Final Evaluation Report

Evaluation of the EU-funded project
Widening Horizons and Creating Opportunities for Sustainable Livelihoods in North and East Sri Lanka in Partnership with EU-UNICEF (2012-2014)

International Institute of Development Training
February 2016
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<tr>
<th></th>
<th>Name</th>
<th>Position</th>
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<tbody>
<tr>
<td>1</td>
<td>Mr Don Brownell</td>
<td>Team Leader</td>
</tr>
<tr>
<td>2</td>
<td>Mr Lakshman Wickramasinghe</td>
<td>Deputy Team Leader</td>
</tr>
<tr>
<td>3</td>
<td>Prof Savitiri Goonesekere</td>
<td>Child Rights Protection and Education Specialist</td>
</tr>
<tr>
<td>4</td>
<td>Ms Vishakha Tillekeratne</td>
<td>Health and Nutrition Specialist</td>
</tr>
<tr>
<td>5</td>
<td>Mr Nimal Weerasinghe</td>
<td>Water and Sanitation Specialist</td>
</tr>
<tr>
<td>6</td>
<td>Mr Anura Gunewardene</td>
<td>Financial Specialist</td>
</tr>
<tr>
<td>7</td>
<td>Dr Manitha Weerasuriya</td>
<td>Technical Advisory Support</td>
</tr>
<tr>
<td>8</td>
<td>Mr Ismail A. Azeez</td>
<td>Field Enumerator (Tri lingual)</td>
</tr>
<tr>
<td>9</td>
<td>Ms Jane David</td>
<td>Project Coordinator/ Field Enumerator (Tri lingual)</td>
</tr>
<tr>
<td>10</td>
<td>Two (2) Local Enumerators:</td>
<td></td>
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<tr>
<td></td>
<td>i. Mr S. Shivasudan</td>
<td>Field Enumerator (Local Language)</td>
</tr>
<tr>
<td></td>
<td>ii. Mr M. R. M. Niyas</td>
<td>Field Enumerator (Local Language)</td>
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<td>CBBO</td>
<td>Community Based Organization</td>
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<td>Multiple Lines and Levels of Evidence</td>
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<td>RO</td>
<td>Reverse Osmosis</td>
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<td>SDC</td>
<td>Social Development Center</td>
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<td>SEQI</td>
<td>School Educational Quality Index</td>
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UNICEF United Nations Children’s Fund
UNDP United Nations Development Program
UNFPA United Nations Populations Fund
VTA Vocational Training Authority
WASH Water, Sanitation and Hygiene
WV World Vision
ZEO Zonal Education Office
EVALUATION AREA MAP
Executive Summary

This report describes the findings and recommendations for the final evaluation of the EU-funded project “ Widening Horizons and Creating Opportunities for Sustainable Livelihoods in North and East Sri Lanka” which was implemented by UNICEF in partnership with the Government of Sri Lanka, local authorities, community-based organisations and private sector in the Northern and Eastern Provinces in 2012-2014. The end of the armed conflict in the Northern and Eastern provinces of Sri Lanka in May 2009, required the provision of basic services such as housing, health, water and sanitation, education etc., social protection/support schemes and livelihood opportunities, among many other necessities, to those populations who were returning to their original habitats after a long period of time. The United Nations Children’s Fund (UNICEF) with financial assistance from the European Union initiated an integrated project “ Widening Horizons and Creating Opportunities for Sustainable Livelihoods in the North and East”, with the overall objective of improving the livelihood potential and living conditions of vulnerable communities and strengthening of government service provision capacity.

The project consisted of four interventional components: Health and Nutrition, Child Protection including Youth, Education, and Water, Sanitation and Hygiene, designed in response to the demands as outlined above, and was implemented in two Divisional Secretariat (DS) divisions in the North and in eleven DS divisions in the East, selection of which was based on agreed criteria to include the most vulnerable categories, namely, children and youth, women, and persons with disabilities, as project beneficiaries.

Objectives of the evaluation were to:

- Assess the degree to which planned results, at various levels of the result chain have been achieved – specially assess the extent to which equity issues have been addressed via project results;
- Assess the relevance of the project with regard to national and institutional priorities and analyse the appropriateness of the strategies, including partnerships and the management arrangements that were put in place;
- Draw lessons which can inform UNICEF on the implementation of similar programmes;
- Provide recommendations on areas for scale up and upstream work related to supporting policy and advocacy in line with the new country program strategy.

Methodology

In the fulfilment of the conditions of the contribution agreement between the EU and UNICEF, UNICEF contracted the International Institute of Development Training, Sri Lanka, to carry out the end of project evaluation, having followed its procedures in the procurement of services.

Four standard OECD/DAC evaluation criteria: relevance, efficiency, effectiveness and sustainability of the key strategies, activities and implementation process, as per the TOR, were used to evaluate each of the project components of WASH, Health and Nutrition, Education and Child Protection. Due to the nature of the project and as agreed with the donor, the impact was not assessed taking into account a very short time that passed after the completion of the project activities. However, as the project was implemented in multiple districts across multiple sectors, analysis was supposed to be done to assess the efficiency and effectiveness of coordination systems. The scope of the evaluation included an assessment and analysis of reported results at the output and outcome level according to the project design. Evaluation of each sector components has also been, wherever possible, looked through the equity and gender perspective.

As the project was implemented in multi-districts across multiple sectors, analysis should be done to assess the efficiency & effectiveness of coordination systems

The evaluation was conducted in July-August 2015, on a purposively selected sample of seven DS divisions, two divisions from the North and five from the East. The DS divisions in which the highest number of project interventions was implemented were purposively selected for the evaluation to ensure that the evaluation would cover as many project interventions as possible.

The evaluation employed both qualitative and quantitative research methods: desk research, key informant interviews (KIIs), focus group discussions (FGDs), community meetings, and site observations. A total of 38 FGDs (14 in the North and 24 in the East) and 33 KIIs (16 in the North and 16 in the East and 1 in Colombo) were conducted during the evaluation using separate questionnaires for each project component and each category of respondents. Due to the time constraints coupled with the vast geographic scope of the project, fieldwork took more of a qualitative turn. The quantitative data was obtained by examining the record keeping data maintained by the four sectors in the respective DS divisions, existing reports, and quantitative information obtained through KIIs.

Findings

Based on the evaluation findings, the EU-SEM Project has fully met its output targets of improving the social status of beneficiaries, especially women, through coordinated and collaborative efforts between sectors. The evaluation noted that project achievements, which varied across sectors, could be attributed to the use of a combination of effective strategies; coordination among multiple public sector service providers; and regular monitoring and use of corrective measures by UNICEF. Another key factor is the strong commitment and ownership of the Government of Sri Lanka (GOSL) at all levels of administration, and its related policies, to return a sense of normalcy to former conflict-affected areas with support from international partners such
as the European Union (EU) and United Nations Children’s Fund (UNICEF). The involvement of government officers in the implementation of the project also injected a higher degree of credibility and acceptance of the project, which resulted in project activities being integrated into government development plans. In addition, the evaluation noted that public officials have become more efficient and effective in their roles due to the training they received and are displaying more positive attitudes and behaviours towards the vulnerable populations they are serving.

Whereas overall sustainability depends very much on the ownership of the project interventions and results, to a greater degree when they are Government (e.g. Health Centres) or beneficiary-owned (e.g. WASH facilities) with a questionable level of sustainability at the community level, funding mechanisms may significantly affect the sustainability and institutionalization of project interventions. In the Water, Sanitation and Hygiene (WASH) sector, there is evidence that WASH facilities will be maintained even after the project ends, due to the availability of Government funding, as well as strong community-based mechanisms for maintenance of facilities at the household level. In the education sector, issues such as poverty, lack of social cohesion and unity, dysfunctional or single parent families, migration of mothers, etc., impacted on the wellbeing and learning of the students. The performance records of such students indicate lower learning outcomes compared to others students, despite efforts made by teachers.

In nutrition, the reduction of underweight status among children less than 5 years is 4% in the East and 3% in the North. The overall % underweight has been reduced from an average of 21.75 % to 18.25% in the targeted districts, over a period of 3 years. This is an average decrease of 1% per year. The results are thus quite modest, given the magnitude of a project of this nature and the resources expended. With regard to improving the nutrition status, in addition to the use of applicable behavior change strategies to improve knowledge, attitudes and skills of mothers on disease prevention, child care, breastfeeding and complementary nutritious foods, etc., and the delivery of growth monitoring services and distribution of food supplements, the status of household food security and the income earning capacity of the families, are also known to exert a critical influence. For example, it turned out that the Mother Support Groups did not come out as effective as they could have been, though they can be a powerful means of communication: important information and motivation regarding basic services had been communicated through mother support groups and this has resulted in increased use of growth monitoring services with more pregnant mothers coming forward for pregnancy detection before 8 weeks and screening and increased knowledge on breast feeding.

In child protection, overall output target in vocation training was successfully achieved delivering vocational skills training to 1,283 out of a targeted 1,300, which is an achievement of 98%. Within 06 months of completion of training 42% of those who received vocational training were either in employment or were established in successful self-employment activities. A Youth Tracer Study conducted on a group of 300 youth, found that 68% of males were employed in trained trades with 33% of women being employed in trained trades. Of the total number employed, 30% were engaged in self-employment. However, there was a question regarding the measurement and application of life-skills training as there seemed to be no reliable indicator to measure its effectiveness.

Lessons Learned
An integrated project for vulnerable populations must be designed and strategically implemented to move beneficiaries beyond outputs to achieve outcomes such as helping mothers to progressively increase the weight of their babies who are under-weight. Under such a concept of integration, a high degree of convergence of the four component services in the same geographic area and on the same beneficiary families (also known as co-location and convergence of services) should be built into the implementation processes. Development projects that are designed to achieve behaviour change outcomes especially in vulnerable communities should formulate and use strong and effective community mobilization and organization activities approaches relevant to local contexts and culture. It appears that with regard to the health and nutrition and child protection components that the degree of success in establishing active community support groups was not very high, though. One reason that the evaluation team was able to identify was the ad hoc nature of the approach towards formation of community groups in health and nutrition and child protection components. A good lesson learnt is that children who are quick to adopt new behaviours if properly mentored and monitored, and their children’s behavioural change has a multiplier and a long-lasting effect, in the sense that the children had been able to change behaviours and attitudes of their parents, which was evident at the discussions with parents at the schools mentioned above (e.g. hand-washing practices). Strong learning was also with regard to monitoring system: even if there was a strong coherence between most of the project outcomes for the identified beneficiary groups and the indicators and methods of measurement, there were a few important outcomes with regard to which coherent and logical linkages had not been established. This led to the mismatch between outputs and outcomes and their indicators, thus disabling the true picture of achievements to emerge.
The project designers had introduced innovative activities which go beyond the mandate of UNICEF, the main UN partner in this project, though after all it was considered that UNICEF should not overburden itself by undertaking technical responsibilities for programming income generation, micro credit, self-employment grants and vocational training even in support of vulnerable communities.

Finally, though there were constraints going beyond control (floods and droughts), it was felt that more attention should be paid to the assessment of the capacities of government partners and service providers before the commencement of the project.

Recommendations

1. **Strengthen interagency collaboration.** UNICEF, in future should partner with relevant sister UN agencies in projects where interventions outside of UNICEF’s mandate are included.

2. **Ensure robust monitoring and evaluation mechanisms in place for all future projects.** This includes, inter alia, development of a set of effective indicators at different levels, regular review of the project objectives, targets and achievements as well as effectiveness of monitoring methods.

3. **Increase cross-sectoral integration and convergence.** In integrated projects designed to improve the socio-economic situation of vulnerable communities, the main principles applied for selecting areas of project implementation should be co-location of services and project interventions in the same administrative/geographic areas, and the convergence of services and interventions on the same beneficiary families. This would facilitate the accrual of benefits of all project services and interventions on the same population (i.e., theoretically the four main sectoral components should converge on the same household and communities; this could be reduced to three or to a maximum of two depending on the life-cycle situation and related needs of beneficiary families).

4. **Adopt flexible approach towards development programmes.** When conceptualizing and planning development programs for vulnerable populations and/or for areas with potentially adverse physical, climatological or geological features a flexible planning/implementation model that allows for appropriate deviations from centrally planned technological interventions should be adopted.

5. **Develop selection guidelines for integrated projects.** In planning future integrated projects for vulnerable communities, it would serve the interest of vulnerable families more effectively, if GOSL, EU and UNICEF could develop a guideline for selecting areas for integrated projects based on two basic principles (a) co-location of services and (b) convergence of an optimum number of services on selected households/families through the planned project.

6. **Integrate behaviour change strategies at an early stage.** BCC initiatives should be planned as early as possible, and respective communication strategies should be developed for each programme component.

7. **Align hardware and software activities.** In an integrated program where both physical infrastructure (hardware), and community organization and behaviour change interventions (software) are key designed strategies, a decision should be made at project design stage, to assign a longer time period for organizing and mobilizing community groups as well as to implement behaviour change communication (BCC) initiatives (e.g., mother support groups and changing their behaviour on child care practices and infant feeding practices).
Chapter 1. Introduction and Background

In May 2009, the 30-year-long conflict came to an end with the end of hostilities in the Northern Province, generating more than 280,000 IDPs which were housed in camps. By 2011, post-conflict interventions were starting to move from emergency to long-term reconstruction and development with the participation of many stakeholders. By September 2012, most of the resettlement of IDPs had taken place and closure of the last IDP camp, Menik Farm, in Vavuniya district was considered a milestone in addressing the issue of displacement in Sri Lanka.

During the post war period, communities living in the Northern and Eastern Provinces of Sri Lanka have faced multiple challenges in terms of infrastructure, quality and accessibility of key public services and economic development. Natural disasters, displacements, and the on-going return and resettlement have affected the traditional community and family structures, resulting in a weakened protective environment for children/youth and their families and also diminished personal development opportunities. The most vulnerable beneficiaries being the single-headed households and households with the disabled or chronically sick family members were the most affected.

The United Nations Children’s Fund (UNICEF) with financial assistance from the European Union initiated an integrated project “Widening Horizons and Creating Opportunities for Sustainable Livelihoods in the North and East”, with the overall objective of improving the livelihood potential and living conditions of vulnerable communities and strengthening of government service provision capacity.

The project consisted of four interventional components: Health and Nutrition, Child Protection including Youth, Education, and Water, Sanitation and Hygiene, designed in response to the demands as outlined above, and was implemented in two Divisional Secretariat (DS) divisions in the North and in eleven DS divisions in the East, selection of which was based on agreed criteria to include the most vulnerable categories, namely, children and youth, women, and persons with disabilities, as project beneficiaries. The project was implemented in eleven selected divisional secretariat divisions (DS) in the East and in two DSs in the North, the selection of which was based on agreed criteria - critical protection issues, the level of access and quality of education, coverage of WASH facilities, availability of health care services and nutrition status of children and pregnant women.

The EU-SEM project was designed, based on the Government of Sri Lanka-UNICEF Country Program Action Plan, and in alignment with district, provincial and national plans. At the highest level the project was aligned with the former Government’s national policies, articulated in the Mahinda Chinthanaya 2010: Emerging Wonder of Asia policy document. At the regional level, project priorities aligned itself with priorities outlined in Nagenahira Udanaya (Eastern Reawakening) and Vadakkin Vasantham (Northern Spring) policy documents. At the sectorial level, SEM project interventions were formulated to meet sector-based priorities and goals, placing emphasis on gender equity and the most vulnerable to achieve long-term impact and sustainability.

In the project development, provisions of 2010-2012 Sri Lanka Gender action plan were incorporated with a view to ensuring gender equity. Globally UNICEF has a Gender Action Plan and UNICEF Sri Lanka has developed country-specific interventions which were incorporated into the project design.

The EU-SEM project was an initiative to address the immediate needs of the most vulnerable children, youth and their families, affected by the armed conflict which ended in May 2009. These communities were in the transition phase from resettlement to development at the commencement of the project. The project, consisting of four major interventional components – child protection, education, health and nutrition, and water, sanitation and hygiene, adopted a holistic approach in its implementation to reach the overall objective through the achievements of a set of results (Outcomes) and specific objectives (Outputs) as indicated below in the SEM project logical framework:
The project was built on the principles of equity to ensure understanding of disparities and their causes and to extend services and protection to the poorest children and families and most impoverished communities. While developing the project, UNICEF analysed the systemic, social and cultural forces that underlie patterns of inequities in the Northern and Eastern Provinces to map out the challenges faced by the population in these areas. Each DS division in the selected districts was screened through a set of vulnerability indicators showing critical protection issues, the level of access and quality of education, coverage of WASH facilities, availability of health care services and nutrition status of children and pregnant women. Through this mapping, UNICEF was able to identify the most disadvantaged areas of each district and to design interventions responding to the multifaceted issues faced by the population, to ensure the project would deliver essential services tailored to actual needs and integrated in the communities.
Gender interests were upheld by the simple fact that the vast majority of the project beneficiaries were women, and that the project targeted more particularly women-headed households, which are bound to benefit from cash grants, infrastructure improvement, improved social services and awareness-raising.

Notable challenges that affected project implementation and project outcomes were severe weather patterns such as from extreme drought to very heavy rains and floods. Changes in the political and administrative structures/regimes at district, provincial and national level also caused delays in smooth implementation of activities. Also, in certain cases, due to the capacity gaps in human resources of the government technical partners UNICEF had to seek alternate means to timely and successfully implement programme activities.

In the implementation of the project, UNICEF partnered with relevant government authorities at provincial, district and divisional levels, existing community organisations, and two NGOs which were selected based on the key criteria of: alignment of organisation missions/mandate with that of UNICEF’s pertaining to child rights and equity driven agenda, organisation’s knowledge/experience in their local context & linkages with Government/local authorities and finally organisation’s capacity/expertise in implementation of the require interventions of the SEM project. Line Ministries were the government counterparts at the national level, the project was implemented at the district level in partnership with relevant technical departments:

- Education: Provincial Directorate of Education (PDE) and Zonal Education Office (ZEO);
- Health & Nutrition: Provincial Directorate of Health Services (PDHS), Regional Directorate of Health Services (RDHS) and Medical office of Health (MOH). The community mobilisation component in the Eastern Province was implemented by two NGO partners, Socio-Economic Development Organisation (SEDO) and Coordinating Centre for Community Development (3CD);
- WASH: National Water Supply and Drainage Board (NWS&DB) and Assistant Commissioner for Local Government;
- Child Protection: Department of Child Care Services for Eastern and Northern Provinces (DPCCS), Department of Social Services for Eastern and Northern Provinces (DSS), National Youth Services Council (NYSC), and Vocational Training Authority (VTA).

Strengthened relationships with the respective divisional secretaries resulted in regular joint project reviews. In the Education sector, partnerships were established with the National College of Education both in Jaffna and Vavuniya in order to benefit from their resource pool for the training of teachers and In-service advisors (ISAs). Further, partnerships were established the National Institute of Education (NIE) and education authorities in neighbouring districts to address gaps in the available resource people in the project target districts. UNICEF also facilitated links between the Department of Social Service and other Government departments in order to refer IGA beneficiaries to their services, including the departments of animal husbandry, agriculture and industries.

The implementation of the project was mainly by the government authorities in the respective provinces, supported by the NGOs, community based organizations and the private sector, which is considered to be an important and a significant feature. The estimated cost of the project was EUR 3,628,263.
Chapter 2. Evaluation purpose, objectives and scope

2.1 Purpose and objectives of Evaluation

The final evaluation was carried out in compliance with the contractual agreement between UNICEF and the EU and was built on results of the mid-term evaluation of the project carried out in 2013.

The broad purpose of the final evaluation was to assess whether the project was relevant to country context and development policies, whether it was effective and to what extent it had achieved its expected outputs and outcomes. The evaluation also sought to identify gaps in project implementation and achievements and assess the degree of success in addressing constraints and gaps that emerged.

The TOR for the evaluation outlined four standard OECD/DAC evaluation criteria: relevance, efficiency, effectiveness, and sustainability of project interventions, excluding the fifth one - impact due to the nature of the project and in agreement with the donor. However, the TOR suggested the analysis of the efficiency and effectiveness of the coordination systems, to encompass sectoral and geographical complexity of the project. Evaluation of each sector components has also been, where ever possible, looked through the equity and gender perspective.

The recommendations, lessons learnt and best practices that emerged as a result of the evaluation are regarded as useful tools in future programming that focuses on policy and advocacy work in line with the Country Programme Action Plan (CPAP) 2013-2017 as well as for the on-going EU-funded programme to support district development plans (EU-SDDP).

The specific objectives of the evaluation were to:

- Assess the degree to which planned results, at various levels of the result chain have been achieved – specially assess the extent to which equity issues have been addressed via project results;
- Assess the relevance of the project with regard to national and institutional priorities and analyze the appropriateness of the strategies, including partnerships and the management arrangements that were put in place;
- Draw lessons which can inform UNICEF on the future implementation of the EU-SDDP program;
- Provide recommendations on areas for scale up and upstream work related to supporting policy and advocacy in line with the new country program strategy.

2.2 Scope and sampling method

The evaluation of the four project interventions namely WASH, Health and Nutrition, Education and Child Protection, was conducted based on relevance, efficiency, effectiveness and sustainability of the key strategies, and the activities and implementation process adopted under the four components. The scope of the evaluation encompassed an assessment and analysis of reported results at the output and outcome level according to the project design.

The fieldwork for the evaluation of the EU-SEM Project was held in July 2015. The project activities took place in two Divisional Secretary (DS) divisions in the Northern Province and eleven DS divisions in the Eastern Province. They were as follows: DS divisions of Mullaitivu, in Mullaitivu district and the DS division of Vavuniya North in the Vavuniya district in the Northern Province. The DS divisions of Koralai Pattu (Kiran), Eravur town, Eravur Pattu, Mannunai West, Mannunai South West, and Poratsee Pattu in Batticaloa district and the DS divisions of Kinniya, Gomarankadawala, Seruwila, Morawewa and Echchalam Pattu in the Trincomalee district in the Eastern province. The population includes communities who were in transition from recovery/rehabilitation to development after the conclusion of the armed conflict in 2009.

The evaluation was conducted on a purposively selected sample of 7 DS divisions due to limitations of time. The DS divisions in which the highest number of project interventions was implemented were purposively selected for the evaluation to ensure that the evaluation would cover as many project interventions as possible.

The final selected sample areas in the Northern Province were the DS division of Oddusudan in the Mullaitivu district and the DS division of Vavuniya North of in the Vavuniya district. The sample areas in the Eastern province were the DS divisions of Eravur Pattu, Eravur Town and Mannunai West in the Batticaloa district and the DS divisions of Kinniya and Gomarankadawela in the Trincomalee district.
Chapter 3. Methodology

3.1 Research methods and approach

This was a mixed methods evaluation which drew upon a combination of qualitative (with higher focus) and quantitative research methods. The methods were desk research, key informant interviews (KII), focus group discussions (FGDs), community meetings, and site observations. Due to the time constraints coupled with the vast geographic scope of the project, the fieldwork took more of a qualitative turn. The quantitative data was obtained by examining the record keeping data maintained by the four sectors in the respective the DS divisions, existing reports, and quantitative information obtained through KIIs. The availability of such data across the sectors was uneven.

The team followed the UNEG Guiding Framework methodology which ensures utility, feasibility, propriety and accuracy. The set of evaluation questions were addressed on the basis of the relevance, effectiveness, efficiency, sustainability and coordination along with cross cutting and equity issues.

Desk Review: The review was conducted using existing documents and data. The reports reviewed were: UNICEF annual and quarterly progress reports, the Mid-Term Evaluation Report and other specially commissioned reports during the project implementation period; GOSL-UNICEF Country Program Action Plan 2013-2017; Mahinda Chintana: Vision for a New Sri Lanka - A ten year horizon development framework 2006-2016; and EU program documents. (Annex 1).

The data gathered through the desk review were used to prepare and improve the evaluation plan. The evaluation questions were also reviewed based on specific information obtained through the desk review. The team assessed the extent to which findings and recommendations of the EU monitoring missions held in 2012 and the Midterm Evaluation held in 2013 were addressed at the later stages of the implementation of the project. The Sector Specialists also gathered additional information related to the four project components, which when assessed against data from key informant interviews, focus group discussions, and community discussions ensured a robust assessment through triangulation.

Focus Groups Discussions: The team conducted 24 Focus Group Discussions (FGDs) in the East and 14 in the North (total of 38 FGDs N&E) in small groups of 5-10 persons. In general, the focus groups were organized according to common interests, and specific characteristics of the participants. FGDs were conducted with all key stakeholders representing all specific sectors covered under the EU-SEM project, including relevant beneficiaries, government officials, and CBOs. Guide to questions were prepared for each category of FGDs and were used to guide discussions. Each FGD was facilitated by a Moderator. A Rapporteur was responsible for writing the report of the FGDs.

During the FGDs, the Moderator explained the purpose of the discussion (to assess the achievements of the interventions independently, identify gaps and correct same in future so as to better deliver services), how the discussions would be conducted, and confirmed that all information gathered during the discussions will be used confidentially. All the FGDs were conducted in the respective local language, Sinhala or Tamil. All the moderators and record keepers were trilingual except one for whom translations were done. The List of Stakeholders given in the Terms of Reference (TOR) was used as the basis for the identification of the focus groups. (Annex 3 – Number of KIIs and FGDs conducted in each location.)

Key Informant Interviews: Key informant interviews (KII) based on the semi-structured in-depth interview method were conducted with key stakeholders on all main facets of the project intervention, with a special focus on issues relevant to most marginalized communities. Apart from the individual interactions with selected stakeholders (in person), other means such as telephone, e-mail, etc., were also used. However, most were interviewed individually. There were 16 KIIs conducted in the East and 16 in the North and 1 KII in Colombo (total of 33 KIIs in the N&E) - (Annex 3 – Number of KIIs and FGDs conducted in each location.)

The questionnaires (Annex 5) were developed covering all aspects including the main evaluation questions and logical framework. Separate questionnaires were prepared for each component (i) Water and Sanitation, (ii) Health and Nutrition, (iii) Education and (iv) Child Protection. KIIIs were carried out on stakeholders selected from sample DS divisions mentioned above and other project areas in consultation with the UNICEF internal evaluation team.
Spontaneous site visits: Spontaneous site visits were made to check infrastructure facilities. The opportunity was also used to meet with community members living near these sites depending on availability of time. Short notes of site visits and community visits were made for use in analysis.

Quantitative and qualitative data were analyzed according to the outputs and outcomes in the program logic framework. The evaluation planning matrix was used to integrate different sets and types of data. The relevance, effectiveness, efficiency and sustainability of the interventions along with coordination, cross cutting and equity issues were taken into consideration under this analysis.

3.2 Evaluation Process

The Evaluation Team commenced work on July 2nd with a full team meeting to review the assignment, prepare a conceptual framework and work plan for the evaluation assignment, and, distribute materials for the desk review. It was noted that due to the evaluation starting a whole month later than expected, there would have to be some adjustments in the methods used, as well as, in the individual schedules of the researchers due to other commitments. Specifically, there were times when some of the sector specialists were not able to participate in the field visits. This issue was mitigated by the hiring of enumerators who were also qualified in the relevant sector ahead of the planned schedule, which enabled the relevant field staff to work closely with the Sector Specialists in the lead up to the field work. Senior members of the Team met with UNICEF Evaluation Reference Group (ERG) on July 3rd to review the schedule and work plan. All members realised that the evaluation was going to be constrained due to the tight timelines that were given. The ERG confirmed that all possible support would be provided by the Head Office and Field Offices. It is noted that this spirit of co-operation and support remained throughout the evaluation period. The UNICEF Sri Lanka Country Office in Colombo and the two zone offices in Batticaloa and Killinochchi collectively, identified the key informants to be interviewed and members for Focus Groups. They also prepared the field work schedule of both KIIs and FGDs to save time. One hour was allocated for each KII and one and a half hours for a FGD.

The team met with the UNICEF ERG members several times, (interacted with them through correspondence on email and telephone) during the week of July 6-10th, culminating in a full review meeting with Field Offices (Via teleconferencing) to finalise questionnaires and field schedules. The Inception Report was submitted on July 15th.

Questionnaires were initially prepared by the respective sector specialists in consultation with other team members and the draft questionnaires were shared with UNICEF for comments and finalisation. Although a formal centralized training could not be organized for field enumerators and FGD facilitators in Colombo which is a limitation, this weakness was to some extent addressed by holding an orientation meeting for Enumerators and the Facilitators at two field locations in the North and the East, prior to commencing field research. The draft questionnaires and question guides were also discussed at these events.

The field work in the Eastern province was undertaken from July 12th to 18th. The field work in the Northern Province was conducted from July 19th to 24th.

The first day of the field work included piloting and revising the questionnaires and focus group discussion question guides and with the consent of UNICEF. The amended questionnaires and question guides were used for collecting data. During KI interviews and FGDs no project staff from UNICEF were present. At the KIIs and FGDs there was an environment for expressing free and candid opinions. For most of the field work, the team was split into two groups, to use the limited time more effectively and to maximize the number of KIIs and FGDs; the final totals being 33 and 38 respectively. The field work included a briefing and debriefing meeting with the UNICEF field officers. It is noted that the field officers offered generous support in assisting with booking interviews and in some cases providing additional transport facilities for the team. The team held a daily internal debriefing meeting to review interviews and complete notes. These meetings were not attended by UNICEF field staff.

The team returned to Colombo on July 24th and commenced the collation and analysis of data from July 27th onwards. A power point presentation comprising preliminary findings was made to the UNICEF ERG on August 5th. Feedback from this meeting was utilized to prepare a first Final Draft Report which was submitted on August 7th.

The team met on several occasions since refining the analysis, and a penultimate final draft evaluation report was submitted to UNICEF on September 28th. At a subsequent meeting UNICEF Sri Lanka Country
Office Evaluation Manager and Team requested that the report be rearranged, analysis strengthened, more field level information, in the form of interesting comments and observations be included, and observations and recommendations of a more strategic nature be culled out from the analysis and findings. Consequently, the IIDT Evaluation Team including a few key persons responsible for field work met several times to consider the feedback provided by UNICEF. The draft Final Report was submitted to UNICEF on December 17, 2015.

**Process Flow of the Evaluation**

- Preliminary Discussions with UNICEF
- Team Meetings - Desk Review – Development of Tools
- Preparation and submission of Inception Report
- Field Work – Two Weeks East, Two Weeks North and Trincomalee
- Additional Information Collection, Analysis, Preparation of Initial Findings
- Power Point Presentation of Initial Findings with UNICEF
- Initial Draft Report
- Further Analysis
- Draft Final Report
- Feedback from UNICEF
- Final Report

**3.3 Ethical Considerations**

The UNEG Code of Conduct and Ethical Guidelines for Evaluations was adhered to during the whole processes of the evaluation.

