, 80-per-cent completion of the five-year cycle, achievement of acceptable levels of learning outcomes and provision of quality basic education for working children. In support of this objective, the Intensive Education for All (IDEAL) project has been expanded to nearly 37,000 primary schools in 36 districts, benefiting a total of 9.6 million children. Every Assistant *Upazila* (subdistrict) Education Officer (numbering 2,233) and 87 per cent of teachers (79,636) of government, registered non-government, community and satellite schools have received training in multiple ways of teaching and learning. A recent study conducted by the Japanese International Cooperation Agency found higher attendance and completion rates in IDEAL schools, with students from these schools performing significantly better than those attending other schools. From 2004, IDEAL will be integrated into the government's Primary Education Development Project II, the SWAP for primary education. The project on education for urban working children has reached

339,150 children, 57 per cent of them girls, although less than 80 per cent of those enrolled were found to be working children. The ECD project for 3-to-5-year olds is a innovative new intervention. Advocacy and orientation cover 46 districts, and specific interventions in pre-schools have begun in the Chittagong Hill Tracts and urban slums.

5. In health and nutrition, the objective is to contribute to SWAPs in these areas. The activities and results are integral to the two national programmes, the health and population sector programme and the national nutrition programme, with no separate objectives being set at the programme level. During the past three years, the country programme's contribution to these SWAPs has shown significant achievements in several areas, including immunization, interruption of transmission of the wild polio virus, increased coverage for vitamin A supplementation and improved emergency obstetric care services. For example, the percentage of fully immunized one-year-old children increased from 53 per cent in 2000 to 62 per cent in 2003 and 86 per cent of newborns are now protected against neonatal tetanus at birth. UNICEF supported training on ARI for service providers and managers. Consumption of iodized salt remains at 70 per cent but efforts are underway for the private sector to cover 100 per cent of the cost of potassium iodate, and the Government and UNICEF have identified quality control of iodized salt as a key priority. Vitamin A coverage increased from 81 per cent in 2000 to 94 per cent in 2003 because it was twinned with polio immunization. The women's health project has been scaled up significantly. Of 123 facilities, 104 are functioning either as comprehensive or basic emergency obstetric care facilities. In these facilities, the number of deliveries increased by 54 per cent, the number of complications treated by 127 per cent and number of caesarean sections by 56 per cent. Various partnerships have been created and strengthened. In the area of HIV/AIDS, the main contribution has been in advocacy and communication, and development of life-skills-based education.

6. In water supply and sanitation, the programme supports the national objectives of 80-per-cent coverage for safe water supply and sanitation facilities, and improved personal hygiene practices by 60 per cent of the population. Under the arsenic mitigation project, over 1 million tube-wells have been tested in the 45 targeted *upazilas* where an intensive awareness campaign has been conducted. Alternate options for safe water have been built, benefiting over 200,000 people. The emphasis is now shifting to the provision of safe water options in areas with the highest level of contamination and support to the government health system to detect arsenicosis patients. Coverage in the rural sanitation project has increased significantly in the intervention districts, with construction of 54,214 latrines and mobilization of approximately 5 million people for shelter and hygiene promotion and demand creation. Over 4,800 primary schools have been supported and school committees set up for school sanitation and hygiene education. About 40,000 student brigades (consisting of five or six children each) have been formed and given training on sanitation and hygiene promotion for mobilization activities in their communities. In the urban project, sanitation coverage has reached 60 per cent in the 14 targeted cities and towns.

7. Work in child protection is focused on: achieving a functioning universal birth registration system; increased knowledge and awareness of gender discrimination; the protection rights of children and women; and improved services to victims of violence. Intensive work has been undertaken in birth registration, with locally developed awareness strategies involving interpersonal channels and meetings with stakeholders in 14 districts and four city corporations. A pilot initiative is underway to link birth registration to immunization in rural areas. An integrated approach is being promoted with opportunities for intersectoral cooperation being explored. The rate of birth registration for children under five years of age increased from 1.8 to 7.5 per cent between 2000 and

2003, according to the MICS. In partnership with NGOs, the country programme supported a project for empowerment of adolescent girls through life-skills-based education and non-stereotyped livelihood training for over 50,000 girls. The project will address the issues of violence against women and girls, delaying marriage and discouraging the practice of dowry. In the fight against sexual abuse and exploitation of children, including trafficking, a major achievement has been the preparation of the National Plan of Action with a national implementation committee being formed under the Prime Minister's Office.

