Evaluation of UNICEF Strategic Positioning in Bangladesh

Final Report

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Sincerely,

Louise Mailloux

Ferdousi Sultana Begum
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<td>ABAL</td>
<td>Ability Based Accelerated Learning</td>
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<td>ADB</td>
<td>Asian Development Bank</td>
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<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
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<td>BCO</td>
<td>Bangladesh Country Office</td>
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<td>BDHS</td>
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<td>BMMS</td>
<td>Bangladesh Maternal Mortality and Health Care Survey</td>
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<td>BRAC</td>
<td>Bangladesh Rural Advancement Committee</td>
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<td>C4D</td>
<td>Communication for Development</td>
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<td>CAP</td>
<td>Communication Advocacy and Partnership</td>
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<td>CCA</td>
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<td>CEDAW</td>
<td>Convention on the Elimination of All Forms of Discrimination against Women</td>
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<td>CFB</td>
<td>Child Focused Budgeting</td>
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<td>Chief Field Office</td>
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<td>CHT</td>
<td>Chittagong Hill Tracts</td>
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<td>Country Office Annual Report</td>
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<td>Country Programme</td>
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<td>Country Programme Action Plan</td>
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<td>CPD</td>
<td>Country Programme Document</td>
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<td>CRC</td>
<td>Convention of the Rights of the Child</td>
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<td>CSO</td>
<td>Civil Society Organisation</td>
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<td>DAC</td>
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<td>Department for International Development</td>
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<td>DHMIS</td>
<td>District Health Management Information System</td>
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<td>Abbreviation</td>
<td>Description</td>
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<tr>
<td>DHS</td>
<td>Demographic and Health Survey</td>
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<td>DRR</td>
<td>Disaster Risk Reduction</td>
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<td>ECCD</td>
<td>Early Childhood Care and Development</td>
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<td>GER</td>
<td>Gross Enrolment Rate</td>
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<td>GGI</td>
<td>Goss Gilroy Inc.</td>
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<td>GoB</td>
<td>Government of Bangladesh</td>
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<td>GPS</td>
<td>Government Primary School</td>
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<td>HIES</td>
<td>Household Income and Expenditure Survey</td>
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<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<td>Health, Population and Nutrition Sector Development Plan</td>
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<td>Inter-Agency Standing Committee</td>
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<td>International Labour Organization</td>
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<td>Implementation, Monitoring and Evaluation Division</td>
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<td>IMS</td>
<td>Information Management System</td>
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<td>IYCF</td>
<td>Infant and Young Child Feeding</td>
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<td>KOICA</td>
<td>Korea International Cooperation Agency</td>
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<td>LCBCE</td>
<td>Local Capacity Building and Community Empowerment</td>
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<td>MARA</td>
<td>Most At-risk Adolescents</td>
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<td>M&amp;E</td>
<td>Monitoring and Evaluation</td>
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<td>MDG</td>
<td>Millennium Development Goals</td>
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<td>MICS</td>
<td>Multiple Indicator Cluster Survey</td>
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<td>MMR</td>
<td>Maternal Mortality Ratio</td>
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<td>MNCH</td>
<td>Maternal Neonatal and Child Health</td>
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<td>MoHFW</td>
<td>Ministry of Health and Family Welfare</td>
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<td>MoLPA</td>
<td>Ministry of Law and Parliament Affairs</td>
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<td>Abbreviation</td>
<td>Description</td>
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<tr>
<td>MoRES</td>
<td>Monitoring Results for Equity Systems</td>
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<td>MoWCA</td>
<td>Ministry of Women’s and Children’s Affairs</td>
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<td>MTR</td>
<td>Mid-Term Review</td>
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<td>NAP</td>
<td>National Action Plan</td>
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<td>NER</td>
<td>Net Enrolment Rate</td>
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<td>NGO</td>
<td>Non-Governmental Organization</td>
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<td>NMS</td>
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<td>OECD</td>
<td>Organisation for Economic Cooperation and Development</td>
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<td>OoSC</td>
<td>Out of School Children</td>
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<td>PEDP3</td>
<td>Third Primary Education Development Program</td>
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<td>PMTCT</td>
<td>Prevention of Mother to Child Transmission</td>
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<td>PMF</td>
<td>Performance Measurement Framework</td>
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<td>PPE</td>
<td>Pre-Primary Education</td>
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<td>RNGPS</td>
<td>Registered Non-Government Primary School</td>
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<td>SCANU</td>
<td>Special Care Newborn Unit</td>
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<td>SDGs</td>
<td>Sustainable Development Goals</td>
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<td>SDP</td>
<td>GoB Water and Sanitation Development Plan</td>
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<td>SIDA</td>
<td>Swedish International Development Cooperation Agency</td>
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<td>SPPME</td>
<td>Social Policy, Planning, Monitoring &amp; Evaluation</td>
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<td>SWAP</td>
<td>Sector Wide Approach</td>
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<td>TA</td>
<td>Technical Assistance</td>
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<td>ToC</td>
<td>Theory of Change</td>
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<td>SVRS</td>
<td>Sample Vital Registration System</td>
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<td>UN</td>
<td>United Nations</td>
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<td>UNAIDS</td>
<td>Joint United Nations Programme on HIV and AIDS</td>
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<td>UNCT</td>
<td>United Nations Country Team</td>
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<td>UNDP</td>
<td>United Nations Development Programme</td>
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<td>UNDAF</td>
<td>United Nations Development Action Framework</td>
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<td>UNEG</td>
<td>United Nations Evaluation Group</td>
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<td>Acronym</td>
<td>Description</td>
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<tr>
<td>UNFCCC</td>
<td>United Nations Framework Convention on Climate Change</td>
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<td>UNFPA</td>
<td>United Nations Population Fund</td>
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<td>UNICEF</td>
<td>United Nations Children's Fund</td>
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<td>WASH</td>
<td>Water Sanitation and Hygiene</td>
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<td>WB</td>
<td>World Bank</td>
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<td>WFP</td>
<td>World Food Programme</td>
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<td>World Health Organisation</td>
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Executive Summary

The evaluation assessed the relevance, effectiveness, efficiency and sustainability of existing UNICEF programmes in achieving results for children in Bangladesh, and how key strategies augmented the place of UNICEF in the national development landscape of Bangladesh. It also examined how these led to higher level results beyond the sum of the sectoral results by the programme sections. It also examined whether the BCO approach to decentralization worked systemically at the zone and national levels; and whether equity issues were mainstreamed into the work of UNICEF. Finally, it identified lessons and formulated recommendations on how best to strengthen the role of UNICEF as a key national proponent for child rights in the upcoming Country Programme.

The evaluation was mainly qualitative, and the document review was complemented by over 60 key informant interviews, including government officials, UNICEF staff and development partners.

Relevance

UNICEF strategies are congruent with GoB priorities to achieve the MDGs and target the institutional, organizational and individual levels in its different programme areas through various strategies including capacity development; evidence generation; policy dialogue and advocacy; partnerships and integration and cross-sectoral linkages; South-South cooperation; identification and promotion of innovation and support to service delivery, all of which UNICEF uses to varying degrees. Overall, UNICEF programming and strategies align well with the GoB Sixth Five-Year Plan’s strategy for capacity development.

UNICEF is strategically positioned to support the Government of Bangladesh in achieving its 2021 Vision for Children, given its thematic foci, programming approach, technical strength, and the trust and credibility it wields with the GoB and development partners alike. Key UNICEF comparative advantages are its strong technical sector knowledge, long term field presence, and support of government at all levels, and introducing new models and approaches to the Bangladeshi context. The UNICEF name and “brand” remain compelling, as is its mandate to donors.

UNICEF has infused an equity focus in its approach to generate evidence to assist the GoB undertake evidence-based decision-making to address the unrealized rights of the most vulnerable Bangladeshi children. By ensuring effective and equitable coverage of essential basic services in Bangladesh though the Monitoring Results for Equity System (MoRES), it has achieved a greater focus on equitable outcomes and more decentralized decision-making in Bangladesh, as well as adjusting programming across sectors. The MTR Report records the strategic shifts that UNICEF made for the second half of the Country Programme, based on the lessons learned from
the first 2.5 years of implementation. UNICEF adjusted its sector plans to the changing context, notably on the issue of child marriage, but more needs to be done across all programming areas to bridge the equity gaps of the hard to reach and lowest quintile populations.

UNICEF is highly engaged with the GoB and UN on disaster preparedness in Education, WASH and Child Protection. This has not, however, produced a comprehensive strategy to build resilience to reduce the impacts of climate on the most vulnerable children populations. The UNICEF CPD 2012-2016 indicates that emergency health, nutrition, WASH, education and child protection interventions will be integrated within a national Disaster Risk Reduction plan focused on the establishment of early warning systems, a community awareness program that creates a culture of safety and resilience, and preparedness for effective response. UNICEF needs to examine how development programming can build resilience to best assist the GoB and communities to adapt to climate change, and a specialist to guide the process DRR internally.

**Effectiveness**

UNICEF contributed considerably to improving and expanding government service delivery and access to water and sanitation, MNCH, HIV, primary education, child protection and disaster management, as well as M&E. There is scope to augment GoB capacity in M&E, both in terms of technical abilities and resource allocation, as when it helped nevertheless develop legislation, policies and strategies to improved technical capacity to deliver services, including local level budgeting.

Nonetheless, multi-sector and multi-partner strategies are needed to reach the most vulnerable and to overcome complex and multifaceted barriers, e.g. addressing undernutrition, child marriage. UNICEF promoted cross-sectoral collaboration within government with some success, e.g. between education, health and water and sanitation and more recently nutrition, but this strategy has not been optimized. There are also opportunities to coordinate programming with other development partners, including UN agencies, overlapping mandates. The MTR specified several opportunities to increase multi-sectoral partnerships, and although governance and decentralization fall outside its mandate, UNICEF should coordinate with others to avoid duplication of effort and dissipating financial resources.

The proximity of UNICEF staff in the zone offices working on the Local Capacity Building and Community Empowerment (LCBCE) at district, upazila and union levels helped achieve tangible results in the inclusion of children’s rights issues in local plans and budgets. All 20 programme districts prepared integrated development plans for children, and over 300 unions allocated funds using the child focused Equity Profiles. The fate of these plans, particularly at the district level remain uncertain, as government sector plans are designed at the central level and do not allow for local adaptation based on the local context. The first round of bottom up planning was developed with local authorities but not systematically articulated with the input of UNICEF sector staff at the zone level but this was corrected in the second round.
Efficiency

Ongoing decentralization of UNICEF to zone offices helped deliver results for women and children, but efficiency and effectiveness have not been optimized. The zone offices allow for greater adaptation of UNICEF programming to reflect local conditions and context, as demonstrated in a national workshop that showcased context specific approaches to initiatives to address children issues. The BCO is also documenting varied innovative and effective approaches implemented across the country for eventual scaling up.

Donors noted that further improvement in transparent financial systems, UNICEF internal coordination, as well as working through and leveraging the GOB system will lead to greater impacts. Expedited contracting of NGOs will improve the quality and timeframe of delivery, as would a faster and rigorous disbursement system.

Resources are overall adequate to achieve Country Programme outputs and outcomes, but the focus on direct support to service delivery, including a substantial proportion dedicated to procurement, delays government ownership and threatens sustainability. The Country Programme would benefit both from a greater division of labour and coordination between national and zone staff.

UNICEF is now reviewing and refining its decentralization model to clarify the roles and responsibilities of the national and sub-national offices staff. Still, there should have been better communications and coordination between Dhaka and zone offices. Greater advocacy from the Dhaka-based office would reduce bureaucratic barriers and allow for greater allocation of GoB human and financial resources at the sub-national level.

The technical knowledge of UNICEF staff, as well as knowledge of the country context and government system, are unevenly distributed as a result of decentralization, thereby undercutting efficiency and effectiveness. UNICEF should systematically assess staff capacity in areas of advocacy, networking, multi-stakeholder partnership facilitation, including the private sector and communication skills.

UNICEF uses surveys extensively to monitor the status of outputs and outcomes to inform programming. While formal evaluations have been generally donor driven, the MTR is comprehensive and used to improve programming.

UNICEF programming in Bangladesh is based on key assumptions and strategies outlined in the Medium-term Strategic Plan (MTSP 2006-2013). As such, the BCO theory of change is more implicit than explicit, except for the child protection section, which has developed its own theory of change.

Notwithstanding that projects to support service delivery require more financial and human resources, the analysis of sector expenditures by type of strategy suggests that much more time
and effort is spent on downstream work such as service delivery, which includes procurement and capacity building, rather than upstream strategies such as advocacy, developing partnerships, South-South collaboration, evaluation and knowledge management.

**Sustainability**

UNICEF strategies are complementary, with each section using a mix of strategies to achieve results, including support to service delivery and capacity development addressing various capacity gaps. Notwithstanding that all strategies are necessary to achieve results, direct support to implementation and overly focusing on individual capacities are less likely to produce sustainable results or foster government or stakeholder ownership.

Direct support to service delivery is the largest expenditure for most programming areas, although each section uses a combination of strategies to achieve results for children. From experience elsewhere, a key ingredient for sustainability is ownership and commitment to ensure long term sustainability through recurrent funding and human resources. Although directly supporting implementation of services can help achieve some programme targets, it impedes capacity-building or ownership of government partners, thereby jeopardizing the sustainability of results.

The GoB integrated or scaled up several UNICEF interventions and innovations, particularly in health and water and sanitation sectors, with UNICEF helping to leverage resources for replication. But the GoB incapacity to assume these costs raises the question as to whether UNICEF has sufficiently analysed GoB capacity to scale up when deploying new interventions.

UNICEF bottleneck analysis allowed for interventions such as SCANU and nutrition corners in hospital to increase, as well as the integration of related infant and young child programming to be scaled-up. It piloted alternative technologies to improve water and sanitation facilities in 325 communities affected by arsenic contamination and saline intrusion, and established a two-tiered quality assurance mechanism to improve the quality of collected data, and strengthened DPHE’s role in sectoral water quality monitoring.

All told, scaling up can be problematic due to lack of resources. In education, UNICEF introduced, amongst others, Ability Based Accelerated Learning (ABAL) for primary schools, a curriculum for out of school children, and a skills development package but both its own, and GoB resources were too limited for expansion. In the health sector, the SCANUs have been up scaled but misallocation of human resources impedes effective coverage. Likewise, the cost of local level planning with a children’s rights lens has been almost entirely borne by UNICEF, sometimes after thirty years of partnership.
Legislation and national policies such as children sensitive budgeting, as well as national commitments, sector strategies and plans have enhanced the capacity of the GoB to realize children’s rights and enhance the sustainability of UNICEF supported interventions. The commitment of the Ministry of Finance to start child sensitive budgeting in 2015-2016 is a welcome step forward and a gratifying achievement for UNICEF. However, the implementation of key institutional reforms, notable decentralization, has been tardy, and financial commitments to assume the costs of service delivery or new agreed upon interventions to improve performance have not always been respected, e.g. SCANU and DNSOs.

**Conclusions**

The CP strategies are congruent with priorities of the GoB in achieving the MDGs. Despite the momentous progress towards achieving the MDGs relating to women and children, particularly in primary education and MNCH, gaps remain in all areas that UNICEF continues to help the GoB address. These strategies include developing capacity at individual, organisational and institutional level in all sectors of UNICEF intervention. However, service delivery is the predominant strategy used to achieve results for women and children. UNICEF spends almost one third of its budget on procurement alone. While this helps achieve results more rapidly, it needs to be complemented by a strong capacity building strategy with an agreed upon exit strategy in order to create ownership or sustainability of results.

MoRES helped demonstrate how people do not benefit from the same level of health, education, water and sanitation due to lack of access of services, cultural beliefs, urban rural, poverty or other factors such as remoteness. This led to identifying recommendations for UNICEF and the GOB to move forward in the second phase of the CP.

UNICEF and the GoB have facilitated a multi-sectoral and stakeholder partnership approach to address the complex issues of undernutrition and child marriage. The evaluation also found examples of inter-sectoral collaboration within UNICEF and partnerships between the GoB, UNICEF and other stakeholders that address specific issues. But there is scope for greater inter-sectoral and multi-stakeholder partnerships to address persistent complex issues and equity gaps among children. Although the UN agreed to work in 20 disadvantaged districts, stakeholders noted that more coordination and collaboration between UN agencies could better address complex issues such as poverty, gender, the needs of adolescents and the hard to reach.

Currently, UNICEF focuses on disaster management and preparedness through its involvement with the Inter-Agency Standing Committee (AISC). However, it lacks a strategy internally to mainstream DRR or implement it comprehensive fashion, and its BCO lacks a climate change specialist to guide the process.

During the current CP, the GoB introduced legislation, e.g. Children’s Act 2013, national strategies and plans in all areas of UNICEF intervention to facilitate greater achievement of MDG targets.
has better focused district, upazila and union planning via a children’s rights lens and multi-sectoral approach to planning and monitoring. On the financial side, the Ministry of Finance committed to Children Focused Budgeting (CBF), a promising development to support UNICEF work in Bangladesh. However, the GoB has lagged in its commitment to adequately support interventions such as SCANU and DNSOs, which impedes the sustainability of these interventions and results achievement.

With respect to its own human and financial resources, decentralization helped identify needs of government at the district level and approaches that are context specific. However, decentralization was executed hurriedly, with insufficient guidelines, redefinition of roles and responsibilities, and delegation of authority. Better coordination and mutual support between the national and zone offices increase effectiveness and efficiency and remove further bureaucratic barriers at the district level.

Looking to the future and changing context, there is a recognition that UNICEF needs to shift to more upstream work while assisting the GoB in operationalizing policies. But absent a systematic assessment of staff skills to undertake more upstream work, the general perception is that capacity has to be increased in terms of advocacy, networking, partnership development and communications.

**Recommendations**

Based on our findings and conclusions emanating, the following are recommendations for UNICEF BCO:

1. To shift towards more upstream work, UNICEF should conduct a capacity assessment of current programme staff to engage in such work both at the national and district level. UNICEF should then enhance the capacity of staff in advocacy, networking, facilitation of multi-stakeholder partnerships, including the private sector and communication skills to leverage UNICEF’s comparative advantage as the context in Bangladesh evolves. New staff should have a good mix of subject matter technical knowledge, as well as monitoring and evaluation, and good communication and negotiation skills.

2. As part of the UNICEF BCO decentralization process, Dhaka-based staff should focus on both upstream and policy support work at national level and programme implementation at the sub national level. The work between the two levels should be coordinated and mutually supportive. As decision-making remains highly centralized, national staff should provide support to their colleagues at the sub-national level to help remove operational barriers that hinder the implementation at the district level.

3. UNICEF needs to explore possible exit strategies in direct support to service delivery in areas where the GoB has made a lot of progress, but continue to assist in leveraging the comparative advantage of UN agencies and NGOs/CSOs, particularly on gender, reaching
hard to reach and marginalized populations to optimize resources. To further this process, facilitate a tripartite partnership between UNICEF, CSOs/NGOs and the GoB.

4. To ensure sustainability and GoB ownership, UNICEF should ensure that the government makes clear commitments, including budgetary so that it can assume the costs of new interventions. Cost sharing should be built in to the life of a new GoB delivered intervention or service, possibly in the form of an increasing annual share of the government so that it assumes all costs in a reasonable timeframe. Finance and Planning Ministries need to be involved at the outset to ensure that resources are allocated in government budgets to adequately implement and sustain the interventions/service delivery.

5. Concentrate on identifying and promoting evidence-based cost-effective scalable approaches, particularly from the Asian region, for hard to reach populations. The focus should be on geographic isolation and those suffering from extreme poverty in urban and rural areas and bridging significant equity gaps. Facilitate multi-partner and multi-sectoral approaches to address complex persistent equity gaps.

6. Review its disaster risk reduction strategy to mainstream climate change adaptation and development programming to strengthen resilience for the most vulnerable population into its programming. Review its internal capacity to guide the process and coordinate with other development partners to ensure that strategies take into account children’s rights. UNICEF should actively consider hiring a development and climate change specialist to guide the process.
Introduction

Goss Gilroy Inc. (GGI) is pleased to present this final report of the Evaluation of UNICEF Strategic Positioning in Bangladesh. The report presents the findings, conclusions, lessons and recommendations of an independent evaluation conducted by two consultants between August and November 2015.

1.0 Background

1.1 Country Context

The UNICEF Country Programme Document (CPD) indicates that the current Country Programme (CP) 2012-2016 grew out of shared outcomes and collective strategies between the Government of Bangladesh (GoB) and the United Nations (UN) agencies, which formed the United Nations Development Assistance Framework (UNDAF). The UNDAF 2012-2016 for Bangladesh indicates that the assessment revealed that the country made solid progress towards achieving the MDG targets by the 2015 deadline. (UNDAF 2011) It highlighted in particular, the progress made on MDG 4 (child mortality), MDG 6 (disease control) and the poverty targets under MDG 1. However, some critically lagging areas were identified, including MDG 5 (maternal mortality) and MDG 7 (environmental sustainability). One significant finding was the variation in performance across groups and regions, and therefore, growing inequalities in MDG outcomes.

The UNDAF provides the following information on the progress and key challenges regarding the MDGs:

**Millennium Declaration: Democratic Governance and Human Rights:** The assessment revealed that good progress has been made in democratic governance including public administration reform, electoral reform and the overall accountability of the public sector. However, a core, underlying challenge is the deteriorating quality of what can be referred to as the democratic space. This in turn, has driven the deeply rooted confrontational character of politics in Bangladesh. Access to justice and ongoing human rights issues were identified as specific weaknesses. Institutional difficulties also persist, including an archaic civil service and over-centralization of political power and financial resources (only 3 per cent of total expenditures are delivered via autonomous local governments). Women’s participation in the political process was identified as a major cause for concern.
**MDG 1: Eradicate Extreme Poverty and Hunger:** The analysis shows that Bangladesh is on track to achieving the primary target of halving the poverty rate by 2015 (the national headcount fell from 48.6 % to 40 % between 2000 and 2005). However, this strong performance has been accompanied by weaker nutritional outcomes and rising regional disparities. A defining feature has also been the persistence of pockets of extreme poverty and deprivation in spite of a growing economy, and a generally negative trajectory of income inequality. The MDG targets for employment, including for women and young people, are off track. The labour force participation rate of 56 per cent and women at 29 per cent of the eligible population signal that the growth process has been imbalanced and non-inclusive.

**MDG 2: Achieve Universal Primary Education:** The assessment of MDG 2 also revealed a mixed pattern of performance. While Bangladesh is on track to achieve the primary enrolment target, the drop-out rate remains high (with only 54.9 per cent of children staying in school until grade 5). Furthermore, achieving full enrolment is likely to be considerably more difficult as the remaining 10% of hard to reach children will require significant inputs. Underpinning this are a series of policy and delivery issues, including the quality of education, complex gender relations, inadequate coverage of adolescent and adult literacy programmes and the high opportunity cost of education for poor children, especially for boys and for older girls and boys.

