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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 2006-2007.

#### **Introduction**

1. This report covers the MTR of the Government of Pakistan-UNICEF programme of cooperation, three evaluations, one country-level study and a regional study conducted in South Asia in 2006 and early 2007. These evaluations and studies have been selected for their relevance to addressing social exclusion, a major hindrance to the realization of the rights of children in South Asia.

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\* E/ICEF/2007/13.

## Midterm reviews

### Government of Pakistan-UNICEF country programme 2004-2008

2. **Introduction.** The MTR process began in April 2006 with the development and sharing of a concept note by stakeholders. This was followed by sectoral reviews at district, provincial and federal levels. These sectoral reviews assessed progress in relation to planned targets, discussed constraints and opportunities, and identified adjustments required. The outputs of these sectoral reviews were then collated and used as inputs for the national-level MTR. The sectoral reviews and final MTR discussions benefited from the results of a partner-satisfaction assessment completed in November 2006 and from findings from a number of studies and surveys. These included the 2003-2004 multiple indicator cluster survey (MICS); an “Evaluation of the Barriers to Immunization”, a “Needs Assessment for Emergency Obstetric Care”; an “Epidemiological Study on the Health Impact of Arsenic-Contaminated Drinking Water” in selected districts; an evaluation of the project on girls’ enrolment in Balochistan province; and an assessment of the coverage-evaluation of the expanded programme on immunization. Surveys conducted by other development partners also provided meaningful insights. These included the Community Information and Epidemiological Studies’ Social Audit and Pakistan Social Audit and a living standards measurement survey conducted in 2004-2005. The review process was concluded with the MTR meeting on 20 February 2007, attended by key representatives from the Government, the United Nations and other stakeholders. The findings and recommendations from various sectors were reviewed and modifications to the country programme were discussed and finalized.

3. **Update of the situation of children and women.** The situation of women and children in Pakistan has improved in some respects since the country programme was formulated. Infant mortality rate dropped slightly from 105 to 100 per 1,000 live births. The net enrolment rate in primary school rose from 42 per cent in 2001/2002 to 52 per cent in 2004/2005, while the gross enrolment rate went up from 72 per cent to 86 per cent over the same period. Though improved, these rates still short of the Government targets of a net enrolment of 58 per cent by 2005/2006 and 100 per cent by 2015. On HIV and AIDS, the country has undergone a shift from low prevalence to a concentrated epidemic among high-risk groups such as sex workers, men having sex with men, and injecting drug users. The 2005 Millennium Development Goals report estimated the proportion of people with access to improved water sources at 66 per cent, and those with access to sanitation at 54 per cent. These figures compare favourably with the Government’s targets of 70 per cent and 55 per cent targets, respectively, for access to improved water sources and to sanitation in 2006. However, urban-rural and inter-provincial disparities persist.

4. Overall, data available indicate that Pakistan has made some progress toward achieving the Millennium Development Goals, especially Goal 1 on poverty reduction, Goal 3 regarding gender equality, Goal 6 on combating HIV/AIDS, and Goal 7 on environmental sustainability. The country is not on track to achieve Goal 2 on primary education, Goal 4 on reducing child mortality, and Goal 5 on maternal health. Social exclusion in its many forms needs to be addressed for the Goals to be achieved.

5. Several initiatives and legislation undertaken by the Government that could positively impact the situation of children and women have taken place since the country programme was formulated in 2003. These include the Medium-Term Development Framework 2005-2010, the Clean Drinking Water initiative, the amended Local Government Ordinance 2005 (followed by a second round of local government elections), a child protection bill, a protection of women bill 2006, a national maternal and child health programme, a national nutrition strategy, and the universal primary education programme. At the provincial level, the Punjab Education Sector Reform programme has brought about significant increases in both gross and net enrolment.

6. **Progress and key results.** All key results are planned for achievement by the end of 2008. A key result in the **maternal and child health care** programme is for 80 per cent of women in focus districts to have access to and utilize skilled birth attendants and antenatal care services. Data indicate that antenatal services coverage increased from 31 per cent in 2004 to 57 per cent in 2006 in 17 districts (against an original target of six districts), while skilled birth attendant coverage rose from 27 per cent to 43 per cent. In immunization, the target of having 80 per cent of children in target districts fully immunized against six vaccine-preventable diseases had been nearly achieved by mid-term: the proportion of fully immunized children in target districts increased from 68 per cent in 2003 to 77 per cent in 2006. Maternal and neonatal tetanus has been eliminated in 27 out of the 68 high-risk districts targeted. Data is not available regarding the goal of 80 per cent of caregivers having knowledge and adopting improved and integrated approaches to early child care practices. However, 1.2 million of the targeted 1.5 million people have been reached with key health messages, and the national strategies and action plans on health, development and nutrition have been finalized as planned and are under implementation.

7. In the **primary education** programme, evidence points to substantial progress being made towards achieving the result of 80 per cent enrolment of girls in the 20 target districts. Work has begun in 19 of the 20 districts, and girls' enrolment has increased by 300,000, from 1.2 million in 2003 to 1.5 million in 2005. The gender gap has been reduced from 19 per cent to 14 per cent in those districts. Data was not available on the expected result of 80 per cent of girls in the target districts completing primary school, and 50 per cent of girls achieving minimum learning standards but work is under way. Efforts on the promotion of Child-Friendly Schools (CFS) have begun, and CFS schools in Punjab have already created a better environment and enhanced learning in all subjects, compared to non-CFS schools, with corporal punishment either stopped or reduced.