8. The programme's results in planning, monitoring and evaluation and disaster preparedness can be seen primarily in the conduct of the MICS in 2003 and advocacy on a number of fronts. Special attention is being paid to poor and marginalized sections of the population through an urban project being implemented in four city corporations and 21 *Pourashavas* (municipalities), where it provides basic health and immunization services and pre-school education to slum dwellers through urban development centres. In this context, the Chittagong Hill Tracts have attracted increasingly greater attention with the United Nations-led security assessment and the Government's assurance of support, leading in turn to support from donor agencies. In the absence of established service-delivery mechanisms, 2,220 para-centres have been set up by the country programme in about one half of these hill tracts since 1997. An evaluation showed remarkable achievement in behavioural change and awareness-building in the communities.

9. **Resources used.** The country programme has planned resources of \$202.6 million for 2001-2005 (\$62.6 million in regular resources and \$140 million in other resources). For the period 2001 to 2003, 98 per cent of regular resources and 84 per cent of other resources received were expended. In addition, the World Bank has provided \$10 million in trust for the IDEAL project, of which 88 per cent has been expended so far.

10. **Constraints and opportunities affecting progress.** Institutional constraints continue to affect progress in such areas as emergency obstetric care, because many doctors who have high professional qualifications or have received specialized training are no longer interested in working in rural areas, where 75 per cent of the population live. In education, there is a lack of decision-making at the local level and other problems of high student/teacher ratios, low amount of contact between teachers and students, and poor environmental, water and sanitation facilities which impede school attendance. In water and sanitation, 'demand responsive' approaches have been found to be difficult to implement, but increasingly participatory methods involving local communities and families are being tested.

11. Further partnership opportunities are being explored and others are being consolidated. Most important has been the partnership with the World Bank, which increasingly recognizes UNICEF as a procurement agent and implementer of interventions to support government programmes. The IDEAL schools project is a good example of a forward-looking partnership within the education SWAP, as is the joint engagement with the World Bank on HIV/AIDS.

12. **Adjustments made.** The country programme is on track in achieving its objectives. Some areas of adjustment identified by the MTR concern sharpening the programme's focus to assist the most vulnerable and marginalized children, women and families, thus moving closer to the human rights-based approach to programming which is integral to the design of the country programme. UNICEF will support the Government in follow-up to the concluding observations of Committee on the Rights of the Child, made in 2003, and will ensure that the review and reforms of legislation for

children are completed. Other programmatic areas of adjustment identified are the need to: give stronger support to the national response to HIV/AIDS; address child injuries as a major cause of child mortality, initially through further analysis and subsequently through programmatic interventions; and integrate the various components of the health and nutrition programme under a comprehensive project of integrated management of childhood illness (IMCI), with a subproject to address protein-energy malnutrition. Greater emphasis will be placed on results-based programme planning and monitoring during the next two years. The country programme management plan will be adjusted to take account of these changes.

## Nepal

13. **Introduction.** The MTR of the Nepal country programme for 2002-2006, completed in March 2004, was guided by a steering committee, under the leadership of the Government and UNICEF, which was comprised of representatives from government ministries who oversaw and coordinated the review conducted by five working groups under the partner ministries. The review process allowed for views of stakeholders - community organizations, child clubs, young people, NGOs, government agencies, United Nations agencies and other external development partners involved in the programme - to be taken into account through a series of review and consultation meetings at the community, district, regional and national levels. Several surveys and studies also informed the MTR.

14. **Update of the situation of children and women.** Since the beginning of the current country programme, Nepal has experienced increasing violence related to internal conflict, political instability and the absence of elected bodies at both the local and national levels. Of the country's 75 districts, 36 are currently declared by the United Nations as Security Phase 3 (compared to eight districts in April 2002). Children have been affected by the conflict, including their schooling. New vulnerable groups have emerged including internally displaced people, child-headed households and young people and children in detention.

15. Delivery of basic social services has been hampered by destruction of facilities, threats to personnel, restricted mobility and difficulties in transportation of supplies and equipment such as medical drugs. Recent qualitative assessments suggest that the impact on services in the Mid- and Far Western Regions have been greater as a result of the conflict.

16. The 2001 Nepal Demographic and Health Survey found a significant reduction in child mortality rates. The U5MR fell from 118 per 1,000 live births in 1996 (according to the Nepal Family Health Survey) to 91 in 2001. The infant mortality rate fell from 79 to 64 per 1,000 live births. In contrast, child malnutrition levels have not improved, with about one half the nation's children being stunted. The maternal mortality rate in Nepal is among the highest in the world, at 539 per 100,000 live births. Between 1996 and 2001, the percentage of households with latrines increased marginally from 23 to 30 per cent and access to drinking water increased from 63 to 73 per cent. However, water quality remains a problem, particularly with arsenic contamination as an emerging issue in the southern *terai* districts.

17. Although HIV surveillance is weak and limited, in 2003 the Government estimated the prevalence rate among adults to be 0.5 per cent, with 60,000 people living with HIV/AIDS. Due to lack of voluntary counselling centres, these numbers are believed to be heavily underestimated, and Nepal's pattern is considered to have changed during recent years from one of low prevalence to a concentrated epidemic in high-risk groups.