- The evaluation team conducted its work with impartiality, honesty and accountability.
- The evaluation team strove to ensure consistency and dependability of data, and that findings and conclusions were balanced and evidence based.
- The team considered that empathy and respect to the evaluation participants were particularly important as most of them have been through a process of conflict and displacement. The team assured that confidentiality of interviews will be maintained; ensured that all interviews were conducted in the language of choice and demonstrated respect for local customs and culture. All FGDs and interviews commenced with a description of the purpose of the study and the declaration that all information collected will be used confidentially. In addition, the team said that the purpose of the evaluation is not to find fault with officers and participants, but to collect information that would help to improve the services provided by the project to the people.

**3.4 Limitations**

The very tight time schedule for conducting the evaluation was viewed as the major limitation. Tight deadlines placed by the contractor restricted optimal implementation of some key activities pertaining to the evaluation. The preparatory tasks were accomplished under pressure - the desk review had to be rushed
through, though the Team would have to return to the documents to (re-)confirm some initial analysis and provide details/evidences; handing over of the written Inception Report was delayed although the UNICEF Office team was briefed orally on the evaluation plan prior to commencing field work. The limited time also restricted more participants from the field to be invited for FGDs as well as constrained the in-depth analysis of some issues that surfaced. Due to unavailability and/or transfers of public officials holding responsibility for different activities under the project, a comprehensive KII coverage of all key persons was not feasible. Wherever possible, all efforts were made to contact key personnel for at least a phone interview.

It should be noted that recommendations and lessons learned are informed by outputs and outcomes and the salient features of the implementation process; as explained above, no attempt was made to assess the impact.

The monitoring data for outputs and outcomes was collected using available data provided by partners based on routine record keeping and internal assessments. While UNICEF field officers cannot guarantee the reliability and accuracy of some of the data, the output data could be relied on, as historically over the years, the record keeping data of sectors such as health and nutrition, education, water and sanitation have been proved to be accurate; and the data presented by the project partners contained adequate quantitative information to help assess progress in outputs compared to baseline data. However, it must be mentioned that the outcome data did not appear to have the same validity and reliability, not because the project partners had erred, but because the project with regard to some interventions had neither provided indicators for measurement of outcomes nor put in place an acceptable monitoring mechanism to yield accurate data; in one particular vital intervention the result matrix had not even included space for output data. Additionally, due to the tight time schedule allowed for the evaluation, the team did not have time to persistently probe the issue connected with outcome data. However, the extra time given at the end facilitated more in-depth analysis of some of the issues.

Future project evaluations may need to build in sufficient time resources, and research space to develop appropriate methodologies to assess outputs and outcomes in a more reliable and independently verifiable manner.
Chapter 4. Analysis and Discussion on Achievements by Sector

4.1 Water, Hygiene and Sanitation (WASH)

4.1.1 Background, Intended Results and Achievements

At the time of this project planning and formulation, the country’s development policies and initiatives were governed by the Ten Year Horizon Development Framework 2006-2016 upon which the UNICEF – GOSL 2013-2017 Country Program Action Plan (CPAP) is based along with UNICEF’s global priorities for children. The Water and Sanitation component of the Ten Year development Plan envisages increasing the drinking water supply coverage from 80% in 2009 to 90% in 2016, while increasing sanitation coverage from 76% to 88% during the same period. The plan specifies the provision of drinking water and sanitation facilities to resettlement sites established for people affected by the tsunami and the civil conflict, as one of the key issues and challenges. The project had been developed within the framework of the Ten Year Development Plan and the governing principles of CPAP as evidenced by its overall objective of equitable access of beneficiaries to improved basic services, including provision of water and sanitation facilities, with a view to improving their living conditions. Based on discussions the Evaluation Team had with key stakeholders, the Regional Director of Health Services - Batticaloa, the Assistant Commissioner Local Government - Batticaloa and the Pradeshiya Sabha -Vavuniya North, it was also quite clear that project components were part of provincial and district development plans. The said stakeholders had been involved in the development of provincial and, subsequently, respective district development plans. They were responsible for the implementation of the provincial and district plans as well.

The overall objectives of the WASH interventions were to improve the living, sanitary conditions and productivity of children and families in the target areas through increased access to improved water and sanitation facilities combined with mobilization for adaption of improved hygiene behaviour by 2014.

In order for the overall objectives to be achieved, the strategies employed by the project were: provision of assets and services, participation of beneficiary communities in every possible stage of project development, implementation and maintenance, community education to bring about better/improved hygiene behaviours, community capacity development for maintenance of assets and services and development of technical capacities of government personnel for improved planning and implementation of WASH interventions. Provision of assets and services – construction/rehabilitation of water sources and construction of household latrines, envisages the increase of access of beneficiaries to improved and adequate water and sanitation facilities. The software component (behaviour change communication strategy) was designed to educate the beneficiaries about the proper use of latrines and good hygiene behaviour, especially among school children, which would enable the beneficiary communities to reap the expected benefits of the project, thus improving their living conditions. This software component also mobilizes communities to take part in making decisions in relation to location of facilities, maintenance of same and was designed to inculcate a sense of ownership in them.

At the end of the project period, the achievement of the overall objective is measured by: (i) % of beneficiaries using improved and adequate water and sanitation as per defined standards, and (ii) % population practicing improved personal hygiene practices in target DS divisions.

Within the context of the overall objective of the WASH component, the project expected to increase:

(a) % of population using an improved and adequate drinking water source in target DS divisions.

(b) % of population using improved and adequate sanitation receiving related services in target DS divisions.

(c) % of targeted household members with improved knowledge on better hygiene practices.

As seen from Table 1 (Annex 2) the percentage of the population practicing improved hygiene practices, as a result of project interventions, ranged from 42% in Vavuniya North to 64% in Batticaloa – an increase of 24% and 11% respectively over the project period. The percentage of the population having access to adequate, and improved drinking water ranged from 28% in the Oddusudan DS division to 43% in the Trincomalae district, which is an increase of 5% and 18% respectively. The provision of household latrines had resulted in an increase in access to adequate and improved sanitation facilities, where 64% of the population of Batticaloa district and 41% of the Oddusudan DS division project areas now have such facilities – an increase of 20% and 6% respectively. The project paid much attention to improving the awareness/knowledge about better hygiene practices so that the beneficiaries gain maximum benefits of physical infrastructure. After the completion of WASH interventions, it is recorded that the percentage of the
population in project areas having improved knowledge in good hygiene practices was 80% in Batticaloa district and 42% in Vavuniya North DS Division, showing an increase of 11% and 24% respectively.

Table 2 (Annex 2) gives figures of, mainly, the provision of WASH infrastructure facilities. The aforementioned increases in access to services and acquisition of knowledge in good hygiene practices and behaviour changes had been possible due to provision of services and community mobilization. As per Table 2, all proposed activities had been completed in full, which shows that all infrastructure facilities had been provided as planned. In terms of number of beneficiaries, 2,250 persons use improved and adequate sanitary facilities, while 4,275 persons now have access to improved and adequate drinking water.

One of the ultimate objectives of WASH interventions is to improve the health status of project beneficiaries, a good indication of which is the prevalence of water and sanitation related diseases. The Table 3 shows that, according to records of the MOH in project areas, at the end of the project, a substantial reduction in the prevalence of water and sanitation related diseases has been achieved. A 75% reduction in the project areas in the East is recorded, but this reduction is relatively low in the North with readings of 18% and 12%.

4.1.2 Findings

Relevance

There is a logical linkage among purpose, objectives, and expected results indicating a good fit and relevance across internal design elements of the WASH component.

Level of relevance of project activities may be assessed by the overall achievement of the desired project objectives and also by acceptance of the project by the key stakeholders and the beneficiaries. As far as the water and sanitation component of the project is concerned, both facility construction, and community mobilization and education for behaviour change have been completed, as seen from Table 2. Achievements, in terms of physical constructions and community mobilization and education are 100%. There is, as the evaluation team sees, acceptance of the project interventions on the part of the key stakeholders and communities indicating that the interventions are relevant. Relevance of interventions can also be assessed by the high demand for drinking water and sanitation facilities that prevailed at the time of project initiation. Therefore, on the whole, the level of relevance of WASH interventions is high. In the case of replication of WASH activities in future programs, the same strategies and activities can be adopted while taking into account some of the suggestions and recommendations.

Most beneficiaries were persons affected by the conflict, who had returned to their original habitats. Obviously, it was a matter of starting their lives all over again, with much-needed support in almost all the basic needs of life; drinking water and sanitation facilities took priority position in the list of immediate needs. In this sense, the provision of water and sanitation facilities is considered pertinent and timely. Beneficiaries had been identified through a process of consultations involving key stakeholders, local authorities and health personnel employing a set of criteria – low water and sanitation coverage areas and areas of high prevalence of water and sanitation-related diseases. Baseline surveys carried out by UNICEF to assess the water and sanitation coverage levels and data/information on the prevalence of diseases, too, contributed towards the beneficiary selection process. The Eastern Province population constitutes a multi-ethnic composition, and this factor had been given due consideration so that services and benefits thereof are equitably distributed as seen from the geographical areas that come under the project.

For UNICEF to be in an advantageous position for the performance of the roles – policy development, coordination, capacity development and program implementation - it should be recognized by the government as an important, valuable, credible and trustworthy development partner. The first criterion in this respect was fulfilled when the WASH component was well located within the country’s overall development policies and program. Considering UNICEF’s long term partnership with the GOSL, which dates back over four decades, its response to the needs of children and advocacy for the development of the child over these years in the country, it could be said that UNICEF possesses the required qualifications to be a policy advocate, a sector coordinator and implementer of integrated development projects for children. UNICEF’s experience in emergency programming and its field presence during civil conflict and tsunami gives an added advantage in integrated project implementation in the North and the East.

However, the relevance of choice of water sources and technology can be challenged in two project areas in the East. In some GN Divisions of Gomarakandawala in the Trincomalee district, an endemic Chronic Kidney Disease (CKD) area, the decision taken to dig tube wells is highly questionable, when on an average one person is known to die every month of CKD. Though CKD in this area is of unknown etiology, it is deeply suspected that the presence of heavy metals such as cadmium and arsenic and the hardness of water due to
high levels of calcium and magnesium may be the cause. In Eravur in the Batticaloa district, dug wells have been constructed when there was evidence to indicate that well water is contaminated with fecal bacteria, E Coli, although dug well water is not used for drinking as a piped water system has been installed now. The Gomarankadawala decision is clearly challengeable and tragic, and could lead to UNICEF’s image being adversely affected in the local area at the least if quick remedial action for which technological solutions are available is not resorted to. The technical aspects pertaining to both these cases are well articulated in the efficiency section.

Efficiency

The WASH component and activities fit well into the government development plans and constitute a part of such plans at both the district and divisional levels as discussed above. Therefore, at the district level the Assistant Commissioner of Local Government (ACLG) was involved in the planning of water supply interventions and the local government institutions, the Pradeshiya Sabhas, were responsible for selection of the beneficiaries and implementation of activities - providing technical support and ensuring quality of construction work. The construction work of water and sanitation facilities was done by the contractors selected by the respective ACLGs through a competitive bidding process following government regulations. The planning of sanitation activities – provision of latrines and delivery of hygiene education to beneficiaries – was carried out in consultation with the district and the divisional level health authorities (Regional Director of Health Services and Medical Officer of Health). During the interview with the Health Education Officer and the Supervising Public Health Inspector of Batticaloa, it was said that a poster on washing hands was developed under this project to be used for hygiene education purposes along with other educational materials. Further, they said that the hygiene education/community mobilizations were attended mostly by women. The evaluators feel that greater effort should be put to encourage more men’s participation. The selection of beneficiaries for latrines was done by the Public Health Inspector in coordination with community based organizations. As in water supply, the construction work had been done by contractors selected through a competitive bidding process. The team observed, during field visits, that the construction of latrines conforms to a standard water-seal latrine with a septic tank and a soakage pit. During the focus group discussion with latrine beneficiaries in Eravur 2A, it was observed that the women were knowledgeable about the proper use and maintenance of latrines. The field visit to randomly selected houses, after the discussion, confirmed the fact that the latrines are being used and maintained properly. Payments for construction work had been effected by UNICEF directly to the contractors on the recommendation of the government. From the above description of the project execution process it is clear that the project utilized the existing government structures to deliver the expected services. The investment on the part of the government is its human resource and no financial inputs from the government are recorded.

As seen from Annex 2, Table 2, in all the activities the targets have been achieved 100% and most of the activities had been completed by the second year of the project, except for hygiene education, construction of tube wells with hand pumps and construction of latrines in the East. In the East after the second quarter, only the construction of tube wells remained to be completed and the delay had been due to water quality issues, especially in two project areas – Eravur in the Batticaloa district and Gomarankadawela in the Trincomalee district. In Eravur, a highly populated area, most of the dug wells are contaminated with fecal bacteria E-Coli, as confirmed by the Public Health Inspectors of the area during the field visit. Dug wells, in the area where field visits were undertaken, are being used for washing purposes as piped water is available for drinking. A question arises as to why dug wells were provided in an area known for ground water contamination. As per UNICEF Zone Office, Batticaloa, dug wells were constructed before the piped system was established together with the idea that consumers will use domestic treatment methods to improve the quality of water to drinking level. The domestic treatment process involves boiling for about 10-15 minutes and filtration which will destroy the harmful bacteria. However, the team feels that it is not a good idea to allow the wells to be used for washing purposes, especially vessels used for food preparation and consumption. It is hoped that consumers use the dug well water properly, given their improved knowledge in personal hygiene received through the project.

In the Gomarankadawela DS division, some GN divisions – Pulikandikulam, Gomarankadawela and Bakmeegama visited by the team, the tube wells constructed by the project were not being used by the people for drinking purposes as the quality of water is poor. The evaluation team went through nine water quality reports of the tube wells, issued by the regional laboratory of NWSDB, Batticaloa (Lab Reg. No. 2015/BAT/P/31-39). Water samples had been collected on 13/02/2015. In all but one, the colour and turbidity of the water are higher than the maximum permissible levels. The colour ranged from 44 to 1,025 hazen units when the max permissible level is 30 hazen units and the turbidity values ranged from 7.4 to 161
NTU when the max permissible level is 8NTU. Even though the chemical parameters are within the permissible levels, people are reluctant to use the wells for drinking purposes. The main reason for this phenomenon is the fear of Chronic Kidney Disease (CKD) prevalent in the area as there is no assurance that the water is safe for drinking and the other being the high turbidity, which makes water cloudy. During the interview with the MOH, Gomarankadawela, the following insight into CDK and quality of drinking water in the area was provided. Gomarankadawela area has been declared as an endemic area of CDK of unknown etiology by the Ministry of Health due to its high prevalence. The severity is such that, on the average, one person dies every month. There is no reduction in the death rate or in the incidence of disease. Constant screening is being done and suspected cases are referred for further treatment. It is suspected that the CDK is caused by the consumption of water containing heavy metals like arsenic and cadmium, and hardness caused by high concentrations of calcium and magnesium.

The MOH further said that a new trend has emerged where even without showing any symptoms some people had been diagnosed as having CKD, through blood tests. Their serum creatinine and protein excretion readings in urine are high. The prevalence of the disease is high in the villages of Pulikandikulum, Athabediwewa and Bakmeegama. In response to the question “what is being done presently to improve the situation?”, the MOH said in a few locations small scale Reverse Osmosis (RO) filters had been installed to purify water; the team saw one installed by private organizations in use in Pulikandikulum school. There is one large scale RO filter provided by the Ceylon Electricity Board, which has a capacity of about 30,000 liters a day. The filter is operated by a committee which charges a nominal fee for maintenance of the plant. The team saw villagers from faraway places travelling on tractors to buy water. One villager said that one trip costs about Rs. 300 but they prefer to pay rather than use tube wells and dug well water.

The question for the project planners would be: “Would it have been better and beneficial if the project provided RO filters or supported to expedite the proposed piped water system instead of drilling tube wells?” The project authorities in consultation with Pradeshiya Sabha authorities had allowed pumps to be installed in the tube wells for them to be used for washing purposes. The project, in Gomarankadawela DS division, had been able to provide access to adequate water but certainly not to improved drinking water, which is also confirmed in EU-SEM Annual Report January 2013–December 2013, page 17.

The cost of WASH infrastructure components had been comparable with prices that existed during the project period. The cost of a tube well (up to 10m depth) including the hand pump was Rs.350,000 (NWSDB) in 2012 where as it had cost the project about Rs.268,000.00 (a concessional rate by contractor ADRA, Sri Lanka). The cost of a water seal latrine with a septic tank was in the range of Rs.75,000 – Rs.100,000, whereas the cost of a latrine in the project ranged from Rs.80,000 –Rs.120,000. The upper limit of Rs. 120,000 is where the beneficiary contribution was not available, where women-headed households that could not contribute much towards the construction work. For rehabilitation of household dug wells, the project had paid a flat rate of Rs. 20,000 per well against the estimated cost of Rs. 28,500. In fact, in certain components there had been savings over the allocated amounts, which had been utilized to construct extra WASH facilities in schools and GHCs. In terms of efficiency of delivery of services, a number of planned facilities delivery was timely, but with compromises on the quality of water in a few locations.

Project documents do not highlight existing gender disparities in relation to the access to water and sanitation services. This may be the reason why there is no evidence of special strategies being adopted to reduce gender disparities. However, most of the WASH activities at household and community levels had been planned and implemented with the participation, predominantly, of women. Involvement of men is comparatively less, due to them being involved in livelihood activities.

Extreme weather conditions, droughts and floods, in a few instances had hindered the progress of physical work in the field. Work was accelerated subsequently to catch up with losses when situations had improved by deploying increased human resources. Drought had not affected the progress of work as much as the rains, but delayed the construction of tube wells. It is pleased to note that during the drought, a situation assessment was done collectively by the UN agencies and risk mitigation measures were undertaken. Some of such undertakings were:

- Deepening of wells to enhance their water storage capacity.
- Use of rain water from rain water harvesting systems.
- Cautioning the public of the potential spread of diseases and use of unsafe water.

Water quality issues also held up the work progress especially of the tube wells in Gomarankadawela DS division. Change of locations and the use of additional personnel in the field remedied the situation.
Political interference and provincial elections too but not significantly, slowed down the progress of work. Political interference was avoided by changing the roles/responsibilities among government counterparts. For example, the responsibility of selection of beneficiaries for services has been taken over by a government counterpart with less or no political pressure.

The project was implemented through government structures at different levels of administration. The provision of adequate sanitation facilities is the mandate of the health authorities and local authorities and, hence the involvement of the respective Assistant Commissioners of Local Government, the Pradeshiya Sabhas and NWSDB. Each had played its role in a coordinated manner in the delivery of services. Overall management of implementation, including provision of funds, was by UNICEF in collaboration and close coordination with government and NGO partners at different levels, with the community at the centre.

A comprehensive system of monitoring had been put in place which operated at different levels of project implementation and time intervals. Further information related to this was obtained from the discussions with UNICEF zone offices and review of project documents. The project progress was reviewed quarterly by the respective Divisional Secretaries and based on these reviews; quarterly progress reports had been produced and shared with the EU. With the involvement of the EU, annual reviews were conducted at district level. A mid-term review of the project was carried out by an independent organization, which included all projects supported by the EU. The logical framework of expected results and activities, formulated at the preparation of the project and subsequently revised, provided the base and the directions for monitoring.

Effectiveness

The original logical framework of expected results and achievements specified the measurement of results by the outputs, but the subsequent revision indicates the measurement of results by percentages, e.g. % population using an improved and adequate drinking water and sanitation as per defined standards. Table 4 gives the percentage position of each indicator against the baseline. From the data available it is possible to say that the achievement of target against the baseline is 100% during the project period.

WASH results have been achieved through the provision of drinking water and adequate sanitation facilities, and community mobilization for better hygiene practices with a view to maximizing the benefits of services provided. Here again, as per Table 2, achievement of outputs, in terms of physical quantities, is 100%. Several reasons are attributed to this success – selection of the proper combination of strategies and related activities, effective coordination among implementing partners and regular monitoring.

The selection of beneficiaries and geographic locations was based on predetermined criteria – coverage levels of water and sanitation, households with disabilities, prevalence of water related disease, female headed households and ethnic composition of communities. It is clear that the selection criteria provided for achieving equity in the delivery of services. Observations and discussions during the field visits confirm that the services and assets were distributed in line with the criteria in an equitable manner.

There were difficulties and constraints during the project implementation as previously described. One constraint was the quality of water. Therefore, water quality needs to be given high priority when locations are selected for wells, with the help of quality surveys and available water quality maps.

It is surprising how the decision to drill tube wells in some areas of Gomarankadawela was made, when two of the criteria for selection of geographic locations were ‘households with disabilities’ and ‘prevalence of water related diseases’. Perhaps the decision-makers ‘went purely by the book’ and failed to extrapolate the exceptional significance of the two criteria on the selection of the two appropriate water sources, thus substantially impacting on the effectiveness and even sustainability of the WASH component in two GN areas in Gomarankadawela DS division, although there seem to be no official recognition. Another impediment was floods, which leads to the point that due consideration be given to weather patterns when planning of delivery services.

Sustainability

The degree of sustainability of benefits varies across different activities. Activities owned by beneficiaries – latrines, individual wells, and knowledge acquired will be sustained as these needs are basic and essential for living. Sustainability of common facilities will largely depend on public service provider agencies/institutions – allocation of funds for maintenance and future development. Since the project is part of government development initiatives, it is planned to allocate funds and other resources ensuring continuity. During the interviews with ACLGs and Pradeshiya Sabha authorities, it was clearly mentioned that a portion of the recurrent budget is allocated for maintenance of water and sanitation facilities owned by the two local
government bodies. During the discussion with the two development officers of the Vavuniya North PS, it was said that there are 59 common wells and 110 tube wells to be maintained among many other public services for which funds are provided in their annual budget.

Continuity of interventions after the withdrawal of external support depends on the ability/capacity to maintain the services, the degree of change of behaviors, and degree of ownership. These factors of sustainability have been addressed through the project employing different strategies so the probability of sustainability is fairly high. The three tier system of tube well maintenance, which involves the consumers, local authorities and the NWSDB, is a good example of a strategy for facility maintenance.

As mentioned earlier, all WASH activities and strategies are of regular and conventional nature. That is to say that any WASH intervention will have the same activities and strategies, but with varying degrees depending on the objectives of the project. No innovative strategies or activities were employed in the project. It is in Gomarankadawela that it is more likely that the project activities will be replicated rather than scaled up. It is unlikely that UNICEF has the capacity and time to continue to influence the project for its sustainability once the project is over.

A mother from Erawur in Batticaloa, a beneficiary of a latrine and subsequent awareness on good hygiene practices said: “My family did not have a latrine before the project. We used to share latrines with those households who had them or most of the time used vacant lands in the neighborhood. During rains and at night answering a call of nature was extremely difficult, especially for women. Our children defecated in the compound which attracted flies and birds. Our family and those who did not have facilities received toilets through this project. Now we feel dignified and free as we do not go through the hassle of going to the shrub area to defecate. We do not have space at the back of our house so I do not mind having the latrine in front of our house. We keep it clean and our children too use this.”

4.2. Health and Nutrition

4.2.1 Background, Intended Results and Achievements

The overall objective of the health and nutrition component is that “Living conditions and health status of children and families are improved by 2014 through integrated health and nutrition interventions enabling better economic productivity and education attainment”.

This overall objective has been measured against two indicators: a) % underweight children in the project areas, and b) % global acute malnutrition (GAM) in the project areas.

In order to achieve the overall objective it was envisaged that:

- The number of health staff knowing and implementing the Emergency Obstetric Care (EmOC) and Integrated Nutrition Package (INP) would increase;
- The number of pregnant mothers being detected for pregnancy early would increase, and would receive care at Gramodaya Health Centres which have been newly set up and hence more accessible to them;
- The number of functional weighing posts would increase resulting in a greater % of children being growth monitored and their growth promoted;
- The number of functioning community support groups would increase and thereby, the community knowledge of breast feeding and complementary feeding would increase.

The health component of the GOSL-UNICEF Country Program Action Plan 2013-2017 (CPAP) is designed to contribute to the achievement of national objectives of the health sector as specified the county’s Ten Year Horizon Development Framework 2006-2016 and the Health Sector Master Plan 2007-2016. The main focus of the said health sector plans is to ensure easy access to quality and modern health services for all, placing emphasis on lower income groups and the most vulnerable in the society. The CPAP 2013-2017, through its program component of “disparity reduction and equitable, high-quality social services” planned to address health and nutrition issues, especially of children, in the underserved areas which includes the northern and the eastern parts of the country. The health and nutrition component of the EU-SEM project which is built on the lines of CPAP contributed to the provincial health improvement plans to achieve their objectives during the 30 months of its implementation.
During the Key Informant interviews, health authorities of Batticaloa and Trincomalee districts – RDHS-Batticaloa and MOMCH-Trincomalee, confirmed that the health sector activities of the project are part of health development plans of the districts. This makes it clear that whatever achievements the project makes will contribute to achieving the district, and subsequently, the provincial goals of the health sector.

As can be seen from Annex 2, Table 5 and 6, all planned (activity) output targets in construction and renovation of Health Centres, establishment of functioning weighing posts providing integrated nutrition package services, provision of IT equipment, office equipment and furniture to Gramodaya Health Centres, provision of motor bicycles to health staff, training of health staff on key technical areas in health and nutrition, training of health staff in communication, training of community leaders, and establishment of community support groups including mother groups have been achieved within the specified time period. It is noted that except in the training of staff in delivery EMOC services in the East where the achievement rate was 95%, and in integrated nutrition package (service) delivery, again in the East, where the achievement rate was 90%, the achievement rate in all other planned activities was 100%. So basically the project activity implementation or achievement of activity outputs was excellent. The achievement in outcomes, however, presented another scenario.

The reduction of underweight status among children less than 5 years is 4% in the East and 3% in the North. The overall % underweight has been reduced from an average of 21.75 % to 18.25% in the targeted districts, over a period of 3 years. This is an average decrease of 1% per year. The results are thus quite modest, given the magnitude of a project of this nature and the resources expended.

The reduction of wasting in the North is slight at 1.5%. A more substantial 5% reduction from 19% to 14% can be seen in the East.

This could be attributed to the increase in functional weighing posts by an average of 34% in the North and 10% in the East and the fact that supplementary food has been distributed from all of the new clinics and weighing posts. As the number of weighing posts has increased dramatically this may have contributed to a substantial increase in distribution of supplementary food and other services including growth monitoring and advice.

Though the number of mother support groups had increased, it cannot be attributed that these groups alone have contributed to increasing knowledge. According to FGDs, the groups have contributed somewhat to raising awareness on breast feeding, complementary feeding, prevention of illness and social issues such as teenage pregnancies. However, as there was no clear evidence on increase in knowledge and enhancement of practices, pre and post training, so attribution is a problem.

The formation of the Mother Support Groups (MSGs) has resulted in the improvement of basic services such as detection of pregnant mothers before 8 weeks, improvement of growth monitoring coverage and dissemination of knowledge especially on breast feeding. As adequate thought had not been given to the identity, status of registration, supervision and reward scheme, most of the groups had fragmented.

### 4.2.2. Findings

**Relevance**

The communities in the project areas, especially in the North suffered through a 30 years of conflict. This had made the populations poorer both in terms of assets and savings, less aware, their health status and mental condition had deteriorated and were suffering from a host of other issues which their life. The DS divisions where the project had been implemented are the most vulnerable. Within these locations the most vulnerable groups such as expectant and nursing mothers, infants, children and economically vulnerable families were targeted.

The project is relevant and echoes the 4 pillars of UNICEF activity. All interventions in Health and Nutrition especially support the Millennium Development Goals which are the key global priorities. The district and provincial priorities too are addressed as interventions and are targeted towards reducing all aspects of morbidity and improving anthropometric indicators.

Thus the health and nutrition component is pertinent given the extreme vulnerability of both population and systems and the obvious paucity of facilities as shown in the baseline in the Table on Outputs (Annexure 2-Table 6).

The internal project design is almost perfectly aligned with the overall objectives of achieving nutrition related outcomes through the achievement of infrastructure related outputs, human resource capacity
building, provision of equipment and supplies and delivery of appropriate services. The increase in the number of weighing posts had largely contributed to the distribution of food and micronutrient supplements as well as the provision of services such as growth monitoring and vaccinations. These activities were designed to improve the dietary intake and prevent immunizable diseases leading to reducing the number of underweight children in the project area. The results frame seems to follow the UNICEF conceptual diagram on causes of malnutrition and ill health. Additionally, the nurturing and capacity strengthening of CBOs were considered an important catalyst for achieving outcome objectives. The main output related objectives had been achieved such as the construction or renovation of health facilities, establishment of functional weighing centres, training of health staff, provision of equipment and capacity building, and the formation of community support groups. The strategies were designed based on UNICEF’s and GOSL past experience in executing integrated development projects. Thus there was strong internal logic in the design of the project from inputs through outputs to outcomes.

In most of the project areas, other INGOs have also been working for a long time. So attribution of impact to the relevance of UNICEF activities alone is difficult; however, UNICEF assisted and NGO assisted programs were part of Government programs, and the gains in outputs can be certainly be assigned to the government project assisted by UNICEF.

There was an initial % reduction of GAM from 15.8% to 12.6% on average, among children under 5 in the project area, in the first year. In the second year this figure had actually seen a slight increase from 12.6% to 13.25% and reduced very slightly to 13% in the third year. The biggest gains were after the first year and then the gains were plateauing. During the course of FGDs the community commented that their nutritional knowledge had improved; however, only a KAP study would confirm if knowledge was translated into action. Although as described above, the internal logic of strategies, outputs and expected outcomes are relevant and theoretically accurate, it is not clear if the behaviour change skills and motivations required to gain higher achievements have yet been internalized in community groups and among mothers. This becomes especially significant when one considers that within a time period of 2½ years the gains in the two selected nutrition indicators were only (an improvement of) 4% and 2.5% only. It is therefore questioned whether the behavior change strategies and activities employed had been relevant to the target (beneficiary) audience. Though there had been an annual review in all 3 years, there was no mention of adjusting the behaviour change programs beyond IYCF and INP, or even the need for a review of appropriateness of existing BCC strategies.