8. The **water, environment and sanitation** programme has helped to provide improved water sources to 70 per cent of the planned goal of 80 per cent of girls in primary schools in the 20 districts. The benchmark of 80 per cent of girls accessing sanitation in the same primary schools and target districts had been met at mid-term. In the effort to improve water quality and management, a National Sanitation Policy has been approved by the Cabinet, and the draft National Drinking Water Policy is expected to be approved by the Government in 2007. With the support of UNICEF advocacy, arsenic contamination has been recognized as a major public health issue with the implementation of a five-year National Action Plan for Arsenic Mitigation begun and integrated into the Clean Drinking Water initiative. More than 1 million people gained access to improved water through the installation of handpumps and

water-treatment technologies. The Community-Led Total Sanitation approach was successfully piloted in the Northwest Frontier province and adopted as a major strategy in the National Sanitation Policy as well as by the Government of Punjab under the Clean Punjab Initiative.

9. The **child protection and empowerment of adolescents** programme, which seeks to galvanize support for improved legislation, policies and standards on child protection issues and empower adolescents, advocated effectively for a comprehensive child protection bill that was submitted to the Prime Minister in September 2006, and a National Plan of Action for Children was approved by the Prime Minister. Work on empowerment of adolescents expanded from two to seven districts, and 38,205 children were provided with protective services. Services for the identification, recovery and reintegration of child victims of abuse and exploitation are being piloted in seven districts. Advocacy around making the 2004 Punjab Destitute and Neglected Children's Act effective contributed to the establishment of the Child Protection and Welfare Bureau, which has rescued and provided services to more than 3,000 children who collect money on the street and to 600 child camel jockeys, for return to their homes from the United Arab Emirates. About 676,321 adolescents (24 per cent of the planned 2008 target of 2,700,174) had received life skills and HIV prevention messages. The "Unite for Children, Unite against AIDS" campaign was officially launched in 2006, and the Pakistan National Prevention Strategy for Adolescents and Young People was developed. Working groups were established in six districts and at federal level. The Life Skills-Based Education generic manual for in-school adolescents was developed, and life-skills assessment was conducted in 14 districts.

10. The **planning, monitoring and evaluation** programme has focused on social policy support and monitoring with a view to identifying and analysing major policy issues and building the capacity of district partners for data collection and use, and planning, monitoring and evaluation. To this end, sectoral papers were prepared for the Medium-Term Development Framework highlighting the concerns of women and children, and support was provided for the Poverty Reduction Strategy Paper (PRSP) II. At the provincial level, PRSP II preparation is also being supported. The MICS was completed in three provinces, and the dissemination of its results took place at the provincial level in Quetta and Lahore. In Punjab, the MICS dissemination workshops were held for more than 400 people. Capacity-development workshops for officials were held in 12 districts of Sindh province. DevInfo was introduced in Pakistan, and training in its use provided at federal, provincial and district levels. There has been a high degree of ownership of the MICS by provincial governments.

11. Since the 2005 earthquake, the country programme has played an important role in response and longer-term recovery. For example, the programme provided medical staff and supplies to revitalize health services, and through provision of cold chain facilities, supported immunization that prevented large-scale epidemics. Provision of school-in-a-box kits helped to operationalize 3,112 primary and middle schools, with enrolment of 254,732 students. Indeed, enrolment in public-sector schools after the earthquake rose 6 per cent. Rehabilitation includes water supply and sanitation and protective services for children. Cooperation with the Government of Pakistan helped to ensure success under the cluster approach, which had its initial, real-time application during the earthquake.

12. **Resources used.** The approved ceiling for the country programme 2004-2006 is \$81,900,000. By 2006, allocation stood at \$284,499,445, out of which \$142,596,749 or about 50 per cent, had been utilized.

13. **Constraints and opportunities affecting progress.** The MTR showed that some overlap among the three components of the maternal and child health care programme reduced its efficiency and effectiveness. The focus on polio had negatively impacted the strengthening of routine immunization, as had staff shortages and the non-availability of essential vaccines and medicines. In education, staff shortages, especially of qualified female teachers, presented a challenge. In the water and sanitation sector, there was a need to more clearly specify responsibilities at federal and provincial levels and streamline and systematize and monitoring. There was also a need for stronger coordination and partnerships between various stakeholders, including those of the Government and non-governmental organizations (NGOs), to focus greater attention on child protection. Since studies had noted HIV/AIDS becoming concentrated among injecting drug users, sex workers and males having sex with other males, an emphasis needed to be placed on life skills for adolescents who are most at risk and especially vulnerable. In addition, taking successful pilot projects to scale needed to be supported with better documentation and analysis of country programme implementation.