18. **Progress and key results at mid-term.** In line with the Government's Tenth Five-Year Plan/Poverty Reduction Strategy Paper (PRSP), the overall goal of the programme of cooperation is to contribute to the reduction of human poverty in Nepal. The country programme consists of two complementary types of programmes: an integrated area-based programme, Decentralized Action for Children and Women (DACAW), in focus districts; and national sector support to programmes and policy.

19. Under the DACAW programme, successful models have been developed in 15 target districts on how to link community empowerment (known as the community action process) with improved responsive service delivery through the strengthening of decentralized governance. A recent field mission by the Government of Norway to DACAW-supported programme areas reinforced the findings in conflict-affected areas, even though it found that increased efforts are needed to reach the most disadvantaged communities. The mission acknowledged the good coordination between programmes supported by the United Nations and systematic capacity-building and institutional development, despite the absence of elected bodies.

20. In the area of quality girls' education, the expected results were increased access to quality basic education, especially for girls and disadvantaged groups. Information from community self-monitoring systems indicates that net primary school enrolment rates have increased, especially for girls in focus village development committees in DACAW districts. This trend is also supported by the findings from evaluations which indicate that parents have become increasingly aware of the importance of girls' education through various social mobilization initiatives, including community action processes. UNICEF has continued to play an important role in the SWAP for basic and primary education as a non-funding partner.

21. Reduced childhood morbidity and improved management of illness due to ARI, diarrhoea and vaccine-preventable diseases has been the objective for the MTSP priority of immunization plus. In collaboration with the World Health Organization (WHO) and the Government of Japan, UNICEF has continued to support national immunization programmes, ensuring that Nepal is on track to achieve universal immunization. National Immunization Days (NIDs) were conducted twice during 2002 and 2003, with over 98 per cent coverage in each round. Maternal and neonatal tetanus campaigns are on track. The country programme has closely monitored, supervised and provided direct financial support to 9,175 female community health volunteers in 15 DACAW districts, resulting in improved performance in supporting parents in identifying and managing childhood illnesses and diseases in communities. UNICEF has also been an active participant in the national health sector reform.

22. The objective of the programme for integrated ECD is to improve maternal health, provide improved care so as to reduce child and maternal malnutrition, support improved psychosocial and cognitive development of children and reduce incidences of diseases caused by poor and inadequate sanitation and water supply. In eight districts, UNICEF has been able to develop and implement models for improving maternal health and care, resulting in reduced incidence of low birth weight, through support to improved services and outreach in health facilities and through social mobilization. This model has shown a significant impact in terms of an increase in the number of women with emergency obstetric complications actually receiving care in health facilities in the supported districts, exceeding national targets. In settlements receiving intensive support within 15 DACAW districts, child malnutrition rates have continued to decrease despite regular expansion of the programme to include new children with high levels of malnutrition. In the last five years, malnutrition rates have decreased by 14 per cent in the supported areas in contrast to the national average of 3 per cent. UNICEF, in partnership with Australia Aid, the United States Agency for International Development and the National Technical Assistance Group, an NGO, played a key role in the national vitamin A supplementation campaigns held in 2002 and 2003, reaching over 90 per cent of the targeted children nationwide. In the October 2003 campaign, some 3.2 million children aged 6-59 months were reached. The main responsibilities of UNICEF were to procure the vitamin A capsules, with funding from the Canadian International Development Agency, and to provide technical and financial support for community campaigns to measure the coverage and impact of the distribution.

23. Childcare at the family level has been improving in DACAW areas through community action processes and parental orientation. Over 30,000 parents and caregivers underwent a three-month parenting orientation on early childhood care through 1,666 classes in the DACAW districts, and support was provided to operate 402 community-based child development centres, benefiting nearly 5,500 children aged three to five years.

24. Learning environments have been improved for 125,000 children in 700 primary schools in 11 DACAW districts, through improved hygiene behaviour and water and sanitation facilities in schools. Support has been provided for blanket testing of water quality in some 300,000 tube wells in nine high-risk districts in the Terai region. With 75 per cent of the testing completed, the preliminary findings suggest that 13 per cent of the wells tested contain arsenic concentrations above the WHO Guidelines for Drinking Water Quality, affecting an estimated population of about 110,000.

25. Creating increased awareness of HIV/AIDS is another priority. A government-led HIV/AIDS national strategic plan, with a special focus on young people, has been developed with the support of UNICEF and various external development partners. Based on the findings of a rapid assessment of children affected by HIV/AIDS in Nepal, carried out in 2002, UNICEF decided to focus on raising awareness of 1.5 million young people in 15 districts through secondary schools, health facilities, non-formal education classes and female community health volunteers. This initiative is reinforced through a national awareness-raising strategy, including such activities as the successful radio programme, *Chatting with My Best Friend*.