The indicator used to measure the outcome of ‘improved knowledge on health and nutrition’ to the extent the Evaluation Team was able to confirm, was the ‘the percentage of community support groups established’. This is not a direct indicator in measuring knowledge, and thus the indicator could be termed irrelevant. Neither the behavioural theory nor findings in empirical research support this view. Therefore, though the internal project design is logical and relevant, the main indicator used to measure knowledge gained by communities and therefore by default the strategic approach used in facilitating behaviour change, appears to be theoretically not logical and therefore not relevant to the situation of the population. This tentative conclusion is based on circumstantial evidence as discussed above and could only be confirmed by conducting a knowledge attitude behaviour practice (KAPB) survey.

With regard to improving the nutrition status of children under five years, in addition to the use of applicable behaviour change strategies to improve knowledge, attitudes and skills of mothers on disease prevention, child care, breastfeeding and complementary nutritious foods, etc., and the delivery of growth monitoring services and distribution of food supplements, the status of household food security and the income earning capacity of the families, are also known to exert a critical influence. This is one of the reasons for Sri Lanka as a country (even in areas not directly affected by the thirty year conflict) continuing to record unusually high levels of under-weight and wasting in children under five years of age, compared to other excellent overall health indicators. The effectiveness of BCC strategies, as well as that of the health delivery system alone and on its own would not be able to make substantial and sustainable dents in the child under-nutrition problem. The Evaluation Team believes that the excellent opportunity that an integrated project of this nature had offered in contributing to the improvement of child nutrition had not been used optimally. It is known that under the EU-UNICEF project, no single Grama Niladhari division received the benefit of implementing all four project components of WASH, health and nutrition, child protection, and education.

The integration of activities on the same set of families, was even more rare. The evaluation team was not able to ascertain the number of families upon which the INP package and the provision self-employment grant had over-lapped. Going by the macro picture of integration by area and by the four components, it can be assumed that not many families within the INP package had also been recipients of the self-employment grant under the Child protection program. In this sense the concept of integration conceptually decided at
the design stage had not been put into practice in implementation. Therefore, it can be submitted that the strategy of integration as designed was relevant to the needs of the vulnerable families; however, unfortunately the way the integration strategy had been implemented had made integration less relevant to the needs of the vulnerable families.

In other words, though the internal logic of project design was rational and relevant to the needs of the vulnerable population, the implementation methodology was not relevant to the needs of the vulnerable population.

It must be mentioned that infrastructure improvement was extremely relevant as it built the base for future programming in improving the quality of care through these institutions. The increase in the number of physical infrastructure also made it convenient for mothers to seek health services as described by focus group discussants in Mullaitivu.

From Focus Group Discussion in Mullaitivu: "Mothers were obtaining the health services from a far distance and after construction of Thanduvan Health (GHC) centre, all the poor families in the village were able to access the service easily. The Mother Support Group (MSG) is also using the health centre for their meetings."

All training activities resulted in a substantial % increase in trained personnel and was based upon the training agenda of the Government and conducted as a complementary activity to that of the local government. Construction activities too had supported the plans of the Government (GOSL). Thus both of these key activities matched the plans and the needs of GOSL and the local government.

**Efficiency**

It is not clear how leveraging financial resources was done. However, human resources at both the Central Government level and district levels were leveraged for planning, coordination, training and capacity building. The inputs have been strictly complementary to support the ongoing efforts of the GOSL.

Most of the programs under the Health and Nutrition section looked after the basic nutrition and health needs of women and both sexes of children and youth. Therefore, as targeting of activities were specifically towards women, gender disparities cannot be stated as an issue. Access to services has certainly increased with the construction of facilities such as GHCs and weighing posts close to homes.

The objective of forming Community Support groups had resulted in the formation of Mother Support Groups. If both sexes had come together in the form of a “community” support group this would have been a good platform for men and women to dialogue and deliberate with each other, which may have resulted in a degree of gender sensitization and equity. The mother support groups have impacted positively on women’s participation and mobility, while in some ways the work involved had increased the burden on women. The positive impact that the MSGs had on the community had been mentioned in the course of the FGDs done in Savakady MOH area as well as Marapalam Health Centre in Karadiyanaru.

In Savakady, mothers stated that their status changed after the implementation of the project as they have been educated on topics such as early marriage, the disadvantages of dropping out of school and even about child labour; when they share this knowledge in the village, their status is enhanced.

Most of the physical outputs such as construction of buildings and distribution of equipment to completed buildings have been implemented on time. However, there has been a delay in forming MSGs, which has resulted in a short life span for the MSGs.

Though timely delivery of hardware had been achieved, the improvement in behavior of mothers relating to nutritional improvement of children is not evident. The approach had been handouts-based rather than behavior change-based. This is not an efficient strategy to improve nutritional status of children.

There were certain disruptions to activities such as construction, owing to floods. Training had also been delayed owing to elections. Forming MSGs in the North were delayed as it was difficult to mobilize the community. Many women who had the inclination and capability to mobilize and give leadership to MSGs were recruited to various jobs. There had been some rescheduling of construction and training. PHMs had gone into villages to look for suitable women to take on the leadership in MSGs.

UNICEF traditionally has a continuous field presence, with a number of partnerships built over the years which provided highly satisfactory support for the project. This was mainly with the provincial Health, Education and Local Government departments. The close collaboration with government and other partners helped the project to implement activities such as infrastructure construction and staff capacity building efficiently.
UNICEF had done well to put in place the Results Framework with indicators. However, some of the indicators were not appropriate such as the indicator for measuring knowledge of nutrition. All elements of the Monitoring and Evaluation Framework had not been clearly established as evidenced by gaps in some methods of verification, frequency of collecting data, assignment of responsibility, etc., in the framework document.

In terms of costs of physical constructions, and training and capacity development activities, in the health sector of the project, LKR 33,522,801 and LKR 23,145,732 had been spent respectively. This evaluation does not attempt to assess the effectiveness of the cost involved in training and capacity development initiatives as their benefits are long-term and cannot be quantified in terms of money. The physical construction work involved construction of 6 GHCs and rehabilitation of 3 GHCs. The unit cost of construction of a GHC had been LKR 4,741,702 and rehabilitation of a GHC had been LKR 1,459,415. The team feels that the unit costs of both construction activities had been sufficient to complete all works with acceptable quality, an observation during the field visits.

**Effectiveness**

The downward integration of activities and the logical flow of output results had been achieved and this is a commendable achievement by the Government, UNICEF and the CBOs who were working in the area with the concurrence of the Government.

Training of health staff on emergency obstetric care (EMoC) and the integrated nutrition package (INP) was completed successfully with 100% of staff being trained in Divisional Secretary areas of Oddusudan and Vavuniya North. In the East 95% of staff were trained. It is significant to note that before the project started health staff in Oddusudan and Vavuniya North had not been trained on EMoC and INP. All Gramodaya Health Centres planned to be renovated were completely renovated while 06 brand new Gramodaya Health Centres were built as planned. This is a commendable achievement.

However, with respect to soft and process related activities, the results were not as dramatic. It is recorded that the planned number of community based mothers groups had been formed. However, the achievements of mothers groups were not that evident as behaviour change empowerment of these groups had not been achieved. Though mother groups were formed, the same old formula of weighing of children, distribution of supplements, and giving of prescriptive advice appear to be the route that had been taken in reducing under nutrition. As analysed later in the section, the community organization process utilized in establishing and nurturing community groups, i.e., mother support groups also had been not effective.

The intervention with regard to Community Support Group (CSG) strengthening should have been strategically planned for better effectiveness. The EU SEM Annual Report 2013 of the project and the Review of the Functioning and Impact of Mother Support Groups, Nov 2014, commissioned by the GOSL show different results. The Government’s External Review was done in late 2014 and shows that many of the Mother Support Groups (MSGs) have fragmented after the project period. Also there have been delays in group formation, which are also cited in the Annual Report. The CSGs and MSGs have fallen short in the following owing to lack of a proper community organization and mobilization strategy:

1. Groups fragmenting after the conclusion of the project.
2. Provision of training limited to leadership, leaving the membership largely unaware of ‘working effectively in groups’.
3. Training mainly based on theory, with only a few practical examples and situations used as examples.
4. No in-depth understanding on community mobilization and community decision making.
5. Loose structures with no registration, identity or recognition. (See Reference in Foot Notes1)

Important information and motivation regarding basic services had been communicated through CSGs and this has resulted in increased use of growth monitoring services with more pregnant mothers coming forward for pregnancy detection before 8 weeks and screening and increased knowledge on breast feeding. This view is also supported in the course of FGDs carried out in the field. According to the Government Review, the knowledge of MSG members on supplementary feeding is low, while the knowledge on breast feeding is adequate.

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1Review of the Functioning and Impact of Mother Support Groups, Nov, 2014, commissioned by the GOSL
In the sector of Health and Nutrition, the initial output or achievement envisaged is in reaching the target of economic productivity and education attainment. These are very far off goals in a nutrition project and cannot be ascertained at the moment. A modest positive impact has been attained in both indicators of wasting and underweight among children under 5, when comparing the baseline with the target for year 3. This could be due to the fact that in a fragile population resilience is low and reducing vulnerability has to be done in a multi-sectoral approach. It is difficult for the health sector alone to improve nutritional status of children by itself and then continue to sustain these improvements. Sectors such as poverty alleviation are extremely important to reduce the root causes of food insecurity and malnutrition. As explained, services such as self-employment grants and family recovery initiatives under the child protection component were not delivered in an integrated manner so as to converge upon same families. Therefore, in a final analysis, it can be said that not only education and economic attainment, even the nutritional outcomes could not be achieved as planned.

The design of the program to strengthen community support groups should have considered several aspects such as sensitizing government officials on the importance of community mobilization and strategies such recruitment of members to CSGs through community self-selection, etc. In Jaffna one of the reasons for the weaknesses observed in the Mothers Support Groups was due to the fact that most of capable women were already in some kind of employment or self-employment.

Activities implemented were of regular and of a conventional nature. Hence, not much upstream policy influencing could be effected. Since the government owns the project, replication of successes is possible.

The usual partnership with the provincial Health department had been continued. The public health service delivery had been strengthened due to staff capacity building and construction of facilities. The same is also true with the human resource development of the health sector. It is doubtful if integrated programming upon same families had been achieved by the project.

**Sustainability**

The degree of sustainability of assets will be high as these are mainly government owned. The knowledge acquired will be sustained. The government would normally support maintenance of buildings and delivery of services through recurrent-cost budget lines as UNICEF utilized the existing service delivery system which had been in place for many years. The state health sector delivers services in an integrated manner so that the future activities, especially with regard to UNICEF assisted nutrition activities, would also be supported as a normal service delivery activity of the government. However, UNICEF sponsored community based activities were still fragile at the end of project; the local ownership of these activities was also not assured.

The capacity building of MSGs had not resulted in facilitating sustainable behaviour change. This is owing to a lack of community organization strategies that are appropriate to the local system, as well as lack of vision in including a rewards and recognition system.

The main interventions of the project are those that have already been scaled up in the country as a whole. There are no new initiatives or pilots in this project. The only creative intervention was the formation of mother support groups, which was found to be too weak to survive without a more creative community-centred approach, capacity building of the membership and assurance of low level financial support beyond the project life cycle, to nurse them to achieve maturity.

The regular public health activities such as growth monitoring, vaccination, surveillance of pregnant mother’s distribution of food supplements, etc., would continue as this is part of the routine system, which had been substantially strengthened through this project. Gains in nutrition status of children would be beset with difficulties, as no sustainable behaviour change strategies and community support groups have been established by the project. There was also no strategic approach developed to converge cross-sectoral services on the same vulnerable families, although by concept and design integration was a key strategy.

### 4.3 Child Protection

#### 4.3.1 Background, Intended Results and Achievement

UNICEF’s contribution towards achieving the goals of the county’s Ten Year Horizon Development Framework 2006-2016 in the area of child protection is well articulated in the GOSL-UNICEF Country Program Action Plan 2013-2017 as three planned outcomes:

(i) Access of quality care and social welfare services improved, to prevent, protect and respond to family separation due to violence, neglect and disaster.
(iii) Strengthened justice for children.

(iii) Life skills development for better employment opportunities, increased participation and protection against violence and abuse.

These three broad outcomes had been the basis upon which the child protection component of the EU-SEM project had been formulated and the achievement of the objectives of the child protection component invariably contributes to the realization of provincial and district objectives in this sphere.

The overall objective of the sector on protection is “that most vulnerable families and young people are provided with life skills and guidance, vocational training and social support to improve access to livelihood and economic activities and contribute to family recovery supported by trained personnel by 2014”.

This is measured by two indicators: a) % of families receiving self-employment grants, reporting a 25% increase in income after six months, and b) % of youth unable to enter university having access to skills development opportunities.

In order to achieve the overall objective it was envisaged that:

- % of target families receiving grants would improve child care and protection practices after six months;
- % of vocational training instructors and child protection officers providing quality services would increase;
- % of youth receiving vocational training/alternative education would increase;
- % of youth receiving vocational/self-employment training would be able to secure self-employment after 6 months.

The project for child protection has been designed by considering the protection required at different stages of the life growth trajectory. While the 3 pillars of education, nutrition for under 5s and WASH deal with early aspects and stages of the life cycle, the training of youth on vocational and life skills has concentrated on the older child and youth. This is noteworthy, and increases the prospects of helping the older age group to realize their full potential. The design of the ‘Family Recovery, element is commendable and methodical in its approach.

The following were the main implementation steps:

i. **Family Assessment:** Identifying highly vulnerable families against set criteria and assessing family needs, skills and economic opportunities.

ii. **Psychosocial Support:** Being referred to psychosocial support programs if support was needed.

iii. **Family Facilitation:** Guiding and facilitating families in preparation for self-employment.

iv. **Provision of Grant:** Providing families with self-employment grants of LKR 25,000-35,000.

v. **Training/Guidance:** Conducting training/guidance program as necessary.

vi. **Links to other services:** Linkages to extension services, e.g., for poultry rearing, linking to agrarian services, etc.

vii. **Monitoring:** Monitoring progress through social service officers and community groups.

The IGA provided to families, the number of youth assisted with employment skills, the training of social protection officers and vocational training instructors, in terms of numbers was impressive. These activities indicate that a workable system for facilitating income generation has been established and strengthened at local level.

The overall objective with regard to self-employment has been achieved partly through the provision of grants and training in self-employment, to nearly 200 of the most vulnerable families. This included the
provision of vocational training to 1,300 youth, training of officers in child protection and in delivering social protection, construction of health facilities, and training of health staff, the provision of equipment and initiation and basic capacity building of CBOs. Project strategies under child protection seem to be more creative than the traditional activities in the other sectors. Traditionally, UNICEF has not provided direct grants to vulnerable families or intervened in areas such as training youth in job skills, even though imparting life skills is a time tested activity.

As can be seen from Table 7 on Objectives and Outcomes the results are substantial. On average, about 75% of the families targeted have increased their income and about 42% of youth have secured a means of securing an income, though The Youth Tracer Study. Focus group discussions also confirmed that slightly over half of the young persons who received vocational skill training were not gainfully employed till around July 2015, confirming the accuracy of youth earning an income statistic.

The graph on income generation shows the contrast in target numbers between the North and the East. However, the targeted numbers have been reached and this is important in meeting the envisaged outputs.

The graph on youth empowerment shows the exceeding of targets in the East. The youth empowerment covered the provision of life skills. “Life skills” is defined by UNICEF ‘as psychosocial abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life. They are loosely grouped into three broad categories of skills: cognitive skills for analyzing and using information, personal skills for developing personal agency and managing oneself, and inter-personal skills for communicating and interacting effectively with others’.

UNICEF further describes life skills education as “a structured program of needs-and outcomes-based participatory learning that aims to increase positive and adaptive behaviour by assisting individuals to develop and practice psycho-social skills that minimize risk factors and maximize protective factors. Life skills
education programs are theory- and evidenced-based, learner-focused, delivered by competent facilitators, and appropriately evaluated to ensure continuous improvement of documented results”.

4.3.2 Findings

Relevance
The internal project design strategy and concepts was rational as it envisaged to enhance child protection using two main approaches: the first approach sought to strengthen the capacity of vulnerable families economically as well as through improved knowledge and skills in child care practices leading to protection of pre-adolescent children; the second approach sought to enhance the life skills and livelihood skills of older adolescents and youth. These twin approaches were conceived to help families to recover in post-resettlement situations and on returning to areas after a destabilizing armed conflict. This project component was highly relevant to the amelioration of the socio-economic situation in the Northern Province and the Eastern province and was pertinent to the Government of Sri Lanka’s policy and programs in the post-conflict areas described in the program titled “Support to Socio Economic Measures in North and East Sri Lanka (EU-SEM)”. The child protection component is therefore pertinent to beneficiaries given the extreme vulnerability of both the population and service delivery and social protection systems. Due to the conflict, the targeted populations were poorer both in terms of assets and savings, and were less aware of the deterioration of their health status and other events in their life. The Grama Niladhari Divisions (GNDs) where the project was implemented had been the most vulnerable. Within these locations the most vulnerable families had been targeted. The project design thus was based on beneficiary needs and circumstances facing them.

During the course of FGDs with the community, the positive effect of the program on income generation was explained by the participants.

A FGD was conducted with the 2013, 2nd batch of vocational trainees in Mullaitivu. All participants had been successful in the GCE O/L examinations. Out of a total of 6 FGD participants, 3 were trained in needlework, 2 in IT and 1 in motor mechanism.

The participants said: “...We really benefitted; without project assistance, we could not have accessed these courses...”; “Now we are sustained for life as we have a trade we know”; “... We have been gainfully employed – all of us...”; “The advice we received on selecting the type of training was very useful as there is a demand for these services”; and “Our income and conditions of living have already started to improve”.

The awarding of self-employment grants to most vulnerable families was highly relevant as the economic base of these families had been eroded and economic assets degraded. However, despite the overall conceptual relevance, two questions arise with regard to efficiency in implementation:

1. Was the timing of the award of self-employment grants too premature? The feedback received through key informant interviews conducted with Social Service Officers who had visited the houses of grant recipients, revealed that a number of recipient families had not been able to cope with the grant; they misused the grant.

In one instance a recipient woman was selected to receive a dairy cow. After the initial identification process and briefing was completed, the project remitted the money to her bank account for the purchase of a cow. A subsequent monitoring visit to the household revealed that there was no dairy cow to be seen. On discussion, the woman had said that she did not know the money was to purchase a cow; she thought the money was given to her to spend.

2. Was ‘the daily consumption needs’ still the real priority for some of the selected women rather than investing on self-employment? In which case, would not the establishment of a safety-net mechanism, better served the needs of such families? These questions came to the fore when a social service officer in a KII said that he found it difficult when selecting grant–recipients, to bypass some families who were really struggling to maintain their daily consumption needs.

This situation was further confirmed when another SSO in another KII, revealed that there were a few families who undoubtedly required support on a daily basis. A feeble grandmother bringing up a grandson studying in Grade 6 was given a dairy cow as a self-employment investment. The grandfather, the other sole occupant in the household was also feeble and weak. This is obviously a wrong choice for the grant of a milk cow, but the SSO would have been in a dilemma – “Do I by-pass the family or not”? May be the SSO would have been more creative and looked for NGO assistance for an education grant for the boy. However, there would have been no easy answers.
Another case was that of a woman who was a commercial sex-worker. She already had some chickens and was selected to receive self-employment grant to raise poultry. As per plan she was given chicks to begin a poultry business. The first monitoring visit revealed that 2 to 3 chicks were missing. Another monitoring visit done after about one month revealed that there were no poultry at all. She had cooked the chickens and fed the children.

The other case cited was of a fairly successful poultry business. The self-employment grant was given to a woman who had a son of an employable age. She already had a successful home-garden and a few chickens in the home garden. The self-employment grant beneficiary should not have been picked under the established criteria for selection, as she had no young children. Her poultry venture begun through the self-employment grant had become very successful. The increase in income criteria had been achieved, and therefore she was not eligible to receive a grant.

Thus, it is clear that the high degree of relevance of the design logic, strategies and concepts of the child protection component had been affected due to somewhat weaker implementation progress with regard to some sub-components and the weakness and lack of precision in monitoring of key activities.

With regard to UNICEF and EU assistance, the concept of relevance is linked to ethics, and non-discrimination, in selecting particular types of population groups who were affected due to the armed conflict. The question arises whether the population who are inhabitants of villages variously called ‘border villages’ or ‘threatened villages’ should have been included. Though this observation could be considered as technically irrelevant as it is external to the scope of this evaluation study, on a conceptual basis in discussing relevance, it is important to consider whether there was a gap in not including even a small proportion of people who came to be described as the “night-displaced” families. Although, the circumstances under which they were displaced was unique, it was revealed through evidence given at the Lessons Learnt and Reconciliation Commission of Sri Lanka, that the deprivation and vulnerability experienced by them were more or less similar to that of the IDPs.

**Efficiency**

UNICEF’s advocacy capacity was highlighted when the provincial and district administrations agreed to the use of the existing government human resource networks in different departments to implement the project. This indicates that the existing available human resources in local areas had been mobilized to serve the vulnerable population. With regard to efficiency it confers two advantages to the project and vulnerable populations. The fact that government staff was involved in project implementation had injected a higher degree of credibility and acceptance to the project, which entailed the project activities to become parts of government’s own development plans and implementers had not been assigned additional duties. Secondly, the new concepts, methodologies, introduced by the project, the staff training provided, and above all, the positive attitudes cultivated through the project towards vulnerable families in the area had helped the public officials to be more efficient and effective in their work on behalf of vulnerable people. The information derived through KILs conducted with government staff revealed the new perspectives of officers towards vulnerable people. These gains cannot be quantified, but certainly need to be commended and further nurtured in a future extension of the project.

All physical outputs or hardware related outputs had been achieved within the designated time frame, which is commendable given the difficult programming environment. These achievements are reflected in Table 7 on page 47 and 48 and the narrative on page 49. With regard to the child protection sector one sub-component that can be used as an example of efficiency is the vocational training/alternative education intervention. It was not only relevant to the local area economy and to the needs of older adolescents and young persons, but also appears to have been efficiently delivered from input stage to output stage in a manner that has also resulted in nearly half of the trainees being able to secure employment or ply a trade.

The overall the output target was successfully achieved delivering vocational skills training to 1,283 out of a targeted 1,300, which is an achievement of 98%. Within 06 months of completion of training 42% of those who received vocational training were either in employment or were established in successful self-employment activities. A Youth Tracer Study conducted on a group of 300 youth, found that 68% of males were employed in trained trades with 33% of women being employed in trained trades. Of the total number employed, 30% were engaged in self-employment.

When looking at the project’s attempts to reduce gender disparities, it is heartening to note that female participants have undertaken a few technical vocations such as plumbing. However, since behavior change communication had not been undertaken concurrently with families and communities, the female
participants were unable to practice their trade as there would have been no mind set or attitude change. An equitable number of both males and females have undertaken vocational training. There is equal participation also in life skills training. Under the Family Recovery Program, it is unclear how caregiver training had been imparted with a view to gender equity and sensitization within households.

There were some concerns about gender insensitivity mentioned in a FGD regarding self-employment training for girls and young women. The training provided in Mullaitivu was one such instance. A batch of 20 young persons comprising 02 boys and 18 girls were given training in tailoring. Despite the need for female clothing, the vocational training provided to the group was mainly on tailoring of men’s clothes. The girls wished to be trained on dress making for ladies.

UNICEF works well with a number of relevant government institutions such as the Department of Probation and Childcare at all levels, the NCPA and the Children’s Secretariat, whose mandate is to work towards the well-being of the children. This project reflects the close collaboration with the government in implementation and this has helped to facilitate project activities. UNICEF over the years has had credibility as an organization in influencing national policy. Despite the constraints identified above in influencing national policy due to peculiarities of this project, UNICEF should use its traditional influence to bring to the attention of policy makers some of the key experiences in this project such as the methodology used in selecting families for the Family Recovery Initiative and the vocational skills development initiative for income generation and self-employment.

All activities, except the grants for self-employment, under the child protection component are geared towards capacity development through awareness and training of project beneficiaries and government service providers. The project has spent, during the project period, a total of Rs. 95,145,943 on capacity development, training and awareness creation activities. This is the highest expenditure among the four project components on capacity building and training. The cost effectiveness of these activities is rather difficult to assess as their effects are long-term and incremental. The effectiveness of this software component is, however, reflected in the positive changes as described under the project results. A total of Rs. 10,842,939 have been spent on self-employment grants to 555 beneficiaries, which translates into that about Rs. 20,000.00 have been received by a family, which seems quite low for a family to start a viable economic activity.

**Effectiveness**

The Child Protection component had recorded excellent results at the level of outputs across the board: approximately 75% of families received grants for self-employment. Skills development had reached almost 100%, training of vocational training instructors and teachers also was 100%. At least 80% of youth receiving vocational training had also received on the job training. Over 40% were earning an income.

The project was implemented through government structures at different levels of administration, NGO partners and the community. Many rounds of discussion had been held with the participation of all sectors as well as the community in the first year to obtain ideas for planning.

The achievements in outputs in a short period of time are commendable and evidenced the strong commitment and the organisation capacity of all government officers involved in the project. The Divisional Secretaries too had played their role effectively as most of them had held quarterly progress review meetings and shared copies of reports with UNICEF and EU.

However, the moderately high outcomes that were reported by the project needs to be critically reviewed, with the exception in the area of the increased income earned by young persons who received vocational training which recorded, a believable achievement rate of 42%. An in-depth analysis of the successes of vocational training is presented on pages further. At the same time, commendable is the fact that both girls and boys have equal opportunities for participation in the trainings: 670 and 657 in two Provinces respectively.

With regard to ‘improved child care practices of families who received self-employment grants’, the evaluation team was not able to identify the indicators used for measuring such changes in behavior and practices. There were no reports that could be referred to, or any other descriptions of behavior change communication sessions conducted for self-employed women. These gaps give rise to uncertainties about the recorded outcome figures.
In the implementation of this component there were certain issues that appeared to be ill-fitting to project design logic. The first set of issues relate to internal inconsistency of implementation logic, and methods and indicators used for assessment. For example, it has been reported that of the vulnerable families that received self-employment grants, 58%, 64%, 79% and 93% of families had increased their income by 25% after six months, in Oddusudan, Vavunia, Batticaloa, and Trincomalee project areas respectively. This seems to be an unrealistic achievement. In key informant interviews held with social service officers (who were responsible for selecting families, monitoring progress of self-employment activities and reporting about increases in family income through self-employment), the majority of experiences cited were of failures of self-employment enterprises; the sole success cited in interviews was of a woman who should not have received a self-employment grant according to established selection criteria. This observation gives credence to the view that the activity implementation processes, and indicators and methods of measurement for monitoring of outcomes would not have been as relevant and rigorous as the project design logic concepts.

The potential for error in outcome numbers as described in the increase in the income statistics also has an impact on the lower level indicator of intervention logic under EXPECTED RESULTS. The intervention at results level is that “at least 555 vulnerable families improve their living conditions and child care and protection capacity.” The indicator for this intervention goes further to determine the % of families able to look after their children better. Therefore, this lower level indicator is dependent upon the upper level. If the upper level has not been reported correctly, it affects reporting at the lower level as well.

In the area of enhancement of child care capacities among mothers it appears that no indicator has been developed for measurement. In the area of life skills education, no method or mechanism had been established to monitor the activity at all. Thus, there is a mismatch between the well thought out design logic of the child protection component and some parts of the monitoring system. This hinders the assessment of the logical flow of results in some key elements of the child protection component.

In the category of Capacity Building of Child Protection Staff and Vocational Training Instructors, the downward integration of activities and the logical flow of results seem to have been achieved. Social service officers, different categories of child protection officers, women’s development officers and vocational training instructors, were trained through systematically designed training programs. Training programs included case work intervention methods in social work practice, child and family assessment, care planning, conducting case conferences, conducting family group conferences, attitudinal change, working and learning, control and care, social welfare, legal basis of Social Care Centres, categorisation of laws, etc. The social service officers were also trained on monitoring the IGA program based on formulated guidelines. Therefore, this sub-component in theory at least displayed a systems approach to capacity building of staff in delivering services leading to protection of children which was relevant and pertinent to the needs of vulnerable families.

In capacity building too, the assessment of achievement is blurred as the intervention logic states that at least 450 social protection officers have the capacity to implement social transfers, but the indicator includes both social protection officers and vocational training instructors. So it is difficult to comment on the numbers trained for this particular intervention. The key informant interviews held with some social service officers indicated that the training provided to them on income generating activities were not comprehensive enough to confidently and effectively serve the vulnerable families who received self-employment grants. They especially cited difficulties experienced with regard to selection of families, monitoring, follow-up and problem solving.

The women in a few focus group discussions mentioned that child abuse in the area had been reduced. However, they were unable to elaborate on specificities and episodes, and reasons for such an observation.

The increasing of income among women/families who received self-employment grants is another statistic that needs to be looked at critically. There was no information available on how this particular outcome was measured. It could either be a self-reported statistic or a statistic provided through routine record keeping. If it is a self-reported statistic, this could be considered to be subjected to inaccuracy as some recipients would wish to “show success” as an obligation toward those officers who placed trust in them by providing a cash grant. The few stories on self-employment as revealed through the key informant interviews (page 54-55) also create some doubts about the reported success rate in increasing incomes of vulnerable families. However, it should also be mentioned that there is also a weakness in the evaluation study itself, as no provision was made to even conduct random checks on recipients of self-employment grants to assess increase in incomes and improvements in child care practices. This is an omission caused mainly due to time constraints.
In regard to the reported increase in income by young persons, it may be thought to be comparatively accurate for three reasons. Firstly, the figure of 42% is a statistic indicating moderate progress. Secondly, it is hypothesized that it too was a self-reported statistic, as no information was available on a formal mechanism established to assess income by the project. Unlike in the case of self-employment grant recipients, there would be no compulsion on the part of vocational skills training recipients to indicate a higher income as there would be no similar obligation on the part of young persons towards vocational training instructors. Thirdly, there is reliable information gleaned through FGDs to indicate that by and large this element was substantially successful as revealed below.

In Gomaranadawela, the trainees heaped praise on the project for providing them training on agricultural machinery repair and maintenance. They said that there was a dearth of technicians in this field. The young persons trained were, at the time of the FGD, earning about Rs.20,000/- to Rs.25,000/- per month on an average. After training, each trainee had been given a tool kit for maintaining and doing running repairs on agricultural machinery. The officers attached to Vocational Training Authority in the district capital confirmed that the training provided on maintenance of agricultural machinery was a success, and that the trainees have begun to provide services that were not available at the township level.