**MDG 3: Promote Gender Equality and Empower Women:** Gender relations are complex in Bangladesh. Although the country is on track to achieve key targets of parity in primary and secondary education, the tertiary enrolment ratio has declined. The share of non-agricultural wage employment for women improved only marginally and women’s share of parliamentary seats was still low at 19% of the total in 2009. Women in Bangladesh continue to suffer from a range of disadvantages including early marriage, trafficking, and persistence of the traditional dowry system, psychological and physical violence, and sexual harassment. Achieving meaningful change for women will require fundamental social transformation, including major changes in norms and perceptions, the re-distribution of power and the opening up of economic opportunities.

**MDG 4: Reduce Child Mortality:** Performance in this goal has been notable, with a decline in the under-five and infant mortality rates from 146 to 53.8 deaths per 1,000 births in 1991 and 92 to 41.3 deaths per 1,000 births in 2008. The reduction neonatal deaths registered limited improvements. Despite concerns about sustainability, poor implementation of policies, limited technical and managerial manpower, and limited supplies of drugs and commodities, MDG 4 targets are all likely to be met. The high prevalence of under-nutrition and the relative increase in injury as a cause of death remain important challenges.

**MDG 5: Improve Maternal Health:** The UNDFAD noted that data for MDG 5 are worrisome despite significant improvements in the maternal mortality rate, from 350 maternal deaths per 100,000 births in 2008 and 194 deaths per 100,000 births (a reduction of some 45 per cent). Still, that one in four women has access to skilled professional during child birth remained a concern.
**MDG 6: Combat HIV/AIDS, Malaria and Other Major Diseases:** Bangladesh is currently on-track to achieve the MDG 6 targets. HIV incidence remains low at less than 0.1 per cent of the adult population, and moreover, knowledge of HIV-AIDS and the rates of condom use among risk groups have improved. Similarly, short and long-term trends show a decline in number of malaria cases and deaths. This is a direct result of major interventions for malaria control. The rate of multidrug-resistant TB, although increasing, remains low and serious epidemiological changes have not emerged. However, challenges do remain, including still inadequate coverage of risk groups, limited technical and managerial capacity, and resource constraints particularly in the disease control agencies.

**MDG 7: Ensure Environmental Sustainability:** As of 2011 Bangladesh was partially on track on two of the three targets within MDG7: integrate sustainable development into policies and protect environmental resources; and secure access to an improved water source but lagging on the third: improve conditions facing slum dwellers. The country was likely only to meet three of the ten indicators. MDG performance was hampered by the threat of climate change and chronic population pressures. The UNDAF also noted the importance of Bangladesh’s vulnerability to environmental and climatic shocks, which pose very serious risks to wider MDG achievement, particularly in the coastal belt.

1.1.1 Expected results and rationale

Pillar Three aims to achieve the following results that help the country meet the Millennium Declaration and MDGs 2 to 7.

- Increased coverage and more equitable utilization of quality services in the areas of health, population, education, water, sanitation and HIV by deprived populations in selected rural and urban areas, with particular attention to women, children and young people;
- Social protection policies and services enhanced and utilized to eliminate abuse, neglect, exploitation, and trafficking of children, women and young people, with emphasis on demand creation and delivery of services in selected areas;
- Community members are practising key life-saving, care and protective behaviours and raising their demand for quality services in health, population, education, water, sanitation and HIV.

1.2 UNICEF - Bangladesh Country Programme Overview

UNDAF Pillar Three, which UNICEF leads, addresses the national priorities of Water and Sanitation, and Human Resource Development (Education, Health and Population), plus MDG 2 (Achieve Universal Primary Education), MDG 3 (Promote Gender Equality and Empower Women), MDG 4 (Reduce Child Mortality), MDG 5 (Improve Maternal Health), MDG 6 (Combat HIV/AIDS, malaria and other diseases) and MDG 7 (Ensure Environmental Sustainability).
The CP further states that it was designed to achieve results for the poorest children, their families and communities, demonstrating the impact of a complementary, synergistic and inter-sectoral development model to achieve the Millennium Development Goals (MDGs). UNICEF’s programming targeted the Social Services for Human Development pillar of the UNDAF.

As such, the 2012-2016 CP also aimed to model a strong and child-sensitive social protection system and ensure more equitable utilization of quality health, nutrition, education and water, sanitation and hygiene (WASH) services for the most deprived populations in 20 selected districts and slum areas. It also focused on changes in behaviour and social norms as well as the creation of demand for services. This component was to be the key source of evidence for two additional programme components: social policy, planning, monitoring and evaluation, and advocacy, communication and partnerships for children. These components complement each other in collecting, analysing, using, managing and disseminating evidence and knowledge to help to change policies and laws that protect the rights of the most vulnerable children.

**Health**

The health sub-component aims to scale up cost-effective, evidence-based maternal, newborn and child health interventions along a continuum of care, including support to injury prevention, in order to accelerate equitable achievement of Goals 4 and 5. It seeks to strengthen the health system through decentralized planning, budgeting, implementation and monitoring at district and sub-district levels, while creating demand for services. Lessons learned will be used to develop policies and plans, and to leverage resources. UNICEF will continue to provide leadership within the sector-wide approach.

**Nutrition**

The nutrition sub-component aims to support government efforts to scale up nutrition interventions and make progress towards the hunger target in Goal 1. An overarching multi-sectoral nutrition policy will be developed, and strategic partnerships established for scaling up preventive nutrition interventions for adolescent girls, pregnant and lactating women and children under 2 years of age, and the treatment of severe acute malnutrition among young children. UNICEF will facilitate the local production and use of nutrient-rich, ready-to-use therapeutic foods, especially for the poor.

**Water and Sanitation (WASH)**

The WASH sub-component aims to support the achievement of Goal 7 targets by promoting the use of clean toilets and handwashing with soap through the leveraging of government resources and the promotion of relevant policies. This will also be accomplished by aiming to reach the poorest households, communities and child-related institutions in areas prone to floods and cyclones and those affected by arsenic and salinity and dropping water tables as well as urban slums.
**Education**

The education sub-component aims to support the new national education policy to achieve Goals 2. Equitable access to quality early learning, including injury prevention, pre-primary, primary and equivalent non-formal education for marginalized children aged 5 to 14 will be the main driver of change. Policy support will be provided to the integration of life skills-based education in the secondary curriculum. UNICEF will continue to provide leadership in the education sector-wide approach to leverage resources for the most marginalized children.

**Child Protection**

The child protection sub-component aims to enhance the protective environment for children and adolescents, particularly girls, against violence, abuse and exploitation by strengthening the national child protection system, including laws, policies and services, and through social change. With a focus on prevention, including injury prevention, programme activities aimed to promote positive behaviour, minimize vulnerability, address known risk factors, and strengthen children’s and adolescents’ own resilience. UNICEF used modelling as a strategy to build capacity, ensure quality services supported by legal processes.

**Additional Components**

The CPD indicates that the child protection component is the key source of evidence for two additional programme components: social policy, planning, monitoring and evaluation (SPPME), and advocacy, communication and partnerships for children. Communication for development (C4D) was designed to promote changes in behaviour and social norms as well as creation of demand for services. These components complement each other in collecting, analysing, using, managing and disseminating evidence and knowledge to help to change policies and laws that protect the rights of the most vulnerable children. In addition, the BCO aimed to contribute to issues such as Disaster Risk Reduction, improving the well-being of the urban poor and gender equality.

The total budget of the CP for 2012-2016 was USD 445,410 million. (See Table 1) Social services for children and women accounted for USD 375.2 million; Social policy, planning, monitoring and evaluation (SPPME) was budgeted at USD 14.5 million; Advocacy, communication and partnerships for children USD 9 million; Local capacity-building and community empowerment USD 22.5 million; Cross-sectoral costs was budgeted at 24,210 million.

<table>
<thead>
<tr>
<th>Table 1: UNICEF Country Programme in Bangladesh: Summary Table</th>
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<tbody>
<tr>
<td><strong>Programme Area</strong></td>
</tr>
<tr>
<td>In thousands of United States dollars</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Programme Area</th>
<th>Regular resources</th>
<th>Other resources</th>
<th>Total</th>
</tr>
</thead>
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<tr>
<td>Social services for children and women</td>
<td>54 200</td>
<td>321 000</td>
<td>375 200</td>
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<td>Social policy, planning, monitoring and evaluation</td>
<td>12 000</td>
<td>2 500</td>
<td>14 500</td>
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<tr>
<td>Advocacy, communication and partnerships for children</td>
<td>6 500</td>
<td>2 500</td>
<td>9 000</td>
</tr>
<tr>
<td>Local capacity-building and community empowerment</td>
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<td>5 000</td>
<td>22 500</td>
</tr>
<tr>
<td>Cross-sectoral costs</td>
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<td>2 000</td>
<td>24 210</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>112 410</strong></td>
<td><strong>333 000</strong></td>
<td><strong>445 410</strong></td>
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</tbody>
</table>

Source: UNICEF CPD 2012-2016

### 1.2 Scope of the evaluation

The evaluation covered the overall UNICEF country programme in Bangladesh (2012-2016), focusing on the first three years of the current Country Programme cycle (2012-2014).

The evaluation examined UNICEF programme implementation both through the Dhaka office and the six Zone Offices and one sub-office in Rangamati to cover the Hill Tracks region. It focused on the implementation strategies mentioned in the Country Programme Document (CPD), namely evidence and knowledge-based advocacy, capacity development, behavioural/social change, including demand creation, as well as service delivery.

The evaluation also covered BCO’s approach to decentralization and support to promoting cross-sectoral collaboration within Government, thus limiting its scope to the strategic level. It focused on whether the successes, challenges, and learning from implementation work had systemic effects at the zone and Dhaka levels. Since addressing issues of equity is a key cross-cutting component of the CPD, the evaluation also examined the extent to which the commitment to reduce disparities in social development outcomes, including gender, has effectively been mainstreamed in UNICEF programming.
1.3 Objectives of the evaluation

The objective of the evaluation was to assess the relevance, effectiveness, efficiency and sustainability of existing UNICEF programmes in achieving results for children in Bangladesh. These evaluation criteria and questions are in accordance with quality standards for development evaluation, set out by the Organisation for Economic Co-operation and Development’s (OECD) Development Assistance Committee (DAC). These criteria were used to shed light on specific BCO priority themes, such as the kind of responses made/could be made by BCO as Bangladesh becomes a middle income country, including how to better shift development priorities to GoB while BCO carves out a more strategic and economically efficient role for itself. Further themes of importance included how to better strategize for sustainability and what best practices to emphasize in programming.

1.4. Evaluation questions

Overall, the evaluation answered the question of whether and how key strategies have contributed to better position UNICEF in the national development landscape of Bangladesh, and whether and how these key strategies can accelerate and strengthen the achievement of higher level results beyond the sum of the sectoral results by the programme sections. The evaluation also identified lessons learnt and formulated recommendations on how best to strengthen UNICEF’s role as a key national player for child rights in the upcoming Country Programme. The evaluation addressed the following evaluation questions as per the ToRs:

Relevance

- To what extent are BCO’s strategies aligned with national development priorities and do they address related institutional, organizational and individual capacity gaps in the country?
- What is UNICEF’s comparative advantage in relation to other stakeholders with regards to programming for child rights?
- To what extent has BCO generated and used evidence to inform its programming and strategic approach and make adjustments when needed?
- To what extent are equity concerns consistently integrated in all aspects of programming and implementation, including policy and advocacy?
- To what extent have the implementing strategies used by BCO contributed to positioning UNICEF as a key player in the national development agenda of Bangladesh, in particular with regard to achieving results for children?
- To what extent is Disaster Risk Reduction (DRR) mainstreamed in UNICEF’s work, considering Bangladesh’s vulnerability to climate-related disasters?
Effectiveness

- To what extent have the strategies contributed to improving the performance of Government institutions/service providers, systems, mechanisms, policies and/or strategies?
- How effective has UNICEF Bangladesh been in promoting cross-sectoral collaboration within Government?
- To what extent has UNICEF’s decentralised approach to programming led local authorities at division, district and union level to prioritise children’s issues in local-level planning processes and reflect them in local-level plans?

Efficiency

- To what extent are the resources (financial and human resources) allocated by BCO appropriate to support the implementation of strategies and achievement of Country Programme results?
- To what extent are programmes designed and implemented in a way to generate solid evidence from monitoring and evaluation in order to inform policy/advocacy and improved programming? To what extent do plausible Theories of Change (either implicit or explicit) form the basis of programming?
- To what extent has UNICEF’s decentralised approach to programming through Zone Offices facilitated good programming in response to context-specific realities in the various divisions and districts and contributed to efficient delivery of outputs?
- To what extent does UNICEF make use of its and other partners’ comparative advantages to partner with different strategic stakeholders (government, UN agencies, development partners, civil society) to support the delivery of results for children in Bangladesh, in particular for the most vulnerable or excluded groups?
- To what extent are the skillset and capacity of UNICEF staff adequate to implement current programming strategies and to make strategic shifts in response to the changing country context (in particular considering the trend towards more upstream engagement)?

Sustainability

- To what extent are the strategies contributing or likely to contribute to overall programme sustainability? What are the contributing or constraining factors to making a durable change?
- To what extent does UNICEF have a coherent capacity development strategy (focusing on individuals, institutions and the enabling environment) and to what extent is it implemented consistently with a view to ensuring sustainability?
- To what extent has the government integrated or scaled up programmes/interventions, including innovative approaches, initiated by UNICEF, i.e. by integrating them into their Annual Development Programme or leveraging resources for replication?
- To what extent has the government created an enabling environment for the UNICEF interventions to sustain?
Lessons learned and recommendations

- What lessons can be drawn from the past three years of programme implementation to ensure that UNICEF programming continues to be relevant to achieving results for children and that UNICEF positions itself as a key player in programming for child rights?
- What adjustments need to be made to programming strategies in the upcoming Country Programme?
2.0 Approach and Methodology

2.1 Approach

This summative evaluation took a theory-based\(^1\), using UNICEF’s own Theory of Change (ToC) as a basis for analysis (Annex A), as well as a utilisation-focused approach\(^2\) in order to generate practical findings and actionable recommendations for UNICEF. The evaluation team adopted a balanced and systematic approach to answering the evaluation questions, weighing available qualitative and quantitative data across multiple sources of evidence.

2.2 Methodology

The evaluation was primarily qualitative in nature and depended on secondary data, gathered through a review of programme and project documents, such as logic models, performance measurement frameworks, the mid-term review (MTR), reports on outputs and outcomes, monitoring and evaluation reports, etc., and other relevant documents such as evaluations and studies. The very comprehensive MTR, in particular, provided a wealth of information on many aspects of the evaluation and was a key source of documentary data. The secondary data was complemented by primary data, collected chiefly through stakeholder interviews of UNICEF staff, key government representatives at national and subnational level, development partners including representing donors, UN agencies, as well as international and national NGOs.

To assess effectiveness, the evaluation team relied on the Programme’s Results Summary Matrix and Country Office Annual Report (COAR) to validate progress against outputs and outcome targets; we adapted and integrated, when applicable, the project’s PMF indicators in the

\(^1\) A theory-based approach includes the examination of theories of change and the links between inputs, outputs and intended outcomes.

\(^2\) An utilisation-focused approach emphasises the usefulness of the evaluation to its intended users. The planning and implementation of the evaluation should enhance the utilisation of the findings to inform decisions and improve performance.
Evaluation Matrix (Annex C). These indicators allowed the team to evaluate the extent to which planned results have actually been achieved.

The data gathered was then analysed by triangulation, and was multi-pronged, including across data sources and data collection methods. The evaluation team sought to distil patterns in the data, be it consistencies or variations, including equity issues. A more detailed description of the methodology is available in Annex D.

2.3 Reliability of Data

The evaluation team conducted an evaluability assessment as part of the evaluation design/inception phase. The purpose of the evaluability assessment was to ensure the evaluation could be conducted and essential programme data collected in the proposed timeframe. It also sought to identify potential opportunities and challenges for accessing and collecting data. This was done through a review of documents, including the key findings and recommendations from the Mid-term Review (MTR) conducted in 2014, as well as conference calls and email exchanges with UNICEF’s evaluation managers. Based on this assessment, the evaluation team concluded there was sufficient documentation to answer the evaluation questions. There were a sufficient number of sources to triangulate the information gathered by one or the other sources. The evaluation team triangulated information both within data collection method, i.e. key informant interviews and across, i.e. documents, key informant interviews and focus group discussions.

2.4 Limitations and Biases

2.4.1 Limitations

The key limitation of the findings of the evaluation is that many of the questions on the extent to which UNICEF’s decentralization helped achieve results, or the extent it consistently implemented programmes with an equity focus, for example, or the extent that its used its comparative advantage and that of others to achieve results for children were not well documented. While there are anticipated results, indicators and target e.g. service coverage, number of neonatal deaths, primary school completion, etc., there were no specific targets or defined standards of performance on cross-cutting issues and programming principles to measure against. As a result the evaluation team had to piece together fragmented pieces of information from UNICEF reports and relay to a large extent on key information interviews.

2.4.2 Biases

From the evaluation assessment and discussions with UNICEF BCO staff, no factors that may have compromised independence were identified. No areas of potential conflict of interest were identified. The evaluators had access to a variety of stakeholders and UNICEF did not interfere
with the conduct of the evaluation at any point. UNICEF staff members expressed a keen interest and willingness to support and engage in the evaluation process, and mentioned their eagerness to see what progress has been made in the Country Programme, and to gain lessons for further improvement. Many also stressed the importance of this evaluation for the next programme cycle, and expressed a keen interest in understanding the more strategic role that BCO could play vis-a-vis the GoB, as the latter takes on more responsibilities for development initiatives as its capacity and resources increase.

3.0 Findings and Analysis

3.1 Relevance

3.1.1 Extent that BCO’s strategies are aligned with national development priorities and address related institutional, organizational and individual capacity gaps

**FINDING 1 - UNICEF strategies are well aligned with the GoB priorities to achieve the MDGs and are targeting the institutional, organizational and individual level in its different programme areas.**

**Alignment with Government Priorities**

The evaluation found ample documentary evidence of UNICEF’s programming alignment with national development priorities, particularly in the area of human development for the period under review. The UNICEF Country Programme (CP) is anchored into the Government of Bangladesh’s (GoB) vision to achieve middle income status by 2021 as stated in the Government’s Outline Perspective Plan of Bangladesh 2010–2021 (Making Vision 2021 a Reality), the Sixth Five Year National Development Plan for 2011-2016 (Sixth Plan), which focuses on achieving the Millennium Development Goals in Human Development and, the United Nations Development Assistance Framework (UNDAF) for Bangladesh for 2012-2016. The health sub-component aims to scale up cost-effective, evidence-based maternal, newborn and child health interventions along a continuum of care, including support to injury prevention.

As seen in section 1.2 and the quotes below, each component (health, nutrition, primary education, protection, WASH) is designed to address GoB targets in these areas. Further details on the alignment between UNICEF BCO strategies and key GoB are provided below, overall and for each of the program areas.
GoB priorities expressed Vision 2021 indicate the following:

Promoting Human Development entails attaining three broad objectives of ensuring education, promoting and sustaining health and nutrition, and planning population. In this context, in light of government’s vision 2021, the country aims at fulfilling the targets of: (i) removing deficiency in food and ensuring nutritional requirements of 85% of the population, (ii) ensuring minimum daily intake of 2,122 kilo calories of food, (iii) diseases and ensuring primary health care and sanitation, (iv) increasing average longevity to 70 years, (v) reducing under five mortality to 45 per 1000 live births and maternal mortality into 100 in 100,000, (vi) increasing net enrolment at the primary level to 100% by year 2010, (vii) removing illiteracy by year 2014, and (viii) improving quality of education with emphasis on science and technology.³

All illiterate, semi-literate and new-literate young persons and adults will have access to learning opportunities for basic education, adult literacy, and continuing education, including skills development for jobs or self-employment. (p.83)

The Sixth Plan’s Strategic directions and Policy Framework⁴ indicates:

Building on the lessons of the past experience, the Sixth Plan population strategy will emphasize girl’s education, female reproductive health, population control, service delivery based on public-private partnership, and social mobilization (p.5);

Even with higher growth, better jobs and better access to essential services, a part of the under-privileged population - among them poor women and people from ethnic groups and socially excluded groups - still will likely be left out. Additionally, substantial risks are posed by natural disasters and climate change for this vulnerable population. To address this challenge, the Sixth Plan aims at significantly strengthening the social protection programs. The strategy will be to design and implement a range of social protection programs that meets the needs of this under-privileged group. In this regard, existing programs will be reviewed and reformed to establish better targeting with a view to ensuring that all under-privileged groups including the disabled, the

³ GoB. p.8

elderly, the tribal population, and children and women at risk are given priority in the distribution of benefits (p.8);

The degradation of natural resources reduces the well-being of people; especially the poor and women suffer more, as they depend much more on natural common property resources for fuel and water. Thus, the focus of the Sixth Plan’s environmental management strategy would be the conservation and maintenance of natural resources (p.8);

Effective steps must be explored and adopted in collaboration with the international community in the Sixth Plan period to help Bangladesh address the adverse consequences of climate change (p.8);

The UNICEF Country Programme (CP) in Bangladesh represents UNICEF’s contribution to the Government of Bangladesh’s (GoB) drive to achieve the Millennium Development Goals (MDG) with equity for children. The Millennium Development Goals are the main driver of the UN Development Assistance Framework (UNDAF) in Bangladesh, and by extension, of the UNICEF programme of cooperation:

“The overall goal of the UN System in Bangladesh is to support the Government of Bangladesh’s efforts to apply the principles of the Millennium Declaration and to achieve the Millennium Development Goals (MDGs) with equity.”

United Nations Development Assistance Framework for Bangladesh 2012 - 2016

Within this framework, the UNICEF CP contributes to the national priorities on primary education (MDG 2), gender equality (MDG 3), child health (MDG 4), maternal health (MDG 5), HIV/AIDS, malaria and other diseases (MDG 6), and water and sanitation (MDG 7). The UNICEF CPD 2012-2016 notes that it was designed to address growing disparities among children. However, UNICEF programming relevance in water and sanitation, education and health, in particular are reinforced by GoB’s sectoral strategies and national plans in those areas.

The following provides an overview of the alignment of UNICEF’s key programme areas based on the progress made in Bangladesh in recent years, key remaining challenges identified and GoB stated objectives and priorities in its Sixth Plan. It also provides examples of strategies that UNICEF has used to address capacity gaps at the institutional, organizational and individual levels.

