EVALUATION REPORT
August 2014

Formative Evaluation of UNICEF’s Monitoring Results for Equity System (MoRES)

CASE STUDY Bangladesh
Formative Evaluation of UNICEF’s Monitoring Results for Equity System (MoRES)

CASE STUDY ■ Bangladesh ■
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**ACRONYMS**

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<tr>
<td>ANC</td>
<td>Antenatal care</td>
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<tr>
<td>AR</td>
<td>Annual Review</td>
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<tr>
<td>AWP</td>
<td>Annual Work Plan</td>
</tr>
<tr>
<td>BBS</td>
<td>Bangladesh Bureau of Statistics</td>
</tr>
<tr>
<td>BCO</td>
<td>Bangladesh Country Office</td>
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<tr>
<td>BIDS</td>
<td>Bangladesh Institute of Development Studies</td>
</tr>
<tr>
<td>CO</td>
<td>Country Office</td>
</tr>
<tr>
<td>COIA</td>
<td>Commission on Information and Accountability</td>
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<tr>
<td>CPD</td>
<td>Country Programme Document</td>
</tr>
<tr>
<td>DGFP</td>
<td>Department for Family Planning</td>
</tr>
<tr>
<td>DGHS</td>
<td>Department for Health Services</td>
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<tr>
<td>DHS</td>
<td>Demographic and Health Survey</td>
</tr>
<tr>
<td>EPI</td>
<td>Expanded Programme of Immunisation</td>
</tr>
<tr>
<td>FGD</td>
<td>Focus group discussions</td>
</tr>
<tr>
<td>GOB</td>
<td>Government of Bangladesh</td>
</tr>
<tr>
<td>HMIS</td>
<td>Health Management Information System</td>
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<tr>
<td>HQ</td>
<td>(UNICEF) Headquarters</td>
</tr>
<tr>
<td>IC</td>
<td>Investment Case</td>
</tr>
<tr>
<td>IFA</td>
<td>Iron-folic acid</td>
</tr>
<tr>
<td>IMED</td>
<td>Implementation Monitoring and Evaluation Division (Ministry of Planning)</td>
</tr>
<tr>
<td>IR</td>
<td>Intermediate Result</td>
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<tr>
<td>JPGSPH</td>
<td>James P Grant School of Public Health</td>
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<tr>
<td>LLP</td>
<td>Local Level Planning</td>
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<tr>
<td>MAF</td>
<td>MDG Acceleration Framework</td>
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<tr>
<td>MICS</td>
<td>Multiple Indicator Cluster Survey</td>
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<td>MIS</td>
<td>Management Information System</td>
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<tr>
<td>MNCH</td>
<td>Maternal, newborn and child health</td>
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<tr>
<td>MNHI</td>
<td>Maternal and newborn health and immunisation</td>
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<tr>
<td>MOHFW</td>
<td>Ministry of Health and Family Welfare</td>
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<tr>
<td>MoRES</td>
<td>Monitoring Results for Equity System</td>
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<td>MTR</td>
<td>Mid-term review</td>
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<tr>
<td>NIMPU</td>
<td>Nutrition Information Monitoring and Planning Unit</td>
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<tr>
<td>ODA</td>
<td>Official development assistance</td>
</tr>
<tr>
<td>PCA</td>
<td>Programme Cooperation Agreement</td>
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<tr>
<td>PCR</td>
<td>Programme Component Result</td>
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<tr>
<td>PPP</td>
<td>Programme, Policy and Procedure</td>
</tr>
<tr>
<td>RAM</td>
<td>Results Assessment Module</td>
</tr>
<tr>
<td>RMNH</td>
<td>Reproductive, maternal and newborn health</td>
</tr>
<tr>
<td>RMT</td>
<td>Regional Management Team</td>
</tr>
<tr>
<td>RO</td>
<td>Regional Office</td>
</tr>
<tr>
<td>ROSA</td>
<td>Regional Office for South Asia</td>
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<tr>
<td>SRA</td>
<td>Strategic Result Area</td>
</tr>
<tr>
<td>SWAP</td>
<td>Sector wide approach</td>
</tr>
<tr>
<td>ToC</td>
<td>Theory of Change</td>
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<tr>
<td>ToR</td>
<td>Terms of Reference</td>
</tr>
<tr>
<td>ToT</td>
<td>Training of Trainers</td>
</tr>
<tr>
<td>UNDAF</td>
<td>United Nation’s Development Assistance Framework</td>
</tr>
<tr>
<td>UNDP</td>
<td>United Nations Development Programme</td>
</tr>
<tr>
<td>WASH</td>
<td>Water, Sanitation and Hygiene</td>
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</table>
ACKNOWLEDGEMENTS

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While the insights of everyone interviewed have been vital to shaping this report, the contents are entirely the responsibility of the evaluation team.

The seven MoRES case studies produced as part of the MoRES evaluation are to be considered as inputs to and designed to complement the main report. The contents of the case study reports do not necessarily reflect the policies or views of UNICEF. This is the unaltered text of the final case study reports as received from the independent external evaluators. The text has not been edited to official publication standards and UNICEF accepts no responsibility for error.

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PART I:
BANGLADESH’S COUNTRY EXPERIENCE
MoRES in Bangladesh

The Bangladesh Country Office (BCO) has engaged actively with MoRES from the start and there has been very strong senior level support and investment in making MoRES ‘happen’ in the country.

BCO’s approach to the implementation of MoRES has been very much founded on promoting effective coverage of high impact interventions in the most deprived geographic locations in the country. As part of level 1 monitoring and to address inequity in the country, the country office has identified jointly with the UN system, 20 low performing districts for focused interventions — and these districts are the geographic settings for level 3 monitoring. The country office applies a combination of the Tanahashi model and determinant framework analysis to assess tracer interventions across the different coverage levels of the service and analyse key bottlenecks towards effective coverage of the intervention. Key achievements included multi-sectorial level 3 monitoring of five tracer interventions in two geographical areas (unions) and subsequent scale up to more unions, plus a number of quite high profile advocacy, partnership and stakeholder engagement at national and sub-national levels. These activities have been leveraged in different ways through what could be termed a process of ‘positive contamination’ to work towards achieving progress in national level improvements in effective coverage of programmes.

One of the key ongoing results of the BCO experience with MoRES has been the way that thematic sectors have assimilated MoRES in to their work in different ways.

This case study raises some important lessons and issues relating to MoRES which have relevance for the wider evaluation study including: the extent to which interventions that are appropriate tracers are those that are most amenable to monitoring and proof of concept; whether the concepts of effective coverage and the Tanahashi model applied in Bangladesh can be applied to other interventions and elsewhere; how to systematically increase ownership by government and stakeholders that goes beyond participation in MoRES processes and similarly, how to manage expectations that UNICEF resources will fund corrective actions.

Overall, the key finding from this case study is that there is a need to continue to mainstream the approach into existing monitoring systems of government and stakeholders, in order to be able to upscale application of level 3 monitoring at the appropriate frequency and to inform required level of policy and system reforms. There has been significant investment by UNICEF in data collection for a baseline bottleneck analysis and to learn lessons for going to scale; however, given the resources and time required, this has not yet been repeated. BCO acknowledges the challenges and have initiated plans for real time data collection. They have also recognised the need for government ownership and therefore, one of the key characteristics of their approach has been to use MoRES data to advocate for better data, programming, and evidence-based planning processes in key social sectors and at decentralised levels.
CASE STUDY: BANGLADESH

INTRODUCTION

The Monitoring Results for Equity System (MoRES) was developed to support UNICEF’s refocus on equity (launched in 2010) with the specific intent to accelerate progress in reaching the world’s most deprived children.

UNICEF is currently advancing towards mainstreaming MoRES at a global level and in support of this ambition, has commissioned an independent evaluation to provide validation and learning on the conceptual, technical and practical viability of MoRES as an approach. The evaluation is deploying two related analytical approaches: a theory-based approach and a case study-based approach. The theory based approach provides a basis for framing and analysing the MoRES experience. The case study approach complements this by recording what has happened in relation to MoRES in selected countries and in this way helps test and validate the theory of change (ToC) associated with MoRES.

The objective of the evaluation is to support continuing efforts across UNICEF to articulate, develop and mainstream the MoRES approach by learning from experience. The information from the case studies will feed into the main evaluation report. Two important characteristics of the case study component of the evaluation are: each case study has been selected because of the learning opportunity offered to the evaluation; the approach to each study is focused on recording experiences rather than measuring or assessing performance.

However, there is perceived value in analysing country experience based on the key elements of the Monitoring Results for Equity System, both to contribute to the overall development of the MoRES Theory of Change (which will support global roll-out) and as a way of structuring findings and conclusions that will be helpful to the Country Office. Thus, this report is presented in two parts:

- **Part I: Bangladesh’s Country Experience**, provides a brief introduction to the overall formative evaluation and explains the context for this country specific study and presents the MoRES experience from a Bangladesh County Office (BCO) perspective by summarising the findings of a 4-day field visit to Bangladesh (and associated documentary review).