26. The country programme's objective of protecting children and women against violence, exploitation and abuse has been pursued through strengthening partnerships. By linking national partners to the subnational and community-level child protection actions in DACAW districts, the programme has been able to switch from responding to a small number of child-abuse cases to a systemic approach to protecting children from harm and violence and to building the capacities of duty bearers to respond to rights violations. UNICEF has thus repositioned itself as a provider of technical support and advice in the development of child protection policy. Using assessments of children affected by conflict (conducted by Save the Children) and by HIV/AIDS (conducted by UNICEF), UNICEF has been able to influence and support the Government in beginning to develop national policies and guidelines for care of children in need of special protection, which are expected to be finalized in 2004. This support is jointly provided with the International Labour Organization (ILO).

27. **Resources used.** Overall, 97 per cent of the master plan of operations budget for 2002-2003 is funded, at \$28,187,000, but there are substantial variations between programmes and projects, ranging from 23 per cent for the hygiene and sanitation project to 427 per cent in the immunization project. The overall rate of expenditure for the period 2002-2003 has been high, at 86 per cent for regular resources and 91 per cent for other resources. The fund-raising shortfall for the DACAW programme has constrained its expansion into additional districts.

28. **Constraints and opportunities affecting progress.** The absence of locally elected bodies during the last two years has hampered the progress of development work in most districts, especially social mobilization, participatory planning processes, and implementation and monitoring of programmes at the levels of the village development committees and districts. The ongoing conflict has affected programme implementation to a variable degree across and within districts. The most affected among DACAW districts are in the Mid- and Far-Western regions. The mandate and experience of UNICEF in Nepal provide the organization with the opportunity to take the lead in working with children and women affected by the current armed conflict.

29. Within the United Nations country team, there is an agreement on the centrality of the Millennium Development Goals to the United Nations system-wide support to Nepal and the need for a human rights-based approach to programming. Many areas of collaboration have been developed and implemented, for example, community development activities with the United Nations Development Programme (UNDP), joint work on maternal and child nutrition with the World Food Programme (WFP), "quick-impact" activities with WFP in conflict areas, and collaboration with ILO on child labour. The members of the country team have begun to work together to respond to the conflict. UNICEF provided technical support in developing system-wide documents on United Nations principles and on United Nations basic operating guidelines for work in conflict situations.

30. DACAW districts provide an opportunity to pilot innovations to implement the Government's decentralization policies. Best practices and lessons learned from these districts will be documented, reviewed and considered for replication through national policies and strategies.

31. **Adjustments made.** In line with the Tenth Five-Year Plan, priority will be given to the Mid- and Far-Western regions and to conflict-affected areas for DACAW expansion. Targeting of the disadvantaged communities, including families affected by the current conflict, will be

improved. UNICEF will advocate for and support the Government in reviewing and revising existing strategies and guidelines for sector devolution, as per the Local Self-Governance Act. This will be done within the framework of the education SWAP, the health sector reform, the Tenth Five-Year Plan/PRSP, district periodic plans, the United Nations Development Assistance Framework (UNDAF) and the Millennium Development Goals.

32. The Government and UNICEF will develop a common understanding of programme strategies by finalizing the results framework for the country programme and each strategic result area, with clear targets and indicators by the end of the third year, 2004.

33. Within the framework of Tenth Five-Year Plan, developing the capacities of counterparts for decentralized, evidence-based planning and monitoring will be continued in order to foster a culture of data utilization, building on pilot initiatives such as micro-planning and the decentralized management information system.

34. In the remaining period of the country programme, increased attention will be paid to: (a) addressing the emerging threat of HIV/AIDS, with a focus on young people and prevention of parent-to-child transmission; (b) developing strategies to reduce neonatal mortality; (c) ensuring a multisectoral response to malnutrition, based on lessons learned from DACAW; (d) identifying modalities to accelerate and expand coverage of school sanitation and hygiene education programmes through complementary use of resources; (e) improving water quality at household level, including chemical (e.g., arsenic) and microbiological contamination; (f) strengthening systems to address child protection issues; (g) accelerating action to meet the 2005 Millennium Development target for gender parity in education; and (h) supporting the development of an emergency preparedness response plan for natural disasters, such as an earthquake scenario, focusing on the areas of education, health, nutrition, water and sanitation.

## **Major evaluations of country programmes**

### **Assessment of the vitamin C supplementation programme, Afghanistan**

35. In early March 2002, *Action Contre la Faim* reported 20 deaths and 47 cases of disease, all with similar haemorrhagic symptoms, in Taiwara district in Ghor province of western Afghanistan, which has a population of nearly 79,000. A subsequent rapid assessment clinically confirmed the cause as scurvy, an uncommon disease resulting from vitamin C deficiency, which was found in refugee camps, and determined that the attack rates peaked each year at the end of winter months. WFP Vulnerability Assessment Mapping and the UNICEF Nutrition Survey Database for Afghanistan showed that scurvy is found throughout the country and endemic in some areas.