A young woman aged 25 years hailing from Kantale recounted her success story. She was trained in beauty culture. The training she received helped her to: “get out of the village.” “I now work in a beauty salon in Kandy and enjoy a higher social status”, she had said. Of course there are unintended consequences of development as the village lost a potential entrepreneur. Possibly she may return to the district after earning adequate money to establish her own salon within the district.

Another group of young persons who received training in wood work found jobs in Panagoda in the Colombo District. They (a group of seven) are hoping to start their own wood work business in the future.

In the course of a FGD with youth in Vandaramulai, Batticaloa, it was found that 4 female youth have got together and opened a beauty salon. Each of the partners invested Rs 10,000 during the wedding season in 2014 to start this small business. The salon is continuing successfully, with the profits shared among the four partners. One is responsible for account keeping and management of income.

While it is commendable that vocational training had been imparted to selected youths for a period of six months and that the completion rate had been high, a few participants had questions about the choice of vocation offered and the success level in attaining the final objective of income generation.

The vision of project designers in linking the provision of livelihood skills (vocational training self-employment and social support to improve access to livelihood and economic activities) with life skills had not been realised through project implementation. The effectiveness of the life skills training sub-component was found to be low and an analysis is presented below.

In an area emerging from decades of conflict, both from a theoretical perspective and a practical point of view, provision of life skills for older adolescents and young persons would be a rational and vital intervention, although the community and even the officers serving in the local areas may not consider life skills as a strong felt need.

Even in the 2013 Annual Report of the project, the life skills sub-component was not discussed. This gap may lead one to surmise that even UNICEF, EU the donor, the provincial administration and the central government had not attached much importance to provision of life skills within the project. Unless special attention is paid to a comparatively invisible, intangible and soft activity such as life skills provision, it could be easily omitted from the implementation and monitoring radar in the presence of tangible, and economically rewarding or physically visible hardware activities such as vocational training, provision of financial grants, income generating activities and physical infrastructure construction.

The intention of the project designers would have been to use the tangible, visible and economically rewarding interventions as an entry-point to promote the not so popular activity of life skills training. However, it appears that the project implementers failed to capitalize on this opportunity visualized and created by the project designers to effectively mainstream and deliver life skills training to old adolescents and young persons. It should be mentioned that creating opportunities for young persons to earn money without equipping them to develop attitudes and skills to protect themselves from risks confronting young persons in the greater society, may not be that beneficial to young beneficiaries, in the medium to long term.

According to information obtained through key informant interviews, the life skills training activity had begun with the preparation of a training of trainer’s module by an INGO operating in the project area. Based on the training of trainer module trainers were trained by the INGO in collaboration with a NGO. The trainers
were selected through the local offices of National Youth Service Council (NYSC) and included teachers and other officers. The TOT life skills module had been adapted from generic life skills training modules to suit the emerging situations in conflict areas. For example, the inclusion of a section on Community Development is relevant and would have been useful if effectively delivered.

The training module had included the following main themes: Responsibility and Resiliency; Community Development; Team Building and Communication; Problem Solving and Communication. Opportunities were created to increase female participation. For example, the gender distribution was: male 41.6% & female 58.4%. The gender distribution for the Vocational Training programme was: male: 50% & female 50%.

However, the delivery of life skills training to young persons would have had substantial weaknesses judging by the information gleaned through two Focus Group Discussion (FGDs) held with pupils who participated in life skills training conducted in the North. The particular training program they attended was held from 11:00 am to 3:00 pm, and had covered the following topics: Protection of drinking water, dengue control, saving natural resources and leadership. The training was held in school to a mixed group of girls and boys studying in the GCE A/Level classes. The teacher who was involved in the life skills training too participated in FGD and did not permit children to directly dialogue with the FGD facilitator. The teacher played the role of a gate-keeper at the discussion thus indicating that the person did not possess the right attitude to be a life skills training facilitator.

At another FGD held in the adjacent village to that of the first FGD, it was revealed that about 20 girls and boys had participated in the life skills training. The training was held from 11:00 am to 3:00 pm and was mainly devoted to discussing two topics, agricultural skills and business skills. Another informal discussion was held with five boys who had participated in a life skills training at their school. The discussion was held in a house belonging to one of the boys. It was revealed that the ages of participants in that training ranged from around 16-35 years. To work in a group with such a wide age range of participants would certainly handicap the old adolescent participants.

According to all three discussions, the life skills training programs organized in schools had not been evaluated. The TOT program conducted by the NGOs was evaluated; the evaluation team was not given access to the evaluation report.

Judging by the range of topics covered, and the weak understanding of concepts and methodology of provision of life skills training as revealed at the three FGDs, when combined with the poor quality of life skills facilitators as judged by the attitude of the “teacher-gate keeper” participating in one of the FGDs, it would be accurate to assume that the life skills training sub-component would need to be substantially improved, for the vision of project designers to be realized.

The involvement of UNICEF in planning, coordinating, and monitoring of activities such as in vocational training, cash transfer schemes, income generation, poses a question regarding efficiency and effectiveness with which UNICEF performed its role within the totality of the project. The above-mentioned activities are not included in the mandate of UNICEF. This also poses a question regarding efficient utilization of technical expertise, human resources, the comparative advantage, and designated mandates within UN agencies in a country.

The issue for future reflection is: Was the load placed on UNICEF with the additions of interventions which are traditionally outside its mandate fair? In its attempt to do well on the non-traditional activities, was UNICEF compelled to under-support activities that were within its comparative advantage and mandate? There are two examples:

1. Provision of life skills to young persons which was planned to consolidate the benefits gained through vocational training and increased income by equipping them to select healthy and desirable life styles.

2. Facilitating the provision of effective behaviour – change communication strategies to improve child care practices of mothers receiving income generation grants.

It was revealed that both of these latter initiatives were technically weak, and had not received the technical assistance they should have been supported with.

It is advisable to consider the following: Would a future phase of the project profit by mobilizing ILO for delivering, coordinating vocational skills and income generation initiatives? In the area of delivering life skills and behaviour-change communication, would a NGO such as Sarvodaya with proven expertise in the two areas provide effective implementation support to UNICEF’s traditional mandate?

**Sustainability**
Other than the indirect financial contribution made by the central government and provincial administrations by way of seconding own staff for the project, donors and UNICEF have failed to leverage financial resources either from the central government or the provincial administrations to either plan or implement the project. In Sri Lanka with comparatively strong traditions of public service and demonstrated effectiveness of the government machinery in delivering basic services to the people even when it was categorized as a low income country, the successive governments and the public institutions have been justifiably proud of and protected the ownership of government delivered services. In such a background, the fact that the EU-UNICEF project failed to either leverage GOSL funding or funding from the provincial budget (even as seed money) for the child protection component may inhibit and obstruct the future institutionalization of the project as a Sri Lankan Government owned development program. This may be exacerbated by the fact that donor funding allocated to this component, had apparently been directly disbursed to the provincial administration, and not as normally done through central government disbursement mechanisms.

The non-existence of a budget line in the government budget could be used as an administrative and bureaucratic excuse for not taking over financial responsibility for a future extension of the component.

In the past, some pure-donor funded initiatives have suffered a natural death at the termination of donor funding. This constraint may especially affect the child protection component as it has no formal attachment to any specific government service delivery sector, unlike the WASH, health and nutrition and education components. In the latter sectors, funds could be disbursed for project activities with the agreement of the sector ministries, as there are formal and authorized budget lines. The child protection component may need special advocacy in this regard.

4.4 Education

4.4.1 Background, Intended Results and Achievements

The education policy of the Mahinda Chintana aimed at creating a knowledge-based society, with educational institutions producing a workforce with required skills to face the emerging challenges in the society. It recognizes the necessity of promoting equity and enhancing the quality and relevance of education, while improving governance in service delivery. It particularly addresses the necessities of topping up the achievements of the general education system in terms of quality, quantity and efficiency measures (e.g. enrolment, survival and student learning outcomes). The system still needs to make significant attempts to ensure access and full participation, raise achievement levels and reduce regional disparities. Moreover, the Education Sector Development Framework and Program (ESDFP) has laid key goals focusing on (a) increasing equitable access to basic (grades 1-5) and secondary (grades 6-13) education, (b) improving the quality of education, (c) enhancing economic efficiency and equity of resource allocation and (d) strengthening service delivery and monitoring and evaluation. As such the project goals have been set in line with the country strategy to address the district disparities particularly in the armed conflict-affected and marginalized areas.

Hence, the project objectives and strategies have been designed to holistically bring about improvement in literacy levels, survival rates, and attaining mastery of the first language in the primary cycle, by improving service delivery, involvement of caregivers and creating conducive learning environments.

The overall objective was reducing disparities in literacy and learning achievement among targeted primary school children by 2014, and increasing access to further education and skilled employment opportunities. The attainment of the overall objective was planned through a well-designed series of activities: capacity building of ISA to conduct training, and provide guidance to teachers, training of teachers, SSAs and SDPs, exchange visits, orientation for parents, rehabilitation of schools, printing of learning materials and provision of learning material and furniture.

The project achievements were measured using the following indicators:

- Percentage of primary teachers taken measures for student’s literacy improvement in primary section.
- Survival rates of 5-10 year old boys and girls enrolled in targeted schools.
- Percentage of students attaining mastery in language in primary section in project schools.
- Percentage of caregivers actively engaged in promoting enhanced reading habits.
- Percentage of primary teachers practicing multilevel teaching to ensure ELC mastery level achievement of all children.
- Percentage of ISAs with tools to measure teachers’ competency in student assessment.
Based on the review of project progress reports and triangulation with field observations where possible, the team was convinced that the achievements in the education sector were impressive. The achievements of the activities are given in Annex 2, Table 8 “Achievements in Education Outputs” which shows that all the activities had been completed timely and in full.

Table 8 illustrates the achievements of each activity, carried out by the project in order to achieve the objectives of the education component of the project. Every activity has been completed as planned achieving 100% completion, except for two activities – exchange visits and rehabilitation of schools in the North, which have exceeded the target.

The results of the project indicate a high contextual relevance and addressing the priorities of the impoverished areas. The approach has raised the interest of different communities and stakeholders to a great extent in the remote areas and in conflict affected areas. The approach of training the In-Service Advisors (ISAs) as catalysts to bring in community-school partnerships has created strong relationships between parents, teachers, students and community groups in the observed areas. As indicated by results produced, there is a marked improvement in the measures taken by teachers for student’s literacy improvement in the primary section. The graphics shows the baseline data and results achieved in the year 2014, whereas the project has achieved similar progress in the years 2012 and 2013.

As such the cohesive approach within the program component has proven to be successful in achieving the expected results.

![Figure 4 - Measures for Student’s Literacy Improvements](image)

![Figure 5 - Grade 5 Scholarship Exam Pass Rate](image)

The Grade 5 scholarship results of schools in the project area shows improved conditions due to the multifaceted approach of the program. Increased interest in reading through renovated libraries, intensive attention of caregivers and extra efforts of teachers have resulted in significant changes in the scholarship results, particularly in sustaining the results archived through the program.

The graph shows results sustained in 2014 compared to that of 2013 in the selected schools in Eravur zone. Except two schools (Ameer Ali and Jiffirya) the results in 2014 have improved. This data suggests that the
program strategy has produced expected results by engaging beneficiary communities in the right manner. This was revealed by the school principals at the FGD in Eravur. They were of the opinion that the involvement of parents, the community and teachers was a highly appropriate mechanism to accelerate interest in education in the marginalized areas.

The discussions with the mothers and guardians at several FGDs both in the North and in the East reveal that involving caregivers in the process of improving reading habits and cognitive development of the students is shown to have high relevance. It was pointed out by parents that there is an increased interest among parents for educational development. They noted that taking children to schools and bringing them back, interaction with teachers and allocating more time to support learning activities at home, are some of the notable changes among the parents. Participation of parents in the learning activities adds value to the existing school educational quality index (SEQI). Involvement by parents inculcates a behavioural change in both caregivers and children. This has developed a culture among parents and parental awareness regarding the importance of early stimulation using routine activities at home.

A notable improvement in engagement of parents is prevailing in the Northern province. This situation is observable when comparing the baseline data with the recent result measured in 2014. The numbers depict the results of 2014 at the end of the project.

As reported by teachers, poor reading habits and lack of interest in learning still prevail among some of the students. This situation has been noted among the students who are not living with their parents or among the students who experience conflicts at home. Alcoholism among fathers was also noted as a factor contributing for low performance.

The existing approach in general education is teaching as if students do not vary in their academic abilities and conform to a theoretical construct called ‘grade level.’ However, it is obvious that the children’s ability levels vary across the class, even discounting children identified as having disabilities. Discussions with teachers and observation of attendance records clearly indicate that there is great interest among students in learning and attending school. Conducive classroom environments along with educational tools are other factors contributing to these results. The teachers’ competency in assessments has improved by having an increased number of competent ISAs to monitor them. Teachers were of the view that the training provided for the ISA has an impact on teachers’ attitude.

4.4.2 Findings

Relevance

The key strategies of the education component were part of the five year Provincial Plan of Education. As shown above, the key project strategies, interconnected capacity building and management systems and involvement of stakeholders at differing levels resulted in enhanced service delivery and the creation of an enabling environment for the enhancement of teaching and learning in schools and learning at home. Project design logic had focused on capacity development of administrators at Zonal Education Offices enabling more informed supervisory skills for performance improvement. Staff at the schools has been trained to attain multi-level skills. Members of the community, through SDC, have been engaged for both
behavioural change and also for social capital development. This contributes to the theory of change (ToC) resulting in early- and intermediate-term changes in the ultimate target population, the student. In the post conflict situation, the ToC for this project particularly stresses on how and why a desired change is expected to occur. This has been explained through the following diagram (Fig. 7). Informal chats with the students with the permission of the school principal and in the presence of teachers at a school Manmunai West showed that there is great motivation among the students for learning and to develop better futures. Students were of different ideas on their life goals, they noted that they are interested in learning and attending school. They expressed positive views about the class rooms.

Discussions with the parents and students depicted keen interest in educational development and improved association with the school. Students spending more time at school and even after school were a notable impact of a child friendly learning environment.

![Diagram of Theory of Change model]

The selection of project locations for all four sectors was done in consultation with the relevant government authorities and with strong selection criteria. The school renovation initiative of the education component had given priority for renovating school buildings located in remote areas inhabited by large numbers of vulnerable low-income communities.

According to the records presented by principals, the project had directly contributed to reducing the number of out-of-school children (OOSC) and increased survival rates, which is one of the priorities of the government strategy under ‘Increase equitable access to Primary and Secondary Education.’ The millennium development goal is to ensure that by 2015 all children in the primary school age group (typically age 6-10) are enrolled in the education system and complete grade 5, the final year of the primary grade cycle. Provision of equal opportunities to all children to maximize their inherited potential and creating an education system that is child centred using locally and internationally available educational resources and technology with a built in system of judicious change, was suggested as two priority areas of the Northern Education Review 2014. The project directly addressed these requirements leveraging government systems. As per the latest available data on the Regional Variations in Learning Outcomes in the First Language, the project had implicitly addressed the issues of regional variation in learning outcomes in the first language shown in Table 9 (Annex 2). It also, shows high relevance of the intervention to the national and provincial priorities.

Efficiency

The project had utilized existing management systems and structures to leverage resources in the project locations. Training of in-service officers and classroom teachers is an effective strategy to retain those practices within the system and also to replicate the same among other schools. School self-assessments have already been replicated in non-project areas. This is a notable impact in taking forward best practices beyond the project location and an indication of project resources being used efficiently.

With regard to the renovation of the schools, the project had adhered to a methodical approach of commissioning of the work to the school management. The school management was able to obtain support of the SDC to reduce the costs of construction. This has had an immense effect on the cost of renovation work and had created opportunity for social capital development. The SDCs’ contribution in terms of
mobilizing human resources for basic preparatory work and ongoing maintenance work had reduced the financial burden on the school management.

In 2007, the MOE classified schools according to the level of “congeniality”, with a low score indicating poor infrastructure and facilities. As Table 10 shows, the conflict-affected Northern province Eastern province, the rural North Central province with a preponderance of paddy farmers living at subsistence level, and the Central Province with its concentration of plantations, have the highest percentage of schools classified as “uncongenial” or ‘very uncongenial.”

Project activities were hampered only due to seasonal barriers such as rain and have otherwise been appropriately carried out. As per the findings, some of the renovation activities have unexpectedly delayed the work and hence increased the cost of some of the raw materials. This was revealed at the FGD with principals and teachers held in Eravur.

Due to the fund management mechanism of the Zonal Education Office, school management had slight delays in getting the funds for the completion of works. This is in adherence to the government administrative system to assure accountability, but was observed as a constraint in expediting the renovation work of certain schools in Eravur.

UNICEF in coordination and partnership with the Zonal Education Office of the respective areas had been immensely supportive of timely delivery of results. Multi-level partnerships between Zonal Education office, school management, teachers and SDC, had influenced better participation at these levels. Participation of SDC in school assessment and planning was a significant achievement to create transparency and sense of ownership among parents.

The project had been monitored and coordinated through a mechanism between the school management, Zonal Education Office and UNICEF. Teachers and principals had differing opinions in regard to the monitoring. They were of the view that there should have been more monitoring visits to schools by UNICEF to improve efficiency and effectiveness - Teachers/principals were reluctant to reveal additional information pertaining to this aspect.

As per the opinions of the teachers/principals, such monitoring would have strengthened the service delivery capacities of the Zonal Education Office, while ensuring speedy reimbursement for completed works. However, it should be mentioned that monitoring and supervision appeared to be done very systematically within the education component.

Within the project, it was clear that the Education component had the best recorded monitoring and supervision system. The In-Service Advisors were specially trained by the Project in monitoring. The monitoring and supervision was done at many levels. The apex level was at the Deputy Director of Education. This was revealed at a KII held with a Zonal Director of Education in Mullaitivu. The lowest level of monitoring was at the school level according to information gleaned from a FGD of a principal in the Trincomalee district. This was done through the school self-assessment (SSA) too. The schools used this mechanism to monitor late attendance and reduce late comers; monitor dropouts and increase enrolment; and monitor seasonal absentees. For example, during the cultivation season it was observed that many children absented themselves. The teachers and principals impressed upon the importance of uninterrupted attendance, in order to reduce seasonal absenteeism. The SSA was done by selected teachers and the principal under the supervision of the Zonal Office.

It must also be recognised that the education component had the best independently verifiable indicator to measure success of the new concepts and methodologies introduced through the project, namely adoption of the child friendly approach, promotion of home based learning, multi-level teaching, including special support to slow learners, teacher training and teacher capacity enhancement through In-Service Advisors, etc. This proxy independent indicator is the results of the year 05 scholarship examination. Most schools supported by the project had increased the success rate in year 05 scholarship examination. For example, in the Zonal Education office of the Kinniya area the number of children who obtained the cut off marks increased progressively as per Table 11.

Logically, this indicator could be identified as a realistic and accurate reflector of the success or failure of all main strategies adopted by the Project. Further, this particular indicator is not subjected to any internal project influence, or bias. However, with time and with increasing competitiveness being injected into conflict areas, too, as now evidenced in the South, this indicator may become distorted, and not be reflective of child friendly approaches.
Thus, on a temporary basis this indicator may be taken as a proxy to ascertain the efficiency and the effectiveness of the education component.

In terms of physical infrastructure development under the education sector component, a sum of LKR 41,045,535 had been spent on renovation of 50 school buildings and minor repairs. This translates into that each school received/spent LKR 803,924 on this work. The team is of the view that expenditure per school is moderate and the amount and quality of work done are commendable.

Effectiveness

The objectives of the projects were achieved effectively as planned for the education sector in both provinces. Both software and hardware components of the project have reached the targets without any major deviations or disturbance to the academic activities. As per the records maintained at different levels, the attendance, level of participation in educational activities proficiency in language and reading, as well as competency in teaching, had been achieved as planned. Late attendance also had been substantially curtailed.

At a key informant interview with a principal in a Grade 02 school in Oddusudan in the North it was revealed, that late attendance in the school had dropped from 60 late-comers in 2010 to 04 late-comers in 2015. This was done through a competition where the early arrivals were accorded the opportunity to hang their school bags in a simple but specially made bag hanging stand. Those whose bags were hung in this early arrival bag hanging stand were recognized (Annex 6 – Photograph).

The motivation of teachers had increased with the training and teaching aids provided. Observations indicate that the teachers took extra efforts to coach children through various strategies including spending extra time with children. The principals were happy about teachers’ behavioural change in this aspect. As noted by principals in the Northern province, teachers conducted extra classes free of charge, paying particular attention to weaker students, and interacting with parents to improve support to learning at homes.

A principal in a school in Mullaitivu described that the school had taken special care to teach students who were below average through organization of extra classes after school hours. At a FGD of teachers in Oddusudan in Mullaitivu, a teacher from same school as the principal said “before displacement and resettlement all activities in the school were undertaken in our traditional way, but after the exposure visits arranged by the project, we knew how things could be implemented differently to create different results”.

In a FGD held with Zonal Education Officers in the East, one participant explained how weak students were helped to improve learning effectiveness. To improve learning and reading skills the total number of students in a class was categorized in to 03 groups: A) Students with low reading and learning ability; B) Students with average reading and learning ability: and C) Students with the best reading and learning ability.

For categories of A and B students’ additional classes were held after normal school hours. The objective of these special classes was to move the maximum number of children as possible from A to B to C. As the system had yielded good results, the Zonal Office had begun to replicate this particular method in 30 other schools in the zones in the district.

According to information obtained through FGDs of teachers and KILs of higher officers, a potential evolving problem with regard to devoting of extra time was raised. Due to the EU-UNICEF project some teachers were called upon to perform extra hours of work for supporting sports, other extra-curricular activities and special classes for weak students. The concern expressed was that this type of regular responsibilities thrust on teachers would deprive some teachers of enjoying leisure time, time for shouldering domestic responsibilities, and of supplementing income by conducting private tuition lasses. This could be a constraint in sustaining the delivery of extra classes after school hours in the future.

In one case the principal had taken the student who came without a haircut to school to the saloon and got him bathed to make him comfortable like others. This shows the impact of training provided particularly in enabling service provision capacity of teachers with regard to improvement not only in skills and knowledge but also in attitudes.

The participation of key players in all stages of the program had been assured. The involvement of SDCs in the planning stage, exposure visits to other schools by groups consisting of principal, teachers and members of SDC, and participatory monitoring of the progress at school level, are appreciated by parents and principals of the schools. This had created a sense of ownership within parents and other well-wishers of the school.
The strategies adopted at the ToT program, the MGS, and training of in-service advisers had certainly enabled the project to meet its objectives. Nevertheless, a clear mechanism of retention of knowledge gained through training programs at the school levels had not been established.

At present, obtaining additional monetary support from parents for school development activities is prevented by the educational authorities. According to principals, this could curtail future development of the school, as continuation of these activities merely with the government financial support would not be possible. Principals from both the North and the East shared their views on the external support other than from donor organizations, NGOs, and government. They noted that they have mobilized well-wishers’ support through SDC for the renovation and other infrastructure work, but mainly through informal channels.

The approach taken by the project could help curriculum revisions and upgrading at the national level as well, particularly in improving the quality of teaching in primary education. Moreover, multigrade/multilevel teaching, and other best practices in CFS and approach and hand washing, etc., in schools could be replicated in the wider context.

**Sustainability**

The school assessment component had been fully incorporated into the school management system and as a result, the practice of self-assessment and review continues to be used. Information gained through FGDs revealed that the SDCs had taken special interest in supporting school management through social capital development and utilization.

Knowledge management and retentions strategies at the schools could help sustain the outcomes of the project, particularly in the case when teacher and ISA transfers take place.

A principal in the North informed that home-based learning, especially reading, had improved due to UNICEF provided library books. The project also supported in improving the skills at school level of categorizing, storing handling and borrowing library books. This has streamlined the selecting and borrowing procedures, thus increasing the interest of students to borrow books. At a FGD held with parents of children attending schools in the same area as above in Mullaitivu district, it was revealed that the reading skills, as well as the memory capacity of their school-going children had increased. They ascribed this to the availability of library books. The KILs in the Kinniya Zone of Education in the Trincomalee district also revealed that in this project area too, home-based education had improved around 50%, though more needs to be done to consolidate these achievements. The enthusiasm with which most parents accepted the concept of home-based learning (through the participation of a care giver or parent) would contribute to future sustainability. School self-assessment and school development plans are two other areas that could be replicated and are potential strategies for scaling up.

A Zonal Director of Education said that the project was timely and relevant to the conditions of the area after resettlement. The training given to teachers was effective and therefore it was felt that the knowledge gained and attitudes developed would be sustained.

As the results gained after the project are in some respects dramatic and due to high visibility of results, some of the key concepts strategy and methods were also replicated in schools located outside of the project area. This would also help sustain the concepts and strategies.

Another zonal officer felt that sustainability would mainly depend on the principal. But as action has been taken to train and involve teachers in monitoring and other key activities, the officer felt that despite the transfer of principals, the new ideas and methods would continue to be applied. At an FGD with teachers in Oddusudan the discussants felt that as teachers have been given knowledge and they are gaining more experience in new concepts, teachers could help sustain methods even if the principal retires or is transferred to another school.

There were two suggestions made at FGDs of teachers and KILs of senior education officers, respectively, that raised the importance of funding as an issue affecting sustainability. There was a hint of a suggestion that teachers doing extra work should be financially compensated. Secondly, a suggestion was made that UNICEF should actively lobby and procure future funding from the provincial administration to continue with the “important innovations”.


Chapter 5. Conclusions

This chapter presents conclusions in two parts based on insights and analysis that cut across sectors and impinge on the whole project.

Project design to respond to the needs of the populations

The internal project design was highly logical. There is high relevance between the expected flow of results and the stated project objectives; in other words, there is a logical flow and connection beginning from project objectives to strategies, activities, outputs and running through to outcomes.

The project fitted very well with the national policies and sectoral development targets of the Government of Sri Lanka, and the priorities of GOSL for the socio-economic development of post conflict areas and people affected by conflict. The activities were complementary of provincial and district plans and were designed as much as possible to be part of government activities.

The project was designed to be implemented as an integrated project. By this, the project designers would have meant that the overall project outcomes could be successfully achieved through the integrated delivery of inputs and services as much as possible on the majority of target families more or less during the same time period (simultaneously). Their visualization would have been that the synergistic effect of the majority of services on more or less identical vulnerable families would result in achieving project outcomes.

This is a most logical and rational design and is highly appropriate to facilitate vulnerable populations to improve the wellbeing of children, mothers, adolescents and young persons. Incorporating provisions of 2010-2012 Sri Lanka Gender action plan resulted in the project design with significant focus on gender issues: from specifically targeting female-headed households through health and nutrition interventions aimed at future and expecting mothers, taking into account different needs for boys and girls at school (e.g. WASH interventions) to empowering women through mother support groups.

The project implementation was to be coordinated by the central level government officers and district level government officers, and implemented through divisional level government officers.

The add-on element was the planned involvement of NGOs to support specific project activities in which they had a comparative advantage and in the private sector in the provision of vocational skills. This triangular partnership, if coordinated well by the area divisional secretariat under the supervision of the district administration and within the policies and guidance of the Government of Sri Lanka, could turn out to be a useful model to experiment with in supporting programs for vulnerable people.

The project design, thus, was excellent and matched the needs and the situation of the proposed beneficiaries. The criteria and methods used in selecting beneficiaries and areas for implementation was relevant to the stated project principles in that the majority of areas and communities selected were comparatively remote areas inhabited by a majority of vulnerable communities placing emphasis on gender and equity.

Key components towards the realisation of targets

The realization of all output targets across all sectors is a commendable achievement, when considering the challenging situation faced by the project staff and beneficiaries. Even at the time the project was under conceptualization the planned project areas were handicapped in many respects. The infrastructure was beginning to be rebuilt, basic service delivery was constrained due to a weakened human resource base and was just beginning to be quantitatively and qualitatively improved. The socio-economic situation of families, the majority of whom were newly resettled or returned to land after years of conflict, was considerably weak. Despite these handicaps and the considerable disruption wreaked on the public services of the country for decades through terrorism especially in the north and the east, the achievements of the project in construction and physical activity and output targets is a feat that must be acknowledged and appreciated. This feat, it must be stated, symbolizes the inherent institutional strength, the organizational resiliency, and the sense of service of the Sri Lanka State public services (popularly known as the government service) which dates back to the late British period and continued with necessary modifications and adaptations to suit the needs of the country after independence.

The commitment and the clearly stated policy of the Government of Sri Lanka (GOSL) to return the conflict affected areas to normalcy as soon as feasible, coupled with the commitment of international partners such as the European Union (EU) and United Nations Children’s Fund (UNICEF) to support this initiative with a firm determination and a blue print to contribute to reducing vulnerabilities within conflict-affected
communities, were key contributors to this achievement. The provincial, district and divisional administrations and the sectoral agencies played an important role with the support of their central government colleagues in achieving these outputs. The overall coordination among sectors had been effective (though some exceptions were noted, and will be commented upon later), and this facilitated the implementation of collaborative activities leading to excellent results in output targets.

The constraints that arose were resolved through consultation and targeted problem solution action. The communities recognizing that the project activities were mainly a response to their “felt-needs” had responded to the main project activities enthusiastically and as best as family resources would allow. Community support thus was another ingredient to success, though more effective strategies for facilitating behaviour change, strengthening and facilitating community groups, provision of more time for uptake and nurturing of soft activities and improved monitoring could have helped to strengthen the community responses for promoting the desired project outcomes. This is discussed immediately below.

All four components of the project had shown some degree of progress in the achievement of outcomes. When considering the fact that the project was deliberately and purposively implemented in some of the comparatively more remote and, in all instances, in conflict-affected areas in which the majority of beneficiaries belonged to vulnerable communities, the gap in outcomes compared to outputs is understandable. There were appreciable differences of outcome results across the four components too.

As most outcomes are anchored on behaviour-change actions, the variability of achievement in outcomes was not surprising. For example, in the adoption of a behaviour such as ‘hand-washing’ where the promotion of facilitating factors (e.g., providing knowledge on the importance of washing the web areas between fingers) and the control of constraining factors (e.g., purchasing and using soap without carelessly wasting soap, i.e., economic use of soap) are comparatively easy to be controlled by the beneficiaries, the achievement was indicated to be high. But this theoretical analysis should not under any circumstance take credit away from the well-planned behaviour-change capacity building training package developed and implemented by the WASH sector officials for hand-washing and promotion of personal hygiene.