- **Part II: Analysis of the Bangladesh experience of MoRES**, uses seven core elements of the Monitoring Results for Equity System as the basis for more analytical reflection and presents findings against each element as well as an overall conclusion; this section also includes some reflections on the assumptions associated with MoRES and summarises MoRES from a cause-effect perspective.

BANGLADESH COUNTRY CONTEXT

UNICEF’s current priorities within Bangladesh are set out in the *Country Programme Document 2012-2016*. The UNICEF programme is aiming...
to achieve results for the poorest children, their families and communities by demonstrating the impact of a “complementary, synergistic and inter-sectoral development model” to achieve the Millennium Development Goals (MDGs). It is noted that UNICEF and other UN agencies will focus evidence-based advocacy on efforts to achieve the MDGs and reduce disparities between populations especially in 20 most deprived districts in the country. There is also a focus on capacity building – aiming to strengthen central and subnational systems, create demand for services and provide humanitarian-related support – emphasising behaviour and social change, and improving links between the ground level situation and the upstream policy and legal environment. The main programme components listed in the budget are: i.) Social services for children and women; ii.) Social policy, planning, monitoring and evaluation; iii.) Advocacy, communication and partnerships for children; iv.) Local capacity-building and community empowerment; v.) Cross-sectoral costs. Overall, the country programme budget is over $445 million, amounting to approximately $90 million per year (as reported by the Bangladesh Country Office [BCO]).

OVERVIEW OF MoRES IN BANGLADESH

Bangladesh is one of the 27 ‘workstream one’ countries and is a member of the first group of 12 countries which were classed in the 2012 ‘Accelerating Progress’ report as ‘implementing level 3 monitoring with a broad programmatic scope and have many of the conditions in place required to go to scale’. Bangladesh is one of four Regional Office for South Asia (ROSA) countries in workstream one (along with Nepal, Bhutan and Pakistan), which agreed at a Regional Office-Headquarter Joint Work Planning Meeting (March 2011), to engage in regional compacts to support improved results related to equity re-focused programming at country level. The objectives of these regional compacts were to strengthen and maximize the synergies and complementarity of roles between headquarters and regional office; and to engage regional institutions and partners to support strengthened management for results at country level. Figure 1 below lists key MoRES events during the period from 2011-13 from a BCO perspective.

2 Accelerating Results for Deprived Children through level 3 monitoring, work-stream One Country Report, 2012, UNICEF.
The BCO has engaged with MoRES on a number of different levels – of particular note, has been cross-sectoral situation analysis (level 1) to identify key deprivations of the rights of the children and definition of tracer interventions to measure effective coverage of high impact interventions across five sectors of health, nutrition, WASH, education and child protection. The work done in Bangladesh also included level 3 monitoring involving decentralised data collection and bottleneck analysis at the union level; complemented by concurrent use of initial evidence in programming and dialogue with sectors at national and sub-national levels. The approach taken by the UNICEF Bangladesh team to implementing MoRES has been founded on the wish to provide the best value support to the GoB at all levels, in terms of improving the way it delivers its development programmes and ensuring that it is more evidence led and accountable for these programmes. Specifically the focus has been on trying to support the GoB to increase the equity focus of these programmes across the planning, monitoring and reporting of results arenas with a clear emphasis on ensuring better programmatic coverage and more precise (and transparent) ways of addressing coverage gaps.

A substantive component of BCO’s engagement with MoRES to-date has been in the pilot testing and ongoing implementation of robust level 3 monitoring, in the form of union level data collection. This union level engagement has involved the collection of data on five tracer interventions – one from each of the sectors of nutrition, child protection, health, education and Water, Sanitation and Hygiene (WASH) (see Figure 2). This union level engagement is illustrative of one of the distinctive characteristics of MoRES implementation in Bangladesh – the close link to the foundational concepts of the ‘Tanahashi model’. Specifically, there has been a strong emphasis on the concepts of ‘effective coverage’ and ‘tracer interventions’ – i.e. the model\(^3\) that an intervention with established

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\(^3\) A concept based on: a) effect size as basis for efficacy; b) effective coverage of implementation at scale; c) tracer intervention as performance marker of the service delivery system/strategy and; d) targeting the most deprived districts as explicit geo-equity focus on most disadvantaged populations.
effect size (or proven efficacy) replicable at scale can demonstrate, the progressive improvement in the coverage of a particular intervention, and show the functioning of the service delivery system or practice promotion strategy it was chosen to represent. The Tanahashi model traditionally demonstrates five levels or steps that coverage for individuals, groups, or populations in need must pass through to obtain effective coverage of services or interventions, and highlights how the proportion of people able to access care may diminish at each stage. Therefore, data collection at union level to-date has been focused on identifying where the coverage drop is highest to prioritise ‘corrective actions’ to address bottlenecks at this stage. The bottlenecks and barriers analysis is then focused on these areas – it is still very much framed by the determinants framework, but data on the levels of coverage allows corrective actions to be targeted to gaps where the greatest gains can be achieved. The steps have been articulated by the BCO as “The L3M pathway” and are captured in figure 3 below.
The focus on generating Tanahashi style coverage data for sector level tracers at the subnational geographical level lies at the core of this pathway and demonstrates how the BCO merged Tanahashi concepts and tools with the MoRES approaches. For each tracer intervention, key indicators have been defined for the levels of coverage, against which data were collected through a combination of household surveys, facility assessments, focus group discussions, and water quality testing. During 2012, union level data collection was conducted in two pilot unions – this was scaled-up to a further 22 unions in 2013 and there are plans for an increase to incorporate 48 unions during 2013-14. These data were used to identify priority bottlenecks and define corrective actions. In pilot districts, UNICEF staff reported that there has already been action taken by partners to remove bottlenecks – for example more frontline health workers were appointed following a consultation with the health sector – and there is some evidence of increasing collaboration between sectors and partners; however, there has not yet been repeated monitoring to track progress in reducing bottlenecks. Capacity building at community level has been a key feature in the union level activity, through the recruitment of local volunteers to conduct data collection. Comments from zonal offices and volunteers suggest that this has been a positive aspect of the process.

A central element of the BCO strategy in terms of MoRES implementation is captured by the phrase ‘positive contamination’. This phrase – which was used by a number of BCO staff – puts an emphasis on taking key ‘components’ of MoRES and finding ways to strategically engage and influence stakeholders at the national and the subnational levels to take on these components. Figure 4 attempts to graphically reflect the strategy of BCO in implementing MoRES – the ‘positive contamination’ space captures a range of different influencing and engagement activities and pathways. Opportunities for ‘positive contamination’ have been created through the strategic implementation of ‘MoRES-type’

FIGURE 4  MoRES as applied in Bangladesh

<table>
<thead>
<tr>
<th>OBJECTIVE</th>
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<tr>
<td>Government of Bangladesh improves the equity focus and impact of its programmes on children</td>
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<tr>
<td>Government planning, budgeting, monitoring, reporting and accountability systems are strengthened, fact based through absorption of key elements of MoRES</td>
</tr>
<tr>
<td>Cross Organisational Initiatives</td>
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<tr>
<td>Sector specific activities</td>
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</table>
activities at various levels and the leveraging of these experiences in influencing programme at various stages of the programming cycle with key stakeholders. One of the most prominent examples of this – and certainly one that represents the biggest early investment – has been the implementation of union level data collection. The initial objectives of these pilots were to test and validate key elements of the MoRES approach (namely, bottleneck analysis, determinants analysis and level 3 monitoring) and to demonstrate the additional value of these approaches to district level programming. Critically these pilots generated extensive coverage data on five tracer interventions covering multiple sectors. This has meant that each sector has been able to utilise the data generated to further their work in different ways (see below for sector specific activities). However, more broadly, the data collected have functioned to engage government and partners in bottleneck analysis and successfully advocate for the need for better monitoring data to close the equity gap, thereby increasing support for activities to generate those data. BCO’s view is that MoRES, in the longer term, could bring greater clarity to how evidence from routine monitoring are utilized to address corrective actions; and to document how national systems are strengthened to be more accountable in closing equity gaps. The emphasis in selection of tracers has been on selecting interventions that are supported by strong evidence that achieving effective coverage at scale will lead to impacts on development outcomes – namely, interventions that can be used to demonstrate results. BCO is now planning for the upcoming midterm review (MTR) which will occur in 2014, and has highlighted that MoRES will “contribute significantly.” The intention is that, as part of the MTR process, the sub-national and sector specific data on bottlenecks can be aggregated to national level and inform changes to the national development programme – the SitAn will be updated and intermediate results adjusted if there is evidence suggesting this is necessary.