Health

Child Health

Goal 4, Reduce child mortality; Target 5: Reduce by two thirds the under 5 mortality rate; Infant Mortality Rate (per 1000 live births) and Immunization, measles (percent of children under 12 months) will probably be met by 2015. Immunization, control of diarrhoeal diseases as well as
vitamin A supplementation, combined with a reduction in fertility rates and economic and social development, have contributed to the decline in child and infant mortality.

One of the key remaining challenges is neonatal mortality. Neonatal mortality accounts for 70% of all infant deaths. Its decline has been slower than that for child and infant mortality. Immediate causes include birth asphyxia, infections and low birth weight. Essential newborn care practices among caretakers are still not widespread.

Drowning, road traffic accidents, burns and other injuries cause 38% of deaths of children aged 1 to 17. With the decline of communicable diseases, the proportion of injury-related morbidity and mortality is rising.

In the Sixth Plan, the Government set the following milestone for the year 2021 "Infant mortality comes down to 15 from 54 per thousand at present". The following “Major Objectives” for the HPN (Health, Population and Nutrition) sector, as stated in the SFYP, pertain to child health: "to ensure access and utilization of HPN services for every citizen of the country, particularly elderly, women, children, poor, disadvantaged and those living in difficult areas"; “To improve the quality hospitals and maternity services and to make these accessible, especially to the women, children and poor” The report also states that the major MDG/PRSP targets include the following: “(i) reducing infant and under-five mortality by 65% and eliminate gender disparity in child mortality; (ii) reducing the proportion of malnourished children by 50% and eliminate gender disparity in child malnutrition”

Maternal Health

The most recent maternal mortality data show a rate of 194 deaths per 100,000 live births (Bangladesh Maternal Mortality Survey, 2010), which represents a 40% reduction over the since 2005. Immediate causes of maternal deaths include haemorrhage, sepsis, eclampsia, unsafe abortion and obstructed labour.

However, only half of mothers receive antenatal care from skilled providers. The major health systems bottlenecks are: lack of access to health facilities, staff shortages, e.g. lack of female doctors at sub district level, insufficient supplies, and inadequate supervision and monitoring. Economic barriers hamper the demand for and use of health services by the poor, with a lack of knowledge among caregivers as an underlying factor for this lack of use.

The Sixth Plan cites “reducing MMR by 75% and ensure availability of reproductive health services to all” as a major MDG/PRSP target. The government set the following milestone for 2021: “Maternal death rate reduced to 1.5% from 3.8%”. Major objectives of the HPN sector that address maternal mortality are: “To reduce maternal mortality”; “To ensure adolescent and reproductive health care”; “To enhance national capacity for pre-service education (SBA/nursing, Paramedics, midwifery), provide in-service training and better management of human resources”; “To improve the quality hospitals and maternity services and to make these accessible especially to the women, children and poor”.

Evaluation of UNICEF Strategic Positioning in Bangladesh
Key capacity gaps addressed through UNICEF strategies

The evaluation team took institutional to mean systems level changes, e.g. policies, systems strengthening etc.; organizational related to hospitals, schools, centres, health facilities, etc. and individual meant that the initiative or activity targeted individuals. It is important to note that several initiatives comprised more than one level. The list below is not exhaustive but provides key examples based on UNICEF’s reports.

Institutional Level:

- During 2014, UNICEF enhanced its support to building capacity related to health system strengthening (HSS) which includes local level planning, budgeting, implementation, monitoring towards the achievements of effective coverage.

Organizational:

- One teaching and 8 district hospitals, representing 30% percent of the total public facilities in the programme area have been renovated and upgraded with Special Care New born unit (SCANU), with a capacity to care for 90 sick newborns at a time.

- Up to 2014, total four health facilities have been accredited as women friendly by national accreditation board that enhanced quality of health interventions, creating enabling environment for service delivery and ensuring client-rights accountability.

- Monitoring and Evaluation tools were developed based on MoRES approach to assess the effectiveness of programmes and strategies in nine districts.

Individual:

- Thirty five doctors and 37 Senior Staff Nurses have been trained on Emergency Triage and sick newborn care for the management of sick newborns in the SCANUs.

- Access to and utilization of health services were improved as a result of capacity enhancement of health workers and community based health service providers to increase awareness and build skills of families and caregivers on health services. As a result, Mother/caregivers knowledge about number of visits required for complete vaccination increased to 53% in 2013 from 34% in 2011.

- A total of 1,212 service providers trained (120 percent of the target by 2014) on Integrated Management of Childhood Illness are now providing IMCI services nationwide (401 upazilas and 59 district hospitals).

- The programme supported capacity of 300 medical staff and 6249 Community Health Workers on prevention of drowning and child injury and creating safer environment for
In support to the introduction of new vaccines, more than 95% of them received training on the pneumococcal vaccine.

- UNICEF support to MNCH services included capacity building of local health managers and community group members on local-level planning, and budgeting, implementation and monitoring of service delivery.

- Women who completed primary education were trained to engage as community health volunteers to create demand, raise awareness, and create accountability for service utilisation while providing quick referral of women with obstetric complications to appropriate facilities.

## Nutrition

Underweight in children has been reduced to 33 percent from the 36 percent in 2011 (DHS 2014), putting Bangladesh on track to reach one of the MDG 1 targets. Stunting of the under-five children has been reduced to 36% from 41% in 2011 BDHS 2011. The progress has been explained mostly due to non-health factors like the increased level of parents’ education, and improved socio-economic conditions as found in the survey.

The prevalence of anemia in the preschool age children was 33.1% while 26% of 'Not Pregnant' and 'Not Lactating' women presented with anemia (NMS 2013). Still, the rate of 36% for stunting for children under five, 33% of underweight, and 14% of wasting are a cause for concern. Overall, only 23 percent of children age 6-23 months are fed following recommended Infant and Young Child Feeding (IYCF) practices, and are fed at least the recommended minimum number of times. Infant and child feeding practices have changed very little (2 percentage point increase) between 2011 and 2014 BDHS, which is far below the HNPSDP target for 2016 of 52 percent (MOHFW, 2011).

A major objective of the Sixth Five-Year Plan is: “To ensure nutrition to children and women”. The plan states that “[t]he major MDG/PRSP targets include the following... reducing the proportion of malnourished children by 50% and eliminate gender disparity in child malnutrition”. The government also set the following milestones: “2021: 85% of the population have standard nutritional food”; and “2021: Poor people ensured a minimum of 2,122 kilo calories of food”.

### Key capacity gaps addressed through UNICEF strategies

#### Institutional Level:

- UNICEF provided substantial support to strengthening Government systems and human resources capacity for nutrition, to adequately plan and monitor interventions according to targets and standards.
UNICEF supported MoH to establish a national nutrition information and planning unit to improve availability of routine nutrition data, and analysis on gaps and progress to influence decision-making.

At the beginning of 2014, UNICEF supported the posting of District Nutrition Support Officers (DNSOs) in 23 districts to strengthen decentralized capacity and facilitate multi-sector coordination for nutrition.

Organizational:

Through UNICEF’s support, the Government’s capacity in the in-patient management of severe acute malnutrition (SAM) increased from 34 to 134 facilities in 2014.

Individual:

With the Directorate of Health Services (DHS), UNICEF piloted a hygiene behavior change training to 240 Health and Family Planning Workers (HFPW) in 8 unions – they reached 60,000 beneficiaries through promotion activities.

Human resource capacity was addressed in 14 (70%) of the target districts, with health service providers (5,330) in 44 upazilas now having strengthened capacity to provide a critical set of nutrition services to women and children as a result of training, mentoring, orientation on new materials and facilitation with job-aids.

**HIV/AIDS**

HIV prevalence remains low at 0.1%. In 2013, it was estimated that there were 291 children were living with HIV, a decrease from 400 children estimated for 2012 which may be attributable to AIDS-related mortality among children infected with HIV, decrease in new pediatric HIV infection from success in the Prevention of Mother to Child HIV transmission (PMTCT) as well as improvement in available data for AIDS-related estimation in the country. Due to

However, the population is at risk because of the proximity of Bangladesh to high-prevalence countries and existing behavioral patterns could fuel an epidemic. Injection drug use is the primary factor for the spread of HIV. Another concern is the rising proportion of girls and women living with HIV. One contributing cause is that only 16% of girls and women aged 15 to 24 have comprehensive knowledge of HIV prevention.
The Sixth Plan cites “to control HIV/AIDS, TB, Leprosy, Malaria” as a Major Objective of the HPN sector. The following is also included in the SFYP: The Bangladesh National HIV/AIDS Strategic Plan (2006-2010) is focused on five key areas: (i) to provide support and services for priority groups; (ii) to prevent vulnerability to HIV infection; (iii) promote safe practices in the health care system; (iv) to provide care and treatment services to people living with HIV; and (v) to minimize the impact of the HIV/AIDS epidemic”. A new comprehensive national strategic plan for HIV/AIDS prevention and control will also be formulated.

**Key capacity gaps addressed through UNICEF strategies**

**Institutional Level:**

- Advocacy by UNICEF resulted in the establishment of the National Working Group to coordinate the implementation of the new National HIV Risk Reduction strategy for Most At Risk / Especially Vulnerable Adolescents (MARA/EVA).

**Organizational:**

- As at the end of 2013, 50% of identified organizations providing services to MARA/EVA have received relevant trainings and are now piloting the National Peer Education Training programme on HIV/AIDS prevention among MARA.

**Individual:**

- To facilitate the capacity-building of service providers, a national training curriculum and module on PMTCT was developed and is being implemented.

- In 2013, the national psycho-social counselling training manual for adolescents and children affected by HIV and AIDS was developed to address identified capacity gaps. 23 caregivers and social workers from 83% of organizations providing services for the children and adolescents were trained. Through the child protection section, 456 children infected and affected by HIV/AIDS received psycho-social care and counseling from the trained caregivers.

- In the education sector, additional 9,139 secondary school teachers have completed the National Life Skills training package that is inclusive of HIV and AIDS education to reach adolescents in schools with support from UNICEF education section.

**Education**

Bangladesh is closing on 100% availability of primary education. The MDG target for gender parity index is considered achieved, though standing in favour of girls at 1.06 for the gross enrolment rate (GER) and 1.04 for net enrolment rate (NER). In 2012, the NER stood at 96.7% (boys 95.4; girls 98.1) up from 94.9% in 2011. These positive changes are counter balanced by challenges that poor children face in education in Bangladesh. Children in the poorest households
are twice as likely to suffer from education deprivation (27%) compared to those from the wealthiest households (13%).

The number of children reaching grade 5 increased rapidly from 52.9% in 2005 to 75.3% in 2012, primary school completion rates rose from 50% in 2006 to 74%, though the learning achievement is a problem. Drop-out rates nearly halved from 50.5 in 2006 to 26% in 2012 while repetition rates have remained nearly constant.

However, a result of poverty, 20% of children of primary school age (6-10) will never attend school, and 26% of girls in the 11-13 age group, making them vulnerable to neglect, violence and exploitation. (UNICEF 2012). Children who recently migrated to urban slums are the most at risk of not attending primary school. In 2014, over 33% of children aged 6-10 living in urban slums were out of school and approximately 55 percent of adults living in the slums have never attended school. Amongst measures taken by the GoB are stipends in primary education that target 40% of the poorest families in the country and for girls in secondary education. These stipends are not geographically targeted to the poorest areas.

While the results from grade 5 examinations show a high success rate of children completing primary schools, this is mainly on account of pass mark set at a low of 33 percent. It is recognized that high pass rates do not reflect the extent to which children are acquiring the expected competencies as per the national curriculum. This is due in part to the poor quality of teaching and that teacher training does not translate sufficiently in better teaching in the classroom.

The government is committed to integrating one year PPE class into all primary schools of the country and is expanding rapidly. While enrolment in pre-primary education PPE in 2012 was 50 percent, that of the lowest wealth quintile was only 11%, highlighting both demand side barriers such as lack of parental awareness and supply side bottlenecks such as accessibility and effective coverage of this service. The coverage of PPE amongst Grade-1 students increased from 38% in 2011 to 50% (GPS 60% & RNGPS 40%) in 2012.

Key capacity gaps addressed through UNICEF strategies

Institutional Level:

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• With technical support from UNICEF, the Ministry of Primary and Mass Education was able to put facilitate policies and strategies for the development of a primary teacher training course, expansion of pre-primary education for universal coverage, provision of non-formal education for out-of-school children and piloting of a classroom-based quality improvement initiative.

• The Government scaled-up coverage from 7 to 22 Primary Training Institutes, with in-service teacher training (Diploma in Primary Education (DPeD) reaching 5,800 teachers or 58% of the 2013 target. UNICEF financed and provided technical guidance to a team that led the design, implementation and monitoring of DPeD. DPeD will strengthen teacher capacity with the specific aim of improving quality of learning.

• UNICEF supported the development of a comprehensive Early Childhood Care and Development (ECCD) Policy, which was approved by the Government cabinet in 2013.

Organizational:

• Based on the lessons learnt from the implementation of basic education component for out of school children in urban areas under the BEHTRUWC (Basic Education for Hard to Reach Urban Working Children) project, UNICEF Bangladesh has adapted the BEHTRUWC Basic Education Package into Ability Based Learning (ABL) package and has started piloting with 7,450 out of school children in Satkhira District.

• The Child Learns pilot, an innovative approach intended to improve quality of teaching in the classrooms, was implemented in 36 primary schools in two districts, benefitting 6,500 children.

Individual:

• The Each Child Learns (ECL) initiative expanded from 300 primary schools in 2013 to 700 by mid-2014 with 5,520 teachers trained, increasing the total number of children benefitting from ECL from 180,000 in 2013 to 360,000 in 2014.

Water and Sanitation

The 2011-2025 national Sector Development Plan (SDP) for water and sanitation indicates that 97% of Bangladeshis have access to a water point. However, due to the discovery of arsenic in the ground water, only 76% of these can now be considered safe. It estimates that 20 million people are exposed to drinking arsenic contaminated water. Moreover, urban centers are growing rapidly with people migrating to the city, but there is limited piped water supply coverage in those areas. Given the toxicity or arsenic and the large number of people affected, the SDP makes it a priority. Other key concerns regarding water quality require action include iron and manganese, salinity and microbiological contamination.
It notes that it is reflective of the government’s political commitment and international pledges, for example Vision 2021 and the MDGs. It also notes that the SDP is unique as it is the first planning document of its kind developed in a bottom-up approach articulating the grassroots priorities and tailoring them craftily to realize the government’s commitments to providing water for all by 2011 and sanitation for all by 2013 and basic services projected in Vision 2021. The SDP also indicates that the government of Bangladesh is fully committed to fulfill its international commitments to achieve the MDGs, including Goal 7, Target 10 related to the water sector.

The SDP also notes the need to enhance institutional capacity to step up the process of implementing the SDP and thereby serving people, particularly the disadvantaged, vulnerable and the excluded sections of the society, such as the very poor, women, children and the physically challenged. It notes that children are disproportionately affected by respiratory and gastrointestinal diseases caused from poor sanitation and hygiene, which ultimately contribute to their under-nutrition and mortality.

The Sixth Plan indicates that while it is on track to attain most of the MGD targets with regards to water and sanitation, special attention is needed in terms of the proportion of rural population with access to safe drinking water (Target 10: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and sanitation).

Bangladesh is unlikely to meet the MDG for sanitation, as social norms and behaviours are key barriers to the use of services and adoption of salubrious practices (UNICEF 2013). The sanitation systems, including sewerage and drainage in the urban areas, are also inadequate and in some cases inappropriate. Rural water supply also faces a host of problems including the lack of appropriate solutions with regard to the hard-to-reach areas. Further, the improvement in sanitation of rural areas is difficult due to a lack of sustained use of latrines and hygiene practices.

**Key capacity gaps addressed through UNICEF strategies**

**Institutional Level:**

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• UNICEF provided technical and financial support to develop the capacity of government agencies at national and local levels, i) to strengthen the planning, implementation and monitoring of WASH interventions; and, ii) to ensure support targeted at those most in need. This included strengthening the capacity of the WASH sector i) to plan and implement effective arsenic mitigation programmes; ii) to establish a national water point database; iii) to conduct water point monitoring, using the national database as a platform; and iv) to analyse the results and identify areas for targeted interventions.

Organizational:

• In 2014, an equity analysis conducted in 19 unions across Bangladesh helped identify key issues which impede a household’s access to a convenient, sufficient and safe water source were identified and corrective actions developed. This exercise was an opportunity to enhance government capacity and understand the potential of the analysis to identify the most effective and sustainable interventions using the available resources.

• In 2012, draft Integrated WASH Plans have been developed in 96 unions and 4 Pourashavas to enable the LGIs to leverage resources for WASH improvement.

Individual:

• Through extensive capacity building, approximately 1,200 project staff of the Urban Partnerships for Poverty Reduction project across 23 towns acquired the necessary knowledge and skills to implement and manage WASH interventions. With this training, hygiene promotion campaigns have been carried out benefitting an estimated 31,000 people.

• Through capacity building training of the Urban Partnerships for Poverty Reduction Project staff, 400 school teachers and School Management Committees (SMC) members from 200 schools in 23 towns acquired knowledge and skills to implement and manage WASH in Schools interventions, benefitting an estimated 50,000 students.

• Representatives and staff from 60 Union Parishads, 18 Pourashavas and 44 Upazilas (around 1000 people) are better equipped to manage and implement Integrated WASH programmes.

Child protection

Bangladesh has made significant progress in the area of child rights' promotion, survival, and development. Nevertheless, the general situation of the children in Bangladesh needs to improve further since the survival and development of many Bangladeshi children is still threatened by malnutrition, disease, poverty, illiteracy, abuse, exploitation, and natural disaster.

There are a number of protection issues that require more attention. No data have been systematically collected yet on participation, child protection mechanism and referral to services, children in residential care, legal reform, law enforcement, diversion and coordination and
resources leveraging to measure effective coverage of interventions; Institutional strengthening toward adolescent empowerment and child participation; Child Protection Network; Alternative care; Legal reform, Law enforcement, Child friendly justice system and Adolescent cluster.

Birth registration is an important element to access GoB services, including education, health and social services. The percentage of children under age 5 whose births are reported improved from 9.8% in 2006 (MICS3) to 37% in 2013 (MICS 5).

Child marriage another important issue on the national agenda has been declining in Bangladesh, but at a slow pace. From 2006 to 2012-2013, child marriage has decreased by 9.3 percentage points for girls and women aged 15-49 married before the age of 15 and by 7.6 percentage points for girls and women aged 15-19 years currently married. Child marriage has decreased faster among the younger age group (under 15). This may be due to higher school drop-out rate in secondary school. At these rates, it is expected that child marriage will be eliminated by 2031 for girls before the age of 15 and by 2045 for girls and women aged between 15 and 19.

Life skills education based interventions in 27 sites have shown positive results in terms of youth participation in child marriage prevention. In those sites, it dramatically increased by 58.5 percentage points from 13.6 % in 2006 to 72.2 % in 2011, whereas that of adolescents in control sites increased by 10.8 percentage points from 5.7 % to 16.5 %.

In terms of availability of life skill development, only an average of 5.5 % of adolescent girls and boys aged 15-19 years have adolescent club space made available to them in the 20 UNDAF districts. This is primarily due to limited resources from both government and UNICEF. The coverage drops to 4.8% for accessibility, 4% for utilization, and 3% for adequate coverage.

Social norms perpetuate the practice of child sexual abuse as well as exploitation and trafficking, and obstruct efforts to raise awareness of HIV and to ensure children access to services. Because of social norms, both girls and boys rarely have the opportunity to express their opinions or participate in making in decisions affecting their lives. Data on the issues of child abuse, commercial sexual exploitation, trafficking and child labour are not addressed sufficiently in the Situation Analysis, the CPD, Results Framework or MTR or government documents due to lack of national data, including surveys, yet they are serious issues that need addressing.

The Sixth Plan proposes the following intervention and actions for achieving strategic objectives:

“All children, particularly those who are vulnerable, would be ensured right to protection from abuse, exploitation and violence. The policies of existing NPA would be used against sexual abuse and exploitation of children and trafficking. Laws affecting children will be harmonized and enforced. Awareness amongst law enforcing officials and judicial officers and the development of a diversion scheme involving the courts, social workers and probation officers as an alternative to custodial sentences will be undertaken.”
Birth registration: “The Municipal Corporations and Pourashavas will be mobilized to register all births. Awareness raising programs through union Parishad members, and leaders of social opinion including Imams will be conducted to eliminate the practice of early marriage. A widespread social awareness campaign and community mobilization on protection issues will be undertaken to foster positive attitudes towards children, particularly girls, and bolster the positive attitude of parents and decision-makers on the need to protect children regardless of the socio-economic environment.”

Child labor: “Effective measures will be taken to reduce child labor, and eliminate worst forms of child labor with a particular focus on child domestic workers, migrants, refugees and other vulnerable groups. In this context, a policy for children in the formal sector focusing on those caught up in the worst forms of child labor will be formulated. Street children will be assisted in accessing their rights and protecting them from all forms of abuse and exploitation. Working children such as waste collectors, leather workers, brick breakers, auto-workshop workers and tempo helpers will have access to learning opportunities in formal and non-formal facilities.”

Child abuse: To recover and remove children from abusive and exploitative circumstances, the interventions will include developing community support for these children; providing livelihood alternatives, basic services and adoption, and implementing policies and legislation necessary for the prevention of abuse, discrimination, exploitation and violence. Steps will be taken to increase efficiency to combat sexual abuse, exploitation and trafficking of children through enhanced coordination and cooperation.”

Key capacity gaps addressed through UNICEF strategies

Institutional Level:

- UNICEF extended support to the Government of Bangladesh in the drafting of the new Children’s Act, which involved providing comparative analysis of international standards and consulting with various stakeholders to help inform the Act.

- In terms of capacity development on child protection, UNICEF supported GoB to conduct legal reform, strengthen Child Protection Information System, and build capacity of key professionals.

- UNICEF supported Government effort to ensure an effective coordination and collaboration among different stakeholders. An adolescent cluster comprised of all the NGOs implementing adolescent related project was established at central level by the MOWCA and four sub-clusters at decentralized level.

Organizational:
• Social workers capacity was strengthened by the development of a social work training curriculum piloted and currently mainstreamed in the government’s institute of social service.

**Individual:**

• In 2013, 570 social workers benefitted from social work training are now playing an active role in supporting children and families’ access to services after participating in this training.

**Local Level Planning (LCBCE)**

**Institutional:**

• Sixty upazilas and all 20 most deprived districts have established Convergence Coordination Committees (CCCs) as coordination mechanisms to ensure synergy in programme planning and monitoring for children. The committees resulted from a combination of national and sub-national level advocacy and technical support by UNICEF.