14. **Adjustments made.** As a result of the MTR, the maternal and child health and the child survival and development components of the maternal and child health care programme were merged into one new programme, called maternal newborn and child health (MNCH), as a way to eliminate the overlap constraint. MNCH, to be implemented in 17 districts, will be complemented by a new component on nutrition and early childhood development. Overall, there will be a greater focus on integration of several areas: maternal health; child survival, including newborn care; and prevention of parent-to-child transmission of HIV and paediatric AIDS management. Interventions to promote girls' access to schools will be expanded to 33 districts, emphasizing quality improvement as well as access. Greater linkages will be pursued between the school-based water, sanitation and hygiene (WASH) and community WASH projects as a strategy to achieve greater synergy and impact. The water quality and management programme is to be broadened into a new safe drinking water project as a way to achieve closer alignment with new developments in the sector, such as the Clean Drinking Water initiative. The revised project will focus on supporting policy and the implementation of safe drinking water initiatives through advocacy, capacity development of partners, water quality surveillance/water safety plans, and other interventions. Child protection will have a three-pronged focus: (a) policy, legislation and the development of a child monitoring framework; (b) the building of district-based protection systems for vulnerable and at-risk children; and (c) the protection and empowerment of adolescents, especially regarding HIV prevention. These adjustments are being made in the context of changes that may result from the One United Nations initiative, for which Pakistan is a pilot country.

## Major country evaluations

### Evaluation of the UNICEF-supported Integrated Community Development Project in the Chittagong Hill Tracts of Bangladesh

15. **Reasons for the evaluation.** An Integrated Community Development Project (ICDP) was included in the Government of Bangladesh-UNICEF programme of cooperation for 2001-2005 in order to assist the people in the three districts of Rangamati, Bandarban and Khagrachari in the Chittagong Hill Tracts (CHT) who are among the most disadvantaged and isolated in Bangladesh and to improve the situation of children. The following were the expected results:

(a) a total of 2,220 *para* (village) centres fully functional and serving as venues for all social development activities;

(b) the part-time employment of 2,220 women as *para* workers in community activities, and the capacity-building of more than 3,000 women in child survival, growth, development, protection and participation; and

(c) outputs contributing to the achievement of goals in child and maternal health, basic education and water and sanitation.

16. Since an extension of ICDP was planned for the 2006-2010 country programme, proposing the addition of 1,280 *paras*, stakeholders decided that the programme design should be informed by an evaluation. The evaluation was also intended to guide a joint programme in health and education for the CHT communities, implemented by the United Nations Development Programme (UNDP), the United Nations Population Fund, the World Health Organization, the United Nations Educational, Scientific and Cultural Organization and UNICEF.

17. **Summary of design and methodology.** The evaluation, conducted by the UNICEF Bangladesh country office through the services of an international consulting firm, assessed the relevance, effectiveness, efficiency and sustainability of the project. Key issues to assess were agreed with stakeholders. A quantitative survey was carried out in a sample of *para* centre workers and households. This was followed by a qualitative investigation conducted in each district from a sample of well-functioning and less-well-functioning *para* centres and one village without a *para* centre. A variety of methods were used: in-depth interviews with *para* workers, the Para Centre Management Committees (PCMCs), children and adult community members; observation walks in *paras*; visits to primary schools, health centres and district hospitals; and focus-group discussions with donors, regional and district councils, project officials, PCMC members and *para* workers.

18. **Findings, lessons learned and recommendations.** In terms of relevance, the project's objectives ranked high. The project's focus areas are characterized by low access to services, poor hygiene practices, high disease prevalence, gender disparities in access to education and in women's involvement in decision-making, and post-conflict human rights issues.

19. In terms of effectiveness, the project has made considerable progress towards the objectives and planned results. All 2,220 *para* centres have been established and nearly all are fully functional. The activities of these centres have contributed to improvements in the status of children and women. In education, improvements were noted in the literacy rate among women aged 5-24 years, which rose from

below 50 per cent in 2000 to above 60 per cent in 2006; in school readiness; and in primary school enrolment. In health, the CHTs demonstrate near universal immunization of pregnant women and higher immunization coverage with three doses of diphtheria/pertussis/tetanus (DPT3), an increase from 66 per cent in 2000 to about 90 per cent in 2006. Better sanitation practices and access to safe water are contributing to a reduction in diarrhoea prevalence. Very significantly, girls and boys have equal access to education and women and men are equally involved in managing *para* centres. There is also evidence of increased awareness of women's and children's rights.

20. The project is a collaborative achievement whereby communities contribute the land, basic construction materials and labour, while UNICEF contributes roofing materials and partly finances the *para* workers. The services are provided by the local government and other partners at the *para* centres with the help of the centre workers. The Ministry of Health and Family Welfare and the Health Services Department provide immunization and distribute micronutrient supplements and de-worming tablets. The Public Health Engineering Department works with *para* centres to instal water and sanitation facilities. World Food Programme (WFP) provides high-protein biscuits to children in the pre-school programme, and WFP and UNICEF jointly monitor the nutrition status and pre-school attendance of children.

21. The main shortcomings are the limited access to sanitation and the maintenance of water points, approximately one third of which are dysfunctional. Furthermore, the *para* centres, with a few exceptions, have not developed into demonstration centres for good practices or other services as planned. While the project's strategy of decentralization has been successful in reaching the marginalized communities, weaknesses in financial and administrative matters have adversely affected the "value for money". The low and irregular payments for the front-line workers, inadequate training of participants, heavy administrative and supervisory structures, inadequate transport facilities for monitoring and supervision, cumbersome data collection, and lack of corrective actions have all led to inefficiencies.