Partnerships are a key aspect of BCO’s work, and BCO have formed a number of interesting collaborations – some of these are directly linked to MoRES, whereas others are existing relationships that have been developed, and in some cases expanded, in light of the way that BCO is implementing MoRES. Table 1 provides a summary of the partnerships, and further details are provided on page 12.

The collaboration with JPGSPH is well established. One of the core activities have been discussion meetings, known as ‘Tanahashi Rounds’, conducted with key stakeholders – these have focused on MoRES issues with the aim that they act as a “multi-stakeholder learning platform” for knowledge and experience sharing and application of the Tanahashi methodology with determinants analysis. Seven Tanahashi rounds have been conducted and are perceived as having been fairly effective in terms of engagement of government and partners – with evidence of increased awareness of, and engagement with, the methodology and some anecdotal evidence of subsequent use of the determinants framework. However, there is also a recognition that it would be beneficial to attract a broader range of stakeholders and that an evaluation is required to assess what impact the Tanahashi rounds have had.

The partnerships between UNICEF, BIDS and BBS are seen by stakeholders as positive in that they are examples of government-owned initiatives – BBS and BIDS are responsible for data collection and analysis, with UNICEF providing technical and financial support.

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5 Given that its introduction to Bangladesh came in the context of the first year of a new GoB-UNICEF Country Programme (2012-2016), it seems that the MoRES approach has not significantly shaped the contents of the current Country Programme. It was noted in interviews with some sectors that the intermediate results (IR) were reviewed with a MoRES ‘lens’ prior to being finalised – resulting in some amendments.
Following the development of the Child Equity Atlas,6 the intention is that the evidence can be used to inform the development of nationally led policy briefs.

UNICEF is working with the National Institute of Local Government on cascade training to increase capacity at local level (for example in situation analysis and level 3 monitoring); thereby reducing the requirement for UNICEF inputs in terms of data collection and analysis. A Training of Trainers programme is ongoing and the objective is that the results of these local-level initiatives can be used to challenge national level planning during the 2014 MTR and other reviews (i.e. UNDAF, sector) and advocate for more decentralised decision making.

Discussions are currently ongoing about the development of a multi-partner initiative, involving collaboration between BCO, the Implementation Monitoring and Evaluation Division (IMED) of the Ministry of Planning, BBS and BIDS. IMED have overall responsibility for monitoring development results of government activities, but capacity is limited. Therefore, the agreement could function to both increase the capacity of IMED and other line ministries in evaluation (for example, short courses and teaching from JPGSPH) and to implement data collection and analysis for level 3 monitoring (through BBS and BIDS), including the use of technology such as smartphones to track and report effective coverage of key social sector interventions.

### TABLE 1 Existing and developing partnerships

<table>
<thead>
<tr>
<th>Partner</th>
<th>Example activities</th>
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<tr>
<td>James P Grant School of Public Health (JPGSPH)</td>
<td>• Tanahashi Rounds</td>
</tr>
<tr>
<td></td>
<td>• Capacity building through engagement with training programmes (e.g. engagement of MPH students in applying Tanahashi methodology in the field; on-going discussions on development of short courses on M&amp;E for health professionals)</td>
</tr>
<tr>
<td>Bangladesh Institute of Development Studies (BIDS)</td>
<td>• Generation of knowledge on barriers in existing programmes</td>
</tr>
<tr>
<td></td>
<td>• Research and evidence generation, e.g. use of 2011 Census data to produce “Child Equity Atlas”</td>
</tr>
<tr>
<td>Bangladesh Bureau of Statistics (BBS)</td>
<td>• Situation monitoring of children (in the form of the MICS)</td>
</tr>
<tr>
<td>National Institute of Local Government</td>
<td>• Capacity Building of Local Government Institutes and officials on level 3 monitoring and application in decentralised planning; for example, Training of Trainers (ToT)</td>
</tr>
<tr>
<td>Multi-partner initiatives (IMED, BBS, BIDS)</td>
<td>• Ongoing discussions about a level 3 monitoring partnership in support of Monitoring for Results of the Bangladesh Sixth Five Year Development Plan</td>
</tr>
<tr>
<td>Sector Specific Partnerships</td>
<td>• Local Level Planning ongoing in Health, Nutrition, Education, Child Protection and Water Sanitation and Hygiene (WASH)</td>
</tr>
<tr>
<td></td>
<td>• National and sub-national level capacity development, development and deployment of MoRES Informed tools into the Management Information System (MIS) and definition and roll out of standards</td>
</tr>
</tbody>
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6 The Child Equity Atlas: Pockets of Social Deprivation analysed data from the 2011 Census, reporting on patterns of social inequalities, areas of progress and persisting pockets of social deprivation. It also compared data of the Population Census 2001 and 2011, reporting on progress made in the key social deprivations faced by children, adolescents and women, at district and sub-district levels.
SECTOR SPECIFIC SUMMARIES

One of the key characteristics of the BCO experience with MoRES has been the way different thematic sectors have assimilated MoRES into their work in different ways – BCO feel that this demonstrates the “handle of the cup” value of MoRES. The examples below illustrate how different sectors have used data and knowledge from different MoRES activities to amend UNICEF, government and partner development programmes.

1. Education

The education sector provides a good example of how BCO has engaged government in the process of union level data collection and reporting, given the selected tracer intervention of pre-primary education (PPE). In particular, the following achievements were highlighted:

The education section in BCO actively engaged with GoB in a process of defining standards for quality of coverage of pre-primary education (PPE). This was necessary given that the GoB has engaged with the issue of PPE fairly recently. This dialogue with the government has represented a valuable opportunity to engage with standard setting, has ensured that indicator definitions are aligned with existing government guidelines and has promoted government buy-in.

Results from the data collection in the education sector provided an opportunity to advocate for better data and monitoring systems, through identifying specific limitations in the 2011 census data and other monitoring results – for example, data on number of PPE teachers deployed were used by GoB as evidence for coverage, when, in fact, MoRES data revealed that many of them had been transferred into other age groups and therefore were not, in fact, delivering PPE.

The union level results in the education sector also provided a strategic advocacy tool to highlight the need for locally specific interventions through demonstration that coverage gaps are not generic. Some zonal offices and partners specifically identified PPE and the education sector as a case where community level service providers had increasingly ‘bought in’ to the importance of exercises such as bottleneck analysis in informing decision making and identifying locally specific responses.

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2. Health

The objective of the health section was to use the union level MoRES approach strategically to introduce evidence based planning and monitoring at national, district and sub-district level. Through engagement with Department of Health Services (DGHS)/Extended Programme of Immunisation (EPI) department’s programme, the UN joint Maternal and Newborn Health Initiative (UNFPA, WHO and UNICEF), and the Maternal, Newborn and Child Health (MNCH) programme, the following results have been achieved:

• Through revision of a Local Level Planning (LLP) tool and the introduction of the MoRES/Tanahashi concept, the LLP process has become more analytical, evidence based in planning and target setting, and more realistic in terms of budgeting.

• The health section has been advocating MoRES at a central level as a solution to closing the ‘20% gap’ in immunisation coverage. A micro-level planning process was already in place in the UNICEF-focus underperforming districts; however, BCO introduced MoRES to strengthen that process with a good response from GoB. An Immunisation Policy has been drafted with explicit formulation of effective vaccination

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7 For example, “effective coverage” of PPE is measured by the “number of eligible pre-school children living in households located within 2 km of a trained PPE teacher engaged in service with 75% attendance that complete one year, attaining competencies.”

8 32 out of the 64 districts have coverage under the national average; of these, UNICEF are specifically targeting their efforts at 11 districts and two city cooperations.
coverage as measurement instead of traditional vaccination coverage formulation.

- LLP processes have been scaled up from the immunisation programme to the MNCH and Nutrition programme. LLP based on MoRES approach is conducted at the Upazilla (sub-district) level of three low performing UNDAF districts. Planning and budget allocation has been revised focusing on activities to remove bottlenecks.

- In the UN (UNICEF, UNFPA, WHO) Joint MNHI programme, LLP was also already ongoing in four districts; however, this had previously utilised the WHO Root Cause Analysis tool. Seven further districts have now been added to the initiative, and, as part of that process, the UNICEF health section has been trying to introduce the MoRES approach. This has met with a mixed response from partners – however, there is now agreement on the use of a combined tool (incorporating principles of MoRES plus additional aspects of the WHO tool) in the 11 districts moving forward.

- The MoRES process at union level has helped the BCO Health section to revise GoB HMIS indicators and expand and revise COIA indicators based on the effective coverage concept.

- A Monitoring and Evaluation tool for Health facilities’ performance was developed based on MoRES (Tanahashi) concept and applied in nine districts.