**Organizational:**

• UNICEF provided assistance to the National Institute of Local Government to build the capacity of local governments in child-focused decentralised planning, budgeting and monitoring.

• The capacity enhancement of implementing partners resulted in the development of district and upazila level plans that facilitate monitoring of interventions in 17 districts.

**Communication for Development (C4D)**

The evaluation did not find a lot of evidence on institutional and organizational capacity development. UNICEF provided some technical support to national and private radio for creative content development and financial support for programming and training on ethical journalism on children’s issues. There was overall more emphasis on UNICEF creating the content itself and providing it to government or media outlet for distribution than building capacity of government system on communication for development.

**Organizational:**

• UNICEF provided technical and financial assistance to national radio Betar to develop creative content to deliver programming on children issues.

**Individual:**
One hundred and twenty journalists were trained on ethical reporting on children for broadcast media. Need more information here.

### 3.1.2 UNICEF comparative advantage in relation to other stakeholders with regards to programming for child rights

**FINDING 2 – UNICEF is strategically positioned to support the Government of Bangladesh in achieving its 2021 Vision and 6th Five-Year Plan for children, given its thematic focus, programming approach, technical strength, and the trust and credibility it wields with the GoB and development partners alike.**

UNICEF comparative advantage is derived both from its global mandate and expertise, as well as its long country experience. Globally, UNICEF derives it comparative advantage from its normative mandate based on the widely ratified Convention of the Rights of the Child (CRC), its capacity in multiple sectors, its dual development and humanitarian mandate, its large-scale field presence in programme countries and a capacity to engage concurrently at multiple levels including global, regional, country and local levels on common issues and thereby realize synergies. Furthermore, UNICEF’s network and convening and advocacy roles, and unique set of partnerships at all levels, allows for collaborative, innovative and real-time solutions to the challenges, obstacles and constraints to realizing rights for children and achieving equity.

At country level, given the government of Bangladesh’s vision for human development articulated in Vision 2021 and Sixth Five Year Plan (Sixth Plan), UNICEF is strategically positioned as a main partner of the GoB in key sectors such as education, health, nutrition, water and sanitation:

> “Promoting Human Development entails attaining three broad objectives of ensuring education, promoting and sustaining health and nutrition, and planning population. In this context, in light of government’s vision 2021, the country aims at fulfilling the targets of: (i) removing deficiency in food and ensuring nutritional requirements of 85% of the population, (ii) ensuring minimum daily intake of 2,122 kilocalories of food, (iii) eliminating contagious diseases and ensuring primary health care and sanitation, (iv) increasing average longevity to 70 years, (v) reducing under five mortality to 45 per 1000 live births and maternal mortality into 100 in 100,000, (vi) increasing net enrolment at the primary level to 100% by year 2010, (vii) removing illiteracy by year 2014, and (viii) improving quality of education with emphasis on science and technology.” (GoB, 2012)
Another aspect of UNICEF's comparative advantage in Bangladesh stems from its longstanding and stable relationship with the GoB and strong national and field presence dating before independence. This unwavering support to the GoB and its technical abilities underlie its credibility and legitimacy in the eyes of the government and development partners alike.

The multi-faceted contribution of UNICEF has combined support and capacity building for service delivery, procurement and supply chain management for universal immunization coverage, advocacy, policy and coordination support, capacity building for planning and monitoring, social mobilization and communication for development. The increased presence in the field since the decentralization of UNICEF programme staff to zone offices reinforces these achievements.

Furthermore, UNICEF's name and "brand" are compelling, and its mandate appeals to donors, resulting in its ready engagement with a variety of partners. As a trusted GoB partner provides UNICEF with considerable influence on the government, bilateral, multilateral and NGO partners often rely on UNICEF as an interface with the GoB. NGOs in particular, which have less direct access to the GoB than bilateral and multilateral agencies, treasure the intermediary role that UNICEF plays in advocating for children's rights.

3.1.3 Extent that BCO generated and used evidence to inform its programming and strategic approach and make needed adjustments.

**FINDING 3 – A key initiative introduced by the BCO as part of its strategic approach to effective and equitable coverage of essential basic services in Bangladesh has been the Monitoring Results for Equity System (MoRES). This tool leveraged change towards a greater focus on equity and more decentralized decision-making in Bangladesh, as well as adjusting programming across sectors.**

UNICEF can be credited for assisting and building the capacity of GoB to generate and use data, e.g. monitoring of progress indicators linked to the Country Programme results twice per year, Integrated Monitoring and Evaluation Plans (IMEP), national households surveys (MICS, DHS), the mid-term review etc. to advance towards the MDGs related to children. UNICEF has continued
using these sources of evidence for programming during this CP. It has also commissioned other studies\textsuperscript{8} to inform child rights issues and shared them with the GoB and development partners.

A key initiative to help generate evidence during this Country Programme has been the introduction of the Monitoring Results for Equity System (MoRES) for assessing obstacles to effective and equitable coverage of essential basic services. Launched in 2010 as a part of a UNICEF global initiative, MoRES supports UNICEF’s refocus on equity, with the specific intent to accelerate progress in reaching the world’s most deprived children (UNICEF 2014).\textsuperscript{9}

The conceptual framework underpinning MoRES in Bangladesh is outlined in the Strategic Plan MoRES in Bangladesh (2013-2014)\textsuperscript{10}. It is based on a methodological analysis of the situation of children, and the identification of proven and high impact interventions which are subjected to coverage gap and bottleneck analysis to inform appropriate corrective actions to improve programme delivery (Figure 1). In line with decentralized planning and monitoring, the focus is placed on sub-national geographic administrative units.

**Figure 1 : Sequence of activities in the implementation of MoRES**

| I. | Most deprived Unions in the most deprived upazillas from among the least performing districts are identified |
| II. | Measure prevalence of “problem” in the selected union |
| III. | Select high-impact interventions |
| IV. | For each intervention, define levels of coverage and related indicators |
| V. | Assess means of verification and data sources. Collect data and assign values to indicators |
| VI. | Select weakest links in the chain of determinants as priority bottlenecks |
| VII. | For each priority bottleneck, identify key constraints and corrective actions |
| VIII. | Implement corrective actions |
| IX. | Measure every 6 months changes in corrective actions |


\textsuperscript{9} Formative Evaluation of UNICEF’s Monitoring Results for Equity System (MoRES), Case Study Bangladesh.

The BCO also introduced the Tanahashi model\(^\text{11}\) to the MoRES approach, which focuses on the analysis of coverage levels (availability, accessibility, utilization, adequate coverage and effective coverage) of essential interventions, complemented by local level survey and qualitative data analysis. The UNICEF BCO first piloted this approach with two unions in 2012 and 21 unions in 2013 by collecting household-level data and conducting focus group discussions at community level.

Within the framework of the MTR, all programme sections used secondary data to recreate Tanahashi curves for tracer interventions for 20 UNDAF districts in 2013. The results were used to pinpoint drops in coverage and low-performing districts and to advocate for the integration of coverage monitoring into evidence-led planning and monitoring engagement at the district, upazila (sub-district), union, and community and facility levels.

The results of the MoRES were reported at the MTR and revealed variations of service coverage among the 20 UNDAF districts, highlighting the underperformers in order to target interventions on those districts; and analyse the underlying factors or different dimensions of the problem.

**Adjustments to Programme and Strategic Approach**

The patterns of bottlenecks identified through MoRES and other programme monitoring led to mutually corrective actions between UNICEF and GoB partners that led to adjustments in sector plans and policy adjustments in health, education, nutrition, WASH and child protection. The MTR Report outlines numerous such actions to be implemented within a timeframe, with the responsible parties identified.

Because of the intensive efforts required, high costs and the difficulty of ensuring the quality and reliability of the data, it was not found sustainable to have MoRES data collection at the union level. Based on lessons learnt from previous rounds of MoRES implementation, a partnership has been developed with the Bangladesh Bureau of Statistics (BBS) to integrate data collection on key coverage indicators for all sectors into the Government’s Sample Vital Registration System (SVRS). Data will be collected through tablets and will thus be available for visualisation in dashboards.

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\(^{11}\) The MoRES focused on 5 low cost and high impact (tracer) interventions – iron folic acid supplementation during pregnancy, birth registration in the first 45 days after birth, full immunization coverage for 1 year old children, pre-primary education for children aged 5-6 years and safe water supply.
close to real-time. This approach aims to strengthen Government ownership of the approach and enhance sustainability by integrating data collection into an existing system.

The MoRES experience highlighted the strengths and weaknesses in GoB data collection systems, as well as data quality issues. It also helped increase the capacity of GoB partners involved in equity analysis and UNICEF to prepare an advocacy document to highlight key priorities for children based on equity gaps that the Ministry of Finance used to prepare Bangladesh’s Seventh Five Year Development Plan (2016-2020).

Other tools that fed into UNICEF’s program cycle and used to make adjustments include the mid-term review,

While the UNICEF BCO has used surveys and surveys substantially to inform programming, it has not invested in its own independent evaluations of its programme components. Evaluations have been commissioned by donors.

3.1.4 Extent that equity concerns are consistently integrated in all aspects of programming and implementation, including policy and advocacy

FINDING 4 – UNICEF has infused an equity focus in its approach to generate evidence to assist the GoB undertake evidence-based decision-making to address the unrealized rights of the most vulnerable Bangladeshi children. More remains to be done to ensure that equity concerns are addressed in the hard to reach and lowest quintile population.

The evaluation found ample evidence that UNICEF has promoted the equity focus approach, both at national and sub national levels (districts, upazila and union) and across its programme areas through MoRES and the development and use of equity profiles. However, the evaluation found much less evidence of its consistent application applied across programme areas and strategies, perhaps owing to spotty reporting. Nonetheless, various stakeholders indicated that more sustained efforts are needed, particularly for hard to reach populations.

It is clear that UNICEF Bangladesh envisioned focusing its programming on equity. The CPD notes that UNICEF strategy in Bangladesh intends to focus advocacy efforts on equity issues, emphasizing that addressing equity issues is far more effective in reducing poverty than pursuing economic growth alone, which will not guarantee the realization of poverty reduction targets and human rights (CPD 2012). The CPD observed that social services have improved access but still inadequately address quality and equity, noting that without directly targeting the most vulnerable children and their families, including in urban slums which as growing four times faster than overall population growth, the inter-generational cycle of poverty cannot be broken.

At the national level, one important document supporting the equity focus approach of UNICEF was the publication of the first Child Equity Atlas in 2013 based on census data, produced in collaboration with the Bangladesh Institute of Development Studies (BIDS) and the Bangladesh
Bureau of Statistics (BBS). The Atlas portrays the significant disparities in Bangladesh on social outcomes for children and presents evidence that can be used by policy-makers and development organizations to target resource allocation.

A situation analysis on children with disabilities, jointly conducted by the Ministry of Social Welfare and UNICEF in 2014, provided recommendations for specific actions to strengthen disability inclusion and improve cross-sector programming with the introduction of basic knowledge to change perceptions.

With respect to programme areas, the experience with MoRES led sectors to incorporate it in their approach, as shown below.

**WASH**

The WASH Section identified the need to collect data, to share it, and to advocate at a national level on disparities in access, utilisation, quality, government allocations and spending on WASH in hard to reach areas, priority wealth quintiles and areas of water quality (salinity, arsenic etc.); and, to identify technological challenges. It used the 2012/13 MICS data to show that among the 20 UNDAF districts, access to an improved water source is lowest in the coastal and eastern region. Similarly, data for improved sanitation national statistics revealed that access to a facility is lowest in the northern and Chittagong Hill Tracts districts.

The WASH programme successfully advocated for the inclusion of pro-poor strategies into water point allocation and sanitation subsidies for those living in abject poverty, through demonstration of the Sanitation, Hygiene Education and Water Supply in Bangladesh (SHEWA-B) methodology of community action plans and wealth ranking.

In 2014, an equity analysis conducted in 19 unions across Bangladesh helped identify key issues which impede a household’s access to a convenient, sufficient and safe water source were identified and corrective actions developed. This exercise provided an opportunity to enhance government capacity and understand the potential of the analysis to identify the most effective and sustainable interventions using the available resources.

UNICEF notes that while data was not collected on gender or disability as part of the MoRES exercise, it did highlight more blatant inequities, particularly in terms of access to and utilisation of sanitation facilities in schools that disproportionately affect adolescent girls who are menstruating, resulting in a loss of approximately 20% of their school days. Unfortunately, reports are not clear as to whether programming subsequently addressed these gaps.

**Health**

In the health sector, UNICEF established an *Equity Profile* of the low performing districts that served as the baseline on the effectiveness of coverage of MNCH services. The Equity Profile was used to advocate for equitable health and services and the strengthening of health system in the
20 districts through Local Level Planning (LLP). Challenges remain in the limited human resources and inadequate decentralized authority to implement adjusted local level plans. In 2014, it reported that UNICEF will continue to work with the MOHFW for building its capacity to institutionalize the MoRES through use of the ‘Equity Profile’. It would have been helpful if reporting indicated whether priority was given to the lowest performing districts or whether capacity development activities were applied universally across districts.

**Nutrition**

Using available data, UNICEF showed that significant disparities exist in nutrition status, particularly by wealth groups and area of residence. Access to food is hindered by high under-employment and low household incomes, with child malnutrition almost doubling in the poorest than in the wealthiest quintile (BDHS 2014). While childhood stunting affects a quarter of the wealthiest households, it is twice as high in the poorest wealth quintile, supporting the assertion of the CPD that tackling malnutrition requires a multi-sectoral poverty reduction approach.

The assessment of disparities by dimensions of equity in effective coverage revealed that while Vitamin A and deworming coverage was nearly universal, variability in coverage is observed in iodised salt consumption due to differences in availability of it in local markets. Coverage of national programs are lower in known hard-to-reach areas, including the CHT, Southern districts and urban slum areas, which face significant bottlenecks in geographic accessibility. It is not clear from reporting that priority was given to these hard to reach areas.

UNICEF notes that food security and nutrition also require further attention: the 2010 Household Income and Expenditure Survey (HIES) marked significant improvements in food intake between 2005 and 2010, but a large segment of the population did not consume items required to fulfil nutritional requirements. The 2013 National Micronutrient Survey (NMS) showed that over half of the households (51%) were “food secure”, compared to 53.3% in cities and 36.3% in slum areas. Households experiencing severe “food insecurity” were 12.3%. It may be premature to assess what strategies will be adopted to address the needs of the most deprived, as stakeholders only just started discussions on how multi-sectoral approaches can address this complex issue. Nevertheless, UNICEF supported the deployment of District Nutrition Service Officers across the 20 UNDAF districts, and it is not apparent that a prioritized approach is being taken to meet the needs of the most deprived as envisaged by UNICEF.

**Child Protection**

The child protection programme has defined its priorities for implementation through a geographical equity lens. Thus, the scope of the programme is wider in Chittagong, Khulna, Mymensing (Dhaka slum area) and Sylhet. For example in Chittagong, it directed interventions upon minority groups, refugees, slums and the coastal belt exposed to natural disasters areas, e.g. Khulna zone, and Sylhet that hosts tea garden and stone crushing areas.
A Monitoring of Results for Equity System (MoRES) framework and data collection tool to monitor social norms change and effective coverage of services intended to address child marriage was developed and should be integral to the 2015-2016 GoB and UNICEF Work Plan.

**Education**

UNICEF was pivotal for advocating alongside development partners and the Education Local Consultative Group (ELCG) for the successful entry of Bangladesh into the Global Partnerships for Education (GPE) that will bring USD 100 million for addressing equity in primary education.

From 2012 to 2013, spending has increased both in UNDAF districts (including CHT) and urban programming (from 3% to 73%) to address equity gaps in Bangladesh. For the first half of 2014, the Education Section dedicated 91% of expenditure to date to UNDAF districts (including CHT) and urban programming, further solidifying the prioritization of disparity reduction in Bangladesh. Moreover, expenditure in CHT has gradually increased from 0.7% in CHT to 15% by mid-2014, concentrated in Rangamati and Banderban districts due to targeted donor commitments for those districts.

The MTR noted increased focus on strategies will be required to improve regular attendance and learning outcomes, to address teacher development as also seek to increased school participation of children from the poorest quintile - as an indicator of education equity. A focus on education in the hardest to reach areas, amongst the ethnic minority communities of Bangladesh and amongst the urban poor will be a priority along with strengthening multi-sectoral programming.

**Local Level Planning (LCBCE)**

Through the LCBCE initiative, 20 districts and over 300 unions prepared integrated development plans for children in 2015, which include a child rights and equity perspective. The process involved decentralised data collection and bottleneck analysis at the union level, complemented by concurrent use of initial evidence in programming and dialogue with sectors at national and sub-national levels. Data from the Equity Profile and data from both departments and routine monitoring of effective coverage of services have been used to develop the plans. Additional data collection was done through volunteers. UNICEF also augmented the capacity of the National Local Government Institute (NLGI) by using the MoRES for local level planning. As Unions control some of the resources allocated for children, stakeholders from local government were somewhat skeptical as to the fate of the upazila and district plans in light of the challenges of centralized planning and decision-making.

**Communication for Development**

Although C4D has included issues such as children with disability and girls and women’s rights issues into its messaging, and reached out to those with less media access, the evaluation found
little evidence of a specific strategy to address equity issues; or that equity focused activities were implemented comprehensively.

It is evident that serious efforts were made in most programme areas to integrate equity concerns. Still, various stakeholders, within and outside UNICEF, believe that additional efforts will be needed to assist the GoB to bridge the gaps for the most deprived, such as slum dwellers, coastal areas, street children, amongst. Several stakeholders also noted that while equity is considered, practical support is challenging due to resource constraints or project design. Amongst other constraints, GoB stakeholders observed that working in hard to reach districts, e.g. hill tracts and islands requires additional scarce financial and human resources for supervision and monitoring. The MTR noted, for instance, that more resource allocation was needed for such hard-to-reach and vulnerable areas to close equity gaps observed in nutrition. The MTR added that there are opportunities to allocate more resources to scale-up other implementation strategies, including innovations and generating evidence, which will help address equity gaps identified – including outreach to hard-to-reach areas, including CHT and urban slums and effectively addressing anaemia prevalence among women and acute malnutrition in children. Furthermore, the major bottlenecks to effective coverage of Paediatric AIDS Treatment and care lies in limited coverage of HIV diagnosis in children to inform their enrollment into treatment programmes. In addition, there are gaps in the coverage of HIV positive children who were assessed for treatment eligibility with CD4 Monitoring. The MTR also noted that a review of several Tanahashi graphs, especially for handwashing, IFA consumption, birth registration show huge gaps between accessibility and effective coverage, because of still low/limited awareness of the importance of these behaviours.

3.1.5 Extent implementing BCO strategies contributed to positioning UNICEF in the national development agenda of Bangladesh, particularly in achieving results for children

FINDING 5 – UNICEF areas of focus and strategies have enabled to have a strategic seat in setting the national agenda, both current and future.

The long term role of UNICEF in supporting service delivery and capacity building to achieve the children focused MDGs, its addition to its associated building capacity, has placed it as the lead actor among UN agencies Social Services for Human Development (Pillar 3) for the UNDAF.

As discussed in section 3.1.1, the UNDAF is closely linked to the national agenda, particularly reaching the MDGs/SDGs. Outcome 1 for Pillar 3 is “Deprived populations in selected areas, particularly women, children and youth benefit from increased and more equitable utilization of quality health and population, education, water, sanitation and HIV services.”

Accordingly, UNICEF continues to be well placed to assist the government efforts to achieve the MDGs related to children, particularly as a significant part of its programming focuses on
improving effective coverage and quality of services in maternal and child health and primary education. UNICEF also contributes to Pillar 4 food security and Pillar 5 nutrition via its lead role in disaster preparedness and management in education, WASH, and more recently protection, and Pillar 7 gender equality and women’s advancement. Together, these activities enables UNICEF to help the GoB improve the quality of its services in order to close the gap on the MDGs in terms of access, as these issues becomes a priority of the future, and of the present in light of the millions of children the government has not been able to reach.

Table 2: Bangladesh UNDAF Pillars 2012-2016

<table>
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<th>UNDAF Pillars and lead UN agency</th>
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<tr>
<td>1 Democratic Governance and Human Rights (UNDP)</td>
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<td>2 Pro-poor Growth with Equity (UNDP)</td>
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<td>3 Social Services for Human Development (UNICEF)</td>
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<td>4 Food Security and Nutrition (WFP)</td>
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<tr>
<td>5 Climate Change, Environment, Disaster Risk Reduction and Response (UNDP)</td>
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<tr>
<td>6 Pro-poor Urban Development (UNDP)</td>
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<td>7 Gender Equality and Women’s Advancement (UNFPA)</td>
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In terms of the GoB strategy for capacity building, the Seventh Five-Year Plan identifies four supports: strengthening the civil service; promoting devolution to local governments; strengthening public-private partnerships; and reforming planning and budgetary processes (p.9). Based on the review of documents and interviews, the UNICEF BCP has focused on the two first pillars strengthening the civil service and promoting devolution to local governments, with the latter, having a focus on local planning and budgeting, with children in mind.

To achieve its CP outcomes and build national capacity, the BCO has used seven strategies, with differing emphasis, outlined in the UNICEF Strategic Plan 2014-2017:
### Table 3 Key UNICEF Country Programme strategies

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<td>1.</td>
<td><strong>Capacity development</strong></td>
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<tr>
<td>2.</td>
<td><strong>Evidence generation, policy dialogue and advocacy</strong></td>
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<tr>
<td>3.</td>
<td><strong>Partnerships</strong></td>
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<td>4.</td>
<td><strong>South-South cooperation</strong></td>
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<tr>
<td>5.</td>
<td><strong>Identification and promotion of innovation</strong></td>
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<td>6.</td>
<td><strong>Support to integration and cross-sectoral linkages</strong></td>
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<td>7.</td>
<td><strong>Service delivery</strong></td>
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Document review and key informant interviews show that the capacity development strategy of UNICEF includes evidence generation, policy dialogue and advocacy, is based on clearly identified gaps. As discussed section 3.1.2, this CP has focused on identifying equity issues in service coverage of priority interventions through MoRES in the 20 UNDAF districts, and addressing capacity gaps. MoRES helps identify the most disadvantaged and hard-to-reach children, whom UNICEF can focus on in the future as the final frontier for the achievement of the MDGs, and is the hardest to conquer. Stakeholders indicated that UNICEF needs to focus on and bridge equity gaps by identifying and piloting cost-effective practices and assisting the GOB in scaling them up.

Additionally, UNICEF has helped develop GoB capacity through training via partnerships with academia and other UN partners and donors, although the evaluation found little evidence of partnering with the private sector. On the other hand, it did so for cross-sectoral linkages that UNICEF has promoted, South-South exchanges and cooperation, plus examples of identification and promotion of innovation, albeit these are more limited in scope than its other strategies.