22. The sustainability of the project requires the ironing out of administrative and political differences between the stakeholders. Closer collaboration with other donor-supported social and economic development projects could also contribute to ensuring sustainability.

23. The evaluation made two major recommendations. The first was to postpone expansion of the project to an additional 1,280 *paras* until (a) full training takes place for the present *para* workers, PCMC members and project officers, and (b) management and administrative systems are strengthened for optimal efficiency.

24. The second recommendation was to maintain the project's relatively narrow scope (early learning and maternal and child health and awareness) while enabling *para* centres to serve as venues for other community development projects. Income-generation activities are better left to other actors and donors. Moreover, serious risks would be encountered in any attempt to widen the project's scope, given capacity shortfalls and possible political sensitivities regarding development issues that are considered beyond the mandate of such a donor-supported project. The evaluation recommended that the project achieve greater integration, as suggested in

the project's name, while maintaining the relatively narrow scope for the reasons given above.

25. Other recommendations involved actions for improving the administration and management of *para* centres and the alignment of services with those provided by the Hill District Councils and the Peace Accord of 1997.

26. **Use made of the evaluation.** Action has already been taken to strengthen administrative and management issues, especially monitoring and supervision, in collaboration with the project managers. The findings and recommendations were discussed with the United Nations Resident Coordinator and United Nations agencies to improve collaboration and coordination with the United Nations-supported projects that have been under discussion since 2006. Plans for capacity-building of PCMCs will be developed to harmonize them with the UNDP-supported community development committees. A United Nations Heads of Agencies Joint Mission to the CHT is planned for late July 2007 to identify a common approach to implementing the recommendations and enhance the partnerships at both community and policy levels. These efforts will contribute to the development of common strategies for the United Nations Joint Programme in Health and Education in the CHT.

### **Evaluation of the Government of Sri Lanka-UNICEF country programme 2002-2006**

27. **Reasons for the evaluation.** This evaluation was commissioned jointly by UNICEF, the Swedish International Development Cooperation Agency and the Department for International Development of the United Kingdom to assess programme effectiveness and capacity development and to identify capacity gaps. In addition, the evaluation examined the monitoring and evaluation system. The findings were to inform programme implementation in the new cycle 2007-2011, especially in the context of the evolving capacities of the Government and the expected diminishing need for external technical assistance.

28. **Summary of design and methodology.** The evaluation used qualitative techniques of documentation analysis, interviews and group discussions with key stakeholders in 8 of the 15 districts of programme focus. Outcome-mapping was applied to assess contributions of programme activities against outcome-level results. Capacity development efforts were assessed within a human rights-based approach to programming at policy, management and delivery levels. Constraints included inadequate information due to discontinuity in staffing and documentation and the lack of a baseline on the capacity of partners and staff. In addition, it was difficult to assess cost-effectiveness due to lack of benchmarks and relevant data. The findings were presented and discussed at two workshops for UNICEF staff and external stakeholders.

29. **Findings, lessons learned and recommendations.** Regarding effectiveness, it was found that the programme had overall achieved the planned results and contributed to outcomes, despite radical changes brought about by conflict and the 2004 Indian Ocean tsunami. The **early childhood development** programme had contributed to most of the planned development outcomes in marginalized communities. The programme had done this by forging a strong partnership with the Ministry of Health to mainstream a holistic approach to child development into

Government programmes. The **learning years** programme had contributed to increasing enrolment and improving educational outcomes among disadvantaged children in communities by developing school infrastructure and health and hygiene facilities, by promoting child-friendly methods and by supporting community engagement. A key weakness was that the programme was too thinly spread out and lacked a focus on developing capacity at the national level for strategic planning, monitoring and evaluation. The **adolescence** programme, with its focus on youth in schools, was potentially effective but too small to produce significant behaviour change. Results contributing to **child protection** strengthened the supply side of such services, especially through District Committees, Police Desks and the National Child Protection Authority. However, these efforts were fragmented and spread thin over numerous partnerships.

30. In the **children affected by armed conflict** programme, activities aiming to end under-age recruitment contributed to a reported rise in children's average age of recruitment, from 14 years to 16 years, between 2002 and 2005. UNICEF had played a major role in this achievement through monitoring and advocacy. On the other hand, contribution to prevention of under-age recruitment was weak. The programme had also succeeded in contributing to mine-risk education and access to psychosocial services, but these areas needed strengthening. The tsunami response achieved results, especially in water and sanitation and child-friendly education. However, in these efforts, partners showed little motivation to achieve sustainability since they could easily access funding from other donors.