The health sector in Bangladesh represents a large and complicated field in which to implement MoRES – there are complex government systems (for example, parallel departments for Health Services (DGHS) and Family Planning (DGFP), and many other development partners with their own tools and initiatives. UNICEF in Bangladesh is respected for its technical input, but its direct funding to the overall sector is small compared to other partners and the health budget of the GoB itself. Given this, one of the notable aspects of BCO health section’s work has been its level of ambition in the application of MoRES and its continued efforts to institutionalise it. By working at Upazilla and district level instead of at union level, they are able to implement MoRES (in the form of local level planning) at a larger scale – and are working on capacity building at multiple levels of government. There is already evidence of more targeted planning processes, based on identification of bottlenecks as a basis for budgeting. During the MTR (in 2014), the intention is that the evidence generated on local level bottlenecks and the reporting on planning processes can be used to advocate for more decentralised decision making and to further prove to central government that there is capacity (and value) at district level for planning and budgeting based on local needs and knowledge of bottlenecks – as the basis for budgeting in the health sector Annual Operational Plans (AOP). The health section have gained buy-in from government through strategic engagement with existing programmes such as EPI, which is a flagship programme for GoB and one in which the benefits of applying bottleneck analysis (in reaching the ‘fifth child’9) is being demonstrated.

3. Child Protection

The child protection section in BCO is engaging with MoRES in two main streams of work – through the union level analyses and through parallel initiatives in the area of child marriage.

At a local level, there is evidence of increased coordination between the sectors of child protection and health as a result of the bottleneck analysis of birth registration conducted during the union level pilots, which in itself is an important achievement. At a larger scale, pilot data were used successfully as an advocacy

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9 The ‘fifth child’ was referenced in interviews conducted with BCO; more widely, UNICEF has used the ‘fifth child’ to refer to the millions of children globally who are not immunised, and are often among the poorest and most vulnerable (http://www.unicef.org/immunization/).
Formative Evaluation of UNICEF’s Monitoring Results for Equity System (MoRES)

tool with GoB, leading to the incorporation of birth registration within 45 days into a national level monitoring and civil registration strategy. The choice of birth registration as a tracer intervention is an example of the pragmatic approach of BCO in selecting interventions that can demonstrate results – birth registration fits more naturally into the Tanahashi framework and the indicators and the measurement of coverage are well-defined; therefore, the union level surveys were able to successfully generate data that could be used to advocate for further scale-up and engagement of partners and government.

However, it was noted by the section that birth registration is not the most representative tracer for the child protection sector – there are multiple complex systems and issues within the sector, and birth registration is a very discrete intervention, which does not adequately reflect this. Therefore, alongside the cross-sectoral work, the child protection sector has been actively engaging with MoRES in the area of child marriage. The evidence base around ‘what works’ is only emerging (in contrast to other sectors like health, where the evidence base around most interventions is clear) – therefore, MoRES can arguably be best used in a slightly different way, to contribute to that knowledge base. To that end, the BCO child protection section has started strongly from a level 1 perspective, conducting a Situational Analysis. In conjunction with their partners in the Adolescent Cluster, a stakeholders’ workshop (including government, NGOs and UNFPA) was held to identify priority bottlenecks, framed by consideration of the determinants framework. This was then used to inform development of a strategy with associated interventions – against which level 2 and level 3 monitoring could be done. The application of MoRES in child protection in BCO exemplifies the dual nature of evidence generated by MoRES that was highlighted by other staff at BCO – in the short term, monitoring is directly feeding back into improving the way that programmes are conceptualized and delivered, and in the longer term, the results are being used to systematically build the broader evidence base about what works in child protection.

4. Nutrition

The focus of the Nutrition sector has been to leverage the MoRES processes implemented in the country to not only help generate better planning and monitoring – but to help partners better set standards, targets and norms. This has included a strong focus on accelerating scale-up and mainstreaming of Nutrition focused interventions and measurement tools in Bangladesh.

The data from the union pilots have highlighted clear bottlenecks resulting in incredibly low (zero!) levels of both adequate and effective coverage of iron-folic acid (IFA) supplementation in the unions. The bottlenecks were different in the two unions; therefore, UNICEF used these data as a way to work with stakeholders at the national level to highlight the fact that a more nuanced and detailed understanding of the issues involved in IFA supplementation is needed. These data allowed detailed analysis of bottlenecks to effective coverage of IFA supplementation to be conducted jointly with communities and corrective actions to be implemented. According to the UNICEF reports the proportion of pregnant women consuming an adequate dose of IFA tablets during pregnancy has since increased from 13% to 21% among 3,927 mothers.10 At the national level the data have also been used to set up discussions with Government and the Micronutrient Initiative to hold national technical workshop on improving effective coverage of IFA (November 2013).

In addition to the work on the IFA supplementation indicator, UNICEF has engaged at the policy and technical support level with the Government.

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10 Source: MYCNSIA project monitoring reports 2013.
to work towards agreement on a ‘full set’ of overall nutrition indicators that reflect ‘Effective Coverage’. This work has also been associated with establishment of a UNICEF supported Nutrition Information, Monitoring and Planning Unit (NIMPU) – a practical step for mainstreaming MoRES approaches in to national systems.

5. WASH

As with Nutrition, the UNICEF team working on WASH used the 2012 union pilot as a key way to both better identify corrective actions at the union level as well as inform an engagement strategy with local and national stakeholders around improved definition of coverage. The union pilots helped highlight how the factors contributing to effective coverage varied enormously between areas. This information was used to help better define individual corrective actions for those unions (particularly with respect to water quality issues for example) as well as provide a clear advocacy platform for engaging government on these issues.

In relation to the latter this union data were used to bolster UNICEF’s position as “knowledge partner” with the government and provide programmatic support to the government on water quality monitoring and analysis (through the provision of supplies and capacity building of personnel and systems) as well as reinforcing the importance of Water Safety Plans at a household level.

ACHIEVEMENTS, CHALLENGES AND LESSONS LEARNED

The BCO has achieved a lot in a short space of time with regard to MoRES and lessons are already being learned about the nature of change that can be achieved using elements of MoRES and how this change might play out. While it will take some time for the possibilities and best practices to crystallize, some of the initial gains, lessons, challenges and resource implications are already becoming clearer.

Key Achievements

The BCO has been an early adopter of MoRES and has engaged actively from the outset with a strong drive from the top. This has resulted in a number of key achievements. All sectors – as part of the GoB-UNICEF Country Programme – have engaged with pioneering the formulation of sector specific measures of coverage. The comprehensive pilot in two Unions completed has provided ‘proof of concept’ within and across sectors and been used as a tool to leverage change through advocacy and programme engagement. Beyond proof of concept, the choice of interventions was informed by focus on scale and replication to close equity gaps in effective coverage of services, for children in most deprived scenarios. The ongoing geographic scale-up of MoRES L3M activities to 22 unions is showing scale and will generate more data and hopefully patterns of bottlenecks. Good examples of “positive contamination” within and outside UNICEF include: the programming shift within UNICEF country office and with partners; engagement of government in standard setting; advocacy for addressing identified coverage gaps; building of capacity in bottleneck analysis; local level planning using bottlenecks and determinants; evidence generated to inform national level strategies; Tanahashi rounds and focus on effective coverage of social sector services with tracer interventions. Partnerships are expanding across sectors and local governments. There is already some evidence of “results” – certainly at the outcome level for key sectors.

Contextual Challenges

Bangladesh has multiple donors/development partners operating in country, making for a very complex environment and UNICEF is a relatively small ‘player’ in Bangladesh in ODA terms. Centralisation means that MoRES “fits” differently at differently levels of government – with implications for systematic scale-up. The structure of government requires astute response to power, autonomy, relationships and associated sensitivities (governance and
management challenges). Complex/fragmented planning cycles mean that timing is critical. Funding flows and implementation are also complex and fragmented. Large, centrally planned SWAPs in health, nutrition, population and education are poorly responsive to sub-national disparities in supply/demand bottlenecks, although BCO’s view is that they should still be influenced by evidence. BCO is already positioning itself to seize opportunities to use the “handle of the cup” to provide central planners with reality checks.

Process and Methodological Challenges
Staff highlighted that the process of union level data collection had been very time and resource intensive – in particular, the zonal offices reported that they had committed substantial time to the process; and therefore, there were concerns about the replicability and sustainability of the process, unless government and partners could be further engaged systematically. It was noted that the use of local volunteers during the union scale-up had mitigated some of the requirement for UNICEF engagement in data collection, but that this created new challenges in terms of the need for additional data quality control. In the education section particularly, the process of defining standards and indicators in conjunction with GoB was particularly challenging in terms of the time taken – therefore, at the point of the evaluation team’s visit, the results of the bottleneck analysis were in the process of being validated, although some of the corrective actions (particularly standard setting) were already being implemented. It was also highlighted by zonal offices that there is an issue in managing expectations from government and partners that UNICEF resources will be available to deal with bottlenecks once they are identified – this was corroborated by the meeting with volunteer data collectors, who noted that there was an expectation from the community that, once identified, problems would be solved. Overall, a broader issue seems to be that there is not yet consistent ownership of the process (including responsibility for corrective actions), and to some extent it is seen by some partners as a “UNICEF show”. Much of the policy-making in Bangladesh occurs at a centralised level. Therefore, it was noted that if bottleneck analysis is done at a local level, there is sometimes limited ability for local level officials to use the data to inform planning – the inference from this is that the engagement of decision makers at a central level is key. BCO feel that UNICEF has a comparative advantage in connecting local level evidence to policy, programme and budget decisions at national stage – using the MoRES ‘handle of the cup’.