Capacity building activities at the district and below on planning and budgeting through LCBCE to address children’s and women’s issues coalesced as a strategy that clearly supports the devolution to local governments articulated in the Sixth Plan (above) and Vision 2021. While GoB progress towards decentralization has been slow, Vision 2021 touts the role of local government towards making progress on human development and equity issues: An important corollary of moving towards a comprehensive approach to social protection programs is the need to streamline the institutional strategy for implementation. The potential of local government bodies, particularly the Union Parishad, to coordinate a streamlined institutional strategy needs to be actively explored (GoB 2012). Local level planning activities implemented to date position UNICEF high on the national agenda, should the GoB expand the number of districts that will manage budgets after the current devolution pilot to seven districts. However, as several stakeholders expressed skepticism that the GoB will adopt widespread decentralization, UNICEF needs to review how much to continue investing in this endeavour. Still, even absent full-fledged decentralization, UNICEF could promote the scaling up of union level planning and budgeting for women and children rights to a national scale, aided by the unions’ discretionary spending power.
The contribution of UNICEF, along with other contributors towards the Children’s Act 2013, to promote adolescent life skills development, education programming for out of school children and its role on behalf of the GoB as Secretariat for the development of a National Action Plan (NAP) to end child marriage, has been nothing less than strategic. Its strong convening power and credibility ensured the active participation of a variety of key stakeholders in the process of developing the NAP, including the GoB, UN agencies, donors, and civil society. As the government has made a clear commitment to end child marriage, UNICEF is well aligned to play a key role in the future. Furthermore, as documents and stakeholders indicate, much remains to be done in the area of child protection.

UNICEF is also high on the national agenda due to its work on climate change and disaster risk reduction through its active role in humanitarian assistance. And in developing government and community capacity to prepare for and manage disasters in the area of education, water and sanitation and protection, UNICEF can contribute significantly to future efforts in disaster risk reduction (DRR).

**3.1.6 Extent that Disaster Risk Reduction (DRR) mainstreamed in UNICEF work, considering Bangladesh’s vulnerability to climate-related disasters?**

**FINDING 6 – UNICEF is engaged with the GoB and UN on disaster management in Education, WASH and Child Protection. This has not resulted into a comprehensive strategy for climate change adaptation, disaster prevention and to building resilience to reduce the impacts of climate on the most vulnerable children populations.**

**Recognition of the Issue**

Frequent flooding, cyclones and droughts afflict many households and hinder the full achievement of the Millennium Development Goals. Bangladesh ranks as one of the most disaster-prone countries, with 97% of its total area and almost 98% of its population at risk of multiple hazards.

The GoB Vision 2021 document directly links poverty and intensifying climate change, which entails almost all Bangladeshis facing increasing risks to their security in terms of food, energy, water, livelihood, health, and habitat. Furthermore, it is estimated that climate change in Bangladesh will lead to a large influx of climate change refugees from rural areas, with the most vulnerable ending up in slums. The GoB estimates that by 2021, nearly one-third of its population (40 million) will be living in urban areas, further straining its ability to provide food, shelter, employment, healthcare, education, and municipal services.

The UNICEF CPD 2012-2016 indicates that emergency health, nutrition, WASH, education and child protection interventions will be integrated within a national Disaster Risk Reduction plan focused on the establishment of early warning systems, increasing community awareness to create a culture of safety and resilience, and preparedness for effective response. The latter would
be delivered through the cluster approach of the Inter-Agency Standing Committee (IASC). As to its role in disaster management, UNICEF leads in WASH and nutrition, and co-leads in education clusters. The MTR reported that UNICEF has helped 70 unions develop disaster management plans. However, the issue of DRR and CCA is much more complex and requires a multi-sector approach. Notwithstanding considerable documentation on disaster preparedness and management, the evaluation found little data on the activities of the IASC on DRR.12

**Framework to Address Disaster Risk Reduction**

To examine the extent that UNICEF mainstreamed DRR into its work, this evaluation combined frameworks developed by the UN to address and mainstream DRR and climate change as UNICEF did not have a framework for the period under review.13 According to the UN Office for Disaster Risk Reduction (UNISDR 2010), DRR and climate change adaptation (CCA) should be addressed simultaneously. DRR is defined as the concept and practice of reducing disaster risks through analysis and management of their causal factors. It reduces exposure to hazards, lessens the vulnerability of people and assets, it improves management of the land and environment and preparedness for adverse events. DRR is sometimes considered to be one of two components that make up disaster risk management, the other being disaster management. CCA is defined by the United Nations Framework Convention on Climate Change (UNFCCC) as “adjustments in natural or human systems in response to actual or expected climatic stimuli or their effects that moderate harm and exploit beneficial opportunities. This can include: (a) adapting development to gradual changes in average temperature, sea level and precipitation; and (b) reducing and managing the risks associated with more frequent, severe and unpredictable extreme weather events.”

12 DRR is defined as the concept and practice of reducing disaster risks through analysis and management of their causal factors. It reduces exposure to hazards, lessens the vulnerability of people and assets, it improves management of the land and environment and preparedness for adverse events. DRR is sometimes considered to be one of two components that make up disaster risk management, the other being disaster management.

13 UNICEF HQ developed a strategic document on environmental sustainability for children for 2016-2017. The strategy should be reviewed/operationalized using guidelines provided by UNRISD and UNDP.

Although several models of mainstreaming DRR may have been developed, for the purpose of this evaluation, a conceptual model for mainstreaming a DRR strategy would include, as a starting point, policy, organization, citizens, implementation and knowledge and advocacy (Annex D).

**Extent that UNICEF has addressed DRR**

Regarding results reported regarding DRR, the Results Framework and the MTR indicated that “27 upazilas updated their Disaster Preparedness Plans based on inputs from the community and the union parishads.” It also notes that “99 union level disaster preparedness plans were developed based on vulnerability assessments and integrated with the union development plans through the Local Capacity Building and Community Empowerment (LCBCE) Programme component.”

UNICEF’s emergency management and response plan was updated in 2014. Prepositioned emergency response supplies (totaling a value of US$ 1.5 million) were placed and maintained in locations prone to seasonal flooding and natural disasters.

For example, the WASH section identified and piloted technologies to mitigate against contamination and disasters. One such initiative is the Managed Aquifer Recharge (MAR) a climate resilient water technology that UNICEF piloted in collaboration with scientist from a Dutch company, Dhaka University and the DPHE. Water is collected from ponds and roofs, filtered and then injected into the shallow saline aquifer through a ring of infiltration wells, creating a pool of fresh water. Storage of fresh water in the ground offers significant flood protection during the regular cyclonic surges, providing safe water when other traditional sources have been damaged by floods. Based on the success of the pilot, the DPHE constructed 75 MAR systems in 2014 in 13 Upazilas of Satkhira, Khulna and Bagerhat districts, increasing access to safe water for 34,700 vulnerable people in coastal areas, with potential for large scale impact.

One likely barrier for UNICEF in moving forward on this issue during this CP may be due to the lack of a climate change specialist to guide the process and train staff on this issue, including mainstreaming it in programme strategies and activities. Certainly, UNICEF is well positioned to leverage its presence and programming, at national and sub-national level, including through LCBCE, to further promote and enhance DRR.

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15 EIRD, OCHA, UNDP, CADRI: Mainstreaming DRR Components (PPT).
3.2 Effectiveness

3.2.1 Extent that the CP helped improve performance of government institutions, service providers, systems, mechanisms, policies and strategies

**FINDING 7 – UNICEF contributed considerably to improving and expanding government service delivery and access to water and sanitation, MNCH, HIV, primary education, child protection and disaster management, as well as M&E. There is scope to augment GoB capacity in M&E both in terms of technical abilities and resource allocation.**

The evaluation found ample documentation of progress towards the MDGs in UNICEF sectors of intervention: GoB service delivery WASH, health and primary education and disaster management improved and expanded. Progress was achieved at all levels, from the development of legislation, policies and strategies at the national level; to improved technical capacity to deliver services at the subnational level; and, the inclusion of children’s issues in local level budgeting. More specifically, UNICEF along with other development partners contributed to the following reported outcomes:

*Health*

UNICEF support along with other development partners to the GoB bolstered MNCH service coverage through improving quality of services, including human resource, provision of uninterrupted commodities and community involvement in 26 low performing and hard to reach districts, including 14 UNDAF districts. Data from the Bangladesh District Health Survey (BDHS 2011) and the Multiple Indicator Cluster Survey (MICS 2012-2013) show such improvements. For example, deliveries attended by skilled health care providers increased to 43.5% in 2013 from 32% in 2011, and coverage of postnatal care within two days of delivery increased to 40% from 27% in 2011. The Expanded Programme on Immunisation [EPI] data shows that effective coverage of immunisation, i.e. percentage of 12-23 month old children fully immunised according to the vaccination calendar timeline, among children under one year of age, increased to 81% in

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16 Along with the nine donors SWAP in health and the support of other UN agencies such as UNPA and WHO, with which UNICEF collaborated.
2014 from 76% in 2011 in 11 low-performing districts. The data also suggests that Bangladesh will reach measles elimination and rubella control goal by 2016.

**Nutrition**

A pilot cash transfer programme showed improvement in nutrition status of 49% of previously malnourished pregnant and lactating women and 44% of moderately malnourished children. The deployment of 21 DNSOs across 25 districts has resulted in nutrition equity profiles, updated partner mapping, supply gap analysis and local level plans with targets integrating nutrition. Through the DNSOs’ support, facilities with severe acute malnutrition (SAM) in-patient management have increased from 0 to 80%; health facilities regularly reporting on standard nutrition indicators according to the HMIS increased from 14 to 25%; and under 5 children routinely screened increased from 0 to 4.2%.

**WASH**

A DPHE survey of approximately 125,000 public rural water points, conducted with UNICEF support, was instrumental in monitoring the status of water quality and durability of the water points. It also generated the evidence required to assess the performance of the water supply service delivery. However, delays in the approval of a three-year water, sanitation and hygiene (WASH) Development Project Proposal slowed implementation of WASH activities. To mitigate this delay on programme results, partnership agreements were signed with non-governmental organisations.

**Education**

UNICEF’s programme focus and results are integrally linked to MOPME’s PEDP3 and have contributed to the scale-up of teacher training programmes, the enlarged scope of innovative interventions (Each Child Learns, Second Chance Education, Activity-based Learning) and the integration of new methods (e.g. School and classroom based assessment, “Better health Better education” and inclusive education) into ongoing interventions. UNCEF also contributed to the improvement of quality training in primary education and the training of 7,200 teachers. UNICEF also contributed to the GoB’s completion of studies on out-of-school children, a review of the primary education stipends programme, formative assessment on Each Child Learns, Quality study for PEDP3, and the approval of policy on early childhood development.

**Child protection**

In terms of increasing access to and improving the quality of services, 95% of GoB social workers have been trained and are practising case management to refer vulnerable children to services. In the area of birth registration, a total of 110 million births have now been registered in the online birth registration system. Adolescent cluster (as well as sub-clusters) at decentralized levels has
been introduced as an innovative way to improve service quality, coordination and resource leveraging in this emerging area.

**District level planning (LCBCE)**

With the support of UNICEF, government decentralized programme coordination and implementation advanced in 2014, with some convergence coordination committees established at the divisional level and chaired directly by the Divisional Commissioners. Their leadership proved highly effective in motivating local government offices to plan for children with equity. Also, the 17 convergence coordination committees established in 2013 (district, upazila and union levels) became more effective in implementing evidence-based monitoring of the situation of children, and to plan accordingly.

**Monitoring and Evaluation**

National capacity to conduct large-scale surveys was boosted through significant investments in the training of BBS officials to support the finalisation of results for the MICS 2012-2013. As a result, and for the first time, BBS managed the entire survey process from data collection to analysis and reporting independently.

However, given the additional human resources requirements and limited scope of GoB data collection capacity, there are doubts about further expansion or integration of government systems. More capacity building is required to routinely collect sufficient data to inform locally specific situational analyses – and promote evidence-based planning in key sectors and budget decisions.

Aside from technical capacity, which requires strengthening particularly at sub national level, one key issue highlighted by many stakeholders is that the GoB allocates insufficient financial resources to effectively monitor implementation of policies and strategies in the field. One important challenge is that line ministries lack staff to undertake monitoring and supervision at district level and below. Another important challenge is the lack of operational budgets for government M&E staff, e.g. travel budgets for government staff to monitor, supervise or mentor administrative staff to enter quality data to produce accurate and complete reports.

### 3.2.2 Effectiveness of UNICEF Bangladesh in promoting cross-sectoral collaboration within Government

**FINDING 8 – It is increasingly clear that multi-sector and multi-partner strategies are needed to reach the most vulnerable and to overcome barriers that are complex and multifaceted, e.g. addressing undernutrition, child marriage. UNICEF has promoted cross-sectoral collaboration within government with some success but this strategy is still in its early stages**
Various documents indicate that increasing the promotion of cross-sectoral strategies is necessary to address the complex issues that prevent the realization of the rights of the most disadvantaged children. The MTR Report notes that the survival and development of children needs a more holistic approach beyond the health sector, such as nutrition, WASH, child protection, education, HIV/AIDS etc. Several references were found in the MTR report and from stakeholder interviews on increased multi-sectoral partnerships to enhance results.

Since the beginning of current CP, UNICEF supported the development of a National Child Health Strategy that integrated cross-sectoral issues such as nutrition, water-sanitation, child protection, HIV/AIDS, early childhood development, social norms, child marriage, gender, communication for development program.

At the national level, the section is working with the Institute of Public Health Nutrition (IPHN)/National Nutrition Services (NNS) as the national nutrition lead on policy and strategy. For implementation, the Directorate General Health Services (DGHS) and the Directorate General Family Planning (DGFP) have been engaged to ensure that DNIs are mainstreamed in public health service delivery facilities. At District level, area-based support projects provided models of multi-sectoral coordination at district and upazila levels for nutrition. This has increased exchanges between local level authorities from health, agriculture, livestock, fisheries, education and WASH on nutrition and increased understanding of various sectors regarding both direct and nutrition sensitive interventions and their respective role.

The MTR Report also observes that a cross-sectoral partnership with government, academia, CSOs and national funding streams (Global Fund and Health Sector Development Programme) was crucial to leverage resources and results for PMTCT, Paediatric AIDS Treatment and Care, and the National Programme on Adolescents and HIV. In 2014, UNICEF supported the integration of PMTCT and MNCH services at three public health facilities in Dhaka, Sylhet and Chittagong, a first in Bangladesh.

UNICEF supported were the development of a comprehensive Early Childhood Care and Development (ECCD) Policy, approved by the Government cabinet in 2013, involving 17 line Ministries.

UNICEF’s DNSO approach contributed to multi-sectoral coordination for nutrition at district and sub district levels with 16 district coordination mechanisms established and functional. The DNSOs brought together local authorities and partners from different sectors, including agriculture, education, social welfare and water and sanitation, to jointly monitor nutrition and identify relevant nutrition sensitive actions.

Despite efforts to adopt a cross sectoral to nutrition, some stakeholders indicated that, overall, the approach to nutrition was still largely health focus, aiming primarily at service improvement and behavior change through nutrition education, e.g. mainstreaming nutrition in MNCH services.
Convergence Coordination Committees at the district, upazila and union levels were established and linked with central level agencies. The objective is that in a highly centralized programming environment such as Bangladesh, these committees will be used as a forum for sectoral departments to coordinate bottom up planning and monitoring for realization of the rights of women and children with equity. There was no indication of their effectiveness at the time of the evaluation. However, interviews stakeholders at the upazila and union level the indicate that the proliferation of committees at upazila and union levels, instead of strengthening existing structures, led to inefficiencies and stretching local human and financial resources.

While UNICEF promotes multi-sectoral coordination among GoB partners, several UNICEF stakeholders pointed out that more multisector collaboration should be promoted within UNICEF at the national and zone office levels. Examples of existing collaboration across sectors include cross-sectoral coordination between the education and health programmes, resulted in health screening of over 7,500 school children. Child Protection developed linkages with several sectors, including C4D, Nutrition, Health, Education, SPPME and HIV/AIDs, and built these into several project proposals. With the collaboration of the London School of Hygiene and Tropical Medicine, the WASH and Nutrition programmes developed a conceptual framework on how poor WASH conditions can harm children’s nutritional status. This led to the development of an Action Research Framework for the Impact of WASH on Stunting and Wasting in Bangladesh. However, many in UNICEF observed that a lot more could be done and that programme decentralization may provide an opportunity for more inter sectoral coordination as the zone level.

3.2.3 Extent UNICEF decentralised approach to programming led local authorities at division, district and union level to prioritise children’s issues in local-level planning processes and reflect them in local-level plans?

**FINDING 9 – The proximity of UNICEF staff in the zone offices working on the Local Capacity Building and Community Empowerment (LCBCE) at district, upazila and union levels helped achieve tangible results in the inclusion of children’s rights issues in the local plans and budgets. Activities of the LCBCE were not systematically articulated with the input of sectors until recently.**

The objective of local capacity-building and community empowerment (LCBCE) component is to address weak capacity at subnational levels and to seize opportunities offered by recent or future GoB decentralization (UNICEF CPD 2011). The key strategies to enhance capacity of local government institutions and civil society and community-based organizations to ensure inclusive bottom-up participatory planning across the different programme components in the targeted areas; strengthen coordination mechanisms; and, enhance inter-sector synergy. However, bottom up planning within UNICEF was not presently effective, although there was a decision to proceed...
with such an approach in June 2015. According to Dhaka based staff, the latest local plans were developed with the participation of zone level sector staff.

Inroads for bottom up planning were made at district, upazila and union level. Through Planning and Monitoring officers based in its six zone offices, UNICEF strengthened local level planning and monitoring to achieve and sustain outcomes for children with equity in 20 low performing districts. This was achieved through the training of district committees to undertake participatory monitoring and planning to improve effective coverage of services and practices for children. Several unions made budgeting provisions which include children issues.

In 2014, for the first time, 70 unions allocated more than US$ 8,000 each from their own budget for child related issues. Furthermore, efforts are on-going to develop integrated plans for children in all the unions in the selected 60 upazilas (sub districts). A total of 13 districts prepared integrated development plans for children in 2014 using the child focused Equity Profiles developed in 2013 from MICS, departmental and routine monitoring data and community inputs. UNICEF has also provided support to the remaining seven UNDAF districts to prepare such plans in 2015. With UNICEF support, a total of 156 unions developed Union Equity Profiles that were used for the preparation of their annual planning and budget exercise. Priorities and needs of children were collectively identified and documented to develop these profiles. However, several UNICEF staff indicated that the work of the LCBCE officers was undertaken in isolation of other sectors and their input was not sought to develop the district and local level plans, which may have an implication for resources allocation of for the various sectors.

Challenges

Government and UNICEF stakeholders indicated that one of the challenges, particularly at the district level, is that while the administration of the government is decentralized at the implementation level, there is no delegation of authority in budgeting and other decision-making. As such, the fate of district plans remains uncertain, as sector plans are developed at central HQs, with no flexibility for local planning to adapt or adjust the integrated development plans to the local context. UNICEF assistance with district planning could serve as a model for future bottom-up planning and budgeting. While stakeholders noted that decentralization efforts on the part of the GoB are slow, the Government has approved decentralised budgets for seven districts for FY 2014-15 as a pilot, three of which are UNDAF districts, which allows for some cautious optimism that these pilots will expand to additional districts.
3.3 Efficiency

3.3.1 Extent UNICEF decentralised approach to programming through Zone Offices facilitated good programming in response to context-specific realities in various divisions and districts and contributed to efficient output delivery.

**FINDING 10** — Ongoing decentralization of UNICEF to zone offices has helped deliver results for women and children, but efficiency and effectiveness have not been optimized due to confusion on roles and responsibilities between Dhaka based staff and zone offices, insufficient communication between the two levels and need of greater support from Dhaka-based staff on removing GoB bureaucratic barriers at lower levels. Remaining centralized decision-making is a key obstacle amidst signs of progress.

Facilitating good programming

The data show that field presence through zone offices helped address geographical disparities and inequity through the UNDAF districts, and strengthened local capacity for better coordination, planning, including budgeting, and monitoring. Stakeholders from the GoB and UNICEF at the district level concurred that increased district level programming has been beneficial, especially as compared to the previous model where a sole district programme staff attempted to coordinate and monitor all activities.

With more programme staff on the ground, technical support and monitoring of activities in each area of programming areas increased. As shown in Section 3.2.3, decentralization of UNICEF programming through zone offices helped mobilize children, focus resources at the union level, and develop multi sectoral development plans at the district level. Zone staff has identified programming opportunities and helped funnel projects to the national office.

In September 2015, UNICEF held a workshop bringing together the six zone offices that provided each zone office a showcase of context specific approaches to initiatives to address children issues. While time constraints limited each to present only one initiative, this forum demonstrated how common issues can be addressed differently in varying contexts.

In spite of these improvements, UNICEF staff at the national and zone offices recognized that decentralisation of UNICEF programming has been halting, with negative consequences, including efficiency issues.

**Efficiency of output delivery**

Currently, UNICEF was reviewing and refining its decentralization model, particularly in terms of clarifying the roles and responsibilities of the national and sub-national offices staff. For example, UNICEF organized an accountability workshop on in March 2015 which aimed to examine and
redefine the accountabilities for the Dhaka Office and the six field offices following 3 years of implementation of the decentralised model.

Decentralization of programme staff to zone offices

Another issue undercutting the achievement of results is the inefficiency created as a result of UNICEF decentralization of its programme staff to zone offices. While the decentralization of programme staff to zone offices occurred in 2012, according to several field staff, it was undertaken hastily, without a clear accountability framework and delineation of roles and responsibilities. Concurrently, BCO experienced staff turnover at the national level and had to recruit new staff both there and in the zones.

Overall, despite decentralization, UNICEF has remained largely centralized in its decision-making and programme implementation. Despite posting many programme staff in zone offices, programmes are still managed by the section chiefs in Dhaka, with field programme officers reporting to the Chief Field Officer (CFO). Most field staff indicated that they also report to section chief, even if informally. However, this has created inefficiencies due to some confusion on roles and responsibilities. UNICEF management and staff agree this limits the ability and flexibility of field offices to adapt strategies based on local conditions, as well as to promote sectoral integration and bottom-up planning as intended under decentralization.

Budgets and spending still flow from the programme sections to implementing partners in the field, rather than being managed by the zone offices, who currently do not manage operational budgets. And despite monthly coordination meetings, some staff noted that insufficient documentation of decisions hinders effectiveness.