31. **Capacity development** was the strongest element, contributing to the increased knowledge and skills of service providers and an enhanced policy and legislative environment. Institutional strengthening had taken place to some extent. Communities' capacities to recognize and fulfil their rights had been promoted through mechanisms such as children's clubs, mine-risk education, school attendance committees, and parents committees. Common capacity gaps included weak planning, monitoring and supervision, and unequal distribution of human resources between urban and remote rural areas. Programme-specific capacity gaps were also highlighted. One such gap was the lack of the promotion of a coherent civil society voice on child protection. Another gap was the lack of formal channels for feeding the experience from subnational or community-level initiatives, and the recommendations of the Committee on the Rights of the Child, into the national dialogue on legal or policy issues. The weak capacity for systematic monitoring of the National Plan of Action and inadequate coordination throughout government delivery systems reduced the Plan's effectiveness. Prerequisites for the success of the country programme were the enhanced capacity of rights holders to claim their rights, political commitment to this process and sufficient budgetary allocations. This positive combination of factors existed in health and education but not in child protection. The adolescents programme was deemed likely to be sustained as a result of processes initiated in the Ministries of Health and Education, but community-level activities were too dependent on UNICEF inputs.

32. Regarding the capacity of UNICEF itself, both partners and staff viewed UNICEF procedures and systems as "heavy" and a hindrance to capacity-building. Constraints identified included time-consuming documentation; inadequate understanding on the part of partners, and sometimes of staff, of programming and administrative procedures, especially at the zonal level; delays in payments; the high turnover of international staff and the resulting rapid loss of institutional

memory; and working in “silos”. The monitoring function was fairly well developed for situation monitoring in the setting of a long and difficult conflict and emergency situation, and maintained a strong focus on financial implementation. A major weakness was the absence of feedback to the zonal level on programme process and utilization of monitoring data for corrective actions. Results-based management tools, such as the logical framework, required simplification to make them more useful.

33. Overall, the country office needed to “lighten the load” on its staff, undertake comprehensive capacity assessments, and strengthen the capacity for advocacy. The monitoring systems should focus on results in addition to financial and process monitoring, and on empowering the zonal offices in the process. Gender mainstreaming and child participation should be improved. Within programmes, recommendations identified specific actions to enhance capacity development, better target and consolidate resources, build partnerships for greater effectiveness, and improve monitoring.

34. **Use made of the evaluation.** Management reviewed the 25 specific recommendations and took action, or made plans to take action, on all of them. The few exceptions are the recommendations dealing with issues being considered in the organisational review, such as lightening business processes.

### **Evaluation of the Decentralized Action for Children and Women (DACA)W) in Nepal**

35. **Reasons for the evaluation.** This evaluation was commissioned by the Royal Norwegian Embassy to review the performance of the programme at the end of the 2004-2006 period as a means to inform future funding decisions.

36. **Summary of design and methodology.** The evaluation, conducted from 26 October to 8 November 2006, drew heavily from secondary data and previous assessments. An extended field review supplemented the available information with meetings and discussions conducted with key informants from seven village development councils and three municipalities in four districts across the four development regions.

37. **Findings, lessons learned and recommendations.** The evaluation found that overall, the DACAW programme is fully in line with the poverty reduction strategy and the Millennium Development Goals. It has adopted a human rights-based approach that is especially strong on participation, empowerment and non-discrimination. The programme has delivered significant results at all levels, benefiting children in the disadvantaged communities both directly and indirectly. These benefits range from the children’s increased knowledge, skills and self-confidence to behavioural changes. Moreover, most results are likely to be sustainable, since DACAW has built on community organization partnerships, thereby avoiding duplication and overlapping to a large extent. This approach has strengthened the local organizations and enhanced their institutional and management capacities. For example, DACAW activities organized trained birth attendants and female community health volunteers into innovative watch groups on safe motherhood. The watch groups identify pregnant women and monitor their health status and also maintain an emergency obstetric fund for the poorest women

who would die without access to emergency care. Evaluations have shown that these watch groups have effectively prevented many women from dying in their areas.

38. The evaluation recommended several actions for overall strengthening of the programme: risk analysis; improving human resources; and strengthening coordination and cooperation among the United Nations agencies and with Ministries, such as the Ministry of Justice and Law Reforms, for the legalization of paralegal committees and cost-sharing to reduce operational costs.

39. It was also recommended that DACAW extend coverage into other “most-marginalized” communities while phasing out from “non-disadvantaged” communities. Such expansion should create synergies with other programmes, for example the UNDP-supported decentralization project, which has structures, networks and human resources already in place. In addition, successful modalities and approaches should be replicated. These include the cooperative and federation modalities, child clubs, child club networks and paralegal committees. One example of a replicable model is the watch-group concept adopted in Dang district, a very efficient and cost-effective means for communities to care for pregnant mothers. Findings and recommendations specific to programme components are outlined below.

40. **Mobilization of children.** The evaluation found the child clubs to be effective in mobilizing children to action and promoting their participation in community activities. Identified good practices that can be scaled up include the Udayapur district network of child clubs that demonstrates a high level of participation and strong capacity to be involved in district planning, advocacy, awareness-raising, capacity development of peers, networking, and the organizing of events. Recommendations were made to orient children to democratic principles and processes from the beginning of the clubs’ formation; to encourage attention to be paid to child protection issues; to mainstream child participation beyond child clubs, giving younger children aged 8-12 opportunities to participate according to their evolving capacities; and to engage the Ministry of Education in promoting the participation of disadvantaged children who are often not enrolled in formal school.

41. **Mobilization of women.** Significant results were noted in this area. The active participation of women in community organizations has enhanced women’s capacities, knowledge, skills, access to and control over economic resources, and access to social and political arenas. The high level of participation facilitated women’s household and community decision-making; created a forum for women’s discussion and self-expression; led to concrete actions being taken; and created an awareness of human rights. To promote greater efficiency, the evaluation recommended that the training be tailored to meet specific needs, coordinate with other service providers, and increase the participation of disadvantaged women.