On the other hand, with regard to the improvement of the nutrition status of children, the progress was slow. This statistic can be considered accurate and perhaps normal in a situation as that obtainable in the project areas. This particular outcome is dependent on a multiplicity of factors with the knowledge, skills and time available for care givers to provide care for infants and young children being only one cluster of factors influencing behaviours. The other category of critical factors such as family food security and income generation do play a vital role in improving child nutrition, especially in areas emerging from recent conflict and more so among vulnerable families. As discussed before, it appears that the convergence of the above-mentioned multi-sectoral services at the family level had not happened at a satisfactory rate, the effect of which was discussed more in detail under integration. While making this observation it must also be mentioned that the time span of 1-2 years may not be adequate to effect significant changes in the status of child nutrition.

There is no doubt that the high level of achievement had been possible due to employment of the right combination of strategies, coordination among multiple public sector service provider agencies and regular monitoring with corrective measures on the part of UNICEF. Another factor that has contributed towards the high rate of achievement is the ownership of the project activities by the government; the key WASH project elements are also key elements of the government’s development plans and programs.

The training of youth in the various vocations through the intervention of a development partner working within government policy and collaboratively with central government and provincial and district administrations, implemented with private sector participation is worthy of showcasing for policy advocacy. This could be a useful model for promoting vocational training in older adolescents.

**Behaviour change communication (BCC) interventions**

The effectiveness of behaviour change strategies applied by the four sectors was variable. The WASH component was the strongest in facilitating behaviour development and change among the beneficiaries, followed by the education component. There were two significant features in behaviour change initiatives used in WASH and education. In these two components the behaviour change communication (BCC) strategies were in-built, i.e., integrated into physical service delivery elements. The promotion of hand washing and personal hygiene in the WASH component is a good example of a well formulated behaviour change communication/education strategy that was used with school children. Therefore, the construction of latrines and provision of water in schools went hand in hand with behaviour-change communication
activities. It is doubtful if any formal planned behaviour change communication strategies had been formulated for health and nutrition and child protection components and applied in project areas.

**Funding mechanisms to ensure durability of the results**

The sustainability and future institutionalization of the project as a GOSL implemented program may be affected due to the fact that the project was totally external donor funded. It is significant to note that no funds had being mobilized from or provided by GOSL. Even the allocated external donor funds, for whatever reason, had not been disbursed through the GOSL financial disbursement channel. As the project had been under implementation for 3 years without a dedicated budget line, the mobilization of future government funding for an extension may pose challenges. This would especially be an impediment to fund through the government, the more innovative types of activities such as self-employment grants to vulnerable families, and for example activities with perceived low demand such as community support group formation, provision of life skills training to older adolescents and young people, etc. The popular activities of traditionally strong and better resourced sectors such as in health and nutrition, education and WASH, may continue to be implemented as they would any way be included in regular GOSL budget lines; however, the experimental innovative activities in the child protection sector may face funding and sustainability constraints.

It is difficult to comprehend how the donor and UNICEF having worked collaboratively with GOSL to develop a technically strong project that is relevant to the needs of vulnerable people, failed to go to the next logical step of advocating, at least for nominal funding, which would have created an official government budget line, or at least at the very minimum failed to disburse donor funding for the project to the province through the usual normal central government finance disbursement channels. At least the latter act would have created a sense of psychological ownership and also could have been used as a technical trigger to ask for financial support for a future project extension.
Chapter 6. Lessons Learned

Integration and convergence

The purpose of the project was to improve the life situation of vulnerable families with the key objectives of improving the health, education, care and protection and development of infants, children, adolescents, and young persons in these areas. A key design approach suggested to achieve these objectives was ‘integration’ as explained above. This generally means that the project was geared to deliver the previously separately delivered services and/or inclusion of services that are needed for making a synergistic behavioural effect on beneficiaries to achieve project outcomes (not only outputs). An integrated project for vulnerable populations must be designed and strategically implemented to move beneficiaries beyond outputs to achieve outcomes such as helping mothers to progressively increase the weight of their babies who are under-weight. Under such a concept of integration, a high degree of convergence of the four component services in the same geographic area and on the same beneficiary families (also known as co-location and convergence of services) should be built into the implementation processes.

The Divisions where the project has been implemented were the most vulnerable. Within these locations some of the most vulnerable groups such as expectant and nursing mothers, infants, children and economically vulnerable families had been targeted. However, not in all instances the integration of services and interventions on the same set of families in regard to many of the necessary interventions had been achieved satisfactorily. Partially, this may be related to the beneficiary selection approach: the area and family selection criteria used had precluded the selection of at least one complete divisional secretary administrative unit area as a project implementation area. As the lowest government administrative unit that has the authority and capacity to coordinate all development activities within an area, it would have been advantageous for the project to have had at least one DS division in each district where all Grama Niladhari Divisions would have been covered by the project. This would have been useful for experimental purposes to study the practicability of deciding on the lowest project implementation unit. In order to recognise that a higher weight should be given to vulnerable populations, the DS division that had the highest poverty rate and/or geographically the most remote could have been selected. This may have facilitated the mobilisation of provincial/district government funding for a future project extension as the DS division is the lowest administrative and accounting unit in the government.

Community mobilization for behaviour change

Development projects that are designed to achieve behaviour change outcomes especially in vulnerable communities should formulate and use strong and effective community mobilization and organization activities approaches relevant to local contexts and culture. It was heartening to note that WASH and education sectors had been successful in applying appropriate and effective community organization/mobilization approaches in DS divisions in which the evaluation exercise was conducted (a description of such activities is presented in Chapter 3). It appears that with regard to the health and nutrition and child protection components that the degree of success in establishing active community support groups was not very high, though. One reason that the evaluation team was able to identify was the ad hoc nature of the approach towards formation of community groups in health and nutrition and child protection components. Another reason might be lack of coordination between the hardware and software components which led to the delays in forming Mother Support Groups, leaving them very little time to understand their role and tasks, saying nothing of implementation.

The weak link in the health and nutrition component was the formation of community support groups and the planning and implementation of behaviour change communication approaches. Establishing any sort of community structure without sufficient thought given to ground realities and the context in which the group is going to function would not lead to sustenance of community based groups. Another setback was the delay in forming MSGs. This prevented adequate time being available to the groups to strengthen internal relationships and a sense of common purpose (internal dynamics) before the project was dismantled.

The example of formation of mother support groups and the construction or renovation of Gramodaya Health Centres in the health and nutrition component exemplifies the dilemmas faced in achieving the twin results (i) the output of building or renovating the infrastructure and (ii) the outcome of facilitating behavior change on child care practices and infant and child nutrition. The former is an activity that requires a high rate of funding within a short period of time. The latter is an activity that needs a smaller rate of funding spread over a longer period of time. Therefore, the project time-line (period) for promoting behaviour change
should be longer and funding for the whole longer time period should be assured. In some instances, a creative funding mechanism to continue and maintain such vital soft and intangible interventions (as described above) beyond a project funding cycle may be required. To cover such situations, the GOSI, the donor and UNICEF should decide on appropriate policy guidelines and a creative but accountable funding mechanism. This would help to consolidate the achievement and maintenance of key project outcomes.

A good lesson learnt is that children should be facilitated with knowledge and skills if effective behavioural changes are to be achieved; it is indicated through FGDs that knowledge and skills (e.g., in hand washing) are being transferred from schoolchildren to families. Behaviour change in hand-washing with soap practice seem to be catching on with knowledge transfer from children to parents beginning to occur. During an interaction session with children in Muthiyankattu left bank and right bank schools in Oddusudan DS division, the team was impressed by the way the children washed their hands at the water points at the two schools. Children are quick to adopt new behaviours if properly mentored and monitored. It is convincing that children’s behavioural change has a multiplier and a long-lasting effect, in that these children had been able to change behaviours and attitudes of their parents, which was evident at the discussions with parents at the schools mentioned above.

Monitoring and evaluation

There was a strong coherence between most of the identified project outcomes for the identified beneficiary groups and the indicators and methods of measurement. This attribute strongly communicates to project implementing staff that the designers are serious about attaining the stated outcomes. However, there are a few important outcomes with regard to which coherent and logical linkages had not been established for measurement. For example, with regard to the family recovery intervention under the child protection component, the final outcome objective is that the children of the families would be well cared for. According to project record keeping tables, the outcome is given as: that 94%, 100% and 92% of target families receiving self-employment grants show an improvement in child care practices in the project areas of Batticaloa, Trincomalee, and Mullaitivu districts respectively. The evaluation team, however, was not able to discern the indicators and methods of measurement used to assess this outcome. Also, the gains appeared to be too high to be believed.

In the ‘provision of life skills to old adolescents and young persons’, there was no designated result line identified in the result frame to measure the outcome of life skills training. The reasoning behind this thinking would have been the realization that measuring outcomes in life skills training is a very difficult task for which selected cohorts may have to be followed-up for a minimum period of time at least. Even then it would turn out to be a tedious and technically challenging task; the resources needed for such measurement would also be too high and would not be cost-effective. But a well-designed post-training evaluation exercise which would not have taken much time and resources could have been built into the life skills training activity itself. This would have provided a yardstick for assessing the effectiveness of the life skills training while helping the staff to build further refinements into the training module and methods, if it was shown to be necessary. This could have been used as a proxy indicator on the assumption that a well-designed and delivered life skills training would provide older adolescents with potential knowledge and skills to face future life situations in a balanced manner.

The behaviour change communication activities were also not afforded the importance it should have received in a component which was highly dependent on improving knowledge, attitudes and skills of beneficiaries to achieve expected outcomes. The indicator selected for measuring knowledge of mothers was only a proxy indicator which by any stretch of imagination would not have given an accurate picture of knowledge transfer. This unfortunately gives an indication of the lower importance accorded to BCC interventions within the project.

The intervention logic and indicators must flow logically. If there is a disjoint or mismatch between outputs and outcomes and indicators for measuring stated output or outcome objectives, a true picture of achievements does not emerge. There were some problems relating to indicators to measure outcomes especially behavioural outcomes. Therefore, it is important to design sensitive indicators on behaviour changes. A key behavior outcome, i.e., the capacity of parents (families) to care for their children was difficult to be assessed due to the absence of indicator(s).

Role of UNICEF

It is heartening to note that notwithstanding the mandates of assisting UN agencies that the project designers had introduced innovative activities which go beyond the mandate of UNICEF, the main UN partner in this
project, in accordance with the key objective of improving the situation of children among vulnerable families in areas affected by the conflict. For example, vocational training, self-employment grants, etc., are noted to be vital in a project of this nature. It is to the credit of EU, UNICEF and the GOSL that they decided to include these interventions although these are not directly coming under the mandate of UNICEF.

There have been previous instances where UNICEF globally had been coordinating such activities. In China, UNICEF was involved in a micro-credit project implemented in the early nineties for poor families living in very remote areas. In this instance, UNICEF supported the health education of ‘micro-credit receiving mother groups on child health and care practices (behaviour change facilitation), but was not directly involved in mechanics of micro-credit and fund distribution, selection of beneficiaries, etc. In the years 2000-2002, in East Timor, UNICEF provided direct support to a micro-credit initiative for poor women. In East Timor (later to become Timor Leste) at that time, the socio-economic situation of the people and capacity of the country’s administrative and civil services were in a very fragile state, and UNICEF was one of the few UN agencies that had the capacity to coordinate work in difficult and remote areas. The initiative and UNICEF’s direct participation in that activity was justified on that basis. There certainly must have been other examples of UNICEF’s involvement in these non-traditional programming areas globally.

However, now maybe it is an opportune time (as the project has been completed) for UNICEF to revert back to its traditional mandate even in projects that are planned for areas affected by conflict, as UNICEF’s technical support, advocacy and ability to innovate are still vitally needed in health, nutrition, education, WASH, child protection, empowerment of adolescents and youth, behaviour change facilitation, and community organization and mobilization, where it is traditionally and technically very strong. It should be stated that the evaluation team noted that that in this project UNICEF had perhaps not provided the technical backing or enough attention to one of its traditionally strong areas, that of supporting life skill (training) education for old adolescents and young people. Hence, UNICEF may not overburden itself by undertaking technical responsibilities for programming income generation, micro credit, self-employment grants and vocational training even in support of vulnerable communities.

It was noted that poverty, lack of social cohesion, and unity among the community groups, as well as dysfunctional or single parent families were affecting the wellbeing and learning of the students. The performance records of such students whose parents are either separated, having conflicts or the mother has migrated indicate a lower attainment compared to the rest of the students. The teachers’ efforts in extra coaching for performance had failed due to the variance in the caregivers’ support.

**Human resource constraints**

Constraints encountered during the execution of the WASH component had been overcome reasonably well adopting strategic measures. A few floods and droughts were beyond the control of the project. One of the constraints, as recorded in the quarterly reports is the cadre shortages among some government counterparts which could have been avoided if assessment of human resources was carried and advocated for the filling of vacant positions before the commencement of the project.

It is important to assess the capacity of service providers before embarking on a project, as this may interrupt the smooth flow of action. This was the case in the provision of life skills for youth. The initial service-provider selected for training of trainers on life skills withdrew requiring the commissioning of a new service provider.

The adoption of a holistic approach is mandatory in order to improve and sustain the nutrition status of children (under five) of vulnerable families. The ideal holistic approach should include community organization and mobilization, facilitation of behaviour change through audience specific communication and problem solving, services delivered with efficiency and empathy, and integration of key basic services delivery so that the majority of services will converge on the same vulnerable families.
Chapter 7. Recommendations

Recommendations below were developed through the process of regular consultations with UNICEF and other relevant stakeholders and finally presented at the validation meeting, following which they have been further refined and prioritized. Also, since this is the final evaluation of the project, the team concentrated on the far-reaching recommendations within the context of UNICEF engagement in Sri Lanka. The set of specific recommendations for each sector are included in Annex 7.

1. **Strengthen interagency collaboration.** UNICEF, in future should partner with relevant sister UN agencies in projects where interventions outside of UNICEF’s mandate are included. If the current project is extended for a second phase or if similar new projects are planned to be implemented in other DS divisions which include vocational training, income generation, micro credit or self-employment grants, it is recommended that ILO be requested to partner UNICEF to enable the project to reap the benefit of ILO’s technical expertise in the mentioned areas. It is recognized that ILO may not have the same field presence as UNICEF. If this is considered a handicap for effective coordination of implementation at DS division level, UNICEF and ILO may work as partners using the following principle of division of labour. ILO will provide the requisite technical expertise, criteria and standards in the respective program areas, while UNICEF could assist by supporting the coordination of these activities at the field level. The ideal of course would be for ILO to handle both, the provision of technical expertise and field level coordination as a main implementing partner.

   **Priority Level:** High  
   **Target Group:** UNICEF

2. **Ensure robust monitoring and evaluation mechanisms in place for all future projects.** This includes, inter alia, development of a set of effective indicators at different levels, regular review of the project objectives, targets and achievements as well as effectiveness of monitoring methods.

   **Priority Level:** High  
   **Target Group:** UNICEF

3. **Increase cross-sectoral integration and convergence.** In integrated projects designed to improve the socio-economic situation of vulnerable communities, the main principles applied for selecting areas of project implementation should be co-location of services and project interventions in the same administrative/geographic areas, and the convergence of services and interventions on the same beneficiary families. This would facilitate the accrual of benefits of all project services and interventions on the same population (i.e., theoretically the four main sectoral components should converge on the same household and communities; this could be reduced to three or to a maximum of two depending on the life-cycle situation and related needs of beneficiary families). For vulnerable families, a main facilitating factor for improving their life situation is the synergistic results the families would be able to gain through the utilization of integrated services. For example, in the case of a vulnerable family with an infant and a young child in an early primary class, the services of three sectoral components, health and nutrition, education and WASH should converge on the family for them to gain a synergistic and functional benefit from the integrated project. The political, administrative or donor compulsion to spread the totality of sectoral services to cover a larger project area or a population should be resisted. It is more important to cover a smaller proportion of vulnerable population where all or the majority of key components would converge in an integrated manner on the same families, than spreading them out too thin.

   **Priority Level:** Medium  
   **Target Group:** UNICEF, Government partners, donors
4. **Adopt flexible approach towards development programmes.** When conceptualizing and planning development programs for vulnerable populations and/or for areas with potentially adverse physical, climatological or geological features (e.g., as in areas such as Gomarankadawela and discussed in detail in the WASH sectoral analysis) a flexible planning/implementation model that allows for appropriate deviations from centrally planned technological interventions should be adopted. This planning model should necessarily designate space for incorporation of relevant macro approaches mandated by national policies, programs, and principles while allowing flexibility to incorporate strategies and technologies that factor in the key locality-specific variations such as physical features, and climatological considerations, environmental and ecological factors, life styles and mortality and morbidity patterns, and any other peculiar socio-economic and other the special circumstances connected with the local communities. In this regard, the GOSL and UNICEF may appoint a planning sub-group to review proposed strategies and technology for projects designed to be implemented in areas with potential locality-specific constraints.

5. **Develop selection guidelines for integrated projects.** In planning future integrated projects for vulnerable communities, it would serve the interest of vulnerable families more effectively, if GOSL, EU and UNICEF could develop a guideline for selecting areas for integrated projects. The two basic principles that should be used in selecting areas for implementation are (a) co-location of services in a pre-selected geographic area or administrative unit area and (b) convergence of an optimum number of services on selected households/families through the planned project. Due to existing vulnerabilities most families would need to receive the sum of benefits of a combined number of services (i.e. the synergistic effects of a number of converging services realized over a period of time) to escape the vulnerability trap. Projects that contain integration as a specific strategy should mandatorily use the above two principles, especially the latter principle, to achieve real integration for that would benefit vulnerable families.

6. **Integrate behaviour change strategies at an early stage.** BCC initiatives should be integrated as much as possible with infrastructure construction, and service delivery. At the very least, BCC initiatives should be compulsorily integrated with service delivery for project outcomes to be realized. A good example to follow in this regard is the WASH sector and its success in promoting hand washing and personal hygiene as discussed under the sector analysis. The Ministry of Health in partnership with UNFPA developed a series of nationally relevant behavior change communication (BCC) strategy packages for maternal and newborn health, well woman clinic services, prevention of domestic violence, family planning, and for adolescent and young person’s reproductive health in 2014 and 2015. These packages could be used as appropriate by the project in coordination with the area Medical Officer of Health (MOH). However, the project should also take action to develop effective BCC strategies for each of its main interventions and implement these in synchronization with service delivery. The formative research for developing the BCC strategies were conducted in 07 representative districts in Sri Lanka, including in Batticaloa, Jaffna and Kilinochchi. The BCC strategy booklets for the first four themes are already available in Sinhalese, Tamil and English languages. The BCC strategy for adolescents and young persons are in print and would be available in January 2016 in all three languages. The booklets are available at the Health Education Bureau and in most MOH offices. The organization of orientation training for project staff on these BCC strategies as well as on general BCC strategy development could be discussed with the Health Education Bureau of the Ministry of Health.

7. **Align hardware and software activities.** In an integrated program where both physical infrastructure (hardware), and community organization and behavior change interventions (software) are key designed strategies, a decision should be made at project design stage, to assign a longer time period for organizing and mobilizing community groups as well as to implement behavior change communication (BCC) initiatives (e.g., mother support groups and changing their behavior on child care practices and infant feeding practices). The rationale behind this suggested model is that once well planned, logistics are organized and funding is assured, the physical infrastructure renovation/construction could be done in a shorter time span compared to the nurturing and strengthening of community groups and internalization of change of behaviours in vulnerable families and communities.
Annexes

Annex 1. Terms of Reference

TERMS OF REFERENCE (TOR) FOR INSTITUTIONAL CONSULTANCY

UNICEF Sri Lanka

Project/Program Title and Work Plan Code number: PBA – DCI-ASIE / 2011 / 277-973

European Union Support to Socio Economic Measures in North & East Sri Lanka (EU-SEM)

1. BACKGROUND:

Description of the initiative to be evaluated

UNICEF is one of the key European Union partners under its ‘Support to Socio Economic Measures in North & East Sri Lanka’ (EU-SEM) programme. More specifically, UNICEF’s project supported communities to transition from recovery to development in two Divisional Secretary divisions in Mullaitivu and Vavuniya Districts in Northern Province and 11 DS divisions in Batticaloa and Trincomalee districts in the Eastern Province of Sri Lanka. The project was implemented through a multi sector approach focusing on the following: education, protection, water and sanitation, and health and nutrition. The action employed an integrated strategy combining the rehabilitation of infrastructure, community mobilisation, trainings and capacity building to achieve its outcomes. The total duration of the project was from 1st January 2012 to 15th November 2014, with the overall budget of EUR 3,628,263.

The overall objective of the programme was to improve livelihood potential and living conditions of vulnerable communities and strengthening of government service provision capacity. The project had four specific objectives to be achieved, namely:

a) Disparities in literacy and learning achievement among targeted primary school children are reduced by 2014 to increase access to further education and skilled employment opportunities.
b) Living, sanitary conditions and productivity of children and families in target areas are improved through increased access to improved water and sanitation facilities combined with mobilisation for adoption of improved hygiene behaviour by 2014.
c) Living conditions and health status of children and families are improved by 2014 through provision of integrated health and nutrition interventions enabling better economic productivity and education attainment.
d) Most vulnerable families and young people are provided with life-skills and guidance, vocational training, self-employment and social support to improve access to livelihood and economic activities and contribute to family recovery supported by trained personnel by 2014.

UNICEF, through its equity lens being guided by a rights-based approach have strived to ensure that the most vulnerable beneficiaries are targeted by the EU-SEM project interventions. EU-SEM project was designed to not only provide the build back the necessary social services but to improve the livelihood potential of the targeted communities.

The education component focused on community mobilization to support school planning, training of school authorities based on the on the application of child friendly approach (CFA) and small scale rehabilitation in 50 schools. The Water, Sanitation and Hygiene (WASH) action included construction of 450 household (HH) latrines with hygiene promotion, rehabilitation of 200 dug wells, drilling of 40 tube wells, construction of WASH facilities in 10 schools with hygiene promotion & seven health centers and construction of two rainwater harvesting facilities. Deliverables for health and nutrition consisted of re/construction of health centre infrastructure covered 09 Gramodaya Health Centres (GHCs), provided training for health personnel and community mobilisation through formation of 200 community support groups. The child protection action comprised provision of life skills to 15,000 youth while supporting vocational training for 1,300 youth, provision of cash/self-employment grants to 555 families and capacity building for 450 vocational training instructors & social/protection officers.

Geographical context, equity focus & challenges

In May 2009, the 30 year long conflict came to an end with the end of hostilities in the Northern Province, generating more than 280,000 IDPs which were to be housed in camps. By 2011, post-conflict interventions were starting to move from emergency to long-term reconstruction and development with the participation of many stakeholders. By
September 2012, most of the resettlement of IDPs had taken place and closure of the last IDP camp, Menik Farm, in Vavuniya district was considered a milestone in addressing the issue of displacement in Sri Lanka.

During the post war period, communities living in the Northern and Eastern Provinces of Sri Lanka have faced multiple challenges in terms of infrastructure, quality and accessibility of key public services and economic development. Natural disasters, displacements, and the on-going return and resettlement have affected the traditional community and family structures, resulting in a weakened protective environment for children/youth and their families and also diminished personal development opportunities. The most vulnerable beneficiaries being the single-headed households and households with the disabled or chronically sick family members were the most affected.

UNICEF’s equity-focused approach relies on the principle that the understanding of disparities and their causes needs to be enhanced and aims at extending services and protection to the poorest children and families and most impoverished communities. While developing the project, UNICEF analysed the systemic, social and cultural forces that underlie patterns of inequities in the Northern and Eastern Provinces to map out the challenges faced by the population in these areas. Each DS division in the selected districts was screened through a set of vulnerability indicators showing critical protection issues, the level of access and quality of education, coverage of WASH facilities, availability of health care services and nutrition status of children and pregnant women. Through this mapping, UNICEF was able to identify the most disadvantaged areas of each district and to design interventions responding to the multifaceted issues faced by the population, to ensure the project would deliver essential services tailored to actual needs and integrated in the communities.

Gender interests were upheld by the simple facts that the vast majority of the project beneficiaries were women, and that the project targets more particularly women-headed households, which are bound to benefit from cash grants, infrastructure improvement, improved social services and awareness raising.

Notable challenges affected project implementation and project outcomes were severe weather patterns such as from extreme drought or by very heavy rains and floods. Changes in the political and administrative structures/regions at district, provincial and national level also caused delayed in smooth implementation of activities. Also, in certain cases, due to gaps in capacities of human resources of Government technical partners meant that UNICEF had to seek alternate means to implement programme activities. However UNICEF together with its partner have been able to take necessary actions to overcome challenges to ensure timely completion of activities.

**Key partners, relationship with regional, national global priorities and complementarities**

While the relevant Ministries are the Government Counterparts at the national level, the project was implement at the district in partnership with relevant technical departments. These partners were: for Education: Provincial Directorate of Education (PDE) & Zonal Education Office (ZEO), for Health & Nutrition: Provincial Directorate of Health Services (PDHS), Regional Directorate of Health Services (RDH) & Medical office of Health (MOH), for WASH: National Water Supply and Drainage Board (NWS& DB) & Assistant Commissioner for Local Government, for Protection: Department of Child Care Services for Eastern and Northern Provinces (DPCCS), Department of Social Services for Eastern and Northern Provinces (DSS), National Youth Services Council (NYSC), & Vocational Training Authority (VTA). Further for the implementation of the community mobilization component under the Health and Nutrition section in the Eastern Province the two NGO partners: Socio Economic Development Organization (SEDO) and Coordinating Centre for Community Development (3CD).

SEM project was designed in alignment with district, provincial and national plans. At the highest level the project was aligned with the former Government’s national policies, articulated in the Mahinda Chinthanaya 2010: Emerging Wonder of Asia policy document. At the regional level project priorities aligned itself with priorities outlined in Nagenahira Udanaya (Eastern Reawakening) and Vadakkin Vasantham (Northern Spring) policy documents. At the sectoral level, SEM project interventions were formulated to meet sector based priorities and goals. For example, the Education interventions are fully aligned with the Government National Policy and the Education Sector Development Framework and Programme II (ESDFP II). The inclusion of the Child Friendly Approach (CFA) into the second Education Sector Development Framework and Programme (ESDFP II) of the Government of Sri Lanka will guide the sector wide approach from 2012-2016. Nutrition promotion for example under SEM has been implemented at community level as per the multi-sector sector approach to nutrition promotion policy of the Ministry of Health. Water Safety interventions are complying with 2009 Cabinet Memorandum on Water Quality Surveillance between the Ministry of Water Supply and Drainage and Ministry of Health. School WASH activities are complying with the School Health Promotion Program established in 2007 by the Ministry.
The EU-SEM programme follows the successfully implemented European Union Assistance to Conflict Affected Populations (EU-ACAP) programme. While the EU-ACAP programme addressed the early recovery needs for reintegration into communities, the EU-SEM programme is addressing long term recovery needs to create sustainable livelihoods for vulnerable populations. Subsequently, the recently commenced ‘European Union Support to District Development Programme’ (EU-SDDP) which is a joint programme combining the expertise of six international agencies (UNDP, FAO, UNOPS, UNICEF, ILO and IFC) is designed to address local economic development needs of the targeted districts in Northern and Eastern provinces including in the bordering areas.

2. PURPOSE OF THE EVALUATION:

According to the Contribution Agreement with the European Union, a Final Evaluation of the project have been planned to be conducted at the end of it implementation period of the project.

The main aim of the final evaluation is to assess the extent to which the project has achieved its expected outputs and outcomes, identify areas where there have been gaps and the degree of success in addressing them. Based on the findings and conclusions, the evaluation will provide recommendations, lessons learned & best practices for future programming that focus on policy and advocacy work in line with the new country programme objectives.

The specific objectives of the evaluation are:

i. Assess the degree to which planned results, at the various levels of the results chain (outputs, outcomes, impact) have been achieved; specially assess the extent to which equity issues have been addressed via project results.

ii. Assess the relevance of the project with regards to national & institutional priorities; and analyze the appropriateness of the strategies, including partnerships and the management arrangements that were put in place.

iii. Draw lessons which can inform UNICEF on the implementation of the EU-SDDP programme;

iv. Provide recommendations on areas for scale up and upstream work related to supporting policy and advocacy in line with the new country programme strategy.

The evaluation will be of interest to the following stakeholders:

- Govt. Departments: Zonal Directorate of Education Office, Provincial/Regional Directorate of Health Services, National Water Supply and Drainage Board, Assistant Commissioner for Local Government, Department of Child Care Services, Department of Social Services, National Youth Services Council, Vocational Training Authority.
- Other external Stakeholders: European Union Delegation, Socio Economic Development Organization, Coordinating Centre for Community Development, & SDDP Implementing Partners.

To carry out the assignment, UNICEF wishes obtain the consultancy services of an experienced and qualified institution.

SCOPE AND EVALUATION CRITERIA

As the project was implemented between January 2012 and November 2014 in two Divisional Secretary divisions in Mullaitivu and Vavuniya Districts in the Northern Province and 11 DS divisions in Batticaloa and Trincomalee districts in the Eastern Province of Sri Lanka, a manageable number of sample divisions should be selected that could be evaluated in the given time frame. Divisions that have highest coverage of interventions from multiple sections can be given priority during selection for the sample. However, overall in the sample divisions selected, interventions from all sections should be given equal proportion of coverage. The time allocated for the field exercise is approximately two and a half weeks for both zones.

The main stakeholders of the evaluation will be Government Technical Departments at District level and Divisional level, NGO partners, community groups and beneficiaries from all four sections. The evaluation will take into account the results achieved through the project intervention covering the stated objectives, to understand the processes, actions, outputs as well as the intended and unintended outcomes. The evaluation and its findings will be limited to the divisions the project was implemented in.

The design of the evaluation should be guided by an equity and gender perspective, i.e. data collection and analysis should pay close attention to how equity and gender have been integrated into the interventions carries out in all sections in the selected sample divisions, such as preference given to women-headed households and ensuring girls/women’s participation in activities.
**Evaluation Criteria**

Based on quantitative and qualitative applied research methodology, the review will assess the project’s results and evaluate the **relevance, efficiency, effectiveness, sustainability** of the actions by answering the questions below. As the project was implemented in multiple districts across multiple sectors, analysis should be done to assess the efficiency and effectiveness of coordination systems that were in place to achieve synergies and complementarities. Based on these assessments, the evaluators would be expected to provide detailed recommendations. The evaluation should also assess to which extent the findings and recommendations of the Results Oriented Monitoring mission held in 2012 and the Mid-Term Evaluation held in 2013 were addressed at later stages of the project implementation.