36. As an immediate short-term intervention, 5,000 people were treated for scurvy through distribution of 252,000 vitamin C tablets in the affected areas. In addition, standardized protocols and photographs of cases were developed and distributed to assist in searching for cases. After investigating all possible interventions, as part of a national prevention campaign targeting over 1 million people in high-risk areas, it was decided to provide a blanket distribution of vitamin C tablets and health education to all children and adults in 827 villages (168,600 adults and 43,000 children). Making use of existing community and NID volunteers and announcements through mosques, representatives from each village were convened at the distribution points to receive one-

time food rations, a three-month supply of vitamin C, hygiene education and information on how the vitamin C was to be consumed.

37. The intervention was managed through a partnership of UNICEF and NGOs, with UNICEF developing the standardized training and information and providing the vitamin C tablets. The five partner NGOs carried out the actual distribution and delivery of information to the communities in the six provinces. UNICEF and partners conducted joint monitoring.

38. In February 2003, an assessment of the intervention was undertaken through a helicopter mission, as there was no other means of access. The assessment team consisted of six technical personnel from UNICEF, *Action contre la faim* and the Ministry of Health. Information was collected through a questionnaire to assess the presence of scurvy, the use and acceptability of vitamin C tablets, access to vitamin C-rich foods and knowledge of scurvy. A total of 15 same-sex focus group discussions (men's teams with village leaders and women's team with the available women) were conducted and information was cross checked.

39. There were no cases of scurvy in the last winter, for the first time in people's recent memory, which was attributed to the distribution of vitamin C. During the three-month target period, coverage and compliance were both satisfactory because proper distribution was ensured through existing community networks and village leaders, complemented by health education at the time of delivery. The cost of tablets required to prevent scurvy in one person for one month was \$0.003. The costs for staff and transportation to deliver supplements and fortified food increased the cost to \$1.28 per person.

40. The evaluation showed that any sustainable response needs to acknowledge that if scurvy is present, other micronutrient deficiencies are likely to be present as well. Micronutrient fortification of a food is being considered, but attempts to improve the quality of food aid rations must continue. Investigating the potential of promoting the daily consumption of about five grams of raw germinated wheat, which is a good source of vitamin C and familiar to Afghans, but usually consumed cooked and hence with much lower vitamin C content, is suggested. As shown by the evaluation, the case of Afghanistan demonstrates the need to develop sustainable vitamin C strategies for scurvy-prone areas and guidelines for prevention and management in large remote geographic areas, which are more complex than in camps. The development of more "field-friendly" methods than currently are available for assessing micronutrient deficiencies and their integration into regular nutrition surveys are urgently needed for timely action.

41. This intervention was successful as UNICEF mobilized resources and procured vitamin C tablets on time for an unconventional intervention, creatively engaging the capacities of communities and local and international NGOs. Medium- and long-term solutions would require developing the capacities of the Ministry of Health and partnerships not only with emergency response organizations but also those working at community level, so that emergency responses could be followed up by longer-term, community-level interventions.

42. The findings and recommendations have been used to: improve the targeting for supplementation to identified high-risk areas; improve the efficiency of distribution by using only the house-to-house strategy coupled with NIDs, as suggested in the study; improve educational messages on scurvy; and introduce wheat germination to promote dietary diversification.

## Evaluation of the Bhutan country programme

43. To inform the MTR of the 2002–2006 country programme of cooperation, UNICEF Bhutan commissioned an external evaluation of the country programme. This decision was based on the acknowledgement by the Government and UNICEF of the need to improve strategic priorities in the light of steady social development and such new complexities and challenges as sustaining and universalizing achievements, assuring the quality of services and managing emerging problems and regional disparities. The purpose of the evaluation was to determine the ways in which the country programme could better support the realization of the rights of children in Bhutan. The evaluation examined the relevance, efficiency, effectiveness and sustainability of the programme, drawing on reviews of the four programme components, recent studies, field visits and in-depth interviews with key stakeholders from the Government, which is nearly the sole mover of development in Bhutan, and the few available community organizations. The findings have been discussed with the MTR steering committee, which includes senior government officials, and with implementing partners and UNDP, which have ratified the overall recommendations.

44. The current and the previous UNICEF-supported country programmes essentially have been the same and could be seen as a continuum, with a budget of approximately \$14 million each. The current country programme aims to contribute to the realization of the rights of children in Bhutan through programmes for child care and development, health and nutrition and expanded basic education, supported by cross-sectoral projects in the planning, communication and participation programme.