42. **Conflict sensitivity.** DACAW has managed to keep activities going throughout the conflict. Moreover, the programme has contributed to decreasing conflict at the local level and has probably contributed to limiting the displacement of people. While DACAW has been negatively affected by the conflict, the evaluation recommended that more attention be paid to other factors to explain and correct the varying degrees of implementation. DACAW can play an important role in facilitating reconciliation, rehabilitation and reintegration, especially of children associated with armed forces and groups. It was therefore recommended that

DACAW systematically integrate conflict sensitivity into its programme and develop a strategy to facilitate the process of reconciliation and reintegration of displaced and other conflict-affected children during the next phase.

43. **Monitoring and evaluation.** The DACAW programme activities are monitored collectively by UNICEF, the Government and community systems. Monitoring is constrained by the practical difficulties of working in remote areas. The evaluation therefore recommended that the field presence be maintained and that field monitoring be strengthened. Coordination, particularly of field visits and reporting, should be improved, including through a donor forum, in line with the Paris Declaration on Aid Effectiveness.

44. **Capacity-building.** Capacity-building is a key component of DACAW, which revolves around the Community Action Processes. The evaluation recommended that measures be taken to improve the quality of training for front-line workers and that capacity development be pursued for other stakeholders, including UNICEF field staff, women leaders from the disadvantaged groups, youth and partners such as NGOs and Ministries. In addition to formal training, innovative capacity-development measures should be explored.

45. The evaluation concluded that the DACAW programme is achieving significant results for children and women. Its major strength lies in its integrated approach and partnership modalities combining pre-existing entities with new, innovative groups, such as the child clubs and paralegal committees. The programme addresses poverty and human rights violations of both girls and boys in an efficient and effective manner by involving children themselves, as well as women and the local communities. It was therefore recommended that donor support be extended to the next phase and focus on the most disadvantaged groups through an even stronger integrated approach.

46. **Use made of the evaluation/study.** The lessons learned and recommendations have been discussed with Government counterparts and other United Nations agencies and will be reflected in the strategies for the new country programme 2008-2010. In the areas of governance and social mobilization, collaboration with other United Nations agencies has been intensified to further reduce duplication. For example, UNICEF and its partners now plan to run joint training programmes for Government counterparts as a way to reduce their time spent out of the office and impart consistent messages.

47. To support adjustments in programme design, a mapping study conducted in 2006 identified the most disadvantaged areas for DACAW to focus on in the next phase. Discussions to merge DACAW paralegal committees with the UNDP the community mediation programme have begun. And the monitoring system has been redesigned in collaboration with the United Nations Capital Development Fund to include child-related indicators as part of a district performance monitoring system.

48. As DACAW continues to sharpen its focus on the disadvantaged and learn from evaluations and reviews, more strategies and activities will be developed by the communities to better meet the needs of their most vulnerable women and children.

## **Child Budgets: Analysis of Union and State Budgets (1993-1994 to 2006-2007) in India**

49. **Reasons for the study.** The analysis of resource allocations for children in Union (central) and State Government budgets can provide crucial insights into public policy towards children in India. With this goal in mind, UNICEF India and the Centre for Budget and Governance Accountability (CBGA), in partnership with the Ministry of Women and Child Development, have collaborated since 2006 in conducting a series of child budget analyses of the Union Budgets and the Budgets of three States during 1993-1994 to 2006-2007. The objectives were to identify budgetary provisions, trends and actual expenditures on programmes and services specifically aimed at addressing the needs of children.

50. **Summary of design and methodology.** The study looked at programmes or services to address the needs of children as well as outlays on social-sector services such as education, health and family welfare, and nutrition, which provide the larger resource envelope within which targeted investments in children are made. The study also flagged some of the bottlenecks in budgetary processes and institutions, drawing mainly on secondary evidence. Three states, Rajasthan, Madhya Pradesh, and Uttar Pradesh, were selected for the analysis because of their large child populations and low human-development status. The study framework divided the child budget of the Union or State into four categories: (a) early childhood care and development; (b) child health; (c) child education; and (d) child protection. Data for the analysis of the Union Budgets were taken mainly from the Annual Financial Statement and Expenditure Budget. Data for the State Budgets were taken mostly from the State Annual Financial Statement, the Outline of the Budget and Detailed Demands for Grants for various years.

51. **Findings, lessons learned and recommendations.** In India's federal structure, allocations and expenditures by the Union Government for the social sectors and for programmes for children represent investments in new programmes and expanded activities in social development. Allocations and expenditures by State governments, however, largely represent investments in the recurring expenditures of social sector programmes, notably salary costs and maintenance of infrastructure. Together, the budgets tell an important story of the dynamism and sustainability in India's social-sector investments and delivery.

52. In India's total public spending on social services, the share of Union Government spending has been quite low, and is still less than the 20 per cent agreed in the 20/20 initiative. Although the Union Budget outlays for social services have been increasing over the last decade, especially for education, the total Union Budget outlay on social services still amounts only to around 1 per cent of the gross domestic product.