**Relevance**
- Was the design/the integrated strategy of the project appropriate for reaching its objectives? What implicit or explicit logic/logical flow of results have informed these strategies?
- What is the pertinence of the project to the beneficiaries? Did the activities cover the different population groups’ especially vulnerable communities & beneficiaries?
- What was the level of relevance of the interventions carried out by the four sections and what are their relevance for future programming?
- How relevant are the project strategy and its interventions to country context and development policies and UNICEF country, regional and global priorities?
- What strategic advantages does UNICEF have (at the regional and country level) for upstream policy development, facilitating and establishing cross-sectoral linkages and partnerships, developing capacity of government/decision makers to implement programmes; strengthening systems; and supporting scale-up of integrated packages of high impact interventions for children and women in the target districts?

**Efficiency**
- To what extent was the Project able to leverage Government resources and partner with the Government to enhance the efficiency of the project?
- Were the resources utilized efficiently / cost effectively? Were outputs delivered on time? Is there room for improvement in planning and implementing such project?
- Did the project contribute to the adoption of strategies aimed to reduce gender disparities in the allocation of resources and access to services as well as to maximize women’s voice, representation and participation in decision making mechanisms?
- Have the project activities been adequate and appropriate to ensure timely delivery? If not, why?
- What constraints were encountered during implementation of activities and how were these addressed?
- To what extent did UNICEF’s coordination/partnership strategies and practices at different levels (district, regional and national levels) support the delivery of results?
- To what extent has UNICEF been able to put in place adequate monitoring and evaluation framework to assess the effectiveness of interventions?

**Effectiveness**
- What is the degree of achievement of the projection relation to its original objectives and expected results?
- Did the project achieve the results in relation to the stated objectives and key performance indicators? How and why / why not? Were there any variations from the outputs and outcomes originally proposed? If so, why?
- To what extent did the project achieve equity issues? Has implementation of the interventions been equitable with regards to gender?
- What was the role of the key players and UNICEF and how did they contribute to achieving the results?
- Have the strategies used enabled the project to meet its objectives? If not, what are the possible reasons?
- What have been the difficulties or constraints that the project has experienced and how has it affected the results? What are the lessons learnt?
- At the regional and national levels, to what extent has the project been able to support upstream work such as influence policies, strengthen systems & partnerships, and build & enhance cross-sectoral collaboration/integration? What interventions could be scaled up and taken forward for future programming?

**Sustainability**
- What is the degree of sustainability of project benefits? What systems has UNICEF put in place to ensure sustainability of project interventions/outcomes? This includes *inter alia* capacity building, local ownership, and integration of the project’s activities into local plans and stakeholders projects?
- Are the activities and their outcomes likely to continue when external support is withdrawn, especially among the most disadvantaged (equity)?

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INTERNATIONAL INSTITUTE OF DEVELOPMENT TRAINING
• What interventions/strategies are to be more widely replicated or adapted and have the potential for scale up? How can UNICEF and other stakeholder still support to ensure sustainably, replication and scale-up of interventions?

**Coordination, cross-cutting & equity Issues**

• What was the degree of synergy, coherence, coordination and complementarities of project activities within UNICEF with other EU-SEM activities, with SEM NGO partners/civil society at large, with local plans/priorities at district, provincial & national levels?

• To what extent were cross-cutting issues addressed -- disability inclusion, gender issues such as Sexual / Gender Based Violence, environmental factors, child rights?

• How do the results affect the rights and responsibilities of individuals, communities and institutions, especially the most disadvantaged ones? To what extent have the results decreased inequities?

The evaluation should specifically analyze and provide recommendation on the following as well

• Strengthening **outcomes of income generation assistance** provided to most vulnerable beneficiaries (Outcomes include: Enhanced family income to promote child protection, reunification and prevent family separation of children, Prevent children from abuse, exploitation and violence & promote physical and psychological well-being of children)

• **Improving employability of youth** that have received vocational training.

• Entry points, opportunities and strategies for **upstream work on policy & advocacy** and on building capacities, & systems.

• Opportunities/entry points for **using innovative technologies** could be scaled up for future programming.

**METHODOLOGY**

The evaluation will be guided by commonly accepted evaluation norms, standards and approaches. Specifically the evaluation should be guided by the UNEG guiding framework methodology. It will ensure utility (ownership by stakeholders), feasibility (political viability and cost-effectiveness), propriety (impartiality, respect of rights of stakeholders, cultural sensitivity) and accuracy (adequate information). UNICEF’s Evaluation Report Standards could be followed when preparing the evaluation report. The set of relevant questions related to relevance, effectiveness, efficiency, sustainability, and coordination, cross-cutting & equity issues have already been described above. The detailed methodology for addressing these key evaluation questions will need to be fleshed out in the inception report. In the inception phase, necessary desk review should be conducted and the inception report produced detailing the proposed plan for the evaluation. In the next phase, field visits should be conducted to gather firsthand information for analysis. Then all information should be analyzed and necessary triangulations done to prepare the final report.

Before finalizing the report, **participatory validation workshop** should be organized, during which main findings, conclusions and recommendations of the evaluation will be discussed, validated and finalized. A final report with an action plan concerning conclusions and recommendations emanating from the review to be taken forward for the next EU project and other UNICEF projects. The evaluation will be a participatory process and all information will to the largest possible extent be triangulated (use of three or more sources of information to verify and substantiate an assessment) and validated. Findings, conclusions, recommendations and lessons learned should clearly be user-oriented.

1: Inception Phase

A comprehensive desk review of external and internal documents that are relevant to UNICEF Country Programme including a review EU-SEM project documents (approved project documents, log frame, baseline data of past and recent studies and reviews of projects and programmes).

Information Sources will include: EU-SEM Project documents (proposal, logframe, reports, reviews), UNICEF Country Programme documents, Sectoral Development Plans/Policy documents etc. The detailed list of documents will be agreed upon during the setup meeting with the evaluators.

Then, in consultation with UNICEF staff, the EMT and the Evaluation Reference Group (ERG), the contracted agency/evaluators will need to prepare an inception report & the toolset that will be used to conduct the evaluation. The inception report should outline a proposed protocol for final evaluation, with evaluation questions, sampling protocol, detailed methodology, analysis plan, a proposed work plan with detailed timeline, clearly defined roles and responsibilities of the evaluation team members, and a general outline of the final evaluation report. A presentation should be made to UNICEF staff, EMT & ERG highlighting the key aspects of the inception report.

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2: Data Collection Phase/Field Assessments

The contracting agency use various tools and techniques to the necessary qualitative and quantitative information for analysis. An extensive round of interviews and focus group discussions with key stakeholders (local government, NGO’s, UN agencies, beneficiaries) during field visits to the selected provinces and districts to gain first-hand information of the implementation of projects and programmes. Selection of a sample of interventions in all sectors which will be the subject of more in-depth assessments to illustrate strategic issues implied by objectives and key questions of the evaluation. Triangulation of various data collection methods will help to inform the full picture as per the evaluation objectives and criteria.

Briefing and debriefing meetings will be conducted with UNICEF Sections at Colombo and Zonal level before commencing the field research with the participation of the EMT & ERG. These meetings at the inception and exit stages will give the opportunity for the contracting agency to discuss on any issues that require clarity and understanding. Presentation should be used for the first introductory meeting to share inception report and at an exit/validation meeting to express the key points of the discussions. A daily debriefing at the end of each field visit should be organized which should include a presentation of a summary trip report (discussing the meetings participated in, the people met, the issues discussed and the activities observed during the field visit).

Tools for data collection

The following tools are proposed for data collection during the end-term evaluation.

- **Desk Review** – analysis of existing documentation not only UNICEF project documents, but data sources/records, reports/research findings, technical input received from other stakeholders/partners that may have implication on project’s outputs and outcomes.

- **Focus Group Discussions (FGD) and Key Informants Interview (KII)** to discuss with a group of stakeholders on common issues and get information on the project, outputs, outcomes and results.

- **Semi-structured interviews** can be used where similar type of stakeholders are evaluated in different regions, giving an opportunity to compare & contrast the findings. The team should have a semi-structured checklist prepared that could be derived from the evaluation framework.

- **Field visits**: the selection of sites to be visited needs to be based on purposive sampling in discussion with the EMT, ERG, Sections and Zone staff. The choice of areas to be visited will need to be made on a mixture of what is feasible post project completion and the opportunities in the various localities to assess most number of interventions covering more than one section. Furthermore, as much as possible sites selected should differ from one another in terms of context (i.e. type of stakeholders, remoteness, composition of ethnic groups etc.), the type of interventions & the challenges faced, i.e. a cross-section of all types of possible localities should be covered.

Limitations to the evaluation

The most significant limitation will be an extremely tight timeframe (about 3 months) caused by the specificity of the contractual framework between the EU and UNICEF.

Monitoring data was collected based on the available data provided by partners and others based on internal assessments conducted. While UNICEF cannot guarantee the reliability and accuracy of some of the data sources, the data provide sufficient quantitative information that could be assessed against baselines, yearly trends and with other district data to assess and analyze the extent that the project outcomes have been achieved.

Gender disaggregated data is not available for indicators pertaining to WASH and for certain indicators under Education, Protection and Health & Nutrition. As majority of activities under the project focus on women such as strengthening of mother groups and cash grants for women-headed households, the data is available on these direct beneficiaries.

3: Analysis

The contracting agency will be responsible for the analysis, triangulation, and synthesis of the information collected in the field visits and through correspondence. Data analysis will need to be carried out keeping in mind the five evaluation criteria (relevance, effectiveness, efficiency, sustainability, and coordination/cross-cutting/equity). Special analysis should be conducted on areas pertaining to income generation assistance, youth employability, upstream work and innovation. Analysis should be conducted in line with the analysis plan that was proposed in the Inception Report; any modifications to this approach should be discussed with the EMT & ERG.

The agency will need to analyze all the available information and prepare the draft evaluation report that meets the stated objectives and address all evaluation criteria and the other four areas noted. EMT and ERG shall provide timely
review and feedback on the draft reports, and this shall be followed by systematic and responsive revisions by the contracted agency/evaluators.

Quality Assurance: Every stage of the evaluation process should be reviewed and audit trails maintained. The review should be done by both UNICEF and by EMT/ERG. The first draft of the inception report and final report should be reviewed internally by UNICEF focal points and the EMT/ERG. After the comments are incorporated, the finalized inception report and final report will be shared with Universalia\(^3\) for final review.

4: Reporting and Dissemination

In preparing the evaluation results, the findings will be evidence based and will have clear references to the source. The conclusions and recommendations should be firmly based on evidence and analysis, be relevant and realistic, with priorities for global polices, programme and action explicitly highlighted. The final evaluation report should be presented in a comprehensive manner that makes the information accessible and easy-to-understand by the intended audience. The final report in hard and electronic copies should be in standard format for printing. The contracted agency/evaluators should also prepare a PowerPoint presentation highlighting the key components of the final report. The presentation will be used for the final exit meeting to present the key finding, received final feedback from UNICEF focal points, EMT & ERG and receive necessary clarification to finalize the report.

The structure of the evaluation report (not more than 50 pages) should be as follows:

- Title page, Foreword, Table of contents, Acknowledgements,
- Executive Summary with the purpose of the evaluation, key findings, conclusions and recommendations in priority order (max 2 pages)
- Background/context, introduction that includes a description of the project intervention, Log frame
- Purpose of the evaluation, key questions and scope of the evaluation with information on limitations
- Detailed description of methodology, including an outline of the process of the evaluation, limitations of the evaluation; ethical considerations
- Analysis should be provided by each of the four sectors (Education/Water & sanitation/Health & Nutrition/Child Protection) based on the above mentioned evaluation criteria. There could be a common section addressing key questions on coordination, cross-cutting issues, and equity. The assessment on income generation assistance, youth employment, upstream policy and innovation can be addressed as separate sections.
- Final findings, conclusions, lessons learned, recommendations, should be linked explicitly to the findings and presented in the form of an action plan.

In addition, the final report should contain the following annexes:

- Terms of Reference for the evaluation
- Evaluation tools
- List of meetings/interviews/focus groups discuss etc. conducted
- Names of Key stakeholders interviewed
- Records of interviews and focus group discussions etc.
- List of documents reviewed
- Any other relevant material

MANAGEMENT ARRANGEMENTS

Evaluation Management Team (EMT)

The UNICEF Evaluation Policy (2013) and the Regional Evaluation Strategy for South Asia (2013-2017) call for the establishment of an evaluation management team at the country level. This is one among several recommended measures to improve the evaluation function at the country level and – through collaboration with other country offices and ROSA – within the region overall. The evaluation management team embodies the country office’s senior-level commitment to developing a strong evaluation function. It is responsible for overseeing different aspects of the evaluation function, facilitating the full integration of evaluation in results-based management. The evaluation management team also oversees the conduct of individual evaluations. The overall purpose of the evaluation

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\(^3\) Universalia: UNICEF ROSA has a long term agreement with Universalia, a management consulting firm that helping clients improve the performance of their organizations and their programs. They specialize in monitoring and evaluation, strategic management, results-based management, institutional and organizational performance assessment, capacity building, and project management.
management team is to ensure that principles and guidelines enshrined in the Evaluation Policy, and commitments and actions agreed upon in the Regional Evaluation Strategy, are upheld and implemented.

The composition of the EMT:
- Deputy Representative
- Monitoring & Evaluation Specialist
- Planning & Monitoring Specialist
- At least one section chief who does not have a direct stake in any evaluation conducted

Evaluation Reference Group (ERG)
A reference group who is having understanding on the subject matter, research methodology, ethical issues etc., will be formed to support the evaluation manager in quality assurance and will collectively advise the evaluation manager at key milestones of the evaluation process, such as review of technical bids, inception report and data collection tools, draft report and final evaluation report.

The reference group will comprise the following members:
- Member of the country office’s PME team, who will also act as chairperson of the reference group.
- Programme or project manager of the initiative being evaluated.
- A focal point from each of the sections.
- Representative of the governmental counterpart of the programme or project
- One or two representatives of non-governmental organizations or civil society organizations associated with the programme or project.
- Representative from the Delegation of the European Union
- Representative of an academic or research institution familiar with the issues being evaluated.

The Monitoring and Evaluation Specialist (M&E Specialist) will act as the Evaluation Manager. The Evaluation Manager with the support of the EMT will ensure that all UNICEF focal points both from Colombo and Zones, including Chief of Sections and Zones are involved in the evaluation process to provide inputs and review documentation. Evaluation Manager will also facilitate to capture the key recommendations and identify actions that should be taken up for implementation in consultation with UNICEF management and chief of sections & zones. These action items will be discussed at the EU Quarterly meeting to further build consensus and gain staff commitment to implement the actions in line with the recommendations made in the evaluation.

Ethical considerations
The UNEG Code of Conduct and Ethical Guidelines for Evaluations shall apply to all stages of the evaluation. Where the evaluation involves the participation of members of vulnerable groups, children in particular, evaluators must be aware of and comply with legal codes governing interviewing children and young people.

Evaluators shall respect people’s right to provide information in confidence and make participants aware of the scope and limits of confidentiality. Evaluators must ensure that sensitive information cannot be traced to its source so that the relevant individuals are protected from reprisals.

KEY DELIVERABLES
The key outputs of the review are:

Inception:
- Draft of Inception report containing a brief analysis of the context (based on a desk review), review questions and sub-questions against criteria, full methodological proposal, timeline, etc. to be shared with EMT & ERG.
- Draft inception report to be shared with Universalia
- Audit trail of draft inception report.

5 http://www.uneval.org/papersandpubs/documentdetail.jsp?doc_id=21;
7 http://www.unevaluation.org/document/detail/100
8 http://www.unevaluation.org/document/detail/102
**Final Inception Report**

- A presentation based on the finalized inception report.

**Reporting**

- First draft of the report to be shared with UNICEF, ERG & EMT for feedback.
- Audit trail of first draft of the report.
- Final draft of the report.
- A presentation of the main findings and recommendations to be presented to UNICEF project focal points, EMT & ERG at the validation meeting.
- Audit trail of Validation workshop.
- Final draft of report. Final draft of report to be shared with Universalia.
- A final report of approximately 50 pages following review reporting template, standards with all annexes and incorporating all comments and suggestions received from UNICEF focal staff, EMT & ERG. Final Report will be shared with Universalia.
- An electronic file containing all relevant discussions and proceedings including the notes and proceedings of participatory assessments.

<table>
<thead>
<tr>
<th>Tasks</th>
<th>End Product/deliverables</th>
<th>Time frame / Duty Station</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Desk review/ research design and tools &amp; preparation of inception report.</strong></td>
<td>Draft of inception report</td>
<td>01 - 12 June 2015</td>
</tr>
<tr>
<td><strong>UNICEF Provide Comments to draft Inception Report + Review by Universalia &amp; ERG, EMT &amp; RO</strong></td>
<td>Audit trail of draft inception report</td>
<td>15 – 19 June 2015</td>
</tr>
<tr>
<td><strong>Finalize Inception Report + EMT/ERG endorsement</strong></td>
<td>Final inception report</td>
<td>22 - 25 June 2015</td>
</tr>
<tr>
<td><strong>Introductory Meeting with UNICEF focal points, EMT &amp; ERG + presentation by the company</strong></td>
<td>Presentation of Inception Report + final itinerary</td>
<td>26 June 2015</td>
</tr>
</tbody>
</table>

**Data Collection Phase**

- Conduct field research in North (2 divisions) | As per approved research protocol conduct field level information collection in North (Vavuniya & Mulaitivu) | 1 week – North |
- Conduct field research in East/Batticaloa (suggest select to 2 to 3 divisions out of 6) | As per approved research protocol conduct field level information collection in East (Batticaloa) | 1 week – East/ Batticaloa |
- Conduct field research in East/Trincomalee (suggest to select 1 division out of 4) | As per approved research protocol conduct field level information collection in East (Trincomalee) | 2 to 3 days – East/ Trincomalee |

**Exit meeting – to validate data collection & any initial findings.** | TBD |

**Data Analysis and Reporting Phase**

- Analysis of findings & Prepare first draft report | First draft of report | 27 - 31 July |
- Provide comments to first draft of report by UNICEF focal points, EMT & ERG, RO | Audit trail of first draft of report | 03 – 07 August |
- Prepare final draft of report | Final draft of report | 10 – 13 August |
- Validation meeting with UNICEF focal points, EMT & ERG | Audit trail of validation meeting | 14 August |
- Prepare Final report and submission of electronic and hard copy of final report. | Final Report with all annexes – both softcopy and in hardcopy format | 17 – 20 Augusts |
- Sharing Final Report with Universalia | Audit trail of final draft of report | 21 – 29 August |
7. Qualification or specialized knowledge/experience required for the assignment:

- Be a legal entity with a valid registration such as Business Registration Certificate or registration with the NGO Secretariat
- Proven record of undertaking qualitative and quantitative research & assessments with reputed organizations, governments, giving details of jobs undertaken and completed, name of the organizations with their contact numbers, duration, coverage of such survey work, etc.
- Experience in high quality data collection, research and analysis and delivering support services

The contracting agency will form an evaluation team comprising both international and local consultant(s) with evaluation experience. The Team Leader with extensive experience in both evaluation and in any of the four sectors covered by the project shall ensure adherence to high quality evaluation standards whereas National Consultants shall facilitate data collection and case studies. A gender balanced and culturally diverse team will be considered positively.

International Consultant

She/he will ensure the quality of the evaluation process, outputs, methodology and timely delivery of all products. She/he will lead the design of the evaluation and ensure key stakeholders are in agreement with the inception report. She/he will have the responsibility for conducting/overseeing all research (according to a standardized approach and format) and developing/administering other data collection instruments her/himself. She/he will have the responsibility for shaping the findings, conclusions, and recommendations of the report, as well as for the overall editorial quality of the final product. His/her qualifications should be as follows:

- At least ten years’ experience in leading the design and conduct of complex development evaluations, should be in international context and experience in EU projects’ is an asset.
- An advanced degree and minimum 15 years of extensive experience in the field of programme and/or project management in the area of protection, education, health & nutrition, WASH, infrastructure construction or community mobilization is required.
- Good understanding and experience with evaluating human rights based approach to programming and results based management.
- Knowledge of UNICEF evaluation policy is an asset. Good communication, presentation and report writing skills including the ability to express ideas and concepts concisely and clearly in written and oral form are required.
- Knowledge of Sri Lanka would be an asset.
- Fluency in English.

Local Consultant(s)

She/he will facilitate the preparation of missions and the collection of data. She/he will work closely with the Evaluation Manager, in consultation with the Team Leader. The national consultant will contribute substantively to the work of the team leader, providing substantive advice and context in the data collection and analysis. His/her qualifications should be as follows:

- At least five years’ experience in conducting research and analysis on issues relating to education, WASH, Health & Nutrition and/or Protection.
- Proven knowledge with evaluation principles and methods.
- Prior experience in supporting the conduct of evaluations and the collection of data for case studies.
- Ability to engage effectively in the official language of the country case study and to engage effectively with various stakeholders.
- Fluent written and spoken communication in the local language and knowledge of English.

8. Conditions:

- All outputs pertaining to this assignment remains the exclusive property of UNICEF, SLCO and should not be disseminated outside of contractual parameters.
- In case of unsatisfactory performance the contract will be terminated by notification letter sent 5 days prior to termination. In the meantime, UNICEF will initiate another selection in order to identify an appropriate Institution.
- The contract will include all costs to be incurred and UNICEF will not be liable to pay any charges extraneous to the contract value.
- UNICEF is exempt from VAT and NBT.
Annex 2. Reference Documents

1. UNICEF - EU-Union Support to District Development Program (EU-SDPP), Amendment 2 – Log frame
3. Annex 1 – Description of the Program: ‘European Union – Support to District Development Program (EU-SDDP); Addendum Nr 02 Contribution Agreement Ref: DCI-ASIE-2012 295-529
6. UNICEF (October 2014), Power Point Presentation: Evaluation Design and Terms of Reference
8. UNICEF –Table of Contents of the Inception Report
9. UNICEF - Review of UNICEF Inception Reports in ROSA
11. UNICEF: Widening Horizons and Creating Opportunities for Sustainable Livelihoods in North and East Sri Lanka
12. Evaluation of Multiple Micronutrient Supplementation Program in Sri Lanka; 2009-2012
13. UNICEF- EU SEM Project Activity Locations – Excel Sheet
14. UNICEF - Socio Economic Development Organization (SEDO)
15. Annex 3 – UNICEF; Widening and Creating Opportunities for Sustainable Livelihoods in 6 DS divisions in Batticaloa with special emphasis on nutrition
16. Inception Review Template; UNEG Standards for UNICEF; Global Evaluation Quality Oversight system
19. The National Strategic Plan for the Education Sector - Education Sector Development Framework and Programs 2012-2016

Reports:


### Annex 3. Sector Tables

#### Table 1  - WASH - Achievement of Objectives - Outcomes

<table>
<thead>
<tr>
<th>Objective</th>
<th>District/DS division</th>
<th>Baseline (1/2012)</th>
<th>Target in 2014</th>
<th>2013 January</th>
<th>2014 January</th>
<th>2014 June</th>
<th>Achievement</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of beneficiaries using improved and adequate water and sanitation as per defined standards</td>
<td>Oddusudan DS</td>
<td>29%</td>
<td>35%</td>
<td>30%</td>
<td>34%</td>
<td>35%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>Vavuniya North DS</td>
<td>35%</td>
<td>42%</td>
<td>37%</td>
<td>40%</td>
<td>42%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>Batticaloa *</td>
<td>26%</td>
<td>37%</td>
<td>27%</td>
<td>37%</td>
<td>37%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>Trincomalee’</td>
<td>25%</td>
<td>43%</td>
<td>30%</td>
<td>37%</td>
<td>43%</td>
<td>100%</td>
</tr>
<tr>
<td>% population practicing improved personal hygiene practices in target DS divisions</td>
<td>Oddusudan DS</td>
<td>18%</td>
<td>44%</td>
<td>25%</td>
<td>38%</td>
<td>44%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>Vavuniya North DS</td>
<td>18%</td>
<td>42%</td>
<td>23%</td>
<td>36%</td>
<td>42%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>Batticaloa *</td>
<td>53%</td>
<td>64%</td>
<td>56%</td>
<td>62%</td>
<td>64%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>Trincomalee’</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>% of population using an improved and adequate drinking water source in target DS divisions</td>
<td>Oddusudan DS</td>
<td>23%</td>
<td>28%</td>
<td>24%</td>
<td>27%</td>
<td>28%</td>
<td>100%</td>
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<tr>
<td></td>
<td>Vavuniya North DS</td>
<td>35%</td>
<td>39%</td>
<td>35%</td>
<td>38%</td>
<td>39%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>Batticaloa *</td>
<td>26%</td>
<td>37%</td>
<td>27%</td>
<td>37%</td>
<td>37%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>Trincomalee’</td>
<td>25%</td>
<td>43%</td>
<td>30%</td>
<td>37%</td>
<td>43%</td>
<td>100%</td>
</tr>
<tr>
<td>% population using improved and adequate sanitation receiving related services in target DS divisions</td>
<td>Oddusudan DS</td>
<td>34%</td>
<td>41%</td>
<td>37%</td>
<td>40%</td>
<td>41%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>Vavuniya North DS</td>
<td>37%</td>
<td>45%</td>
<td>41%</td>
<td>43%</td>
<td>45%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>Batticaloa *</td>
<td>44%</td>
<td>64%</td>
<td>58%</td>
<td>63%</td>
<td>64%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>Trincomalee’</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>% of targeted household members with improved knowledge on better hygiene practices.</td>
<td>Oddusudan DS</td>
<td>41%</td>
<td>70%</td>
<td>61%</td>
<td>65%</td>
<td>70%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>Vavuniya North DS</td>
<td>38%</td>
<td>79%</td>
<td>70%</td>
<td>74%</td>
<td>79%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>Batticaloa *</td>
<td>53%</td>
<td>64%</td>
<td>53%</td>
<td>62%</td>
<td>64%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>Trincomalee’</td>
<td>55%</td>
<td>65%</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
<td>100%</td>
</tr>
</tbody>
</table>


#### Table 2  WASH Activities - Outputs

<table>
<thead>
<tr>
<th>Activity</th>
<th>Total Target</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
<th>Total Achievement</th>
<th>No. Beneficiaries</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Achievemen</td>
<td>Achievement</td>
<td>Achievement</td>
<td>Achievement</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>t</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hygiene promotion</td>
<td>40</td>
<td>6</td>
<td>34</td>
<td>-</td>
<td>40(100%)</td>
<td>400</td>
</tr>
<tr>
<td>for vulnerable families (number of sessions)</td>
<td>E</td>
<td>40</td>
<td>0</td>
<td>30</td>
<td>10</td>
<td>40 (100%)</td>
</tr>
</tbody>
</table>
Hygiene education in schools (number of sessions)  
| N | 5 | 5 | - | - | 5(100%) | 250  
| E | 5 | 1 | 3 | 1 | 5(100%) | 250  

Re/construction of household dug wells  
| N | 150 | 0 | 150 | - | 150(100%) | 750  
| E | 50 | 35 | - | - | 50(100%) | 225  

Drilling of deep tube wells with installation of hand pumps  
| N | 8 | 8 | - | - | 8 (100%) | 400  
| E | 32 | 0 | 17 | 15 | 32(100%) | 2400  

Construction of 10 common protected dug wells  
| N | - | - | - | - | - | -  
| E | 10 | 0 | 8 | 2 | 10 (100%) | 500  

Construction of rainwater harvesting systems at 2 institutional locations  
| N | 2 | 0 | 2 | - | 2 (100%) | 1000  
| E | - | - | - | - | - | -  

Re/construction of household latrines  
| N | 250 | 49 | 201 | - | 250(100%) | 1250  
| E | 200 | 0 | 150 | 50 | 200 (100%) | 1000  

Re/construction of child friendly water and sanitation facilities in schools  
| N | 5 | 5 | - | - | 5(100%) | 250  
| E | 5 | 5 | - | - | 5(100%) | 700  

Re/construction of water and sanitation facilities in GHC  
| N | 3 | 3 | - | - | 3(100%) | 450  
| E | 4 | 4 | - | - | 4(100%) | 600  

Source: Quarterly Progress Reports and 2014 SEM Indicator Results. June 2015

N – Northern Province,  E – Eastern Province

Table 3 Percentage reduction of reported cases of dysentery, food poisoning or water related diseases in targeted DS divisions

<table>
<thead>
<tr>
<th>Indicator</th>
<th>DS division</th>
<th>Baseline January 2012</th>
<th>2013 January</th>
<th>2014 January</th>
<th>2014 June</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage reduction of reported cases of dysentery, food poisoning or water related diseases</td>
<td>Oddusudan</td>
<td>16</td>
<td>16</td>
<td>14</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>Vavuniya North</td>
<td>20</td>
<td>22</td>
<td>20</td>
<td>18</td>
</tr>
<tr>
<td></td>
<td>Eravur</td>
<td>30</td>
<td>30</td>
<td>70</td>
<td>75</td>
</tr>
<tr>
<td></td>
<td>Paddipalai</td>
<td>12</td>
<td>30</td>
<td>70</td>
<td>75</td>
</tr>
<tr>
<td></td>
<td>Seruwila</td>
<td>5</td>
<td>30</td>
<td>70</td>
<td>75</td>
</tr>
<tr>
<td></td>
<td>Kinniya</td>
<td>6</td>
<td>30</td>
<td>70</td>
<td>75</td>
</tr>
<tr>
<td></td>
<td>Gomarankadawela</td>
<td>9</td>
<td>30</td>
<td>70</td>
<td>75</td>
</tr>
</tbody>
</table>
**Calculation**: 

\[
\text{Change} = \frac{\# \text{ of reported cases of dysentery, food poisoning or water related diseases among targeted DS divisions in January 2012 (Jan/12) minus \# of reported cases of dysentery, food poisoning or water related diseases among targeted DS divisions in subsequent years (Jan/13, Jan/14 & Jun/14) divided by the \# of reported cases of dysentery, food poisoning or water related diseases among targeted DS divisions in Jan/12.}
\]