45. UNICEF is the major partner of the Government in its development efforts for children. Progress in the key human development indicators for children and women from 1997 to the present shows that the country programme has been relevant to Bhutan's social development and its objectives have addressed the main areas of non-fulfilment of children's rights. Over the long term, collaboration between UNICEF and the Government has contributed to a series of results. The gross primary-school enrolment rate has increased from 72 per cent in 1997 to the current level of 82 per cent, with girls constituting 48 per cent of those enrolled, mainly due to a steady increase in the number of primary and community schools. Full immunization coverage has been maintained consistently at over 80 per cent since 1997. Between 1997 and 2002, access to drinking water increased from 58 to 78 per cent and access to safe sanitation from 70 to 88 per cent. Iodine deficiency disorders (IDD), which had affected as many as 65 per cent of children, have been eliminated by making iodized salt available country wide.

46. UNICEF advocacy has been very effective in creating an enabling policy and planning environment for children and has influenced the establishment of the ECD policy, the National Plan of Action for Children, the National EPI Action Plan and the National Plan for Education. In terms of implementation, the country programme has successfully supported institution-building within the government system, e.g., the creation of an ECD section in the Ministry of Education. Although the UNDAF is not yet at a stage to provide an assistance framework to the Government, UNICEF has established collaborative programming, for example through a memorandum of understanding with WFP for an integrated approach to promoting nutrition among schoolchildren. Sustainability has been addressed through advocacy for integration of interventions in regular government programmes. The Government's policy of providing free health care and education has ensured sustainable financing of programmes, with consistently high levels of investment in the social sectors, particularly health and education, ranging between 18 and 23 per cent under all the national

five-year plans. This is likely to continue as strong economic growth is expected. Steps are being taken for the Government to take over some of the costs and procedures of interventions, such as community schools, that were initiated and supported by UNICEF, and financing of immunization. There is potential for replication of many interventions, including rural water supply systems, where the communities take over the maintenance, and elimination of IDD, which can be replicated for prevention and control of anaemia.

47. The programme's design was found to need greater focus, clear definition of expected results, and "smart" performance indicators for monitoring and evaluation. In the absence of these and of baseline data and targets, the effectiveness of the programme could not be assessed quantitatively, although the objectives were largely achieved.

48. The many subprojects and "gap filling" activities that have been added over time have resulted in resources being spread thinly. Programmes which attempt to work in districts, such as the family-based child-care project, have not been effective because decentralization is still evolving within the Government. In the health and nutrition programme, the EPI project is well implemented, although the review identified areas requiring strengthening, especially quality improvement and sustainable financing. The safe motherhood and child health projects need greater focus on achieving outcomes by strengthening services for emergency management of obstetric care and consolidating child health activities in an IMCI approach, while sustaining and strengthening actions to reduce the extremely high prevalence (80 per cent) of anaemia. In the expanded basic education programme, while the increase in the number of community schools is important, classroom practices also need to be improved to provide quality education. School sanitation and hygiene must be a priority. The family-based child development project has not been effectively implemented in the absence of necessary decentralized administrative structures.

49. Overall, the evaluation found that the country programme addressed the most important issues in promoting the rights of children in Bhutan. Recommendations were made for improving the programme's design and implementation, which included specifying and prioritizing the results that could be achieved for children within available resources, and developing results frameworks for the remainder of the country programme period. Specific recommendations to ensure that the programme is not spread too thinly but focuses on priority results for children included: dropping the family-based child development project; sharpening the focus of the safe motherhood project on building a facility-based demand system, with expansion of emergency management of obstetric care facilities; integrating the many activities of the child health project into a single IMCI approach; expanding the coverage of community schools to the unreached, with a focus on the quality of classroom practices; and improving the coverage and quality of the school sanitation programme. To improve implementation, it was recommended that strategies be developed to reach communities so as to promote behavioural change, which is a key component of all programmes. In the absence of civil society organizations and private mass media, creative solutions need to be found. As many of the emerging issues such as ECD and providing health care to schoolchildren are cross-sectoral in nature, coordination mechanisms require strengthening. Quality assurance mechanisms also need strengthening as basic services facilities are upgraded and expanded.

50. Arrangements were made for key implementing partners, the coordinating agency of the Ministry of Finance and UNICEF to review and reformulate the results frameworks. The revised hierarchy of expected results, and strategies for achieving them, will be adopted following the MTR in August 2004.

## **Evaluation of the child's environment programme, India**

51. The child's environment programme, part of the programme of cooperation between the Government of India and UNICEF, is operating at the national level and in 14 states. An external evaluation was commissioned of the project components on sanitation, hygiene and water supply that were implemented during 1999-2003 in 10 states and funded by the Department for International Development (DfID) of the United Kingdom and the Swedish International Development Authority (SIDA) with \$35 million. Both DfID and SIDA supported the evaluation and were involved throughout the evaluation process.