The centralization of programme management and decision-making in Dhaka, both for the Government and UNICEF, has limited the ability of zone offices and their counterparts to resolve identified bottlenecks. UNICEF bottom up planning was piloted for the first time in preparing the 2016 work plans. Even with more responsibility for monitoring progress at the district level, field level staff indicated that greater coordination and information sharing between Dhaka-based and field level is needed. Too often, bureaucratic barriers or constraints, while identified and reported to Section Chiefs, are not addressed. As neither the field staff nor government officials have direct access to central decision-makers, they are not able to address operational constraints without the support of section chiefs, who control access to central level bureaucrats.

Greater coordination between national and zone level is required, as well as more support from the national level to remove bureaucratic/operational barriers. UNICEF advocacy with GoB partners at national level would enhance efficiency and effectiveness at sub-national level.

As GoB decision-making is still overly centralised, Dhaka-based level programme staff is ideally positioned to help their colleagues at sub national level remove bureaucratic barriers that hinder
technical assistance efforts at the district level. As some stakeholders noted (government and UNICEF), sometimes all is needed is a single order from above to set the wheels in motion below; while in others cases, sustained advocacy is required. In the case of SCANU, the data, including the Endline Report (2014) and MTR indicate, that they suffered from an insufficient number of assigned nurses, lack of supplies. The evaluation team visit to the SCANU in Rangpur revealed also the lack of a biomedical engineer to maintain the specialized equipment and that the hospital director had not taken visited the SCANU since his appointment three months prior to the field visit. According to those in charge of the SCANU, an order from the Ministry to assign appropriate resources to the SCANUs would greatly help improve their effectiveness and sustainability.

3.3.2 Extent UNICEF used its own and partners comparative advantages to collaborate with strategic stakeholders to support the delivery of results for children in Bangladesh, in particular for the most vulnerable or excluded groups.

**FINDING 11 – UNICEF used its own and the comparative advantage of other organisations, but there is scope to optimize results for children, in particular for the most vulnerable or excluded groups, through strengthening partnerships with other development partners, facilitating partnerships between GoB and NGOs/CSOs and the private sector, and through South-South cooperation.**

The changing global context in development thinking, practice and funding entails a greater push for harmonizing programming between development partners, collaboration and leveraging mutual comparative advantage. The impending status of Bangladesh as a middle income country reinforces this accepted wisdom in order to remain relevant and achieve results with likely fewer resources.
Since 2012, UNICEF has used the comparative advantage of many organizations to achieve results for women and children on awareness raising and behavior change, social policy, water, sanitation and hygiene, as well as health and nutrition: some 50 in 2012 and 31 in 2013.\footnote{COAR 2012 and 2013. Not reported for 2014.}

Working together in UNDAF districts as part of a UN common agenda has provided opportunities to support the delivery of results for children and adolescents through multi sector partnerships. UNICEF documented cases where it collaborated with other UN organizations to achieve greater results for women and children. For instance, it participated in joint programming, initiative UNFPA and WHO on MNCH. Given UNICEF’s ability to convene, e.g. many important ministers and district commissioners have participated in key meetings, it was asked to provide technical assistance to the National Secretariat to mobilize stakeholders. It also partnered with WFP, FAO donors and NGOS to increase the impact of nutrition interventions, including demonstrable models for reaching adolescent girls.

However, most stakeholders concurred that despite the UNDAF comprehensive results framework, collaboration between UN agencies is far from optimal. Many stakeholders noted the tendency for competition between UN agencies and mandate creep, rather than collaboration, despite overlap in their mandate; e.g. UNICEF and UNDP on local government and decentralization, UNICEF and UNFPA on MNCH and adolescent health, with UNWOMEN on gender based-violence and child marriage. UNICEF staff confirmed these overlapping activities by development partners at the district, upazila and union level.

UNICEF also worked in complementarity with donors through pooled funding in education and health (SWAPs), providing specific support to the GoB through technical assistance on school health, quality improvement in pre-primary and primary education, etc., and participates in four working groups. However, some donors observed the limited UNICEF role in the pooled fund and the tendency to press its own global agenda and introduce new projects rather than work on a common set agenda.

In 2013, UNICEF and the non-profit research organization Unnayan Shamannay held a seminar on Children and Budget in Bangladesh that enabled parliamentarians, national economists, policy makers and civil society to exchange ideas. Speakers at the seminar called to protect investments for children, improve the quality of budgetary expenditure, dedicate budget to areas of inequity,
e.g. the high level of child malnutrition and urban deprivation, and accelerate the move towards child sensitive social protection. This eventually led to the GoB adopting child focused budgeting, as discussed earlier.

UNICEF has effectively used the comparative advantage of NGOs to implement initiatives where GoB capacity has not been sufficient to meet its obligations towards the realisation of women and children’s rights. NGOs have played a crucial role in advocating for children and women rights and reaching communities across the country - including the most vulnerable and hard to reach - to provide services when the government was absent.

International NGOs such as Plan International and Save the Children, and national organizations such as BRAC, Grameen Bank, and Grameen Shikka, are key examples of strong development actors in Bangladesh. These NGOs have a very strong field and community presence and robust capacities. For decades, they have been trusted partners of bilateral and multilateral agencies, often functioning as implementing agencies for development partners including UNICEF, and have been instrumental in scaling up initiatives at the national level. Several innovative approaches, including reaching slum and street children and working on adolescent issues, were pioneered by NGOs, although not always acknowledged as such.

Several stakeholders (one donor and NGOs) indicated that where the GoB is unable to provide adequate services, it is more economical for the government (or donors) to partner directly with NGOs rather than using UN agencies as an intermediary. The MTR Report indicated that UNICEF can play a valuable role in strengthening the relationship between Government and NGOs, leading to stronger coordination and optimal use of resources for children and women. Several stakeholders noted, however that overreliance on NGO and civil society organizations (CSOs) can have negative effects, similar to overly depending on UN agencies, as it curtails capacity building and development of government systems, as well as local ownership.

Finally, even though government decentralization and local planning is not part of the UNICEF mandate, it has achieved results in that area, as shown in section 3.2.2. However, several stakeholders observed that since governance, which includes decentralization, is part of the mandate of UNDP and the World Bank, UNICEF should coordinate its activities with such development partners to avoid duplication and pointing the government in conflicting directions.

3.3.3 Extent that skillset and capacity of UNICEF staff is adequate to implement current programming strategies and make strategic shifts in response to the changing country context (in particular the trend towards upstream engagement)

**FINDING 12 – The technical knowledge of UNICEF staff, as well as knowledge of the country context and government system, are unevenly distributed as a result of decentralization,**
thereby undercutting the efficiency and effectiveness of UNICEF. The Country Programme would have benefited from a greater division of labour and greater coordination between Dhaka-based and zone staff. As most of the programming focuses on service delivery, UNICEF needs to invest in developing staff capacity to undertake upstream work in coming years and ensure that zone staff have the technical skills to build GoB capacity at sub-national level.

Several stakeholders, including field level staff and at least one national level GoB partner) noted that decentralization had undercut the effectiveness and efficiency of UNICEF, owing to staff turnover and staff with mixed levels of experience being deployed to the Field Offices without adequate preparation. Whereas capacity was gathered in one place, subject matter expertise, understanding of the country context and its government systems is now unevenly distributed among the seven locations (including the national office). This, according to one UNICEF field staff was exacerbated by some staff from moving one programme area to another where they had no expertise.

Stakeholders noted that decentralization required moving many experienced national staff to the zones, as well as hiring additional personnel. This led, among other things, to having fewer experienced national staff to support international staff in Dhaka, who inevitably turnover more frequently, thus weakening the effectiveness and efficiency at national level.

It was noted at the field level that, as each programme area generally has only one section staff in the zone offices, the pool of people that can provide guidance in their programme on a day to day basis is limited. This is particularly an issue for new staff. Better communication and support from the Dhaka Office is therefore needed. A recent accountability workshop, it was noted that section chiefs should go to the filed to see the status of programme implementation. This would provide an opportunity for exchange of information and providing technical support to the zone officers. Furthermore, newly hired staff has to be very strong technically and have a strong grasp of the local context and government systems.

Increased policy, advocacy and partnership development capacity is required as Bangladesh transitions to middle income country status, particularly at the national level if UNICEF is to help the shift towards upstream engagement.

UNICEF has not systematically assessed staff capacity in areas of advocacy, networking, multi-stakeholder partnership facilitation, including the private sector, communication skills, as well as leveraging resources. Therefore, it was not possible to ascertain whether these skills are sufficient given the scope of the evaluation. However, the fact that a substantial proportion of the work is on capacity building and direct support to service delivery requires a different set of skills than policy development and advocacy. Whether located at national level or zone offices, GoB stakeholders stated that UNICEF personnel need strong technical skills, sound knowledge of government systems and excellent negotiation and communication skills to support the GOB’s. Several Dhaka-based UNICEF stakeholders noted that leadership and management of CFOs
require improvement, as do the technical skills of officers. At the same time, it was noted by some GoB, other development partners and NGO stakeholders that some section chiefs require better negotiation skills and understanding of government systems to play an effective advocacy role with the GoB.

Donors noted that further improvement in transparent financial system, UNICEF internal coordination, as well as working through and leveraging the GOB system will lead to greater impact. Faster contracting of NGOs will improve the quality and timeframe of delivery. NGOs and GoB partners also felt that a faster and rigorous disbursement system will make programme delivery more efficient.

As well, more support from Dhaka-based staff could have helped remove operational barriers hindering implementation from the GoB side at the district level. The evaluation collected several examples where a simple letter from above or more sustained pressure from upper echelons of ministries could have significant difference for district administration.

In terms of its approach, the CP would benefit from a greater division of labour and coordination between the national office and zones. Internally, UNICEF stakeholders indicated that staff resources were optimized, in part due to the current operational structure (incomplete decentralization) and the rapid decentralization without adequate guidelines and sufficient delegation of authority and control over programming and budgets.

The BCO management recently took steps to clarify the roles and responsibilities as well as accountabilities between sections and zone offices on several domains cutting across programme management and operations, as mentioned above. Moving forward, primary responsibility and accountability for upstream work, e.g. national level support to GoB policy development rests with section chiefs, while accountability for implementation rests with zone offices under the leadership of the chief field officers (CFOs) and oversight of the section chiefs and Deputy Representative.

Using the analogy of UNICEF comparative advantage, the data gathered established that national level staff are strategically placed to assist the GoB develop national level legislation, policies and strategies rather than manage support to delivery at subnational level.

To achieve this, national level staff, particularly sections chiefs, need to shift their focus from managing the implementation of projects, i.e. direct support to delivery and capacity building at subnational level. Instead, they need to concentrate on building the capacity of the GoB to identify persistent equity gaps and develop appropriate legislation, national policies and strategies and guidelines for implementation at sub national level. Government counterparts expect UNICEF national level programme staff to help identify and develop partnerships with key stakeholders, including the private sector, facilitate South-South exchanges and champion effective low-cost practices from other countries, particularly in Asia.
Zones offices are well positioned to help government identify capacity gaps and bottlenecks, provide technical assistance to district government, as well as upazila and union, and monitor progress. They are also best placed to help government develop local level planning and budgeting for children rights.

Figure 2 - Recalibration of roles and accountabilities within UNICEF BCO

In terms of maintaining, or possibly enhancing UNICEF’s equity focus, the following figure provides an overview of a division of labour between the national and sub national levels:

Figure 3 – Process to address equity gaps and barriers
UNICEF could benefit from reviewing the role of the Planning and Monitoring Officers that are now primarily engaged in assisting districts, upazilas and unions with planning and tend to work in isolation of other sectors, according to stakeholders. Their working more closely with UNICEF sectors at subnational level could help build the M&E capacity, including data collection and management of GoB partners, as well as help monitoring progress of the various sectors. To optimize their role with building GoB capacity requires an increase in government financial and human resources for M&E at sub national levels, to enhance the role of government officers in charge, cascading down to the lowest level of routine data gathering in the service delivery system.

3.3.4 Extent programmes are designed and implemented to generate solid evidence from monitoring and evaluation to inform policy/advocacy and improved programming. Extent that Theories of Change (implicit or explicit) form the basis of programming.

FINDING 13 – UNICEF uses surveys extensively to monitor the status of outputs and outcomes to inform programming. While formal evaluations have been donor driven, the MTR is comprehensive and used to improve programming. UNICEF programming in Bangladesh is based on key assumptions and strategies outlined in the Strategic Plan.

M&E informing policy/advocacy and improved programming

UNICEF is recognized for its emphasis on generating evidence to base decision-making and implementation. It uses surveys extensively, to develop its programming, such as census, MICS, etc. and more recently the MoRES. It has used this data to plan and implement programmes. It has advocated for the institutionalization of MoRES in government partners’ systems and has worked to build capacity on their use.

Evaluations have been mainly donor driven, e.g. the Evaluation on the Basic Education for Hard-To-Reach Urban Working Children (BEHTRUWC) programme (funded by SIDA) and the health impact study on the DFID funded Sanitation, Hygiene Education and Water Supply in Bangladesh (SHEWA-B) programme (which was originally not framed as an evaluation). Bangladesh has also been a case study in a number of global and regional evaluations (e.g. on MoRES, programming on violence against children and adolescent programming), however, the BCO has commissioned very few formal evaluations of its programmes. The MTR, however, is a very comprehensive
review of UNICEF/GoB cooperation, which provides not only a detailed overview of the status of results in the various areas of UNICEF intervention and it documents areas where improvements need to be made and assigns responsibilities and timeframe to take corrective action. In spite of this, the BCO could benefit from independent evaluations of its various areas of intervention as a matter of good practice.

Theory of change

The CPD does not provide a description of its theory of change but based on the review of documents and interviews, the evaluation found that the programming used by the Bangladesh CP (Section 3.1.5) reflects overall the Mid-Term Strategic Plan 2006-2013 principles, areas of focus, cross-cutting strategies. Hence, the theory of change used by UNICEF in Bangladesh is more implicit than explicit.

The first of three key assumptions is that evidenced-based laws, policies and implementation plans combined with doable and cost-effective technical solutions can make a difference in the lives of disadvantaged children. Linked to this assumption is the conviction that innovation is an important ingredient of social and economic change.

The second is the need for improved national capacity for implementation to deliver in practice on the promise to improve the situation of the most disadvantaged children, while simultaneously responding to the various national, regional and global commitments.

A third assumption is that expanding services to marginalized children alone will not yield results if unaccompanied by serious investments in the knowledge, skills and capacity of communities, including the capacities of children and adolescents themselves to act as agents of change.

The Child Protection section took the initiative to develop a theory of change for all child protection outputs adapted to the situation of children in Bangladesh, based on the Global Theory of Change for Child Protection, which the evaluation did not review. The other sectoral programmes are not informed by Theories of Change.

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3.3.5 Extent resources (financial and human resources) allocated by BCO are appropriate to support the implementation of strategies and achievement of Country Programme results.

**FINDING 14 – Resources are overall adequate to achieve Country Programme outputs and outcomes, but the large focus on direct support to service delivery, including a substantial proportion dedicated to procurement, delays government ownership and threatens sustainability.**

Based on the review of the MTR Report, Country Office Annual Reports (COAR) and UNICEF Results Framework, the BCO appears on track to achieve outputs and outcomes in the various programme areas. A substantial amount of resources are spent in support of direct service delivery however, much of which is for the purchase of supplies and procurement on the behalf of the GoB. Although these directly supporting implementation of services that should be provided by government to help achieve some programme targets, this strategy does not build the capacity or ownership of government partners, thereby jeopardizing the sustainability of results.

Notwithstanding that projects to support service delivery requires more financial and human resources, the analysis sector expenditures by type of strategy suggests that much more time and effort is spent on downstream work such as service delivery, which includes procurement and capacity building, than upstream strategies such as advocacy, developing partnerships, South-South collaboration, evaluation and knowledge management.

Examples from the MTR Report on financial allocation suggest that a large proportion of spending went to support implementation. Importantly, the sections did not use the same categories or groupings to report expenditures, while some upstream work is bundled with downstream work. However, the examples are meant to serve only as an indication rather than be a precise account of expenditures for each section and general strategy from 2012 to mid-year 2014.

In health, almost all funding is going to various forms of capacity building, e.g. quality improvement at least 89% to service delivery, e.g. supply and demand interventions. Policy, strategy and capacity development are bundled together and represented a total of 11% so it was not possible to break these down each of these activities.

In education, 82.7% was dedicated to capacity building and service delivery while advocacy, cross sectoral integration, evaluation, knowledge management and partnerships amounted to 5.3%. Water and sanitation amounted to 52%, with 15% for monitoring and evaluation, and 4% altogether for policy support and research and development. For HIV, 53% went to service delivery and capacity development, nearly 34% was for cross sectoral integration and partnerships and 3.5% for evaluation and knowledge management.
Table 4: Expenditures by selected sector and key strategy from MTR Report

### Health

<table>
<thead>
<tr>
<th>Category</th>
<th>Expenditure</th>
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<tbody>
<tr>
<td>Policy/Strategy/Capacity Development</td>
<td>11%</td>
</tr>
<tr>
<td>Supply side interventions</td>
<td>27%</td>
</tr>
<tr>
<td>Demand side interventions</td>
<td>40%</td>
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<tr>
<td>Quality improvement</td>
<td>22%</td>
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</table>

*Source: MTR Report, p.131*

### Education

<table>
<thead>
<tr>
<th>Category</th>
<th>Expenditure</th>
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<tbody>
<tr>
<td>Service Delivery</td>
<td>63.2%</td>
</tr>
<tr>
<td>Capacity Development</td>
<td>19.5%</td>
</tr>
<tr>
<td>Advocacy</td>
<td>1.9%</td>
</tr>
<tr>
<td>Cross Sectoral Integration</td>
<td>1.9%</td>
</tr>
<tr>
<td>Evaluation and &amp; Knowledge Management</td>
<td>1.0%</td>
</tr>
<tr>
<td>Partnerships</td>
<td>0.5%</td>
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</tbody>
</table>

*Source: MTR Report, p.157*

### Water and Sanitation

<table>
<thead>
<tr>
<th>Category</th>
<th>Expenditure</th>
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<tbody>
<tr>
<td>Policy Support</td>
<td>2%</td>
</tr>
<tr>
<td>Hygiene Promotion</td>
<td>5%</td>
</tr>
<tr>
<td>Capacity Development</td>
<td>13%</td>
</tr>
<tr>
<td>Program Monitoring &amp; Evaluation</td>
<td>15%</td>
</tr>
<tr>
<td>R &amp; D</td>
<td>2%</td>
</tr>
<tr>
<td>Wash Facilities (Schools)</td>
<td>21%</td>
</tr>
<tr>
<td>Sanitation Support</td>
<td>13%</td>
</tr>
<tr>
<td>Safe Water Supply</td>
<td>16%</td>
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<tr>
<td>Policy Support</td>
<td>2%</td>
</tr>
</tbody>
</table>

*Source: MTR Report, p.55*

### HIV

<table>
<thead>
<tr>
<th>Category</th>
<th>Expenditure</th>
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</thead>
<tbody>
<tr>
<td>Service Delivery</td>
<td>12.2%</td>
</tr>
<tr>
<td>Capacity Development</td>
<td>41.0%</td>
</tr>
<tr>
<td>Advocacy &amp; Policy Dialogue</td>
<td>7.7%</td>
</tr>
</tbody>
</table>
Cross Sectoral Integration & Partnerships 33.7%
Evaluation and & Knowledge Management 3.5%

Source: MTR Report, p. 212

The 2013 Country Office Annual Report (COAR) indicates that a sizable portion of its budget was spent on supplies and procurement. The BCO committed US$12.5 million to supplies for service delivery in health, nutrition, WASH, education and child protection in partnership with the national social sector institutions and their sub-national outlets in the UNDAF districts. At the request of the MoHFW, UNICEF provided procurement services in support of essential health commodities and supplies, mostly vaccines, with US$80 million, and US$48.44 million in 2012. The supplies included learning materials and school kits for teaching and learning, vaccines and injection devices, cold chain materials, vitamin A and pharmaceutical items, equipment for the birth registration information system (BRIS), and materials for child-sensitive social protection services and special care newborn units (SCANU). This suggests that UNICEF BCO spent nearly US$141 million on supplies and procurement in 2012 and 2013 on behalf of the GoB, approximately 31% of the CP budget.

Several stakeholders, particularly donors, opined that UNICEF may need to review its approach, noting that service delivery is too prominent to the detriment of such strategies as technical assistance to build government systems, advocacy, as well as assisting the GoB to identify and scale up innovations and successful models. Almost all stakeholders mentioned monitoring capacity of government partners was still weak and required more human and financial resources to be effective. While UNICEF has helped to increase government capacity in generating and analysis data, including analysis of equity gaps and bottlenecks and helping build management information systems in various jurisdictions, much remains to be done at sub-national levels.

Beyond 2021

Looking out to the next decade and assuming that Bangladesh transitions towards middle income level status, UNICEF needs to consider what this entail for its programming approach in Bangladesh in the short and medium term and if bridging the gaps for the most underprivileged and hard to reach children will remain its main focus.

While the evaluation team did not find a global policy or guidance on UNICEF functions in MICs in an environment of reduced financing, the UNICEF Caribbean regional office identified six core functions. It entails providing less direct implementation and putting more emphasis on building the capacity of national systems focusing on equity issues, as many middle income countries face wide disparities and inequalities. As Bangladesh advances towards middle income country status, UNICEF needs to recalibrate its strategies. Scaling-up strategies through inter-sectoral partnerships, including with the private sector, ramping up South-South cooperation and identifying low-cost scalable innovations to help improve government performance, need to
receive increased consideration. Support to service delivery will remain relevant in areas of concern, e.g. under-nutrition but focus the hard-to-reach, and marginalized populations. As the Government of Bangladesh undertakes large procurement elsewhere, it does not lack capacity per se and procurement through UNICEF will be harder to justify in the future.

**Figure 4 Indicative core UNICEF functions in middle income countries**

<table>
<thead>
<tr>
<th>UNICEF core function in middle income countries</th>
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</thead>
<tbody>
<tr>
<td>1. Support monitoring rights of children and women</td>
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<tr>
<td>2. Strengthen capacity of national systems and civil society in promoting rights of children</td>
</tr>
<tr>
<td>3. Advocate for pro-child laws, policies and budgets</td>
</tr>
<tr>
<td>4. Promote attention to major disparity and exclusion and discrimination issues at national and subnational levels</td>
</tr>
<tr>
<td>5. Promote and enhance partnerships between government and private sector and civil society/youth organization to realize children’s rights</td>
</tr>
<tr>
<td>6. Facilitate knowledge sharing and documentation of evaluation experience</td>
</tr>
</tbody>
</table>

Furthermore, the importance of providing a social protection floor in low- and middle-income countries is increasingly apparent as countries undergo rapid demographic and economic changes. (UNICEF 2013).\(^{19}\) Bangladesh, with its fast growing population, many of whom find themselves in slums, falls into this category. Despite progress in setting up a protection system, the data on various forms of child abuse and exploitation, albeit limited, suggests that Child Protection is a programme area meriting more dedicated resources in the future. The GoB has committed to ending child marriage with the support of development partners. As discussed

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earlier UNICEF is well positioned to support the GoB tackle this issue. In addition, prevention of violence and abuse, as well as more systematic exploitation and neglect, children with disabilities, or children caught up in dysfunctional justice systems raise challenges that will increasingly need attention and effort in the years to come.