Source: Indicator Definition Sheets for EU Monitoring Framework – WASH, extracted from Medical Officer of Health Records

### Table 4  Population Distribution by Ethnic Groups in the Eastern Province

<table>
<thead>
<tr>
<th>District</th>
<th>Project Area</th>
<th>Population Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Sinhalese</td>
</tr>
<tr>
<td>Trincomalee</td>
<td>Gomarankadawela</td>
<td>100</td>
</tr>
<tr>
<td></td>
<td>Morawewa</td>
<td>70</td>
</tr>
<tr>
<td></td>
<td>Kinniya</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Seruwila</td>
<td>65</td>
</tr>
<tr>
<td>Batticaloa</td>
<td>Eravurpattu</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Eravur Town</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Manmunai SW</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Manmunai W</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Poratheevupattu</td>
<td></td>
</tr>
</tbody>
</table>

Source: Population Map of Sri Lanka 2012, Department of Census and Statistics

### Table 5  Health and Nutrition Achievement of Objectives - Outcomes

<table>
<thead>
<tr>
<th>Objective</th>
<th>District/DS division</th>
<th>Baseline (1/2012)</th>
<th>2012 June</th>
<th>2013 January</th>
<th>2014 June</th>
<th>Change %</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Specific objectives</strong></td>
<td>Oddusudan DS</td>
<td>27%</td>
<td>19%</td>
<td>16%</td>
<td>19%</td>
<td>8% Decrease</td>
</tr>
<tr>
<td>% underweight children in the project area</td>
<td>Vavuniya North DS</td>
<td>17%</td>
<td>13%</td>
<td>18%</td>
<td>19%</td>
<td>2% Increase</td>
</tr>
<tr>
<td>% global acute malnutrition in project areas</td>
<td>Batticaloa</td>
<td>20%</td>
<td>21%</td>
<td>17%</td>
<td>16%</td>
<td>4% Decrease</td>
</tr>
<tr>
<td>% of health staff trained and implementing EmOC</td>
<td>Trincomalee</td>
<td>23%</td>
<td>25%</td>
<td>16%</td>
<td>19%</td>
<td>4% Decrease</td>
</tr>
</tbody>
</table>

| Expected Results                                                          | Oddusudan DS         | 0                  | -         | 100%         | 100%      | 100% Achieved      |
| % of health staff trained and implementing EmOC                            | Vavuniya North DS    | 0                  | -         | 100%         | 100%      | 100% Achieved      |
## Outputs:

### Health and Nutrition Activities

<table>
<thead>
<tr>
<th>Activity</th>
<th>Total Target</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
<th>Total Achievement</th>
<th>No. Beneficiaries</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Achievement</td>
<td>Achieveme nt</td>
<td>Achievement</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Training on ENC and NLS</td>
<td>N 2</td>
<td>2</td>
<td>-</td>
<td>-</td>
<td>2</td>
<td>50</td>
</tr>
<tr>
<td></td>
<td>E 2</td>
<td>-</td>
<td>2</td>
<td>-</td>
<td>2</td>
<td>85</td>
</tr>
<tr>
<td>Training on EmOC</td>
<td>N 2</td>
<td>2</td>
<td>-</td>
<td>-</td>
<td>2</td>
<td>50</td>
</tr>
<tr>
<td></td>
<td>E 3</td>
<td>-</td>
<td>3</td>
<td>-</td>
<td>3</td>
<td>90</td>
</tr>
<tr>
<td>Training on IYCF</td>
<td>N 4</td>
<td>-</td>
<td>2</td>
<td>2</td>
<td>4</td>
<td>50</td>
</tr>
<tr>
<td></td>
<td>E 15</td>
<td>5</td>
<td>6</td>
<td>4</td>
<td>15</td>
<td>440</td>
</tr>
<tr>
<td>Training on INP</td>
<td>N 4</td>
<td>2</td>
<td>-</td>
<td>2</td>
<td>4</td>
<td>50</td>
</tr>
<tr>
<td></td>
<td>E 15</td>
<td>3</td>
<td>12</td>
<td>-</td>
<td>15</td>
<td>330</td>
</tr>
</tbody>
</table>
### Table 7  Child Protection - Achievement of objectives and outcomes

<table>
<thead>
<tr>
<th>Objective</th>
<th>District/DS division</th>
<th>Baseline (1/2012)</th>
<th>2012 January</th>
<th>2013 January</th>
<th>2014 June</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of families receiving self-employment grants, reporting a 25% increase in income after six months.</td>
<td>Oddusudan DS</td>
<td>0</td>
<td>58%</td>
<td>74%</td>
<td>67%</td>
<td>On average the % increase is 66.33% increasing their incomes from those targeted</td>
</tr>
<tr>
<td></td>
<td>Vavuniya North DS</td>
<td>0</td>
<td>64%</td>
<td>47%</td>
<td>40%</td>
<td>50.3% on average have increased their incomes</td>
</tr>
<tr>
<td></td>
<td>Batticaloa</td>
<td>0</td>
<td>79%</td>
<td>83%</td>
<td>93%</td>
<td>85% on average have increased their incomes</td>
</tr>
<tr>
<td></td>
<td>Trincomalee</td>
<td>0</td>
<td>93%</td>
<td>95%</td>
<td>95%</td>
<td>94% on average have increased their income</td>
</tr>
<tr>
<td>% of youth unable to enter university having access to skills development opportunities.</td>
<td>Oddusudan DS</td>
<td>Difficult to ascertain for each District over the three years. So the total has been commented on below.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Vavuniya North DS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Batticaloa</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Trincomalee</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Expected Results

#### % of target families receiving self-employment grants showing an improvement in child care practices

<table>
<thead>
<tr>
<th>Province</th>
<th>Oddusudan DS</th>
<th>Vavuniya North DS</th>
<th>Batticaloa</th>
<th>Trincomalee*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>65%</td>
<td>42%</td>
<td>84%</td>
<td>79%</td>
</tr>
<tr>
<td></td>
<td>89%</td>
<td>67%</td>
<td>100%</td>
<td>97%</td>
</tr>
<tr>
<td></td>
<td>92%</td>
<td>89%</td>
<td>94%</td>
<td>100%</td>
</tr>
</tbody>
</table>

#### % of vocational training instructors and child protection officers providing quality services

<table>
<thead>
<tr>
<th>Province</th>
<th>Oddusudan DS</th>
<th>Vavuniya North DS</th>
<th>Batticaloa</th>
<th>Trincomalee*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Target 450</td>
<td>Total</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>78%</td>
<td>78%</td>
<td>78%</td>
<td>95%</td>
</tr>
</tbody>
</table>

#### % of enrolled youth who have completed vocational training

<table>
<thead>
<tr>
<th>Province</th>
<th>Oddusudan DS</th>
<th>Vavuniya North DS</th>
<th>Batticaloa</th>
<th>Trincomalee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>78%</td>
<td>78%</td>
<td>87%</td>
<td>95%</td>
</tr>
</tbody>
</table>

#### % of youth that have completed and are able to secure self/employment after 6 months

<table>
<thead>
<tr>
<th>Province</th>
<th>Oddusudan DS</th>
<th>Vavuniya North DS</th>
<th>Batticaloa</th>
<th>Trincomalee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>70%</td>
<td>Total 450 in total</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>44%</td>
<td>Highest achievement</td>
<td>30%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>49%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>48%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Indicator Definition Sheets for EU Monitoring framework – Protection

### Table 8 Education - Achievements in Education - Outputs

<table>
<thead>
<tr>
<th>Activity</th>
<th>Province</th>
<th>Total Target</th>
<th>Achievement 2012</th>
<th>Achievement 2013</th>
<th>Achievement 2014</th>
<th>Total Achievement</th>
<th>% Achievement</th>
<th>No. Beneficiaries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training of ISA to conduct training</td>
<td>N</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>100</td>
<td>44%</td>
<td>30</td>
</tr>
<tr>
<td></td>
<td>E</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>100</td>
<td>49%</td>
<td>40</td>
</tr>
<tr>
<td>Training of ISAs in competency tools</td>
<td>N</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>100</td>
<td>30%</td>
<td>30</td>
</tr>
<tr>
<td></td>
<td>E</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>100</td>
<td>48%</td>
<td>20</td>
</tr>
<tr>
<td>Training of teachers</td>
<td>N</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>100</td>
<td>30</td>
<td></td>
<td></td>
</tr>
<tr>
<td>----------------------</td>
<td>-----</td>
<td>-----</td>
<td>-----</td>
<td>-----</td>
<td>-----</td>
<td>----</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>100</td>
<td>2010</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SSAs and SDPs</td>
<td>N</td>
<td>45</td>
<td>15</td>
<td>15</td>
<td>45</td>
<td>100</td>
<td>711</td>
<td></td>
</tr>
<tr>
<td>E</td>
<td>105</td>
<td>35</td>
<td>70</td>
<td>105</td>
<td>100</td>
<td>6280</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exchange visits</td>
<td>N</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>4</td>
<td>200</td>
<td>37</td>
<td></td>
</tr>
<tr>
<td>E</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>100</td>
<td>100</td>
<td>240</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orientation for parents</td>
<td>N</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>100</td>
<td>120</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>100</td>
<td>4222</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rehabilitation of schools</td>
<td>N</td>
<td>15</td>
<td>9</td>
<td>10</td>
<td>19</td>
<td>127</td>
<td>2483</td>
<td></td>
</tr>
<tr>
<td>E</td>
<td>35</td>
<td>33</td>
<td>2</td>
<td>35</td>
<td>100</td>
<td>3500</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Printing of learning materials</td>
<td>N</td>
<td>15</td>
<td>15</td>
<td>15</td>
<td>100</td>
<td>15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E</td>
<td>35</td>
<td>35</td>
<td>35</td>
<td>100</td>
<td>35</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provision of learning material &amp; furniture</td>
<td>N</td>
<td>15</td>
<td>15</td>
<td>15</td>
<td>100</td>
<td>15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E</td>
<td>35</td>
<td>35</td>
<td>35</td>
<td>100</td>
<td>35</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Project Quarterly Progress Reports – Q1 – Q12

Table 9 Provincial Variations in Learning Outcomes in the First Language (Sinhalese or Tamil) at Grade 4, 2003

<table>
<thead>
<tr>
<th>Province</th>
<th>% of students scoring</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0-20%</td>
</tr>
<tr>
<td>Western</td>
<td>3.7</td>
</tr>
<tr>
<td>Central</td>
<td>11.7</td>
</tr>
<tr>
<td>Southern</td>
<td>9.9</td>
</tr>
<tr>
<td>North and East</td>
<td>15.2</td>
</tr>
<tr>
<td>North Western</td>
<td>6.1</td>
</tr>
<tr>
<td>North Central</td>
<td>6</td>
</tr>
<tr>
<td>Uva</td>
<td>12.6</td>
</tr>
<tr>
<td>Sabaragamuwa</td>
<td>9</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>9.9</td>
</tr>
</tbody>
</table>

Source: National Education Research and Evaluation Center, University of Colombo, 2003
### Table 10  Classification of schools according to level of ‘congeniality’ by province, 2007

<table>
<thead>
<tr>
<th>Province</th>
<th>Very congenial</th>
<th>Congenial</th>
<th>Non-congenial</th>
<th>Uncongenial</th>
<th>Very uncongenial</th>
</tr>
</thead>
<tbody>
<tr>
<td>Western</td>
<td>24.4</td>
<td>41.4</td>
<td>27.7</td>
<td>5.9</td>
<td>0.5</td>
</tr>
<tr>
<td>Central</td>
<td>10.5</td>
<td>18.6</td>
<td>30.3</td>
<td>30.3</td>
<td>10.2</td>
</tr>
<tr>
<td>Southern</td>
<td>11.7</td>
<td>31.0</td>
<td>34.0</td>
<td>18.1</td>
<td>5.1</td>
</tr>
<tr>
<td>Northern</td>
<td>4.1</td>
<td>18.6</td>
<td>16.8</td>
<td>13.4</td>
<td>47.8</td>
</tr>
<tr>
<td>Eastern</td>
<td>5.4</td>
<td>19.3</td>
<td>17.4</td>
<td>21.0</td>
<td>36.9</td>
</tr>
<tr>
<td>North Western</td>
<td>11.5</td>
<td>21.7</td>
<td>30.1</td>
<td>23.5</td>
<td>13.2</td>
</tr>
<tr>
<td>North Central</td>
<td>7.2</td>
<td>17.0</td>
<td>15.9</td>
<td>31.8</td>
<td>28.1</td>
</tr>
<tr>
<td>Uva</td>
<td>6.7</td>
<td>23.2</td>
<td>32.5</td>
<td>26.7</td>
<td>10.8</td>
</tr>
<tr>
<td>Sabaragamuwa</td>
<td>15.9</td>
<td>25.2</td>
<td>31.1</td>
<td>23.7</td>
<td>4.2</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>11.6</td>
<td>24.6</td>
<td>26.8</td>
<td>21.3</td>
<td>15.6</td>
</tr>
</tbody>
</table>

### Table 11  Results of Year 05 Scholarship Exam

<table>
<thead>
<tr>
<th>No of students obtaining above cut off marks</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>40</td>
<td>56</td>
<td>87</td>
<td>105</td>
</tr>
</tbody>
</table>
**Annex 4. Number of KIIs and FGDs conducted in the provinces of North and East**

<table>
<thead>
<tr>
<th>Sector</th>
<th>KII</th>
<th>FGDs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>East</td>
<td>North</td>
</tr>
<tr>
<td>WASH</td>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td>H &amp; N</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>CP</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Education</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Education - Colombo</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>16</td>
<td>16</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td>33</td>
<td></td>
</tr>
</tbody>
</table>
### Annex 5. Evaluation Matrix

<table>
<thead>
<tr>
<th>Criterion</th>
<th>Questions</th>
<th>Indicator or measure</th>
<th>Sources of Information</th>
<th>Methods for Data Collection</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. EVALUATION CRITERIA</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>1. Relevanc e</strong></td>
<td>Was the design/integrated strategy of the project appropriate for reaching the objectives? What implicit/explicit logic/logical flow of results have informed these strategies?</td>
<td>Are there logical linkages between expected results of the project (Log Frame) and the project design in terms of: hardware and software investment strategy, the four project components of Child Protection, Health and Nutrition, WASH and Education, choice of partners, delivery mechanism, scope, budget, use of resources. Was the length of the project sufficient to achieve the results of this integrated and multi-sector project? What past programming experiences were drawn upon to develop project strategies?</td>
<td>Level of coherence between project results and project design internal logic. Results indicators from the project log frame. Recommendations and Lessons Learned from past UNICEF – Sri Lanka projects/programs.</td>
<td>Project Documentation EU-SEM UNICEF Contribution Agreement EU-ACAP Documentation GoSL National, Provincial and Regional Development Plans &amp; key institutional personnel UNICEF-GoSL CPAP UNICEF-Sri Lanka Project/Program Reports UNICEF Staff</td>
</tr>
<tr>
<td></td>
<td>What is the pertinence of the project to the beneficiaries? Did the activities cover the different population groups’ especially vulnerable communities and beneficiaries?</td>
<td>How were the target groups/beneficiaries identified? Did the project address the needs/priorities of the target groups/beneficiaries? Was UNICEF’s equity focused approach specifically applied to this project? How?</td>
<td>Strength of link between project results and the needs of relevant stakeholders and beneficiaries. Criteria used for target group &amp; beneficiary identification. Level of involvement and inclusiveness of stakeholders and beneficiaries in project design and implementation.</td>
<td>Project documents, including assessments and mid-term evaluation (MTE). Key project stakeholders and beneficiaries.</td>
</tr>
<tr>
<td></td>
<td>What was the level of relevance of the interventions carried out by the four sections and what is their relevance for future programming?</td>
<td>To what degree were the results achieved through the planned activities in each of the four program components, and, to what degree did these specific objectives individually and collectively contribute to the achievement of the ultimate project objective? What is the degree of sustainability for the specific interventions in the four project components? Have these interventions influenced policies, strategies within GoSL and/or UNICEF?</td>
<td>Quality of the logical framework – are the objectively verifiable indicators defined in a SMART manner? At all levels of objectives and against an initial baseline? Adoption of interventions by GoSL partners and inclusion in future development plans.</td>
<td>Project documents – monitoring reports. GoSL development plans. Key institutional stakeholders.</td>
</tr>
<tr>
<td></td>
<td>How relevant are the project strategy and interventions to country context and development policies? And UNICEF country (regional and global) priorities?</td>
<td>What is the degree of alignment of project strategies and interventions with GoSL plans at national, provincial and regional levels? What is the degree of alignment of project strategies and interventions with UNICEF Sri Lanka country priorities and UNICEF corporate global priorities?</td>
<td>Incorporation of strategies and interventions in GoSL development plans. Incorporation of strategies and interventions in UNICEF – Sri Lanka country program and global priorities.</td>
<td>Project documentation GoSL National, Provincial/Regional and district Development Plans &amp; key institutional personnel UNICEF-GoSL CPAP UNICEF-Sri Lanka Project/Program Reports UNICEF Staff</td>
</tr>
</tbody>
</table>
| What strategic advantages does UNICEF have (at the country and regional level) for upstream policy development, facilitating and establishing X-cultural linkages and partnerships, developing capacity of government/decision makers to implement programs; strengthening systems; and supporting scale up of integrated packages of high impact interventions for children and women in the target districts? | Are there other projects by external agencies working with the GoSL at the district, regional and national levels on similar programming? 
- Have long term partnerships been developed with GoSL by other external agencies working in similar programming? 
- In addition to EU-SEM, what other experiences have the GoSL agencies had and what were the major successes of these programs? | Existence of other programs and results achieved. 
- Degree of influence on policy development in the four project components areas. 
- Sustainability of interventions by other external agencies at district, regional and national levels. | Project documentation 
- Minutes and/or documentation from GoSL coordination meetings. | Document analysis 
- GoSL interviews at national, regional and district levels 
- UNICEF interviews at Head Office and Zonal Offices |
| --- | --- | --- | --- |
| **2. Efficiency** | To what extent was the project able to leverage Government resources and partner with the Government to enhance the efficiency of the project? 
- What were the number and quality of program partnerships established with GoSL within and across the four project components? Which ones can be considered sustainable? 
- What resources (human and financial) did project partners contribute to project implementation? | Examples of partnerships established including financial contributions. 
- Evidence of sustainability of partnerships. | Project documentation, including results of MTE. 
- Project partners and relevant stakeholders. | Document analysis 
- GoSL interviews at national and regional levels 
- UNICEF interviews at Head Office and Zonal Offices |
| Were the resources utilized efficiently/cost effectively? Were outputs delivered on time? Is there room for improvement in planning and implementing such project? | Was project implementation as cost effective as proposed – planned vs actual? 
- Were the accounting and financial systems in place adequate for project management and producing accurate and timely financial information? 
- Was procurement/contracting carried out in a manner making efficient use of project resources? 
- Were progress reports produced accurately, timely and responded to reporting requirements – including any changes in implementation? 
- Could financial resources have been used more efficiently – scope for improvement? | Level of discrepancy between planned and utilized financial expenditures. 
- Availability and quality of financial and progress reports. 
- Quality of management and monitoring systems in place and ability to make necessary changes if and when needed. 
- Occurrence of change in project design and/or implementation to improve project efficiency. | Project documents UNICEF staff 
- EU project contact | Document analysis 
- UNICEF interviews at Head Office and Zonal Offices |
| Did the project contribute to the adoption of strategies aimed to reduce gender disparities in the allocation of resources and access to services as well as to maximize women’s voice, representation and participation in decision making mechanisms? | Was a gender strategy developed and executed for this project? If not, how was gender addressed to ensure inclusiveness and promote equity? | Project documentation on gender, strategies and implementation approaches. 
- Monitoring reports, special reports and MTE. | Project documents 
- UNICEF Staff | Document analysis 
- UNICEF interviews at Head Office and Zonal Offices FGDs |
<table>
<thead>
<tr>
<th>Have the project activities been adequate and appropriate to ensure timely delivery? If not, why?</th>
<th>Did the planned project activities produce the expected results in a timely fashion? If not, why and what lessons learned have been documented.</th>
<th>Project Documents – progress reports, monitoring reports and MTE.</th>
<th>Project Documents – progress reports, monitoring reports and MTE.</th>
<th>Document analysis</th>
<th>GoSL interviews at national and regional levels UNICEF interviews at Head Office and Zonal Offices</th>
</tr>
</thead>
<tbody>
<tr>
<td>What constraints were encountered during implementation of activities and how were these addressed?</td>
<td>Were obstacles encountered during the implementation phase that affected project results? How were they dealt with/rectified?</td>
<td>Project Documents UNICEF staff EU project contact</td>
<td>Project Documents UNICEF staff EU project contact</td>
<td>Document analysis</td>
<td>GoSL interviews at national and regional and district levels UNICEF interviews at Head Office and Zonal Offices</td>
</tr>
<tr>
<td>To what extent did UNICEF’s coordination/partnership strategies and practices at different levels (district, regional and national levels) support the delivery of results?</td>
<td>What partnerships at national, regional and district level were established for project implementation? What coordination mechanisms were employed at national, regional and district levels to assist in project implementation?</td>
<td>Degree and quality of participation of partners in project implementation. Degree and utility of coordination mechanisms during project implementation.</td>
<td>Degree and quality of participation of partners in project implementation. Degree and utility of coordination mechanisms during project implementation.</td>
<td>Document analysis</td>
<td>GoSL interviews at national, regional and district levels UNICEF interviews at Head Office and Zonal Offices</td>
</tr>
<tr>
<td>To what extent has UNICEF been able to put in place adequate monitoring and evaluation framework to assess the effectiveness of interventions?</td>
<td>Was there a monitoring and evaluation framework developed for the project? How was monitoring carried out during the implementation phase of the project?</td>
<td>Existence of monitoring plan and/or strategy. Monitoring reports, Assessment reports, tracer studies and evaluation reports – commissioned by UNICEF. MTE</td>
<td>Existence of monitoring plan and/or strategy. Monitoring reports, Assessment reports, tracer studies and evaluation reports – commissioned by UNICEF. MTE</td>
<td>Document analysis</td>
<td>GoSL interviews at national and regional levels UNICEF interviews at Head Office and Zonal Offices</td>
</tr>
</tbody>
</table>
Final Evaluation Report - UNICEF (Sri Lanka) EU – SEM Project Evaluation

### 3. Effectiveness

<table>
<thead>
<tr>
<th>What is the degree of achievement of the project in relation to its original objectives and expected results?</th>
<th>Targets – At the Overall Project Level</th>
<th>Project Documents</th>
<th>Document Analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>By 2014, target beneficiaries in the districts of Batticaloa, Trincomalee, Vavuniya and Mullaitivu are able to access (includes differently abled access) skills development and income generation opportunities, enhanced learning spaces, improved water, sanitation and hygiene, quality mother and child health care with the support of trained and competent service personnel resulting in strengthened household child protection and improved learning achievements and health outcomes. Targets – at the Specific Interventions Level of the four components.</td>
<td></td>
<td>Interviews with UNICEF Project Team</td>
</tr>
<tr>
<td>Child Protection</td>
<td>Most vulnerable families and young people are provided with life-skills and guidance, vocational training, self-employment and social support to improve access to livelihood and economic activities and contribute to family recovery supported by trained personnel by 2014.</td>
<td>Project Team and Relevant Stakeholders</td>
<td>Interviews with Relevant Stakeholders</td>
</tr>
<tr>
<td>Health &amp; Nutrition</td>
<td>Living conditions and health status of children and families are improved by 2014 through provision of integrated health and nutrition interventions enabling enhanced economic productivity and education attainment. WASH Living sanitary conditions and productivity of children and families in target areas are improved through increased access to improved water and sanitation facilities combined with mobilisation for adoption of improved hygiene behavior by 2014 Education</td>
<td>Data reported in annual and quarterly reports MTE</td>
<td></td>
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<tr>
<td>To reduce disparities in literacy and learning achievement among targeted primary school children by 2014, to increase access to further education and skilled employment opportunities.</td>
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</tbody>
</table>

### Differences

<table>
<thead>
<tr>
<th>Were there any variations from the outputs and outcomes originally proposed? If so, why?</th>
<th>For details see indicators in log frame</th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Were there any modifications/changes made to the originally proposed outcomes, outputs and indicators? Reason(s) for these changes?</td>
<td>% of target families receiving self-employment grants showing improved living conditions and child care and protection capacities after 1 year. % of students in target primary schools achieving a minimum of 50% on end of year tests for language subject in Grade 5. % reduction of pregnant mothers with anemia in the project area. % reduction of reported cases of dysentery, food poisoning or water related diseases from targeted households.</td>
<td></td>
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<tr>
<td>Changes to the log frame and justification.</td>
<td>For details see indicators in log frame.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Project documents – log frame.</td>
<td>% of families who have received self-employment grants reporting a 25% increase in income after 6 months. % of youth unable to enter university having access to skill development opportunities. % of beneficiary using improved and adequate water and sanitation as per defined standards. % of population practicing improved personal hygiene practices in target DS divisions. % of primary teachers taking measures for student’s literacy improvement in primary section. Survival rates of 5-10 year old boys and girls enrolled in targeted schools.</td>
<td></td>
<td>Interviews with UNICEF Project Team</td>
</tr>
</tbody>
</table>

### To what extent did the project achieve equity issues? Has implementation of the interventions been equitable with regard to gender?

<table>
<thead>
<tr>
<th>To what extent did the project achieve equity issues? Has implementation of the interventions been equitable with regard to gender?</th>
<th>Project documents – log frame.</th>
<th>Document Analysis</th>
<th>Interviews with UNICEF Project Team</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was a gender strategy developed for the project? Was disaggregate data on M/F participation collected/documented?</td>
<td>Documentation on gender (strategy and/or disaggregate data).</td>
<td></td>
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<tr>
<td>Changes to the log frame and justification.</td>
<td>Project documents – log frame.</td>
<td></td>
<td></td>
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<tr>
<td>Document Analysis</td>
<td>Interviews with UNICEF Project Team</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What was the role of the key players and UNICEF and how did they contribute to achieving the results?</td>
<td>What was the governance structure of the project? How was the project implementation phase managed?</td>
<td>Existence of a Management and/or an operations plan for project implementation. Roles and responsibilities for project implementation phase. Monitoring Plan with R&amp;R’s for key project and partners personnel</td>
<td>Project Documents Project Team and Relevant Stakeholders</td>
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<tr>
<td>Have the strategies used enabled the project to meet its objectives? If not, what are the possible reasons?</td>
<td>What mechanisms were put in place for monitoring the project activities? Were deviations in project implementation experienced – how were they dealt with?</td>
<td>Existence of a project monitoring system. Changes, with justification, to the project log frame.</td>
<td>Project documents – log frame.</td>
</tr>
<tr>
<td>What have been the difficulties or constraints that the project has experienced and how has it affected the results? What are the lessons learnt?</td>
<td>Was a risk management matrix developed, maintained and updated throughout the project implementation phase? Were any risks not mitigated and hence, negatively impacted the project results?</td>
<td>Existence of a risk management matrix and changes throughout the project implementation recorded.</td>
<td>Project Documents Project Team and Relevant Stakeholders</td>
</tr>
<tr>
<td>At the regional and national levels, to what extent has the project been able to support upstream work such as influence policies, strengthen systems &amp; partnerships, and build &amp; enhance cross-sector collaboration/integration? What interventions could be scaled up and taken forward for future programming?</td>
<td>Has the implementation of the EU-SEM provided information/experiences that will positively inform policy issues at the national and/or regional level; the nature of partnerships for effective development programming; cross-sector collaboration &amp; integration? Are there interventions that will be sustainable and deemed worthwhile to scale up?</td>
<td>Evidence of project influence in the policy field at the national and regional levels. Incorporation of strategies relating to collaboration and integration. Program planning that includes scaling up of project interventions.</td>
<td>GoSL development policies at national and regional levels. Coordination mechanisms utilized by GoSL. GoSL development plans at national and regional levels.</td>
</tr>
</tbody>
</table>

### 4. Sustainability

<p>| What is the degree of sustainability of project benefits? What systems has UNICEF put in place to ensure sustainability of project interventions/outcomes? This includes inter alia capacity building, local ownership, and integration of the project’s activities into local plans and stakeholders projects? | Are there plans to allocate resources (financial and human) in future development plans for the maintenance and improvement of facilities provided under the project? By project component and cross-sectors? Have any strategies that have been applied through the project proven useful for either re-enforcement or adoption on a broader scale? | Evidence of sustainability through institutionalization by relevant authorities by program component and across sectors. Evidence of adopting project strategies. | GoSL development plans at national, regional and district levels. | GoSL interviews at national and regional levels UNICEF interviews at Head Office and Zonal Offices |</p>
<table>
<thead>
<tr>
<th>Are the activities and their outcomes likely to continue when external support is withdrawn, especially among the most disadvantaged (equity)?</th>
<th>What is the probability of project activities and accompanying results to continue post project funding? From the beneficiary’s perspective, what are post project plans?</th>
<th>Evidence that activities will continue post project funding. Are plans in place to expand project activities to new beneficiaries?</th>
<th>GoSL development plans at regional and district levels. Project Team and Relevant Stakeholders</th>
<th>GoSL interviews at regional and district levels. UNICEF interviews at Head Office and Zonal Offices.</th>
<th>FGD’s</th>
</tr>
</thead>
<tbody>
<tr>
<td>What interventions/strategies are to be more widely replicated or adapted and have the potential for scale up? How can UNICEF and other stakeholders still support to ensure sustainably, replication and scale-up of interventions?</td>
<td>What has worked well, less well in the project? Suggestions for improvement? Are any project interventions or strategies earmarked for inclusion or expansion in future plans?</td>
<td>Evidence of sustainability through institutionalization by relevant authorities by program component and across sectors. Evidence of adopting project strategies.</td>
<td>GoSL development plans at national, regional and district levels.</td>
<td>GoSL interviews at national, regional and district levels. UNICEF interviews at Head Office and Zonal Offices.</td>
<td></td>
</tr>
<tr>
<td>B. CROSS-CUTTING THEMES</td>
<td>5. Disability Inclusion, Gender Issues, Environmental Factors and Child Rights.</td>
<td>What was the degree of synergy, coherence, coordination and complementarities of project activities within UNICEF with other EU-SEM activities, with SEM NGO partners/civil society at large, with local plans/priorities at district, provincial &amp; national levels?</td>
<td>What mechanisms were put in place to avoid duplication of efforts? How successful were these within the larger EU-SEM program? With civil society and NGO partners? Has the project affected plans at the district, provincial and national levels?</td>
<td>Degree of satisfaction by stakeholders in coordination and complementarities of UNICEF project activities. Evidence of activities and/or strategies in future development plans.</td>
<td>Project Team and Relevant Stakeholders GoSL development plans at national, regional and district levels.</td>
</tr>
<tr>
<td>To what extent were cross-cutting issues addressed – disability inclusion, gender issues such as sexual/gender based violence, environmental factors, child rights?</td>
<td>What strategies and mechanisms were put in place to address the cross-cutting issues of inclusion, environmental factors and child rights? How successful were these and suggestions for improvement?</td>
<td>Evidence that strategies were applied and monitored.</td>
<td>Project documentation Project Team and Relevant Stakeholders</td>
<td>UNICEF interviews at Head Office and Zonal Offices. Interviews with Relevant Stakeholders.</td>
<td></td>
</tr>
<tr>
<td>How do the results affect the rights and responsibilities of individuals, communities and institutions, especially the most disadvantaged ones? To what extent have the results decreased inequalities?</td>
<td>Not sure if this evaluation will be able to fully answer this question with the combination of time constraints and the longer term impact nature of this question. The Evaluation Team will attempt to collect qualitative comments and estimate probabilities, but for quantitative evidence this question may be beyond the scope of this evaluation.</td>
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Annex 6. Questionnaires

NOTE: The following list of questions is a composite, the questions asked to the interviewee depended upon the sector and nature of involvement.