52. The evaluation assessed the project's expected outputs, and included operational and management issues related to the process of implementation. The purpose of the project was to ensure that more households, especially the poorest, adopted improved hygiene behaviour and used safe water supplies and hygienic toilets, in a sustainable manner. The project's logical framework articulated in detail and quantified the results to be achieved. The main outputs included the development and institutionalization of effective hygiene communication strategies, and the development and testing of replicable models for hygiene education, water supply and environmental sanitation, in households and in primary schools.

53. The evaluation methodology consisted of a programmatic part, a village-based assessment that used questionnaires administered to 1,900 households, and focus group discussions in 120 villages in two districts in each of four states. The evaluation was also informed by the state-level sectoral appraisals undertaken in 2003 and participatory village assessments, which provided insights into people's attitudes and practices. The evaluation recognized that the results were specific to the 120 villages covered and do not constitute a statistically representative sample of all states where the project is being implemented. They do, however, provide lessons and guidance in the design of the second phase of the project.

54. The evaluation concluded that the project's purpose was partially achieved. While there have been substantial improvements in hygiene behaviour and toilet coverage in the targeted areas, the use of toilets, particularly those constructed by poorer households, which received a subsidy for the toilet, was less than for those above the poverty line. There has been substantial influence at the national level over more than three decades through a long-standing and highly valued relationship with the Government, but there has been limited learning horizontally across the states. Partnerships with NGOs have also evolved from their being primarily UNICEF project partners to their now being contracted directly by the districts, although there is an inadequate selection system for contracting and providing support to NGOs, with many lacking capacity. The evaluation noted a number of additional findings concerning operations and maintenance and the overall strategic approach.

55. The need for a monitoring system that would track changes in key hygiene practices was reinforced. While the project had achieved greater community participation in the operation and maintenance of water and sanitation facilities, it lacked data to establish the degree of sustainability of the new approaches.

56. The evaluation recognized that the models for hygiene promotion, sanitation and community management in rural water supply developed by the project have been adopted by various state

governments to a significant degree, especially in the national Total Sanitation Campaign and the newly launched initiative for rural water supply, *Swajaldhara*, a demand-responsive, community-based approach. Community management of rural water supply and sanitation has been an integral aspect of the child's environment programme models, leading to greater ownership and the prospect of greater sustainability.

57. The results of the evaluation have been used to inform the detailed design of the second phase of the project at the national level and across the states. A dissemination workshop involving UNICEF project officers, the evaluation team and government counterparts served to share the results widely across the states. The second phase is shifting from the development of district-centred models of sanitation provision and health and hygiene behavioural change to supporting the implementation of Total Sanitation Campaign reforms in the rural water supply and sanitation sector in a "critical mass" of 130 districts, and at state and national levels. UNICEF will now advocate the application of models developed during the first phase, while supporting government efforts to implement reforms in a relatively large number of districts. Strengthening the capacities of stakeholders at various levels to plan, implement and monitor the sectoral reforms is an important element of this new strategy.

### **Evaluation of the "Meena" communication initiative, Regional Office**

58. The "Meena" communication initiative was initiated in 1991 by UNICEF, in partnership with Governments, as an entertaining educational programme for promoting the rights of the girl child in South Asia. The initiative was funded primarily by the Government of Norway, and the Governments of Finland, the Netherlands, the United Kingdom and the United States have also provided financial support. The overall objective of "Meena" was to create awareness of the rights of the girl child and bring about skills development and behavioural change. "Meena" uses the appeal of the stories about a nine-year-old girl, Meena, that are communicated through a variety of channels. Initially launched in four countries - Bangladesh, India, Nepal and Pakistan - "Meena" has developed into a multimedia entertainment and educational campaign. By end of the 1990s, it had expanded to Bhutan, Sri Lanka and beyond South Asia to Cambodia and the Lao People's Democratic Republic.

59. The initial phases of research and production of first episodes and communication materials were managed by UNICEF Bangladesh, while each country adapted the materials, launched dissemination campaigns and conducted such interpersonal communication activities as group discussions, "Meena" clubs and street theatre for reinforcing messages for skills development and behavioural change. Since 2001, a coordinator based in the Regional Office has managed the regional research and production and provided technical support to country offices.

60. With the ending of external funding in 2003, the Regional Office commissioned an evaluation to learn lessons for future implementation. The evaluation was managed by the Regional Office in collaboration with the country offices. A research institution in each country completed the country assessments within a common design but with necessary adaptations. An external consultant provided overall technical guidance and synthesised the final report.