Lessons Learned
Bangladesh is a powerful example to highlight how UNICEF can utilise its position to influence other players (“positive contamination”) and provides a very good illustration of how commitment and innovation at CO level can make things happen. The focus on generating proof of concept through pilot unions has been very valuable (although not without significant initial costs) and there are some examples of very interesting rollout ‘stories’ which are capturing the way different sectors have leveraged MoRES to further their specific programme objectives. In some cases these examples are already showing results at the outcome level. The ongoing credibility of L3M hinges on a number of factors, including cross-sector selection of additional tracer interventions, generation of evidence about how to maximise effective coverage of services and practices, appropriate selection of indicators of coverage and means of verification, and prioritization of bottlenecks to formulate and implement corrective actions.

There is a clear demonstration of “learning by doing” – and the focus has been on implementing MoRES as an evolving approach. UNICEF Bangladesh is continually seeking to strategically develop and improve their engagement with the MoRES approach. This is manifested in the development of a plan for MoRES
implementation in Bangladesh,\textsuperscript{11} as well as further initiatives that were discussed during the evaluation team’s visit. In particular:

- **Thematic scale up:** Bangladesh are currently monitoring five tracer interventions as part of the union level collaboration, but plan to increase this to ten or more “to reflect the diverse and complementary nature of programme areas being supported by UNICEF.” BCO’s view is that the addition of further tracer interventions and accumulation of knowledge on the patterns of bottle-necks within sectors, will lead to gains from early investments in data collection; hence, BCO is working to integrating ‘effective coverage’ indices into sector management information systems and in a new partnership with BIDS, BBS and IMED.

- **Geographic scale up:** Following on from the first phase of scale-up, there are plans to increase the scope of union level data collection to 48 unions in 20 UNDAF districts.

- **Use of ‘Lady Registrars’:** BBS has Lady Registrars in place (in 1500 primary sampling units) who currently collect household level statistics to support the Sample Vital Registration System of the country. Through its partnership with BBS, BCO aims to utilise this platform and empower the Lady Registrars to collect data on effective coverage of basic social services and practices.

- **ICT initiatives:** Since the process of collection of information at the union level is resource intensive in nature, as noted by sector and zonal level staff, BCO is exploring alternative methods of data collection in order to mitigate some of the associated effort, as well as potentially empower communities. The intention, as reported by staff at BCO, is to put in place ICT initiatives that can reduce the level of effort associated with real time monitoring, and make it possible to conduct data collection on a more frequent basis (possibly two or three times per year) than is currently possible.

PART II: ANALYSIS OF THE BANGLADESH EXPERIENCE OF MoRES
As currently understood through its application and analysis of documents, MoRES is “a conceptual framework for effective planning, programming, implementation, monitoring and managing for results to achieve desired outcomes for the most disadvantaged children.12” The most recent briefing note references MoRES as “intended to enhance and sharpen country programmes of cooperation for accelerated results for the most disadvantaged children.13”

The following section of the report reflects upon Bangladesh’s experience of MoRES through the prism of seven key elements of the Monitoring Results for Equity System:14 (1) Situation Analysis; (2) Determinants Framework; (3) Barrier and Bottleneck Analysis; (4) Monitoring of Intermediate Outcomes; (5) Monitoring at the Appropriate Level of Decentralisation; (6) Regular Adjustment to Programming; (7) MoRES as a system. A summary of the basis for analysis of each element is included in the table. This system-based analysis is followed by an assessment of the assumption associated with MoRES within this country context and a summary statement on the MoRES cause and effect chain as it presents in Bangladesh.

This is not an assessment of the performance of the BCO in relation to MoRES but rather an exercise to help surface issues which may require more focused consideration prior to the further roll-out of MoRES.

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12 Working Document for Internal UNICEF Colleagues: Monitoring of Results for Equity Systems (MoRES), May 25 2012
13 Briefing Note, Enhanced Programming and Results through Monitoring Results for Equity Systems (MoRES), February 2013
14 A model of the MoRES approach containing ten elements has been agreed with the Evaluation Office and is recorded in a Working Paper on MoRES submitted by the Evaluation Team in January 2014. Two of these elements (the focus on equity and the focus on key deprivations are organization wide issues and are not explored within each case study; the tenth element (national ownership and scale up) is treated within the assumptions section of the analysis below. The approach is explained more fully within the Formative Evaluation of MoRES: Final Report.
### (A) MoRES SYSTEM ANALYSIS

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<td><strong>1. SITUATION ANALYSIS</strong></td>
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<td>The <strong>theory underpinning</strong> the situation analysis (as influenced by MoRES) is that it should (1) involve a refocus on equity and (2) a focus on key deprivations if the most disadvantaged children are to be identified. Further, (3) the situation analysis should identify the causes and consequences of deprivations. <strong>Conceptual issues/challenges</strong> relate to (1) questions over whether equity is consistently defined, (2) the robustness of the tools and evidence base which inform the analysis, (3) prioritisation in situations of multiple deprivation (4) the extent to which there is buy-in to the approach as a joint exercise and (5) the appropriate level of decentralisation for situation analysis.</td>
<td><strong>Findings in Bangladesh:</strong> The SitAn and CPD were substantively drafted prior to the introduction of MoRES; however, there was already a focus on equity and patterns of deprivations had been mapped. To draw attention to pockets of deprivations, the <a href="#">Child Equity Atlas</a> was produced jointly by Bangladesh institutions with UNICEF assistance. BCO is currently working towards the MTR – i.e. using MoRES data to inform updates to the SitAn and CPD. Unions for level 3 data collection were selected based on deprivation patterns, but beyond that the extent of the specific equity focus seems to vary across sectors and interventions – for example, the focus is clear in the case of immunisation, because the coverage is 80% and therefore an equity focus is required to reach the deprived groups who form the 20%. In most sections, the focus is very much on increasing effective coverage and advocating for decentralised planning processes in order to achieve this. There is progress towards equity as a product of universal coverage, but the more explicit focus in terms of BCO’s engagement with GoB is around quality of data and decentralised decision-making. <strong>Conclusions:</strong> Equity is at the heart of BCO’s approach in that the mapping of deprivations was used to select regions to pilot the data collection for MoRES. However, beyond that, the emphasis seems to be more around advocating for decentralised planning processes – focusing on improving levels of effective coverage – by using the MoRES evidence and facts to advocate/challenge national planning and budgeting based on local knowledge of bottlenecks. Given the limited scope of the current data collection, there is a question about the extent to which further expansion or integration in to the government systems, and capacity building, is required in order to routinely collect sufficient data to inform locally specific situational analyses – and promote evidence-based planning in key sectors and budget decisions.</td>
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2. DETERMINANTS FRAMEWORK

The theory underpinning the determinants framework is that (1) both service delivery and enabling environment factors need to be tackled to reach the most disadvantaged children and that (2) the framework of ten determinants has generic application across all sectors and (3) represents the necessary conditions for outcomes to be achieved.

Conceptual issues/challenges relate to (1) the number of determinants, specifically whether the ten determinants cover all relevant factors sustaining deprivation and (2) the difficulties in identifying indicators which enable the measurement of determinants in a consistent way.

Findings in Bangladesh:
In most sectors and most interventions, the determinants framework is applied during level 3 monitoring, in conjunction with a Tanahashi style approach. The Tanahashi model is logically applied to identify where the problems in attaining effective coverage lie (through monitoring of indicators against the five levels – from availability of the service to effective coverage), and then the determinants framework is used to frame stakeholders’ thinking around the bottlenecks and corrective actions to correct them. For example, in the health sector, local level planning workshops are convened – these involve the analysis of the data on coverage, identification of bottlenecks (according to the domains of the determinants framework) and identification of corrective actions. These are then translated to local level plans. The intention is that corrective actions are monitored every 6 months; however, there have not yet been additional rounds of monitoring. The process of developing indicators is done through a consensual procedure involving multiple stakeholders, but convened by UNICEF. The tracer interventions selected by BCO were pragmatic choices in order to be able to diagnose system weaknesses, demonstrate and measure results; therefore, they were interventions for which the indicators for the levels of effective coverage could be determined relatively easily – for example, it was reported that data collection for birth registration is relatively straightforward compared to some child protection issues (e.g. child marriage). This functioned to allow BCO to demonstrate proof of concept, but has implications for the strength of the tracer – both the health and the child protection sections of BCO noted that the interventions chosen (immunisation and birth registration) were not the most typical tracers in complex sectors. All programmes are currently working to identify additional interventions for inclusion in to the MoRES pathway. There is limited evidence of further monitoring of corrective actions (e.g. against the determinants) – so far the initial emphasis has been on identifying the bottlenecks.