3.4 Sustainability

3.4.1 and 3.4.2 Extent capacity development strategies are coherent contributing or likely to contribute to overall sustainability of programme results. Contributing or constraining factors to making a durable change.

FINDING 15 – UNICEF strategies are complementary and each section has used a mix of strategies to achieve results, including support to service delivery and capacity development addressing capacity gaps at various levels. While all strategies are necessary to achieve results, direct support to implementation and overly focusing on individual capacities are less likely to produce sustainable results nor foster government ownership.

Clearly, UNICEF has been building capacity of the GoB to achieve results for women and children, alongside other development partners, through seven key strategies, which combined have contributed to capacity building at various levels, e.g., institutional, organizational and individual. Stakeholders agree that sustainability of results is much greater where government is in the driver’s seat and has a greater financial stake.

It is also agreed upon that the GoB has not been sufficiently determined in translating legislation, policies and strategies into implementation at sub-national levels. UNICEF documented the lack of targeted sectoral investments to address sectoral bottlenecks. Despite the GoB making a number of highly publicized commitments to increasing expenditures in key areas of UNICEF support, these have not been fulfilled, and highlight the need for more direct advocacy on the issue. To take two obvious cases, the government committed to support and scale up the SCANUs and the DNSOs, but the evaluation observed deficiencies in the allocation of human and financial resources that should have been addressed but were not.

Several stakeholders including GoB at national level, one donor and some UNICEF staff at national and sub-national level also raised the issue of direct implementation of services by UNICEF through NGO partners, as well as continued support for procurement as impediments to government ownership and its progress in providing these services itself as it is obligated to by its own legislation.

Similarly, the cost of local level planning with a children’s rights lens has been almost entirely borne by UNICEF. For instance, UNICEF has introduced technical assistance for more creative content to Radio Betar, as part of its communication programming. Still some salaries for
technical and coordinating staff at the national and regions are still borne by UNICEF after nearly twenty years of support from UNICEF. While this strategy has helped reach a very large percentage of the population on several key issues, it raises doubts about the sustainability of the approach. Furthermore, as documented in section 3.1.1, capacity building for communication for development (C4D) has been largely at the individual rather than institutional level, and in directly implementing, rather than building government capacity, in social marketing.

Clearly, there are financial and human resources and gaps that cannot be ignored, and UNICEF and development partners have to fill these as duty bearers so that the rights of children are being realized. However, as UNICEF resources are also limited, it has to prioritise interventions so that it is not spread too thin. Some stakeholders questioned the amount of implementation that UNICEF supports, including procurement, observing that while an expedient to achieve results, these strategies are not sustainable.

Another constraint to the sustaining strategies, such as building sub-national capacity in planning and budgeting to address bottlenecks and barriers to the realization of children’s rights, is the uneven pace of decentralization that slows the achievement of results and ownership of those charged with implementing government policies. Often they have too little control on modalities for implementation with limited scope to adapt and optimise government programmes to local conditions and thereby own the process. Unless the efforts expended to date to build the capacity of the NLGI, district authorities, and representatives of upazilas, unions and communities are accompanied by flexibility government in planning and spending at sub-national level, the benefits could wither rapidly.

UNICEF has consistently built capacity at various levels, including individual, institutional, as well as assisting the GoB develop the legislative and policy framework to guide improved provision of services and coverage. But its strategy is not as strong in terms of building government capacity at various levels, with respect to communication for development, as the GoB remains overly dependent on UNICEF.

### 3.4.3 Extent government integrated or scaled up programmes/interventions, including innovative approaches, initiated by UNICEF by integrating them into their Annual Development Programme or leveraging resources for replication

**FINDING 17 – The GoB integrated or scaled up several UNICEF interventions and innovations initiated, particularly in health and water and sanitation, sometimes with UNICEF helping to leverage resources for replication. But the GoB capacity of assuming these costs raises the question as to whether UNICEF has sufficiently analysed the GoB capacity to replicate or scale up when deploying new interventions.**
Several examples were found of GoB scaling up innovations or good practices introduced by UNICEF in its different sectors of intervention. Meanwhile, at least at the time of the evaluation, UNICEF had started to document promising innovative initiatives or approaches that could be scaled up nationally.

For example, the introduction of bottleneck analysis allowed for interventions by SCANU to increase from 16 to 22. Nutrition corners in hospital for the management of severely malnourished children increased from 5 to 134, and the integration of prevention of mother-to-child transmission (PMTCT) into MNCH services was scaled up. Child Protection is conducting the end line study of Government supported adolescent clubs dealing with various issues and they are expected to be scaled up to all unions in the 20 UNDAF districts.

UNICEF and the World Bank assisted the GoB to pilot alternative technologies to improve water and sanitation facilities in 325 communities affected by arsenic contamination and saline intrusion. UNICEF, DPHE and the World Bank established a two-tiered quality assurance mechanism to improve the quality of collected data and strengthened role of DPHE in sectoral water quality monitoring, with an expectation this will be scaled up.

There are still a number of cases where scaling up is problematic due to lack of resources. In education, UNICEF introduced, amongst others, Ability Based Accelerated Learning (ABAL) for primary schools, a curriculum for out of school children (OoSC) aged 8-14 year, and a skills development package, including apprenticeship model developed for OoSC and the Young Champion initiative. However, UNICEF indicated that its own and GoB resources were too limited for expansion and that more resources would need to be leveraged from other donors.

In the health sector, the SCANUs were up scaled to 16 with plans to reach all 64 districts, but those in operation are still deficient, even in districts such as Rangpur, with the highest preforming SCANU with an effective coverage of 41%.

Likewise, the cost of local level planning with a children’s rights lens has been almost entirely borne by UNICEF. Some of salaries for technical and coordinating staff at Bangladesh Betar are still borne by UNICEF after many years of partnership between the two organizations.

3.4.4 Extent that the government created an enabling environment for the UNICEF interventions to sustain

**FINDING 18 – Legislation and national policies such as children sensitive budgeting, as well as national commitments, sector strategies and plans have enhanced the capacity of the GoB to realize children’s rights. Uneven progress on government decentralization inhibits achieving the MDGs/SDGs for children and women and for interventions to sustain.**

Since 2012, the GoB has improved the enabling environment for children’s rights, particularly with respect to legislation, institutional reforms, budgeting, as well as monitoring and evaluation.
However, the implementation of key institutional reforms, notable decentralization, has been slow, and financial commitments to assume the costs of service delivery or new agreed upon interventions to improve performance have not always been respected, e.g. SCANU and DNSOs.

The following are examples of GoB actions to create an enabling environment:

**Health**

Along with other development partners, UNICEF contributed to the development of the National Policy for Immunisation, endorsed by the National Committee for Immunisation Practice; a draft Urban Immunization Strategy, National Maternal Health, National Child Health Strategy and Bangladesh Every Newborn Action Plan and a draft Gender Equity Strategy for health. In addition, the revised law to control marketing of breast milk substitutes and the national edible oil fortification law were adopted.

**HIV**

UNICEF and UNAIDS technical assistance led to the finalization of the 3rd National Strategic Plan for HIV and AIDS; revision of the National Guidelines for the Prevention of Mother to Child Transmission of HIV (PMTCT); and drafting the National Strategy for most at-risk adolescents (MARA).

**District level Planning and Children focused budgeting**

The GoB formally agreed for UNICEF to pilot comprehensive district level planning in the 20 UNDAF districts.

The Finance Minister has committed to initiating Child Focused Budgeting (CFB) in the current fiscal year (2015-2016) that provides UNICEF and other development partners opportunities to build upon. GoB stakeholders emphasised the need to involve the Ministry of Finance and/or Planning from the outset to ensure that budgets are secured at the outset of projects and to increase the sustainability of the interventions in the short and medium term. The commitment of the Ministry of Finance to start child sensitive budgeting in 2015-2016 is a welcome step forward, and a gratifying achievement for UNICEF.

**Water and Sanitation**

The GoB developed the National Strategy for Water and Sanitation Hard to Reach Areas of Bangladesh (2011). It also formulated and adopted the National Hygiene Strategy and WASH in Schools Standards, both critical substantially scaling up of interventions required.

**Education**

With technical support from UNICEF, the Ministry of Primary and Mass Education developed policies and strategies to develop a primary teacher training course, and continue its pre-primary
education for universal coverage, and piloting of a classroom-based quality improvement initiative.

UNICEF’s contribution led, with other partners of the donor consortium, to the institutionalization of Second Chance Education within the Directorate of Primary Education. Clear targets have been set for enrolment in OoSC for 2015 and 2016.

**Child Protection**

In 2011, the National Policy on Children, which brings the definition of the age of a child in line with the CRC, was approved by the Council of Ministers. The policy stresses the importance of child sensitive social protection through family support services, in addition to institutional care provision.

Since 2011, modelling has been used to build capacity; ensure quality services supported by legal processes; promote family based care; and, gather evidence to influence policy. Such modelling had a positive influence on the Ministries of Social Welfare and Women and Children Affairs, which became strong advocates for the adoption of the *Children’s Act* in 2013.

The Act mandates the formation of Child Welfare Boards at the national and sub national levels to ensure coordination in provision of services to children and families.

In terms of budget for protection, the expenditures for urban working children (who live or work on the street and orphans), who are among the most vulnerable children, receive less than 1% of the social safety net budget (UNICEF COAR 2012).

**Nutrition**

The GoB is committed to taking on District Nutrition Support Officers (DNSOs) as part of its staff but some stakeholders noted that to date, it had not budgeted forward to take make this happen, with the risk that UNICEF will have to continue to fully assume these salaries beyond 2016.

**Monitoring and Evaluation**

Overall, Government capacity to generate data and knowledge has increased, and the GoB managed the 2012-2013 MICS survey independently, including processing of data and tabulation of results. While challenges remain in the use of data and bridging the gap between evidence and policy-making, a partnership with IMED in the Ministry of Planning is committed to integrating data on effective coverage of basic social services closer to the planning and budgetary decision-making process.
4.0 Conclusions

The CP strategies are congruent with priorities of the GoB in achieving the MDGs. Despite the momentous progress made towards achieving the MDGs relating to women and children, particularly in primary education and MNCH gaps remain in all areas, which UNICEF continues to help the GoB address through various strategies. These strategies develop capacity at individual, organisational and institutional level in all sectors of UNICEF intervention. However, service delivery still figures prominently in the strategies used to achieve results for women and children. UNICEF spends almost one third of its budget on procurement alone. While this helps achieve results more rapidly it does not build capacity, create ownership or sustainability of results.

UNICEF Bangladesh has made consistent efforts though to identify the inequities between different populations of children. MoRES was to show how they do not benefit from the same level of health, education, water and sanitation due to lack of access of services, urban rural, poverty or other factors such as remoteness. It focuses primarily on the UNDAF districts, showing variations between them.

UNICEF and the GoB have facilitated a multi stakeholder partnership approach to address the complex issues of undernutrition and child marriage. The evaluation also found examples of inter-sectoral collaboration within UNICEF and partnerships between the GoB, UNICEF and other stakeholders that address specific issues. But there is scope for greater inter sectoral and multi-stakeholder partnerships to address persistent complex issues and equity gaps among children. Although the UN agreed to work in 20 disadvantaged districts, stakeholders noted that more could be done among UN agencies, particularly to address poverty, gender, the needs of adolescents and the hard to reach. The Evaluation of the 2012-2016 UNDAF for Bangladesh noted that geographical targeting provides an opportunity for convergence and joint programming between UN agencies for those that work at the sub-district level (Upazila) and support service delivery or grassroots level interventions. It also noted the difficulty to track progress at the district level due to the lack of baseline district level data.

Currently, UNICEF focuses on disaster management and preparedness through its involvement with the Inter-Agency Standing Committee (AISC). However, it lacks a strategy internally to mainstream DRR or implement it comprehensive fashion and its BCO does not have a climate change specialist to guide the process.

UNICEF has made a significant contribution to bridging gaps for the most vulnerable children by introducing a stronger equity focus in all its programming by undertaking an equity profile in the 20 UNDAF districts on five high impact interventions. This led to identifying corrective actions and recommendations for UNICEF and the GOB to move forward on in the second phase of the CP.
During the current CP, the GoB introduced legislation, e.g. Children’s Act 2013, national strategies and plans in all areas of UNICEF intervention to facilitate greater achievement of MDG targets. It has better focused district, upazila and union planning, via a children’s rights lens and multi-sectoral approach to planning and monitoring. On the financial side, the Ministry of Finance committed to Children Focused Budgeting (CBF), a promising development to support UNICEF work in Bangladesh. However, the GoB has lagged in its commitment to adequately support interventions such as SCANU and DNSOs, which impedes the sustainability of these interventions and achievement of results for children.

In terms of its own human and financial resources, decentralization has helped identify needs of government at the district level and approaches that are context specific. However, decentralization was executed hurriedly, with insufficient guidelines, redefinition of roles and responsibilities, and delegation of authority. Better coordination and mutual support between the national and zone offices would have increased effectiveness and efficiency and help remove further bureaucratic barriers at the district level.

Looking to the future and changing context, there is a recognition that UNICEF needs to shift to more upstream work while still assisting the GoB in operationalizing policies it helps develop. But absent a systematic assessment of staff skills to undertake more upstream work, the general perception is that they are lacking and that capacity has to be increased, in terms of advocacy, networking, partnership development and communications.

5.0 Lessons Learned

What lessons can be drawn from the past three years of programme implementation to ensure that UNICEF programming continues to be relevant to achieving results for children and that UNICEF positions itself as a key player in programming for child rights?

Lesson 1

As Bangladesh transition toward middle, there is a greater need for UN agencies to play an advocacy and technical assistance role rather than supporting direct service delivery on behalf of the government, as the latter does not promote ownership and sustainability. To play this advocacy role effectively requires strong subject matter expertise, good knowledge of the country and government systems.

Lessons 2

- Decentralised planning, implementation and monitoring can be more effective and efficient with adequate authorities, clear roles & responsibilities and a clear division of labour between
central and zone offices. Coordination, knowledge sharing and mutual support between national & sub-national level is essential to optimise effectiveness and efficiency.

Lesson 3

- Given its technical capacity & high level of trust from government and changing economic environment, UNICEF is well placed to play a catalyst role in identifying & promoting innovations & best practices rather that can be replicated and scaled up. However, when it introduces innovations, UNICEF has to be mindful that approaches to be scaled up should consider local resources from onset, e.g. youth friendly corners as implemented are too expensive for government to scale up or community to replicate and maintain. Cost-effective replicable innovations should be costed out from the outset and involve the Ministry of Planning and Finance.

Lesson 4

- UNICEF has a comparative advantage in terms of its relationship with and trust from the government. However, some NGOs have a very extensive reach across Bangladesh and can program at lower cost than UNICEF. It is more economical for the GoB and donors to work through NGOs than UN agencies in some cases. However, not all NGOs are able to interface directly with donors and some need an intermediary like UNICEF to facilitate collaboration. It is also more economical for the GoB when UN agencies and other development partners coordinate their activities among themselves and with the government and avoid duplication of effort.

6.0 Recommendations

Based on the findings and conclusions emanating from the evaluation, the following are recommendations for UNICEF BCO:

1. In order to shift towards more upstream work, UNICEF should conduct a capacity assessment of current programme staff to engage in such work both at the national and district level. UNICEF should then enhance the capacity of staff in advocacy, networking, facilitation of multi-stakeholder partnerships, including the private sector and communication skills to leverage UNICEF’s comparative advantage as the context in Bangladesh evolves. New staff should have a good mix of subject matter technical knowledge, as well as monitoring and evaluation, and good communication and negotiation skills.
2. As part of the UNICEF BCO decentralization process, national staff should focus on upstream work and policy support work at national level and programme implementation at the sub-national level. The work between the two levels should be coordinated and mutually supportive. As decision-making is still highly centralized, national staff should provide support to their colleagues at sub-national level to help remove operational barriers that hinder the implementation at the district level.

3. UNICEF needs to explore possible exit strategies in direct support to service delivery in areas where the GoB has made a lot of progress, but continue to assist in leveraging the comparative advantage of UN agencies and NGOs/CSOs, particularly on gender, reaching hard to reach and marginalized populations to optimize resources. To further this process, facilitate a tripartite partnership between UNICEF, CSOs/NGOs and the GoB.

4. To ensure sustainability and GoB ownership, UNICEF should ensure that the government make clear commitments, including budgetary so that it can take over costs of new interventions. Cost sharing, should be built in to the life of a new GoB delivered intervention or service, possibly in the form of an increasing share of the government on an annual basis so that it assumes all costs in a reasonable timeframe. Finance and Planning Ministries need to involved at the outset to ensure that resources are allocated in government budgets to adequately implement and sustain the interventions/service delivery.

5. Focus on identifying and promoting evidence-based scalable cost effective scalable approaches, particularly from the Asian region, for hard to reach populations. The focus should be on geographic isolation and those suffering from extreme poverty in urban and rural areas and bridging significant equity gaps. Facilitate multi-partner and multi sectoral approaches to help address complex persistent equity gaps.

6. Review its disaster risk reduction strategy to mainstream climate change adaptation and development programming to strengthen resilience for the most vulnerable population into its programming. Review its internal capacity to guide the process and coordinate with other development partners to ensure that strategies take into account children’s rights. UNICEF should consider hiring a development and climate change specialist to guide the process.
UNICEF-BCO: TERMS OF REFERENCE (TOR)

**Project/Assignment Title:** Evaluation of UNICEF’s Strategic Positioning in Bangladesh

**1. Background**

The UNICEF Executive Board approved the Government of Bangladesh - UNICEF Country Programme (CP) of Cooperation 2012-2016 at its second regular session in September 2011 with an indicative budget of US$445,410,000 to achieve results for children as outlined in the Country Programme Document and the Summary Results Matrix. The Country Programme represents UNICEF’s contribution to the Government of Bangladesh drive to achieve the Millennium Development Goals (MDG) with equity for children. Therefore, the CP was aligned with national social development priorities – especially the Health, Population, Nutrition Sector Development Programme (HPNSDP), the Primary Education Development Programme (PEDP), the Water Sanitation and Hygiene Sector and the Child Rights [and Protection] sector. The sectoral programme components are supported by Communication for Development (C4D), Communication Advocacy and Partnership (CAP), Social Policy Planning Monitoring and Evaluation (SPPME) and Local Capacity Building and Community Empowerment (LCBCE) Programmes. Together with other UN agencies, UNICEF focuses its efforts in 20 UNDAF districts considered to be most vulnerable based on a number of socio-economic indicators.

The CP is part of the United Nations Development Assistance Framework (UNDAF) 2012-2016, with UNICEF leading the Social Services for Human Development pillar and contributing to the other six pillars. As the UN Country Team (UNCT) committed to the UNDAF Action Plan, the UNICEF CP did not develop separate Country Programme Action Plans (CPAP). The ongoing Country Programme also coincided with the establishment of six UNICEF Zone Offices, thus marking the beginning of a more decentralised approach to programming in accordance with Government’s increasing decentralisation efforts.

Bangladesh is at a crossroads in its development and is experiencing sustained economic growth with the expectation to reach Middle-Income-Country status by 2021. While this is encouraging, the CPD highlights the fact that reaching this status will not guarantee the realisation of the Government’s poverty reduction targets and that the reduction of disparities in social outcomes is likely to be more effective in reducing poverty than pursuing economic growth alone.

The current Country Programme addresses child rights through five sectoral programmes, including Health, Nutrition, HIV, Water and Sanitation, Education, Child Protection and Field Operations. These programmes are supported by the Communications, Advocacy and Partnerships Section, the Social Policy, Planning, Monitoring and Evaluation Section as well as the Communication for Development Section. The summary results matrix which accompanies the CPD and outlines the key results to be achieved by each of the programmes (with associated indicators) during the Country Programme is attached to these ToRs as Annex A. The main implementing partner for the Country Programme is the Government of Bangladesh through its different line ministries. Furthermore, UNICEF also partners with NGOs and civil society organisations when there is a comparative advantage to do so.
Bangladesh has made remarkable progress on the MDG targets linked to gender parity in primary and secondary education, child mortality, the spread of malaria and tuberculosis and access to safe drinking water and sanitation.

However, these encouraging developments are accompanied by increased inequality, between and within population groups with new vulnerabilities are emerging for children. The Government of Bangladesh-UNICEF Country Programme contributes to the national priorities on primary education (MDG 2), gender equality (MDG 3), child health (MDG 4), maternal health (MDG 5), HIV/AIDS, malaria and other diseases (MDG 6), and water and sanitation (MDG 7).

The Mid-Term Review conducted with Government counterparts in 2014 confirmed the importance of the basic components of the Country Programme while also highlighting the need for increased involvement in upstream policy and advocacy work as well as reinforcing the CO’s work on cross-sectoral issues such as child marriage, gender, adolescents, social policy and urbanisation.

UNICEF Bangladesh prepares its next Country Programme (to start in 2017) and given the rapidly changing country context, it has been decided to conduct an evaluation of UNICEF’s strategic positioning as a key national player for the achievement of results for children. This evaluation will be part of a series of knowledge products (including among other documents a revised Situation Analysis, urban programming strategy, an analytical paper on gender based on recent MICS data) with the aim of informing the preparation of the upcoming CPD.

2. Purpose of the evaluation:
The findings and recommendations of this evaluation – which is intended to comprise of both summative and formative elements - are expected to inform the 2017-2021 UNICEF Country Programme preparation process, particularly in the formulation of key strategies and approaches aimed at positioning UNICEF as one of the lead agencies in achieving results for children in Bangladesh.

The findings will be shared with staff members who are involved in strategic discussions and who are expected to provide technical oversight and guidance to the Country Programme preparation processes, namely the Country Management Team. The findings and recommendations will be also shared with Government counterparts and other partners, to guide them in discussions in formulating the new Country Programme.