53. Although States bear the major burden for allocations to social sectors, notably because States bear the costs of salaries of public-sector service providers, the amounts fluctuate. Though several States have increased these allocations, a large part of the increases have gone to financing salaries for service providers, especially in education and health.

54. Of the total funds earmarked for expenditure on new programmes and infrastructure for children in States, almost two thirds are received from the Union Budget under what are known as "Centrally Sponsored Schemes". For this reason,

States have increasingly over the last decade depended on the Union Government to undertake interventions for children. The low priorities accorded to social-sector spending in the Union and State Budgets have translated into low priorities for funds earmarked for children. The total funds earmarked for children in the Union Budget had been less than 3 per cent of that budget until 2003-2004. Although children have been given significantly greater priority in the Union Budget over the last three years, the total funds earmarked for children still accounted for less than 5 per cent of the total in 2006-2007. Within the funds earmarked for children, the percentages for child education, child development, child health and child protection have been quite uneven, with child education accounting for almost 70 per cent of the total child budget in the Union Budgets and more than 90 per cent in the State Budgets. Other sectors, for example child development, child health and child protection, have been neglected, and the scarcity of funds has been particularly acute for child health and child protection.

55. The analysis, therefore, suggested that the Union Government is not able to accelerate spending on children, and that States rarely take the initiative for initiating new programmes for children, depending instead on the Union Government for leadership. Equally significant is the inability of less-developed States to utilize the outlays approved for Plan expenditure on children. There is also an acute lack of State absorption capacity for funds allocated under the Centrally Sponsored Schemes, with the result that these funds are often returned unspent.

56. The findings of these studies call for a significant improvement in the priorities accorded to investments for children from the budgets as follows:

(a) Both the Union Government and States need to significantly improve budget allocations and expenditures on programmes for children, especially in child health and child protection. States need to improve their absorption capacity for new resources and take the initiative to allocate more of their own resources for programmes for children, basing the amounts on State-specific development challenges and indicators;

(b) Both the Union Government and the States need to address the bottlenecks in the budgetary processes and institutions in order to improve the utilization of funds, especially under Centrally Sponsored Schemes for children.

57. **Use made of the study.** Child budgeting is an evolving area in India. CBGA has been instrumental in helping UNICEF to develop a standardized approach and methodology for tracking Union Budget and State Budget expenditures. Concurrent dissemination of the findings of these studies in Delhi and in three States has helped CBGA and UNICEF to develop a user base for this analysis. Preliminary findings of this study were disseminated to the State Governments of Uttar Pradesh, West Bengal, and Rajasthan during discussions on the Eleventh Five-Year Plan and were utilized in shaping the outlays planned for child-related schemes at the State level. Child budgeting is also being covered in UNICEF-supported training workshops for senior civil servants at the country's premier civil service training academy. CBGA and UNICEF have prepared chapters on child budgeting for the annual reports of the Ministry of Women and Child Development in 2005-2006 and 2006-2007. Media briefings following the presentation of the 2007 Union Budget resulted in some coverage of child budgeting in the national and international media. Building on the significant interest in resource allocation and planning for children, the partnership

will focus next on district-level analysis of how nationally allocated resources translate at local levels to outcomes for children.

### **Addressing Social Inclusion in Education through Sector-wide Approaches: Learning from South Asia**

58. **Reasons for the study.** To ensure that sector-wide approaches (SWAs) and Programme Budget Allocations (PBAs) address social inclusion in education, the UNICEF regional office for South Asia organized a series of country case studies on SWAs and PBAs.

59. **Summary of design and methodology.** Three case studies were conducted, in Bangladesh, Nepal and Sri Lanka. Each study assessed the socio-economic, political and governance context and examined the extent to which equity-related goals had been identified in the SWA frameworks and plans. The studies also identified the concepts, approaches and tools used in incorporating gender and equity considerations into the various stages and processes of SWAs, with particular attention paid to development-partner approaches, roles, influences and strategies. The studies also assessed the effectiveness of approaches taken within the particular context. The synthesis of the results of the studies identified lessons learned from good practices as well as gaps and weaknesses for adjustment in future SWAs and similar mechanisms. Government partners, including UNICEF, were engaged in planning and implementing the case studies. UNICEF provided the funds, and the partners provided operational and other support.

60. **Findings, lessons learned and recommendations.** The case studies identified several key success factors for SWAs: the existence of a coherent policy framework that included costed priorities; and the adaptation of plans to the context. The case studies found that contrasting approaches are being taken by two countries, with the third amalgamating these approaches. Bangladesh uses a centralized, traditional top-down approach. Sri Lanka uses decentralized funding to districts and schools. Nepal operates both processes at once. The experience in all three countries suggests that SWAs processes could better address social exclusion in planning, monitoring, evaluation and learning processes. Current strategies are informed by an evidence base of good quality. There are also no mechanisms for making use of evidence from former or non-governmental projects. Further, because of poor institutional memory, Ministries of Education and development partners tend to “reinvent the wheel”, wasting resources. The learning and knowledge management environment should be strengthened through improved categorization and better use of available data, including disaggregation. Partners will need assistance in developing appropriate mechanisms and in upgrading skills for the analysis of data in order to be able to adjust policy and strategy accordingly.