61. The evaluation assessed the outcomes achieved, efficiency of implementation and potential for continuation focusing on the four countries that had played a key role in the initial development of the "Meena" initiative. In each country, a quantitative assessment was carried out through a

household survey. In Bangladesh, Pakistan and Nepal, the samples were nationally representative. In India, a sample of villages was taken from the three states of Bihar, Orissa and Uttar Pradesh, where focused interventions known as "learning projects" were implemented. Qualitative techniques of focus group discussions, in-depth interviews and workshops supplemented the household surveys. Changes in knowledge and attitudes were measured, comparing the groups exposed to "Meena" to those that were not.

62. The findings confirm the capacity of the "Meena" initiative to communicate messages on children's rights to South Asian audiences. "Meena" stories have been seen or heard by nearly 85 per cent of children in Bangladesh, 70 per cent in Nepal and 32 per cent in Pakistan. Evidence of "Meena's" positive impact on attitudes and practices was found in the differences between people exposed to "Meena" and others. For example, in India, only 15 per cent of girls exposed to "Meena" in the study villages said they would give a dowry, compared to 35 per cent of the girls who did not know her. In Pakistan, 80 per cent of those exposed to "Meena" washed their hands with soap and water before meals compared to 68 per cent of the others, and 32 per cent of those who knew "Meena" treated water for drinking, compared to 22 per cent of those who did not. Television was the medium that had the widest coverage.

63. The initiative has taken root and spread widely in the region. It is institutionalized in some very significant ways through strong partnerships, e.g., inclusion in the curriculum of IDEAL schools in Bangladesh, training courses for integrated child development workers in India, continuing and expanding "Brothers Join Meena" and Girl Guide Shield projects in Pakistan, and NGO partnerships in more than one half of all districts in Nepal. In Bhutan, a corporate partnership has enabled the production of posters from stamps developed by UNICEF in conjunction with Bhutan Post for country-wide display of the key message, "educate every girl and boy". Partnerships with electronic media in each country have led to national and state-wide broadcasts. "Meena" has filled a gap in entertaining education in the region, as reflected by the fact that a very small proportion of children, ranging from less than 5 to about 10 per cent in any country, reported access to any other entertainment education programmes; most of those who had found "Meena" to be more entertaining and informative.

64. Awareness has not always translated into practice, however. Key constraints include local customs and beliefs, the role of elders in attitudinal changes among children, the lack of resources and severely impoverished conditions. Implementation has sometimes tended to be in isolation rather than as an integral component of the country programme. Limited finances, the lack of availability of materials at implementation sites and security threats have also hindered implementation. The thrust of the initiative has been on communicating the messages, and follow-up to assess outcomes has been inadequate.

65. The UNICEF contribution to this initiative has been largely in terms of advocacy for mobilizing interest and provision of research-based communication materials. The implementing partners have provided institutional and organizational facilities and have adopted and scaled up the activities. The implementation process has built the capacities of government and NGO partners, mainly in the areas of participatory research, dissemination and advocacy. However, there has been no regular monitoring of the outcomes in terms of knowledge or behavioural change to enable adjustments in specific communication interventions.

66. Among the lessons learned is that the “Meena” communication initiative has provided opportunities to take messages about child rights to large cross-sections of the population, sometimes even in a context of government sensitivities. This has been achieved through public, corporate and community partnerships which effectively combined the UNICEF inputs of communication and training materials and some cash funding with the partners’ infrastructure resources, capacities and outreach activities. In order to enhance the initiative’s effectiveness, the evaluation recommends that in future implementation it be integrated into programmes within a results framework to better enable clear identification of expected results and their contribution to the programme or project outcomes that it supports. Such planning needs to address infrastructural and cultural elements and customize implementation for specific target audiences, with simultaneous action on contextual enabling factors. Monitoring the outcomes specifically in terms of expected knowledge and behavioural changes needs to be strengthened and integrated into the initiative.

## **Conclusion**

67. The MTRs of the country programmes for Bangladesh and Nepal have provided important opportunities for strategic changes in the directions of the country programmes, in particular bringing them more in line with the MTSP. An example of this strategic shift has been the MTSP priority of HIV/AIDS, which has allowed both country programmes to focus greater attention on this area. Both MTRs have identified the importance of articulating a clear results framework and strengthening of the integrated monitoring and evaluation plans. Evaluations of communication campaigns including the “Meena” initiative have noted the need to supplement mass communication messages with interpersonal communication, particularly to reach marginalized and hard-to-reach populations who do not have access to mass media. The studies and evaluations described in the present report and a number of others in the areas of child nutrition, education and protection were utilized to strengthen programme strategies and designs.

68. Efforts are continuing to further improve quality through the application of evaluation standards and the development of capacities for evaluation. As part of these quality improvement efforts, the Regional Office, in consultation with the Evaluation Office, will conduct a meta-evaluation of evaluations in South Asia in 2004-2005.