Conclusions:
The determinants framework is being applied to identify bottlenecks across the sectors in BCO, with no particular glitches identified in its application. However, this is applied in conjunction with the Tanahashi model and the levels of effective coverage are not universally applicable (for example, in relation to social norms) – BCO’s overall approach (i.e. based on union level data collection on effective coverage) may be more suited to monitoring factors related to service delivery and practices for which the theory of change are relatively evidence based. There has currently not been robust proof of concept in terms of monitoring against the determinants framework, because a) to-date the interventions have been selected pragmatically for their ability to be monitored (as well as evidence plus their effect size), and b) the focus has been on monitoring against the levels of effective coverage to identify the bottlenecks and measure effect of corrective actions.
### 3. Barrier and Bottleneck Analysis

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<td>The <strong>theory underpinning</strong> bottleneck and barrier analysis is that (1) the strength of any system is determined by the strength of a minimum factor, that (2) similar interventions share the same bottlenecks such that “tracer” interventions can be monitored to measure the performance (by proxy) of other interventions, (3) if bottlenecks for the most disadvantaged are not addressed, it is likely that the situation of the most marginalised will worsen relative to the wider population over time and (4) the analysis of bottlenecks and barriers will lead to the identification of evidence based strategies and innovations to overcome them.</td>
<td>The barriers and bottleneck analysis in Bangladesh is explicitly focused on the Tanahashi model of effective coverage. Barriers and bottleneck analysis in BCO is currently a consensual process with stakeholders (for example in local level planning activities), in which bottlenecks are identified based on the determinants framework, in light of the results of monitoring against the levels of effective coverage of five tracer interventions. The steps taken are: 1.) collection of data against the indicators for the levels of effective coverage for each tracer; 2.) analysis of the levels of effective coverage, to identify where the most substantial decrease in coverage is occurring (i.e. the limiting factor); 3.) identification of bottlenecks, considering the domains of the determinants framework; 4.) identification of corrective actions. As mentioned above, there are questions over the choice of tracer interventions in BCO – the health and child protection sections report that while immunisation and birth registration are easy to collect data on, and therefore can be used to demonstrate results, they may be only partially representative of the performance of the rather more complex systems and issues in these sectors. Union level pilots were done in two unions; this number has increased and will be further increased in 2014. Data collection and analysis in the first two unions was done by UNICEF staff and key government officials; however there is now use of volunteers (who receive per diems only) for data collection. It is reported that this could affect the quality of data, and overall is a resource intensive process.</td>
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<td>Conceptual issues/challenges relate to (1) the quality of data sources, (2) uncertainty as to whether bottlenecks are generalizable, (3) whether bottlenecks may mask deeper bottlenecks and (4) difficulties in identifying solutions.</td>
<td><strong>Conclusions:</strong> BCO has committed to a substantive data collection effort; however, this was initially resource intensive and time consuming, and raises questions about the sustainability and regularity with which the data collection and resulting bottleneck analysis can be performed – given that bottlenecks are dynamic, this has implications for the prioritisation of resources. The choice of tracer interventions was pragmatic in that they were selected to be able to demonstrate results; however, this affects the extent to which they are representative of the system and therefore their appropriateness as a tracer.</td>
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### 4. MONITORING OF INTERMEDIATE OUTCOMES

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<td><strong>The theory underpinning</strong> the monitoring of intermediate outcomes is that (1) they represent the missing link between outputs and outcomes, (2) data gathering at this level can inform timely corrective action with regard to programme implementation as well as (3) help document what works.</td>
<td><strong>In Bangladesh, the intermediate outcomes in terms of progress towards impact are framed as the levels of effective coverage; however, a process for real-time monitoring is planned but not yet in place. To-date, what is effectively a baseline to identify the bottlenecks has been conducted – i.e. in each sector, for each tracer, indicators for the levels of effective coverage have been defined, there has been analysis to identify where the most substantial decrease in effective coverage is occurring (i.e. the limiting factor) and then identification of bottlenecks and associated corrective actions are identified. The intention moving forward is that monitoring of corrective actions should be conducted every 6-12 months and indicators of coverage should be monitored less regularly (i.e. annually). However, beyond the initial phases of data collection (two pilots and then the first round of expansion) a regular process for this is not yet in place. BCO are exploring opportunities for different modes of monitoring; for example, the use of information communication technologies, or data collection by lady registrars, in order to try and mitigate the high level of resources that are currently required for monitoring, while building national capacity and systems.</strong></td>
<td><strong>In the case of child marriage, it was specifically reported that monitoring of intermediate outcomes is being used to build an evidence base around what works. The evidence base for prevention of child marriage is not strong globally; therefore, monitoring is being done against a strategy developed by UNICEF and partners, in order to inform the choice of interventions in future.</strong></td>
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**Conceptual issues/challenges** relate to (1) identification of appropriate indicators, (2) how often data should be gathered, (3) challenges associated with the use of specific tools for more real-time monitoring. | **Conclusions:**

The experience of BCO raises questions about how often it is appropriate and feasible to conduct monitoring, and what methods should be used. To-date, monitoring has functioned to allow a baseline identification of bottlenecks but there is not yet a process in place for regular monitoring of intermediate outcomes that would allow timely changes and corrective actions – i.e. there is to date limited evidence to support a proof of concept from the Bangladesh experience that regular monitoring will lead to timely implementation of corrective actions. |
### (A) MoRES SYSTEM ANALYSIS (cont’d)

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<tr>
<td>5. MONITORING AT APPROPRIATE LEVEL OF DECENTRALISATION</td>
<td><strong>The theory underpinning</strong> the monitoring at appropriate level of decentralisation is that (1) deprivation patterns are contextually specific, (2) local level planning must be based on local level needs, (3) local data can be a useful basis for advocacy for local level decision making and empowerment. However, (4) some bottlenecks are best addressed at central level. (5) Partnership in general and the use of government systems in particular is a key consideration.</td>
<td><strong>Findings from Bangladesh:</strong> In Bangladesh, the substantive monitoring is being conducted at union level; however, this is currently in a limited (but increasing) number of unions. These data are being used to advocate to the government about the need for better data; for example by exposing limitations in other data sources, and to advocate for more decentralised decision making processes through illustration of the fact that bottlenecks and barriers are locally specific. However, in health, BCO is focusing at upazilla/district level, because the programme is broader reaching and therefore there is no need to be limited to a small number of unions. In addition, upazila/districts are the tiers of government mandated to plan and deliver health services at local levels, based on national policy and delivery strategies. Union level data collection in its current manifestation is a new process that does not build on existing systems – data collection and analysis, especially in the first phase, was performed by UNICEF staff. This is at least partially a function of data that are available from existing systems – the view of the BCO (ratified by the results of initial efforts in data collection), is that the quality of government data is poor. In order to advocate for improvements, evidence is required that demonstrate weaknesses. Part of the function of the union level data collection is to generate this evidence – for example, in the education sector specifically, the union level data was used to highlight imprecisions in 2011 census data. The second phase of union level data collection utilised local volunteers; however, this was still funded and managed by UNICEF, rather than utilising existing systems – often weakened by lack of independence, poor timeliness and low quality of data. There are discussions occurring about how to develop this process in future though (for example through the use of lady registrars for data collection), given the time and resources that are currently allocated to the process and the drive to build national accountability. <strong>Conclusions:</strong> There is a question (and indeed a difference of opinion within BCO) about the appropriate level for monitoring – on the one hand, data are being used to advocate for more decentralised processes (in a context where decision making is very centralized) and therefore sufficient disaggregation is needed to illustrate why this is important, but on the other hand, engaging at union level limits the coverage of data collection, given the resource intensive nature of the process.</td>
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### 6. Regular Adjustments to Programming

The **theory underpinning** regular adjustment to programming is that (1) bottlenecks are dynamic and so timely adjustments to strategic responses are needed, (2) adjustment means that programmes can be more aligned to current needs and progress and so support (3) results based management supported by robust evidence.

**Conceptual issues/challenges** relate to (1) the need for commitment from multiple actors on the basis of (2) consensus on corrective actions, (3) the need for resources to fund corrective actions, and (4) uncertainty over periodicity of programme adjustment.