Tool #1  Institutional Questionnaire
Focal Group Discussion and Key Informant Interviews (FGD/KII)

1. General questions and questions relating to the Overall Objective:

The target beneficiaries in the districts of Batticaloa, Trincomalee, Vavuniya and Mullaitivu are able to access (includes differently abled access) skills development and income generation opportunities, enhanced learning spaces, improved water, sanitation and hygiene, and child health care with the support of trained and competent service personnel resulting in strengthened household child protection and improved learning achievements and health outcomes.

1. Were you involved in the planning of the EU-SEM project? Pls specify in what way?
2. Do the project activities fit into the overall development plan/priorities of the province/district/division?
3. In your opinion, did the initial design/strategy of the project take into consideration the ground realities? [Feeder questions: Was the project design a fit or a mis-fit?, did the design consider ground level bureaucracies, social conditions, or was it a project design imported from another developing country, did it reflect a post-conflict developmental model?]
4. In your opinion, what aspects of the project do you see as no longer applicable to the current ground realities? [Feeder questions: In case the project is considered to be replicated, what activities will you replicate and what will you not replicate?, What new issues would you try to address? Which DS divisions would you consider to implement the project, How will you select your beneficiaries?]
5. Do you see a sustainable impact on the beneficiaries’ living conditions and capacities? [Feeder questions: Did the project make a sustainable intervention?, or did it make people more dependent on donor assistance? Did the project manage to sharpen the skills and knowledge of the beneficiaries or did it succeed in rippling off their skills?]
6. Did the project intervention change the situation of the society? [Feeder questions: Did the project manage to disturb the employment demand and supply levels, product demand and supply levels? Did the project manage to cover the skills gap or to widen the existing skills gaps, or create skills gaps in other occupations? Do you perceive overall changes as more positive than negative?]
7. What criteria have been used in the selection of DS divisions for project interventions and were you consulted in identifying the most vulnerable groups for delivery of services?
8. What was your involvement/contribution towards the project at different stages - planning, implementation, monitoring, and handover?
9. How would you rate the involvement/participation of your organization and the relevant government institutions in the implementation of the project? [Feeder questions: Were you consulted for the major decisions of the project? Was the government counterparts consulted for the major decisions of the project? Were the local government authorities consulted for the major decisions of the project?]
10. How would you comment on the resource utilization of the project? [Feeder questions: Was the project conducted in a cost effective manner, or did it eat-up much of the resources inefficiently? Did you come across mis-management and/or misuse of resource situations? Would you have used the resources differently? If so, please specify/give examples]

* Whether there was a functional government structure, governance and the basic structures were available
11. What mechanisms were laid down for monitoring the project activities? [Feeder questions: Are you satisfied with the level of project monitoring activities? Are you satisfied with the support and the feedback from the project monitoring? Was project monitoring used for accelerating the project activities or did it really slow the implementation of the activities? Was the monitoring too rigorous and cumbersome?]

12. In your opinion, did the project manage to consider much of the cross-cutting issues? [Feeder questions: Did the project consider the gender aspects, child rights? Did it show signs of gender discrimination? Was the project equitable in terms of reaching beneficiaries? Were environmental aspects considered in construction/self-employment activities?]

13. What benefits accrued to your organization/staff as a result of the project being implemented?

14. Do you plan to allocate resources (financial and human) in your future development plans for the maintenance and improvement of facilities provided under the project?

15. What degree of/percentage of success has the overall project achieved, going by the information you have of the project?

16. What good practices and lessons did the project demonstrate that you could replicate in the future and mainstream in development planning?

17. In your opinion have you observed improvement in the living conditions, child care and protection capacities as a result of an increase in income and other services received during the project?

18. Are there any other integrated projects implemented in the same area? Please specify.

19. Did any of the project activities complement activities of any other project/s in the same location or vice versa? Please specify.

2. Child Protection

Specific Objectives: Most vulnerable families and young people are provided with life-skills and guidance, vocational training, self-employment and social support to improve access to livelihood and economic activities by trained personnel by 2014

2.1 What were the grave concerns in this area in terms of child protection\(^9\) prior to the SEM project intervention?

[Feeder questions: Please identify and name the major gaps in terms of child protection prior to SEM intervention in this area; were the interventions proposed by SEM relevant to solve the issues at hand; was there a demand for the interventions proposed by SEM or was it supply oriented?]

2.2 How effective were the interventions made by the SEM project in addressing the issues at hand?

[Feeder questions: was there a demand for the provision of life skills to 15,000 youth or was it supply oriented?, was the life skills provided reflect the demands of the area?, were the provided life skills relevant in terms of improving their lives? were the provided life skills sustainable?, were the vocational training of 1300 youth demand oriented? Or supply driven? How effective were the trainers in delivering the modules and delivering practical training; were the VT institutions geared and adequately equipped in delivering vocational training? Was the vocational training linked to the needs of the labour market; is there an adequate number of employers in the area to absorb the trainees?, was the training adequate in terms of meeting the needs and the demands of the employers?]  

2.3 How efficiently did the project deliver the interventions?

[Feeder questions: were the intervention cost efficient in terms of delivery?, was the cost per trainees excessively lower or higher compared to the bench mark? Did you come across any mismanagement of funds situations by the partners?, was the intervention and their delivery a good value for money?

2.4 Do you see a marked improvement in the post intervention scenario as compared to pre-intervention situation?

\(^9\) Child abuse, child cruelty, etc
2.5 Do you see any improvement in income in the families that received grants for self-employment?

2.6 Could you brief us on the impacts/outcomes of the career development and VT programs carried out under the project?

2.7 Have you observed any improvement in child care and protection capacities of the target families/target areas?

2.8 Do you see the community being more alert with regard to issues of child abuse and are they reporting more incidents? (CRPO)

[Feeder questions: In your opinion do people have sufficient knowledge to identify the sources of child abuse? Do they know that corporal punishment at home and school is now prohibited? Do they know alternative methods as to how a child could be disciplined without being subjected to corporal punishment? Do people now know where to go and make their complaints in case of a child abuse situation? Are the government institutions equipped to handle such cases and are they handling child abuse cases adequately? How effective were the training sessions by social workers and child protection officers?]

2.9 Can you give us any indication of where we could find data to substantiate this fact?

2.10 Do you have any knowledge on Life Skills Development programs carried out under the project?

2.11 Was there an impact due to the career guidance training?

[Feeder questions: Are career guidance officers trained properly? Do they have knowledge to refer particular candidates to referral services? Are people in this community aware of the importance of career guidance? Any idea as to how many youth sought career guidance during the term of the project? How many youth were referred for vocational training under career guidance? How many youth were referred for further education and training under career guidance?]

2.12 Have you observed a change in the quality of service provided by the vocational training instructors/teachers and child protection officers?

2.13 No of enrolled youth that have completed VT and alternative education classes.

2.14 Have they secured employment (was there a significant improvement)?

[Feeder questions: Were most youth who got VT provided with secure employment? Are most on self-employment or waged and salaried employment? Are the graduate trainees competitive in terms of industry wage benchmarks? Are the trainees currently employed in trades they were trained in or in other forms of employment that they were not trained? If they are not in employment for which they were trained for, what is the reason for this? Does it reflect quality issues in the training courses or morale/motivation of the students? Is there a ready demand for the VT courses and their trainees in the region, are the VT courses offered fine-tuned to the market needs? Are the VT courses conducted by qualified trainers? Does the curriculum of the VT courses reflect the ground realities and demands?]

2.15 Did the trainees wage expectations match the labour market realities? Is there a wage differential in wages based on gender.

Education

2.16 Do you know if the grade 5 students of beneficiary schools achieve improvement (minimum of 50%) at the end of the year tests?

2.17 Do you see an increase in children being enrolled and being retained in schools? In other words do you see a reduction in early school leavers (drop outs)?

2.18 Do you observe an increase in school attendance of children from the project areas?

2.19 Do you see an increase in employment among youth as a result of project interventions?

2.20 What were the grave issues in terms of education did this area face prior to SEM project intervention [before 2012 period]? [Feeder questions: Did this area face issues such as school drop outs, drug addiction among school children, lower literacy levels, and lower reading habits as such? Were the interventions made by the SEM project relevant to the issues of the locality? Or was there a real need for an intervention in the field of education in this area?]
2.21 What was the overall situation prior and post intervention?

2.22 How effective was the change brought about?

[Feeder questions: Was a child friendly school approach relevant in this context? How effective were the interventions made on CFA in terms of improving student’s literacy skills and reading skills and improving their pass rates? Was the training conducted for teachers effective in terms of delivering a quality education to the children? Did the intervention meet the demands of the local school needs?]

2.23 How efficient were the interventions?

[Feeder questions: Did the school rehabilitations meet the standard cost criteria? Were the costs extremely higher or lower than the industry standards? Do the school repairs/renovations meet the required quality standards, are they safe for children to be housed? Did the construction take place in a timely manner? Were the deliverables made to the schools and teachers which needed it most? How effective was the mapping of schools and teachers for renovation and training?]

2.24 How sustainable are the interventions?

[Feeder questions: Have the teachers make use of their trainings to deliver a quality product to the students? Have the trainings been effective in translating into better student performances in terms of literacy, reading skills and pass rates? How sustainable is the Child Friendly School approach in this area? Are the school authorities capable of planning for the school subsequent to training? Are the schools capable of sustaining the infrastructure delivered by the project? What measures are laid down for refresher trainings for school teachers and authorities? How did the interventions enhance the capacities of the government counter parts in education management to sustain the CFS approach?]

3. Health and Nutrition:

Specific Objective: Living conditions and health status of children and families are improved by 2014 through provision of integrated health and nutrition interventions enabling enhanced economic productivity and education attainment.

Health and nutrition consist of re/construction of health centre infrastructure covering 09 Gramodaya Health Centres (GHCs), training for health personnel and community mobilization through formation of 200 community support groups.

3.1. What were the grave health and nutrition issues facing this area prior to SEM project intervention and how relevant were the interventions?

[Feeder questions: Please identify the main health (including reproductive health) and nutrition issues in this area and was it gender responsive? Was there a need to intervene in this aspect by the SEM project or was the local resource capable of handling the issues locally? How relevant were the interventions made by the SEM project in this regard? Were the interventions engineered with the local stakeholder intervention? Or did it reflect an importation of a foreign concept? How well did the beneficiaries accept the proposed interventions?]

3.2. How effective were the interventions made?

[Feeder questions: Did the construction of health centres, training of health personal reflect the element of equity? Were the interventions effective in reaching the most vulnerable in the area? How effective was the mapping done to identify the beneficiaries? How effective is the 200 community support groups in reaching the population needs? Are they equipped to attend to the needs of the local population? Is the change created and the post intervention scenario significantly improved as opposed to the pre-intervention scenario?]

3.3. Sustainability?

[Feeder questions: How sustainable are the constructed health centers? Do the local authorities have the sufficient capacities to sustain the health centres? Are the health centres delivering what they are meant for? Are the health centres capable of meeting the demands of the local population? What deficiencies do the health centres faces currently which impose a barrier to conduct their activities? How sustainable is the training imparted to health personal? Are the personal trained as health workers still in the system or have they left for other employment opportunities in the private sector? What inhibitions are there which discourage qualified health personal to the system? Is the structure laid down for the community support
groups sustainable? Do the community/local institutions have the capacity to maintain the systems and infrastructure provided by the project?

3.4. Have the interventions effectively addressed cross-cutting issues such as gender, environment and the needs of the people with disabilities?

3.5. Can you give us the main factors that contribute to malnutrition and affect the children’s growth?

3.6. Can you tell us whether children are provided with everything required for growth and development in the area? Please specify (e.g. supplements, vitamins, type of food)?

3.7. Are the children provided with protein energy supplements?

3.8. Do you know the % of children under 5 participating regularly in growth monitoring?

3.9. Do you know whether the parental education on knowledge of nutrition is provided in the project area?

3.10. Are the parents of the project area knowledgeable on balanced nutrients for children?

3.11. Do you know if pregnancies are detected before 8 weeks?

3.12. Are pregnant mothers gaining proper weight gain? Are they receiving the requisite supplements? What are they?

3.13. Have you see any improvement in % of low birth weight in the project’s MOH Divisions? Please provide the data.

3.14. Have you see any improvement in % of stunted, underweight and wasted children under 5? Please provide the data.

3.15. Are there school health and nutrition programs? If yes, what are they?

4. Water Sanitation and Hygiene WASH:

Specific Objective: Living, sanitary conditions and productivity of children and families in target areas are improved through increased access to improved water and sanitation facilities combined with mobilization for adoption of improved hygiene behaviour by 2014.

1. Percentage of population having access to improved and adequate water and sanitation (UNICEF zone office and DS).

2. Please define (i) improved and adequate drinking water, (ii) improved and adequate sanitation.

3. What benefits/changes have been brought about in the project areas as a result of the implementation of the WASH component.

[Feeder questions: What were the grave water and sanitation issues pertaining to this area prior to SEM project intervention? What infrastructure needs did you have in this area prior to project intervention? What behavioural interventions were needed in the local population on the subject of water and sanitation prior to project implementation? Were the interventions made by the project relevant to the local context? Did the results of the project reflect the demands of local population or was it supply oriented? Given the situation prior to the intervention regarding inadequate access to latrines, has the situ changed currently?]

4. How efficient was the delivery of the interventions.

[Feeder questions: Was the construction of 450 household (HH) latrines, rehabilitation of 200 dug wells, drilling of 40 tube wells, construction of WASH facilities in 10 schools and 7 health centres and construction of 2 rainwater harvesting facilities conducted in a cost effective manner? Did the construction of the latrines, dug wells, tube wells matched the standard cost per unit or was it significantly lower or higher than the accepted standards? Were qualified engineers involved in the construction? Were the contractors for these constructions selected in a transparent manner? Was the delivery timely? Was the construction of wells and latrines sensitive to the needs of the women and child, e.g., location and access at night?]

5. Are the project results sustainable? [Feeder questions: How effective was the hygiene campaigns in the community and schools? Are the students and community practicing the accepted hygiene practices in their daily lives? Are the institutions capable of maintaining the constructed latrines and
to maintain them in useable state? Are the beneficiaries using the latrines or have they reverted to their former forms of sanitation? Do the users know how to use the latrines?

6. Is there any improvement in the cleanliness and basic hygienic habits of children of project areas (Especially to principals and teachers)?

7. Do you see any reduction in the incidence of diseases such as diarrhea, worm infestations, and dengue?

8. Have you observed or heard of good health and hygiene practices among children and others in their daily life now as opposed to what they were doing earlier?

9. What was the role of women in the project: planning, implementation and maintenance?

10. Who owns drinking water facilities (in whose lands are they located)?

11. How do you make sure that the quality of the drinking water conforms to Sri Lanka standards of drinking water?

12. Are sources of water seasonal, if yes, how is seasonality dealt with?

13. What procedures are in place for the maintenance of tube wells?

14. Do you know of any attempts on watershed management?

15. Do women in the project areas have more leisure time than before which could be used in economic activities?

16. Is there any improvement in the cleanliness and basic hygienic habits of children of project areas?

17. Do people from project areas still travel to far away locations to fetch water?

18. Were beneficiaries of the water and sanitation passive participants or were they actively involved in the project activities? Did they accept what they were given or did they have a say in selecting what they preferred within feasible limits?
Tool #2  Questionnaire for community groups, beneficiary HH groups, youth, etc
Focal Group Discussion and Key Informant Interviews (FGD/KII)

1. **Overall Objective:**

The target beneficiaries in the districts of Batticaloa, Trincomalee, Vavuniya and Mullaitivu are able to access (including differently abled access) skills development and income generation opportunities, enhanced learning spaces, improved water, sanitation and hygiene, and child health care with the support of trained and competent service personnel resulting in strengthened household child protection and improved learning achievements and health outcomes.

1.1. Were you a direct/indirect beneficiary of the project? Please specify.

1.2. Please provide your opinion on the overall project benefits.

1.3. In your opinion have you observed improvement in the living conditions of a) your household, b) your community?

1.4. Do you know if the grade 5 students of beneficiary schools are performing better in school? [Feeder questions: How is the reading skills of primary students in this area? How are their learning and literacy skills? What are the major reasons for their lower standards in reading and learning skills? How did the SEM project try to intervene in these situations? How is the survival rate from primary to secondary in this area?]

1.5. What was the situation in terms of access to education for girls prior to intervention and what is the post intervention situation?

1.6. Do you observe an improvement in school attendance of children from the project areas? [Feeder questions: Does this area face the issue of school drop-outs? Is the school attendance of children variable in the farming seasons/social pressures for early marriage? Will rescheduling school time table in terms of the community farming needs help students to attend school? Are a significant proportion of children in child labour in this area? Are teachers properly equipped with the skills to teach the students? Is poor teaching quality a reason for lower school attendance rates? Is inadequate number of subject area teachers a reason for lower school attendance? Is inadequate school infrastructure a reason for school drop-outs and poor attendance? How has the SEM project been instrumental in addressing these issues above?]

1.7. In your opinion what areas of the project are most sustainable? Why do you think so?

2 **Child Protection**

Specific Objectives: Most vulnerable families and young people are provided with life-skills and guidance, vocational training, self-employment and social support to improve access to livelihood and economic activities and contributed by trained personnel by 2014.

2.1 Do you see any improvement in income in the families that received grants for self-employment? [Feeder questions: Did the project help the beneficiaries to conduct a feasibility study to see whether the self-employment that they opted for has a ready demand in the market? Or did the project hand over funds based on the mere requests of the beneficiaries without a feasibility study? Was there a kind of training for the self-employment beneficiaries on how to keep their books, how to save and bank the money, how to maintain optimal stock levels, how to keep the business returns separated from the private cash needs, a training on how to be customer friendly? Did the people who obtained self-employment benefits really use the funds to start or expand their businesses? Or were the funds utilized for other personal uses to your knowledge?]?

2.2 Do you see an increase in employment among youth as a result of project interventions (as a result of life-skills and vocational training)?

2.3 What impact has the career guidance and VT programs of the project made on youth? [Feeder questions: How relevant were the menu of training courses offered to you? Did they reflect the real demands of the employers? Were the trainings conducted by qualified trainers Did you receive a stipend to cover your opportunity cost of attending the training courses? Are you currently employed?}
How happy are you with the training you underwent in terms of the requirements of the employers?
Did the career guidance sessions help you to make an optimal decision in making your career decisions?

2.4. Have you observed any improvement in child care and protection capacities of the target families that received income grants from the Social Services Departments? [Feeder questions: Do you know where to go in case of infringement of child protection rights? In practice, are people from this area still reluctant to alarm child abuse cases and do they keep silent about it? Any knowledge whether the trained child protection officers under the SEM project had been capable of effectively handling a child abuse case and bring the perpetrators to the courts? Has there been a change of mind set in the area of corporal punishment of children? Did the project help to refer children to relevant child care services (e.g. probation, school attendance committees, nutrition, MoH, etc.)

2.5 Do you have any knowledge on life skills development? [Feeder questions: What are specific skills that youth use and apply in their career, personal life, etc?]
6. What are the benefits reaped by the youth/community? [Feeder questions: are more youth in this area employed compared to the previous situation? What are the grave youth problems facing this area? Have the project interventions enabled to you make a considerable difference in terms of the quality of life of the youth in this area? Are youth in this area involved in the community decision making?] If possible try to differentiate whether it is due to VT or life skills training.

3. Health and Nutrition

Specific Objective: Living conditions and health status of children and families are improved by 2014 through provision of integrated health and nutrition interventions enabling enhanced economic productivity and education attainment.

1. Have you seen improvement in children affected commonly by malnutrition or any other symptoms in the area of the project? Meaning that fewer children are affected due to the project interventions.
2. Can you give us the main factors that contribute to malnutrition and affect the children’s growth?
3. Can you tell us whether children are provided with everything required for growth and development in the area? If possible, please specify (e.g. supplements, vitamins, type of food).
4. Do you observe that the children have been provided with protein energy food?
5. Do you know how often a child’s weight, height are measured?
6. Do you know whether the parental education on knowledge of nutrition is provided in the project area?
7. How do you rate the capacity of the health staff on new born care and handling emergency obstetric care and reproductive health [Feeder questions: Have any one of you visited the local hospitals recently for a delivery? If yes, how efficiently did they handle the mother and the baby? Were there any major complications? Were the staff capable of handling the demands?]
8. Can you elaborate and give your opinion on how to improve the process of providing nutrition and parental education?
9. Do parents understand and use the Child Development record book? Did they learn this through mother support group trainings?

2. Water & Sanitation

Specific Objective: Living, sanitary conditions and productivity of children and families in target areas are improved through increased access to improved water and sanitation facilities combined with mobilization for adoption of improved hygiene behaviour.

4.1. What benefits/changes did the project make when W&S was provided to the people in the project area. (DS/principals/teachers/high level stake holders). Do you think that W&S facilities provided by
the project (wells, toilets, tube wells, etc.) were constructed in the areas where there was the biggest need for them?

4.2 Do you see any change in hygiene practices of HH that received hygiene education through the project? (Family health workers/ MOH/Health volunteers).

4.3 Is there any reduction in diarrheal/kidney deceases in the area where W&S was provided by the project? (MOH/Health volunteers) [Feeder questions: Do people in this area treat the water prior to drinking and cooking? What means are employed - boiling, straining the water using a cloth, using chlorine tablets, etc? Is the water quality in the village wells tested annually?] If possible any statistics from MOH on diarrhea, etc., would be helpful.

4.4 Do women in the project areas have more time than before which could be used for economic activities? [Feeder question: Do women travel long distances to fetch water?]

4.5 Is there any improvement in the cleanliness and basic hygienic habits of children of project areas? [Feeder questions: Do children practice open defecation in this area? Do children know how to use the latrines Do they know how to clean their hands after defecation? Do they use soap or alternative material after defecation? Do children know that washing their hands with soap is a must before food consumption? Are soap and water available/accessible close to the toilets/latrines?]

4.6 Are there committees of consumers for maintenance of water supply facilities?

4.7 Improvements in water availability: Do you have rain water collection facilities? How do people collect water in this area? Do they have overhead tanks, plastic/gerry cans to collect water? Or do people depend more on tube wells, dug wells, or common wells? Are these wells properly enclosed and safe to use?

4.8 Are water sources seasonal? If yes, how is the seasonality dealt with? How did the project intervention support to manage seasonal water availability?

4.9 Were beneficiaries of the water and sanitation passive participants or were they actively involved in the project activities? Did they accept what they were given or did they have a say in selecting what they preferred within feasibility limits? What was their contribution (e.g. unskilled labour, etc)?
Annex 7. Photographs
(Sent via Email – Large File)
Annex 8. Recommendations for each of the four sector components

### Water, Sanitation and Hygiene

1. The percentage of coverage levels in project areas had been determined through sample surveys. The best the project could do due to prevailing conditions. Now the coverage of drinking water by the type of source and sanitation by type of latrines/type of excreta disposal by village are available following the 2011 National Census. In future this data can be used as baselines so that there is consistency across WASH projects.

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2. It is recommended that water quality surveys be conducted or existing water quality maps of the area be used when selecting water source locations and type of technology to provide drinking water. Dug wells would not be, generally, suitable for densely populated areas with high ground tables. Again deep tube wells may not be an option for areas having water of unacceptable quality, with high contents of fluoride and trace metals like calcium, iron, arsenic, etc. In such cases, other ways of drinking water supply – small piped systems, rain water collection, may be thought of, in addition to treatment of water at household and community levels.

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3. Future projects of this nature, should test out the potential to use rain water for drinking or/and washing purposes at household and institutions through appropriately designed structures, for collection of rainwater. If institutions/households having piped systems can collect and use rain water for washing, much precious treated water can be saved to serve more people with improved drinking water.

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4. Capacity development of institutions and personnel, for improved planning, implementation, and maintenance, as well as facilitation of behavior change is one of the strategies the project adopted to achieve efficiency and effectiveness. Given the impact of water on health there should be close consultation with health authorities at the planning and implementation stage for service delivery.

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5. It is emphasized that in future projects too, the two hygiene education/promotion modules, Participatory Hygiene and Sanitation Transformation (PHAST) and Children’s Hygiene and Sanitation Training (CHAST), be introduced and personnel be trained in using these modules with beneficiaries.

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6. The EU and UNICEF should, based on humanitarian and ethical grounds, on an exceptional basis in consultation and with the agreement of the Government of Sri Lanka and its experts provide one-off assistance to establish a safe drinking water system for those GN areas in Gomarankadawala DS division, where the tube wells provided by the project cannot be used for drinking, and where incidence of CKD is high.

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### Health and Nutrition

1. Strategies designed to strengthen community and family empowerment and decision making (through targeted communication and facilitation to internalize relevant subject knowledge, learn and practice ‘how to use’ skills, and nurture motivations and attitudes necessary to change desirable health behaviours and practices) should be the key approach mainstreamed into nutrition and health projects, with the distribution of supplementary foods and direct material and financial assistance playing an important but subordinate role. Handouts and hardware may work best during recovery phase, but much thought needs to be given to empowerment of the community and facilitation of creative behaviour change capacities in beneficiaries in the development phase, if such changes are to be sustained into the future.

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2. Establishing and nurturing community support structures, such as forming mothers groups should be supported with the implementation of a clear results based management plan with continued close supervision, coaching and mentoring built into the management plan. Such groups need continuing support for a reasonable number of years after formation if they are to take root and grow, especially in post-conflict communities.

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3. Programmatic support for achievement of anthropometric (child growth) indicators needs very close tracking of children, review of actions by and problem solving support to mothers (and care givers) while sustaining good practices in community mobilization and behavior change communication interventions.

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4. Integrated approaches should be planned in such a way that they converge on the same vulnerable households for best gains in holistic development of which nutrition is the core. The health sector by itself would not be able to sustain gains in nutrition in children and mothers devoid of actions for assuring food security and adequate income generation activities targeting identical families and communities, when dealing with vulnerable population.

Child Protection

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1. The logical framework on results needs to be reviewed for any omission or mismatch of indicators and based on review, be re-arranged appropriately if there is to be a continuing phase to this project

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2. Clear qualitative indicators should be designed and used to analyze the capacity of families to care for their children. This is a complex task, but may be implemented on a trial basis for review and refinement.

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3. Current gathering of information on child abuse in the project area is mainly based on hearsay. It is vital to move to a more credible method of data collection on child abuse. A group of experts may be assigned the task of developing a data collection system on child abuse in the project area and on further refinement may be extended to all project districts.

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4. It is appropriate to establish a mechanism to assess the capacity of external project partners who will be commissioned to perform specific tasks within the project. The selection of external partners should be based on the above mentioned assessment.

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5. If a similar project is launched with EU funding, UNICEF, based on the strength of this initiative, should request the GOSL to allocate at least seed funding to support the child protection component.

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6. If a similar project is launched with donor funding, UNICEF should request ILO to be a co-implementer of the sub-components of vocational training, income generation, self-employment grants and related initiatives.

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7. UNICEF should brief the GOSL about the strength and weaknesses of the innovative aspects of the EU-UNICEF project with a view to influencing policies and programs on child protection.

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8. If a similar project is launched with EU funding to serve vulnerable populations affected by the conflict in the future, it is suggested that vulnerable populations living in selected border or threatened villages in Monaragala, Ampara, Anuradhapura districts, etc., who suffered displacement be also included as beneficiaries.

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| Education |

9. It is appropriate to nominate a small team comprising experts in life skills training to review the implemented life skills training intervention in the project with a view to developing a more effective prototype life skills training for use in similar UNICEF assisted projects in the future. An NGO such as Sarvodaya may be requested perform this task, or be requested to partner UNICEF in delivering life skills training to old adolescents in future UNICEF assisted projects

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| Education |

1. Knowledge management programs at the zonal education level and also at the school level (school based competency development program) could improve sustainability of the software components of the program. This approach will be much more useful in the backdrop of school transfers and teacher retirements. A database of resource persons and teaching materials could be shared among the schools for their reference.

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| Education |

2. The integrated approach of the program could yield better results if some of the program components (such as protection and education) are implemented targeting the same geographical locations and poorer families. For instance, income generating activities of vulnerable families and educational development could have improved impacts particularly in a community based monitoring arrangement though SDC in addition to SSO. This can also reduce the negative implications of the withdrawal of other donor programs such as free meal programs. This recommendation arises from the FGDs with teachers as there are still vulnerable children in the village whose attendance, attention to class room education and interest are considerably low. These children come from single parent families or from a guardian care-giver. In these cases they do not have adequate income to spend for the wellbeing of the children.

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| Education |

3. UNICEF’s advocacy in policy development particularly in relation to the community centered approach to school development would be very useful. This could add value to existing School Educational Quality Index (SEQI) by enhancing strategies to strengthen social capital development, particularly in the remote and low income areas.

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| Education |

4. UNICEF should influence provincial administrations to include a few selected innovative strategies in the overall provincial education strategies and allocate seed funding to implement these strategies in schools where the majority of children are from vulnerable families. There must be intensive monitoring of progress implementation by the respective Zonal Education Offices, and support provided to resolve problems that arise in implementing.

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