61. The case studies also found that the issue of equity in education quality and outcomes is still given relatively little attention. Important concepts of “learner-centred”, “child-friendly” or “inclusive” education are not yet applied coherently in schools. Moreover, the participation and/or consultation of children, parents and other groups using the school system are limited to a one-off special exercise; these efforts must be systematized. Little has been done to address the fact that the poorest children continue to work, often to the detriment of their schooling. The case studies demonstrate that while attitudinal change and sensitization to the

situation of the disadvantaged is important to promote social inclusion, these are not sufficient to produce change. Other incentives need to be in place for “acting equitably”.

62. **Use made of the study.** The case studies of Nepal and Bangladesh are tabled documents in the MTRs of the Bangladesh Primary Education Plan II and the Nepal Education for All-Government programmes. The synthesis report and the country case studies are being used for the development of a rights-based tool for large programmes so that they can sharpen their focus on, and achieve better results in, social inclusion. These evidence-based strategies for improving education outcomes and the SWAp processes will be used by UNICEF as a tool for advocating the right to education for marginalized groups within SWAps. All outputs will be shared at a September 2007 regional meeting of Ministries of Education, Finance and Planning, and UNICEF and its partners.

## Conclusion

63. The evaluations and studies reported on in this document reflect a major regional priority — social exclusion — that is garnering increasing attention. These studies have provided insights into how the efforts to address social exclusion could be further strengthened to promote the rights of marginalized children. Several countries have used the findings to improve their actions for excluded and marginalized groups.

64. The studies also reflect the efforts of UNICEF to promote the wider utilization of evaluations. While evaluations are still striving to achieve strong methodological rigour, the process of evaluation, particularly dissemination and utilization, are meanwhile being strengthened. A management response was or is being made to the recommendations cited in these evaluations and studies.

65. Nevertheless, the lack of an “evaluation culture” and capacity is still inhibiting good-quality evaluations and their utilization in the region. Recognising the need to overcome this challenge, the regional office has taken a number of initiatives to bring about closer collaboration with United Nations agencies, institutionalize evaluation training, and develop an evaluation culture in cooperation with professional organizations. The UNICEF regional offices for South Asia and East Asia and Pacific established the United Nations Group for Evaluation Development in Asia and Pacific with members of the Executive Committee agencies. The terms of reference for the group were endorsed by the Regional Directors meeting in March 2007. There are also plans to publish a journal of evaluation in South Asia. The South Asia regional office has collaborated with the World Bank on establishing evaluation training in South Asian academic institutions as a sustainable capacity-development measure. The World Bank, in collaboration with “centres of excellence” in evaluation, is providing technical assistance and the development of quality standards for evaluation training.

66. Country offices have also taken measures to improve evaluation. For example, UNICEF Nepal set up an Advisory Group for Monitoring and Evaluation to build technical capacity and to facilitate inter-sectoral and inter-agency coordination and the sharing of good practices. UNICEF Bhutan played an active role in introducing results-based management to the development of the Government’s Tenth Five-Year Development Plan (2008-2012) and in integrating the planning and budgeting

systems, which operated on a unified database and a reporting system, into development sectors. UNICEF Afghanistan facilitated the establishment of the Afghanistan Monitoring and Evaluation Forum. UNICEF Sri Lanka supported the Sri Lanka Evaluation Association in holding an international evaluation conference, preceded by professional development workshops, in March 2007. The conference, which was well attended by senior Government officials and the academic community, afforded the opportunity to start a significant regional initiative, the Evaluation Network of South Asia. This network comprises national evaluation forums, with the Pakistan Evaluation Network serving as the secretariat.

67. Several countries have improved field monitoring by developing and testing new systems. Following tsunami-evaluation recommendations, Maldives established a decentralized field- monitoring system to monitor the tsunami-related commitments of UNICEF. Discussions are under way with Governments and partners involved to continue the initiative as a government-owned system to monitor governments' tsunami-related commitments. The regional office has also facilitated and encouraged better utilization of the Programme Manager System for monitoring results, and improved practices are in place in a number of countries.

68. The region recognizes the strategic role that evaluation plays in knowledge management, as well as the strong role that evaluation will play in the global knowledge leadership network envisioned in the UNICEF organizational review. In this regard, several countries have taken innovative actions to connect research and evaluation with knowledge management. India, for example, strengthened this link through the development of the "Knowledge Community for Children in India" initiative, focusing on knowledge related to excluded populations as a key to achieving the Millennium Development Goals. These efforts have influenced both the country's Eleventh Five-Year Plan, which calls for "a new vision of growth that will be much more broad-based and inclusive", and the 2008-2012 United Nations Development Assistance Framework, which highlights social inclusion as a central challenge in India.

69. The regional office will take measures to strengthen its internal capacity in evaluation, in terms of both human resources and strategic approaches, as outlined in the Regional Office Management Plan for 2008-2009. The office carried out a comprehensive review of knowledge-management status and practices, which included six case studies of knowledge management in other United Nations agencies and a survey of UNICEF staff in the region. In cooperation with country offices, Governments and partners in the region, the office will continue to promote evaluations and research that enable UNICEF to contribute its independent voice, to convene partners and serve as a knowledge broker, and to help to shape the future agenda for children.