**Findings in Bangladesh:**

- There is evidence of corrective actions being implemented across the sectors in Bangladesh. For example, in health, in the pilot districts more frontline health workers were appointed following a consultation. In nutrition, the results of the bottleneck analysis led to improved packaging of IFA tablets, development and use of monitoring tools for service providers to forecast adequate supplies, communication and reminder tools for mothers. However, in education, discussion with stakeholders has commenced but this process is slow – the development of indicators and associated data collection processes were time consuming and therefore definition of some of the corrective actions is ongoing. As highlighted above, the frequency with which it is possible to conduct data collection has implications for how up-to-date the evidence on bottlenecks is, and therefore the extent to which it is possible to frequently revise the priority corrective actions to ensure that the most significant issues are those that are being dealt with. There has not yet been a process of repeated monitoring of either corrective actions or bottlenecks.

- One issue raised was around who has responsibility for implementing the corrective actions – it was highlighted that there is an expectation from government and the community that UNICEF funds will be available to support this, and that this is not always the case.

- BCO, beside programming engagement with sectors, are working towards the MTR when evidence collected at local level will inform revisions to the SitAn and changes to the programme as necessary – i.e. the data that have been collected as part of the union level surveys will feed back into the equity refocus of the programmes.

**Conclusions:**

Resources are a key issue – both in terms of those available to support data collection processes (which inform appropriate corrective actions) and those for implementation of corrective actions. There is still an expectation that these will be supplied by UNICEF – although there is buy-in in terms of involvement in processes (such as local level planning processes), there does not yet seem to be substantive demonstration of commitment from the government’s revenue budget – in terms of marginal budgetary provisions beyond the regular sector funds; most of which are either assigned or informed by AOPs which MoRES is poised to influence. Currently, there has been identification of bottlenecks as part of the union level data collection (i.e. as a baseline), but there is no evidence yet of regular monitoring to capture the dynamic nature of the bottlenecks. There is proof of concept for data feeding into local level planning processes; however, as yet there is more limited evidence of feedback into national level programmes.
## (A) MoRES SYSTEM ANALYSIS (cont’d)

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<th>Elements</th>
<th>Basis of Analysis</th>
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<td><strong>7. MoRES AS A SYSTEM</strong></td>
<td>The <strong>theory underpinning</strong> MoRES is that (1) the four level system allows multiple entry points, (2) each level informs the next and is informed by the preceding level, (3) the system is flexible in terms of where to start. <strong>Conceptual issues/challenges</strong> relate to (1) clarity over what each level involves, (2) whether MoRES can be effective if less than all levels are applied and (3) how MoRES maps onto the programme cycle, including evaluation.</td>
<td><strong>Findings from Bangladesh:</strong> Level 2 has been implemented in the form of revised guidance and tools but the main entry point in BCO has been level 3 monitoring. The Child Equity Atlas is a contribution to Level 1. In terms of level 3, to-date the primary focus has been on generating union level data on barriers and bottlenecks – as described above, this has been significantly influenced by the Tanahashi model and has entailed a significant data collection effort to create a baseline – as well as basis for broader partnerships. Although planned, there has not yet been a process of repeated monitoring of bottlenecks and feedback; therefore, the full cycle of level 3 monitoring is still being implemented. BCO is in the middle of a CPD which was designed before the introduction of MoRES; however, UNICEF is working towards the MTR in 2014, where the data collected as part of MoRES implementation will be used to advocate to government for better quality of data and decentralised planning processes. The data will also be used to inform the update of the SitAn and therefore BCO is attempting to integrate MoRES into the programme cycle. That said, one of the key ongoing results of the BCO experience has been the way different thematic sectors have assimilated MoRES in to their work in different ways. <strong>Conclusions:</strong> The focus of BCO’s implementation of MoRES to-date has been on level 3 monitoring; although they are looking ahead to how these data can be used to inform the MTR in a level 1 exercise. Implementation is not yet sufficiently advanced to reach clear conclusions on MoRES as a system. While taking advantage of MTR, it is important to seize every available opportunity – particularly the annual work planning of Government, UNICEF and partners – to utilize evidence from MoRES to refocus partner resources on the deprivations faced by children.</td>
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### (B) ASSUMPTIONS

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| 8. ASSUMPTIONS ANALYSIS | The MoRES working paper suggests that the following assumptions warrant consideration at the case study level: (1) consistency of equity definition; (2) cost-effectiveness of an equity-focused approach; (3) data accuracy with regard to deprivations; (4) focus on key deprivations is a targeting approach that is acceptable to partners; (5) determinants framework is robust; (6) staff and partners have capability to apply the framework; (7) data accuracy with regard to bottlenecks; (8) analysis will identify true bottlenecks; (9) resource availability; (10) tracer interventions can be identified as useful proxies and indicators for these are time sensitive; (11) capacity exists at decentralised level for intermediate outcome monitoring; (12) evidence based decisions can be taken at the appropriate level of decentralisation; (13) resources and political will are sufficient to scale up the approach; (14) proof of concept emerges over time: evidence shows that the approach does progressively reduce bottlenecks. | Findings in Bangladesh:  
• Analysis of deprivations in Bangladesh pre-dated the introduction of MoRES in Bangladesh – the focus on equity in the implementation of MoRES has been geographical through the targeting of the most deprived areas for district and lower level engagement. Monitoring of equity in Bangladesh is currently centred on the levels of effective coverage – it is unclear that this definition is consistently used across UNICEF.  
• It is too early to say whether the transfer of effort to a MoRES approach is a more cost-effective route to equity than earlier strategies.  
• The determinants framework is being applied across sectors – there were no particular issues in its implementation in BCO; however, it has been applied in a specific way – i.e. to frame thinking around bottlenecks following the identification of the most substantive gaps in effective coverage (according to the Tanahashi model).  
• The union level data collection has been initially resource intensive, with implications for how regularly the process could be repeated, or alternatives developed without compromising rigor and credibility. It did not build on existing systems – UNICEF zonal staff committed significant time and resources.  
• Questions were raised about data quality in later union surveys – the use of volunteers mitigated some of the resources required by UNICEF in data collection but meant that more quality control was required.  
• Resource availability is an issue – the perception from some officials and communities is that UNICEF resources will be available to fund corrective actions.  
• Tracer interventions in BCO were selected pragmatically in order to demonstrate results, rather than necessarily as optimally representative of the system.  
• Bangladesh is a centralised system; therefore, there is sometimes limited ability for decentralised decision making – e.g. plans and budgets still have to be approved centrally.  
• There is evidence of political will for implementation of MoRES at decentralised level; however, at central level this is less clear – this appears to be promoted where proof of concept can be demonstrated (e.g. in data quality) or where it builds on government priorities (e.g. immunisation).  
• There is initial but insufficient evidence to-date that supports proof of concept – however, there are anecdotal reports of bottleneck removal, and demonstrating proof of concept is key to BCO’s approach.  
Conclusions:  
In terms of BCO, there is some evidence that challenges the assumptions; however, these are at least partly a result of the need to demonstrate results to GoB, given the complex environment in Bangladesh. The most significant challenge is the process of level 3 monitoring – i.e. how it can be made sustainable. |
This final section of the report aims to summarise the Bangladesh country experience in relation to the Cause and Effect Chain modelled in the diagram below (taken from the working paper supporting the overall evaluation) and to unpack each box in relation to the Bangladesh experience:

**Cause and Effect Chain for MoRES at the Country Level**

MoRES adequately resourced/capacitated and supported at all levels of UNICEF and Government (i.e: (i) Govt has the resources and expertise to incorporate MoRES; (ii) Competing demands on UNICEF staff time and resources do not reduce long term commitment to MoRES)

**UNICEF CO’s use MoRES tools and methods to support identification, monitoring and targeting of most disadvantaged children**

Other stakeholders do not oppose equity focusing or the newly introduced tools and methods of MoRES

MoRES enables effective equity focused targeting of the national programme

**Government programmes effectively target disadvantaged children through MoRES**

The most disadvantaged children have better access to necessary service and all children survive, develop and reach full potential

MoRES tools and methods are well conceived and adapted to different context

Government adopts improved equity targeting through MoRES

The overall causality/pathway of change for MoRES at the country level can be summarized as follows:

MoRES is an attempt to look at UNICEF programmatic and policy work from an equity and deprivation perspective. It is a complex system, dynamic and emergent across multiple sectors and contexts. It comprises multiple components including four levels and a feedback loop that are intended to be applicable across programme sectors and policy work. The levels of MoRES are intended to be closely linked – each level provides information for monitoring at the next level and at the same time assesses/validates actions of the preceding level to allow for timely adjustments and refinements in programme strategies. A key element is the iterative process of real time monitoring and continuous feedback loop which allows for real time intervention adjustment. In addition, principles and tools/methods need to be applied including the bottleneck analysis framework, for MoRES to function. To ensure maximum impact, sustainability and ownership, MoRES should be integrated into national systems. Thus results are dependent on an adequately resourced and capacitated MoRES approach at appropriate levels of UNICEF and the National Government.
In the case of Bangladesh and with regard to the cause and effect chain, the following inputs, activities, outputs and emergent outcomes of the MoRES application have been recorded:

1. **UNICEF BCO uses tools and methods to support identification, monitoring and targeting of most disadvantaged children**

Mapping of deprived populations was done prior to the introduction of MoRES; therefore, there was already consideration of equity in UNICEF’s engagement in Bangladesh. To-date, BCO’s primary engagement with MoRES has been through the implementation of union level data collection – unions for the pilot data collection activities and subsequent expansion have been selected based on the analysis of deprivations, drawn from the 20 socially deprived districts prioritized in the UNDAF Social Services pillar. Data collection activities to-date have used key elements of MoRES, but a distinctive feature of BCO’s approach has been the use of the Tanahashi framework. Monitoring activities to-date have identified bottlenecks through first collecting data on the gaps in effective coverage of selected tracer interventions and secondly through identification of bottlenecks to coverage framed by consideration of the determinants framework. Corrective actions have been identified in some sectors; however, there is not yet a process in place for regular level 3 monitoring.

2. **MoRES is adequately resourced and capacitated and supported at all levels of UNICEF and Government**

There is strong commitment to the principles of MoRES in BCO – with specific engagement and leadership from the Representative. In addition to the cross-sectoral work being done on union level data collection (supported by the sectors) and partnerships, there is evidence that sectors are also taking the initiative and implementing MoRES in other aspects of their work. However, one of the primary constraints is resourcing and capacity for data collection. The process of data collection does not appear sustainable in its current form and there are questions about what scale it should be conducted at. To-date, data collection has generated a baseline but there is not a process in place for regular monitoring of bottlenecks and corrective actions (i.e. a cycle of level 3 monitoring). However, BCO are exploring other possibilities (for example, use of ICTs in collaborations with national organizations). In terms of government, there is evidence of involvement in MoRES processes; for example local level planning workshops, bottleneck analysis etc; however, these processes are all necessarily currently facilitated and supported by UNICEF – there is presently limited evidence of full commitment in terms of funds, for example of corrective actions.

3. **Stakeholders do not oppose equity focusing**

In terms of other stakeholders, there appears to be support for many of the principles of MoRES, and advocacy to government has been key to BCO’s approach. One of the factors that has facilitated the introduction of MoRES has been integration into GoB priority programmes, such as immunization. However, MoRES is not the only approach being utilised on the ground, and the process of introduction and integration with other development partners is ongoing.

4. **MoRES tools are well conceived and context specific**

BCO’s approach is focused on a Tanahashi model – i.e. considering levels of effective coverage and removal of barriers/bottlenecks to attain 100% coverage. Different sectors are implementing it in slightly different ways, demonstrating the adaptability of the approach. The main challenges raised were in relation to issues around application of Tanahashi principles, rather than of MoRES principles. As per the Tanahashi model, the concept of tracer interventions has been applied – however, the choice of some of the tracer interventions was based on the need to demonstrate early results rather than the choice of the most representative of...
the system. This is considered by BCO to be a pragmatic approach, because in an environment with multiple players and systems, where UNICEF are a relatively small player in financial terms, proof of concept is required in order for government to engage with MoRES.

5. MoRES enables effective equity focused targeting of the national programme

There are limited and sector specific examples of equity focused targeting at the national level (for example in immunization and Iron Folic Acid supplementation). However, one key characteristic of the BCO approach is the use of data to advocate for decentralised and evidence based programming with national governments, for example as part of the upcoming MTR.

6. MoRES mainstreamed in UNICEF assistance

UNICEF’s current priorities within Bangladesh are set out in the Country Programme Document 2012-2016. The UNICEF programme is aiming to achieve results for the poorest children, their families and communities through demonstration of the impact of a “complementary, synergistic and inter-sectoral development model” to achieve the Millennium Development Goals (MDGs). It is noted that UNICEF and other UN agencies will focus evidence-based advocacy on efforts to achieve the MDGs and reduce disparities between populations. MoRES had a limited effect on the drafting of the CPD, beyond minor revisions of the intermediate results. However, BCO are focusing their attention on the MTR, where they will use MoRES type data to advocate for decentralised and evidence based programming and to inform revisions to the CPD. There is evidence of integration of MoRES across BCO, in that it has been implemented across a variety of interventions and across sectors – for example, there is the cross sectoral work on union level pilots as well as sector specific work (e.g. around child marriage). However, the level 3 monitoring and data collection is an additional process that sits outside the routine activities of UNICEF and planning is ongoing around how to embed that and make it sustainable in the longer term, within government systems.

7. Government programmes effectively target disadvantaged children through MoRES

The focus on the fifth child in the case of full coverage of immunization is a good example of closing the equity gap. Implementation of MoRES in Bangladesh is not yet at a stage where there is evidence around the effective targeting of disadvantaged children – part of the current efforts are focused around advocacy for better data and decentralised and evidence-based planning processes. There is some discrete examples of implementation of corrective actions; however, to-date there is no outcome evidence on whether disadvantaged children have been effectively reached.

8. Government adopts improved equity targeting through MoRES

To-date, union level data collection has been conducted in two pilot unions, expanded to a further 22 and there are plans to expand it further. However, this process has been conducted by UNICEF with limited engagement of government – and is yet to be fully integrated into the government system. There is some evidence of improved equity targeting to-date; for example – the immunisation programme have utilised MoRES to try and increase coverage, there is evidence of good engagement with local level planning processes in the health sector and the nutrition section are successfully engaging with national level government using the results of the union level data collection. However, many of these processes are still facilitated by UNICEF (e.g. local level planning workshops) – therefore, it would be pre-emptive to conclude

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15 Document E/ICEF/2011/P/L.14 was presented to the Executive Board for discussion and comments at the 2011 annual session; it was then revised and the final version approved at the 2011 second regular session of the Executive Board on 15 September 2011.
that there has been full adoption by government. In terms of monitoring, UNICEF are using the results from union level data collection to advocate for better quality data, and there is evidence of some success in this respect – for example, incorporation of new indicators into government monitoring plans.

9. Better services for disadvantaged children

The premise that the application of MoRES as system will result in increased equity for the most disadvantaged children cannot be proven to-date. BCO are in the process of implementing MoRES but are at a fairly early stage and therefore it is premature to make conclusions, or even collect data, on this aspect.

In summary:

The Bangladesh Country Office (BCO) has engaged actively with MoRES from the start and there has been very strong senior level support and investment in making MoRES ‘happen’ in the country. BCO’s approach to the implementation of MoRES has been founded on the Tanahashi model – i.e. a focus on the concept of tracer interventions and increasing effective coverage. Key achievements have included the implementation of a number of intensive MoRES ‘activities’ including the undertaking of successful multi-sectorial level 3 pilot activities in two geographical areas (unions) and subsequent scale up to more unions, plus a number of high profile advocacy and engagement activities at the national level.

This case study raises some important questions and issues relating to MoRES which have relevance for the wider evaluation study, including: the extent to which there is tension between interventions that are appropriate tracers and those that are most amenable to monitoring and proof of concept; whether the concepts of effective coverage and the Tanahashi style model applied in Bangladesh can be applied to other interventions and elsewhere; how to increase ownership by government and stakeholders that goes beyond participation in MoRES processes and linked to this, how to manage expectations that UNICEF resources will fund corrective actions.

Overall, the key finding from this case study is that there is a need for further system and capacity building which expands government ownership, focus on leveraging resources of all stakeholders in order to be able to conduct level 3 monitoring at the appropriate scale and frequency. There has been significant investment by UNICEF in data collection for a baseline bottleneck analysis; however, given the resources and time required, continual monitoring engagements require development of national partnerships and tools for real time monitoring of bottlenecks and corrective actions in Bangladesh (this is planned). BCO have recognised the need for government ownership and therefore, one of the key characteristics of their approach has been to use MoRES data to advocate for better data, and evidence-based decentralised planning processes across all sectors of its current country programme.
PHOTO CREDITS AND CAPTIONS:

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Students attend classes at a transitional school which stands in place of Paschim Sharikkhali Government Primary School after it was devastated by Cyclone Mahasan at Taltoli Upazila, Barguna on 4 September 2014.

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© UNICEF/NYHQ2006-2668/Pietrasik
Mother holds her 10-month-old daughter in their makeshift home in the impoverished community of Transport Nagar in Moradabad City in Uttar Pradesh State. This community of 500 families, originally from Bangladesh, survive by scavenging or driving rickshaws. Concerned about being identified as foreigners, they say they are from West Bengal State. This area saw only 82 percent vaccination coverage in the last round of polio vaccination in September 2006, and UNICEF is working closely with community organizers to ensure that all eligible children are vaccinated. With poor sanitation and overcrowded living conditions, Transport Nagar is a high-risk area for polio transmission.