3. Objectives of the evaluation

The evaluation will assess the relevance, effectiveness, efficiency and sustainability of existing UNICEF programmes in achieving results for children in Bangladesh. The evaluation will also identify lessons learnt and formulate recommendations on how to strengthen UNICEF’s role as a key national player for child rights in the upcoming Country Programme. Overall the evaluation will answer the question whether and how key strategies have contributed to better position UNICEF in the national development landscape of Bangladesh and whether and how these key strategies can accelerate and strengthen the achievement of higher level results beyond the sum of the sectoral results by the programme sections.
4. Scope of the evaluation

The evaluation will focus on the first three years of the current Country Programme cycle (2012-2014). The evaluation will examine UNICEF programme implementation both through the Dhaka office and the six Zone Offices. The evaluation will focus on the implementation strategies mentioned in the CPD, namely evidence and knowledge-based advocacy, capacity development, behavioural/social change, including demand creation, as well as service delivery. Furthermore, the evaluation will also cover BCO’s approach to decentralization and support to promoting cross-sectoral collaboration within Government.

Since addressing issues of equity is a key cross-cutting component of the CPD, the evaluation will also examine the extent to which the commitment to reduce disparities in social development outcomes has effectively been mainstreamed in UNICEF programming.

Limitations: This evaluation will primarily draw on existing information and data and will not involve any extensive primary data collection efforts. Since this is the evaluation of a Country Programme with a large number of interventions in each sector, it would not be realistic to expect the evaluation to come to conclusions about the achievement of CP results or UNICEF’s contribution to developmental changes in Bangladesh. For this reason, the evaluation will not cover the evaluation criterion of impact. Effectiveness will only be evaluated with regard to the effectiveness of UNICEF’s strategic positioning in contributing to results and changing Government’s programming and priorities in favour of child rights.

Evaluation questions:

The following evaluation questions are not exhaustive and are expected to be further refined during the inception phase.

Evaluation criteria and questions:

Relevance
- To what extent are BCO’s strategies aligned with national development priorities and do they address related institutional, organizational and individual capacity gaps in the country?
- What is UNICEF’s comparative advantage in relation to other stakeholders with regards to programming for child rights?
- To what extent has BCO generated and used evidence to inform its programming and strategic approach and make adjustments when needed?
- To what extent have equity concerns consistently integrated in all aspects of programming and implementation, including policy and advocacy?
- To what extent have the implementing strategies used by BCO contributed to positioning UNICEF as a key player in the national development agenda of Bangladesh, in particular with regard to achieving results for children?
- To what extent is Disaster Risk Reduction (DRR) mainstreamed in UNICEF’s work, considering Bangladesh’s vulnerability to climate-related disasters?

Effectiveness
- To what extent have the strategies contributed to improving the performance of Government institutions/service providers, systems, mechanisms, policies and/or strategies?
- How effective has UNICEF Bangladesh been in promoting cross-sectoral collaboration within Government?
- To what extent has UNICEF’s decentralised approach to programming led local authorities at division, district and union level to prioritise children’s issues in local-level planning processes and reflect them in local-level plans?
Efficiency

- To what extent are the resources (financial and human resources) allocated by BCO appropriate to support the implementation of strategies and achievement of Country Programme results?
- To what extent are programmes designed and implemented in a way to generate solid evidence from monitoring and evaluation in order to inform policy/advocacy and improved programming? To what extent do plausible Theories of Change (either implicit or explicit) form the basis of programming?
- To what extent has UNICEF’s decentralised approach to programming through Zone Offices facilitated good programming in response to context-specific realities in the various divisions and districts and contributed to efficient delivery of outputs?
- To what extent does UNICEF make use of its and other partners’ comparative advantages to partner with different strategic stakeholders (government, UN agencies, development partners, civil society) to support the delivery of results for children in Bangladesh, in particular for the most vulnerable or excluded groups?
- To what extent are the skillset and capacity of UNICEF staff adequate to implement current programming strategies and to make strategic shifts in response to the changing country context (in particular considering the trend towards more upstream engagement)?

Sustainability

- To what extent are the strategies contributing or likely to contribute to overall programme sustainability? What are the contributing or constraining factors to making a durable change?
- To what extent does UNICEF have a coherent capacity development strategy (focusing on individuals, institutions and the enabling environment) and to what extent is it implemented consistently with a view to ensuring sustainability?
- To what extent has the government integrated or scaled up programmes/interventions, including innovative approaches, initiated by UNICEF, i.e. by integrating them into their Annual Development Programme or leveraging resources for replication?
- To what extent has the government created an enabling environment for the UNICEF interventions to sustain?

Lessons learnt and recommendations

- What lessons can be drawn from the past three years of programme implementation to ensure that UNICEF programming continues to be relevant to achieving results for children and that UNICEF positions itself as a key player in programming for child rights?
- What adjustments need to be made to programming strategies in the upcoming Country Programme?

5. Management and working arrangements

The contracted institution will report to the Chief, SPPME who will be responsible for managing the evaluation for independence and impartiality in line with UNICEF/UNEG standards. The UNICEF Bangladesh Evaluation Team (EvMT) shall exercise management oversight as per prevailing office guidelines.

Led by the UNICEF SPPME Section, a Reference Group of specialists and peers with evaluation or substantive knowledge, plus external partners or counterparts from government and civil society, and the ROSA evaluation advisor will be constituted. The reference group shall provide technical inputs to enhance quality of the evaluation by specifically reviewing the inception report, tools and draft reports for compliance with UNICEF and UNEG evaluation standards.
BCO staff from Programme Sections will work with the SPPME Section to facilitate access to documentation, interaction with partners and implement actions to close all recommendations in the UNICEF Global Evaluation Review and Oversight System.

6. Duty station

Dhaka with visits to Zonal Offices.

7. Description of assignment:

<table>
<thead>
<tr>
<th>Tasks</th>
<th>End Product/deliverables</th>
<th>Time frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inception meeting, desk review, develop of evaluation questions and methodologies</td>
<td>Inception report, including finalized methodology, evaluation questions and timeline</td>
<td>3 weeks</td>
</tr>
<tr>
<td>Research – desk review, interviews and analysis</td>
<td>Draft report</td>
<td>8 weeks</td>
</tr>
<tr>
<td>Develop final report and conduct evaluation exit workshop</td>
<td>a) Presentation for the evaluation exit workshop to disseminate, discuss and validate the findings Final report</td>
<td>4 weeks</td>
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</tbody>
</table>

Percentages in parentheses give the proportion of fees to be paid to the consultancy firm on submission and acceptance of the deliverable.

The evaluation team is expected to provide a weekly update, in the form of a face-to-face meeting or a telephone conversation. A face to face meeting will be held with the SPPME team every two weeks to discuss progress and refine approach as needed.

8. Qualifications or specialized knowledge/experience required for the assignment:

Institutional Consultancy:

Given the complexity of the assignment, it is anticipated that this evaluation is conducted by a reputable agency with experience in conducting similar evaluations on institutional strengthening, strategy development and organizational development for organisations operating in the international development sector. The evaluation team should comprise a Lead Evaluator (international consultant) and one National Consultant.

9. The Lead Evaluator will play a lead role during all phases of the evaluation and coordinate/supervise the work of the National Consultant. She/he will ensure the quality of the evaluation process, outputs, methodology and timely delivery of all products. The team leader, in close collaboration with the National Consultant, will lead the inception phase including the conceptualization and design of the evaluation, guide the data collection phase, lead the drafting of the final report and lead the consultation process with stakeholders (workshop).

The key qualifications of the Lead Evaluator include:

- At least ten years of professional experience in evaluations with strong evidence of understanding
global standards, theories, models and methods related to evaluation;
- Proven experience in designing, leading and conducting evaluations of similar scope, which involve critical analysis of organizational strategies and strategic positioning;
- Knowledge of current trends and issues in programming for child rights in Bangladesh and of policies of the Government of Bangladesh related to UNICEF’s work;
- Strong background in human rights-based programming approaches, including interventions addressing gender and other disparities;
- Good understanding of UNICEF programme policies, strategies and approaches an asset;
- Knowledge of current programme monitoring and evaluation theory, methodology, technology and tools;
- Demonstrated ability to deliver high-quality written work in the English language and to engage effectively with stakeholders at all levels, including at senior levels of Government and development partners.

The proposed Lead Evaluator of the bidding agencies should submit the report of the two most recent evaluations for which s/he served as a team leader.

10. The National Consultant will contribute to designing the evaluation, will provide inputs to the inception report and will be responsible for the collection of relevant data in the field. This consultant will work closely with the Team Leader and contribute substantively to the work of the team leader, providing advice regarding the context of Bangladesh. He/she will, under the overall supervision of the Team Leader, contribute to the preparation of the final report as necessary.

The key qualifications of the National Consultant include:
- At least five years’ experience in conducting research and analysis on issues relating to programmes relevant to UNICEF’s work (i.e. Health, Nutrition, Water/Sanitation, Education, Child Protection, etc.);
- Proven understanding of evaluation principles, methods, norms and standards – especially those of the United Nations Evaluation Group;
- Prior experience in evaluation and in supporting the conduct of evaluations;
- Ability to communicate with counterparts and stakeholders in Bangla;
- Proven ability to deliver high-quality written work in the English language and to engage effectively with stakeholders at all levels.

11. Norms and Standards the Evaluation will abide by include:
- United Nations Evaluation Group (UNEG) Standards for Evaluation in the UN System, 2005
- United Nations Evaluation Group (UNEG) Norms for Evaluation in the UN System, 2005 (including impartiality, independence, quality, transparency, consultative process)
- Ethical Guidelines for UN Evaluations will guide the overall process
- The evaluation should incorporate the human rights-based and gender perspective and be based on Results Based Management principles and logical framework analysis

These guidance documents will be part of the contract of the evaluator/team.

12. The Final Evaluation report will contain the following elements:
- Title page
- Content page
• List of abbreviations
• Executive summary
• Introduction
• Background
• Design and Methodology
• Reliability of Data
• Limitations, biases
• Findings and analysis (following evaluation criteria)
• Conclusions
• Lessons
• Recommendations

Annexes: Information sources, methodology, list of interviewees, TOR
### Annex B: Evaluation matrix

<table>
<thead>
<tr>
<th>Question</th>
<th>Measure or indicator</th>
<th>Data Collection Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Relevance</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. To what extent are UNICEF BCO strategies aligned with national development priorities and do they address related institutional, organizational and individual capacity gaps in the country?</td>
<td>1. Degree of alignment between BCO’s programming approaches/strategies and activities and GoB institutional needs and priorities.</td>
<td>Document Review: UNICEF, GoB strategies and policy documents&lt;br&gt;Key Informant Interviews: UNICEF, GoB counterparts, academics, NGO partners</td>
</tr>
<tr>
<td></td>
<td>1.1 Stakeholder perception of UNICEF’s as a key player to program on child rights issues compared to others in Bangladesh (GoB, UN, NGOs)</td>
<td>Document Review: Qualitative content analysis of BCO’s program documents; GoB documents&lt;br&gt;Key Informant Interviews: UNICEF management and program staff; GoB counterparts, academics/researchers, NGOs.</td>
</tr>
<tr>
<td></td>
<td>1.2 Number of references to UNICEF in key documents on child rights</td>
<td></td>
</tr>
<tr>
<td>2. What is UNICEF’s comparative advantage in relation to other stakeholders with regards to programming for child rights?</td>
<td>3.1 Stakeholder perception of UNICEF’s as a key player to program on child rights issues compared to others in Bangladesh (GoB, UN, NGOs)</td>
<td>Document Review: Qualitative content analysis of GoB and NGO documents.&lt;br&gt;Key Informant Interviews: UNICEF and GoB management and program staff; NGOs, researchers/academics, UN agencies, donor representatives.</td>
</tr>
<tr>
<td></td>
<td>3.2 Number of references to UNICEF in key documents on child rights in Bangladesh.</td>
<td></td>
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<tr>
<td>3. To what extent have the implementing strategies used by BCO contributed to positioning UNICEF as a key player in the national development agenda of Bangladesh, in particular with regard to achieving results for children?</td>
<td>4.1 Documented evidence of programming, strategic approaches changes.</td>
<td>Document Review: Qualitative content analysis of UNICEF annual reports. Assessments, MTR,</td>
</tr>
<tr>
<td>Question</td>
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<tr>
<td>strategic approach and make adjustments when needed?</td>
<td>4.2 linkages of program changes to studies, research, surveys.</td>
<td>management memos.</td>
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<td></td>
<td>Key Informant Interviews: UNICEF management and program staff; Government counterparts; NGO partners.</td>
</tr>
<tr>
<td>4. To what extent are equity concerns consistently integrated in all aspects of programming and implementation, including policy and advocacy?</td>
<td>4.1 Equity issues included in GoB legislation, policies and strategies for children; 4.2 Evidence of programming on equity issues in each of UNICEF programmes.</td>
<td>Document Review: Qualitative content analysis of UNICEF’s program documents; GoB documents.</td>
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<td>Key Informant Interviews: UNICEF management and program staff; GoB counterparts; NGO partners.</td>
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<tr>
<td>5. To what extent is Disaster Risk Reduction (DRR) mainstreamed in UNICEF's work, considering Bangladesh's vulnerability to climate-related disasters?</td>
<td>5.1 Number of UNICEF programs which include DRR</td>
<td>Document Review: Qualitative and quantitative content analysis of UNICEF’s program documents.</td>
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<td>Key informant interviews</td>
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<tr>
<td><strong>Sustainability</strong></td>
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<tr>
<td>6. To what extent are UNICEF strategies contributing or likely to contribute to overall programme sustainability?</td>
<td>6.1 Proportion of UNICEF interventions with sustainability and exit strategies in place to support and maintain outcomes over time.</td>
<td>Document Review: Qualitative and quantitative content analysis of UNICEF’s program documents. GoB documents.</td>
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<tr>
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<td>Key Informant Interviews: UNICEF management and program staff, GoB representatives.</td>
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</table>
| 7. To what extent does UNICEF have a coherent capacity development strategy (focusing on individuals, institutions and the enabling environment) and to what extent is it implemented consistently with a view to ensuring sustainability? | 7.1 Evidence that capacity development strategy focuses on individuals, institutions and the enabling environment.  
7.2 Number of programming areas that use this strategy.  
7.3 number of stakeholders that associate the development strategy with sustainable outcomes. | Document Review: Qualitative content analysis of UNICEF plans, reports, including assessments/evaluations and management responses.  
Key Informant Interviews: UNICEF and GoB management and program staff, donors, NGO partners. |
| 8. To what extent has the government integrated or scaled up programmes/interventions, including innovative approaches, initiated by UNICEF, i.e. by integrating them into their Annual Development Programme or leveraging resources for replication? | 8.1 Evidence of integrated or scaled up programmes and interventions initiated by UNICEF through GoB own resources (e.g. Annual Development Programme budget) or by leveraging other sources of funding? | Document Review: Qualitative content analysis of UNICEF plans, reports, including assessments/evaluations and management responses.  
Key Informant Interviews: UNICEF and GoB management and program staff/officials |
| 9. To what extent has the government created an enabling environment for the UNICEF interventions to sustain? | 9.1 Number of government policy changes, new programs or services resulting from UNICEF on children’s rights/equity issues. | Document Review: Qualitative content analysis of UNICEF plans, reports, including assessments/evaluations and management responses  
Key Informant Interviews: UNICEF and GoB management and program staff/officials |
| **Effectiveness**                                                         |                                                                                      |                                                                                                                                                         |
| 10. To what extent have UNICEF strategies contributed to improving the performance of Government institutions/service providers, systems, mechanisms, policies and/or strategies? | 10.1 Number of partners reporting increased ability to address children’s rights/equity issues.  
10.2 Number of partners addressing children’s rights/equity issues on their own as a result of UNICEF interventions. | Document Review: Qualitative content analysis of UNICEF plans, reports, including assessments/evaluations and management responses  
Key Informant Interviews: UNICEF and GoB management and program staff/officials, NGOs |
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<tr>
<th>Question</th>
<th>Measure or indicator</th>
<th>Data Collection Methods</th>
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<tr>
<td>12. How effective has UNICEF Bangladesh been in promoting cross-sectoral</td>
<td>12.1 Number of cross-sectoral collaborations within Government associated with UNICEF's</td>
<td>Document Review: Qualitative content analysis of UNICEF plans, reports, including assessments/evaluations and management responses. Key Informant</td>
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<tr>
<td>13. To what extent has UNICEF’s decentralised approach to programming</td>
<td>13.1 Number of division, district and union planning processes and plans that prioritize</td>
<td>Document Review: Qualitative content analysis of UNICEF plans, reports, including assessments/evaluations and management responses. Key Informant</td>
</tr>
<tr>
<td>led local authorities at division, district and union level to</td>
<td>children’s issues in local-level planning processes and reflect them in local-level plans?</td>
<td>Interviews: UNICEF and GoB management and program staff/officials, NGO partners.</td>
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<td>prioritise children’s issues in local-level planning processes and</td>
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<td>reflect them in local-level plans?</td>
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<tr>
<td>14. To what extent has UNICEF’s decentralised approach to programming</td>
<td>14.1 Linkages between UNICEF programming and local plans</td>
<td></td>
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<td>through Zone Offices facilitated good programming in response to</td>
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<tr>
<td>context-specific realities in the various divisions and districts?</td>
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<tr>
<td><strong>Efficiency</strong></td>
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<tr>
<td>15. To what extent are the resources (financial and human resources)</td>
<td>15.1 Evidence of cost-savings measures during implementation period.</td>
<td>Document Review: Qualitative content analysis of UNICEF budget plans, reports, including assessments/evaluations and management responses. Key Informant</td>
</tr>
<tr>
<td>allocated by BCO appropriate to support the implementation of</td>
<td>15.2 Evidence of outcome achievement linked to UNICEF resources (financial and human)</td>
<td>Interviews: UNICEF management and program staff, GoB representatives.</td>
</tr>
<tr>
<td>strategies and achievement of Country Programme results?</td>
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<tr>
<td>Question</td>
<td>Measure or indicator</td>
<td>Data Collection Methods</td>
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<tr>
<td>16. To what extent has UNICEF’s decentralised approach to programming through Zone Offices contributed to efficient delivery of outputs?</td>
<td>16.1 Cost comparison of delivering programme at national level and zone offices.</td>
<td></td>
</tr>
<tr>
<td>17. To what extent are programmes designed and implemented to generate solid evidence from monitoring and evaluation in order to inform policy/advocacy and improved programming?</td>
<td>17.1 Degree of documentation of good practices and lessons learnt (policy briefs, research reports, etc.)</td>
<td>Document Review: Qualitative content analysis of UNICEF, research reports policy briefs.</td>
</tr>
<tr>
<td></td>
<td>17.2 Linkages of knowledge/evidence to inform GoB programming on child rights</td>
<td>Key Informant Interviews: UNICEF and GoB management and program staff/official</td>
</tr>
<tr>
<td></td>
<td>17.3 Timely adjustments or changes made to programming, and/or evidence of mitigation plans/resources in place, to respond to unforeseen events or challenges identified.</td>
<td></td>
</tr>
<tr>
<td>18. To what extent has UNICEF’s decentralised approach to programming through Zone Offices contributed to efficient delivery of outputs?</td>
<td>18.1 Number of financial and human resources to deliver outputs compared to non-decentralized programming.</td>
<td>Document Review: Qualitative content analysis of UNICEF financial and narrative plans, reports, including assessments/ evaluations and management responses.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Key Informant Interviews: UNICEF and GoB management and program staff/official, donor representatives</td>
</tr>
<tr>
<td>19. To what extent does UNICEF make use of its and other partners’ comparative advantages</td>
<td>17.1 Number and effectiveness of partnerships struck for the purposes of information sharing, policy</td>
<td>Document Review: Qualitative content analysis of UNICEF plans, reports, including assessments/ evaluations and management responses.</td>
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<td>Question</td>
<td>Measure or indicator</td>
<td>Data Collection Methods</td>
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<tr>
<td>to partner with different strategic stakeholders (government, UN agencies, development partners, civil society) to support the delivery of results for children in Bangladesh, in particular for the most vulnerable or excluded groups?</td>
<td>development, advocacy and/or program implementation.</td>
<td>evaluations and management responses and data/reports generated by the M&amp;E system. Key Informant Interviews: UNICEF and GoB management and program staff, NGOs, UN agencies, other donors.</td>
</tr>
</tbody>
</table>
| 20. To what extent are the skillset and capacity of UNICEF staff adequate to implement current programming strategies and to make strategic shifts in response to the changing country context (in particular considering the trend towards more upstream engagement)? | 20.1 Number of staff who can engage in evidence-based advocacy.  
20.2 Timely adjustments or changes made to programming, and/or evidence of mitigation plans/resources in place, to respond to unforeseen events or challenges identified. | Document Review: Qualitative content analysis of UNICEF plans, strategies reports, including assessments/ evaluations and management responses. Key Informant Interviews: UNICEF management and program staff. |
1. UNICEF’s Mid-Term Strategic Plan 2006-2013

UNICEF Mid-Term Strategic Plan did not have a Theory of Change. Rather, it highlighted guiding areas of focus and cross cutting strategies outlines below.20

Guiding principles:

- Human rights perspective using CRC as the principal reference
- Mainstream gender issues in all areas of work and concentrate programmes and advocacy on marginalized children and families in poverty
- Support national priorities within nationally owned policies and processes
- Advocate for and support rights of children in all situations, including in emergencies and post conflict transition
- Focus on LDCs, sub Saharan Africa, Low and middle income countries
- Intensify contribution as a member of UN Country team

Areas of Focus:

1. Young Child Survival and Development

UNICEF’s work in the 2006-2013 period and beyond in support of MDG 4 on reducing child mortality. This focus area also encompasses several other MDGs, including:

- MDG 1 on reducing poverty and malnutrition;
- MDG 7 on the environment, through UNICEF support for safe water and sanitation;

2. **Basic Education and Gender Equality**

Basic Education and Gender Equality contributes to MDG 2 (achieving universal primary education), MDG 3 (gender equality, including parity in basic education). UNICEF’s focus on Girls Education and on equity with a focus on the marginalized included in this Focus Area in a clear and explicit manner. This focus area also includes support to school readiness and early learning among pre-schoolers, and good parenting initiatives. It also includes support for water, sanitation and hygiene in schools to create a child friendly and conductive environment for learning.

3. **HIV/AIDS and Children**

UNICEF’s contribution to MDG 6 focuses on the impact of HIV/AIDS on children and families, with emphasis on prevention. UNICEF leads a global campaign on Children and AIDS in partnership with other organizations and activists in support of this focus area.

4. **Child Protection: Preventing and responding to Violence, Exploitation & Abuse**

UNICEF’s response to the Millennium Declaration Section VI on the protection of vulnerable groups in emergencies, and issues related to violations of human/child rights as a result of violence, abuse, exploitation and discrimination. This focus area also addresses the commitments contained in the World Fit for Children Plan of Action by helping create a protective environment around vulnerable children, especially the protection needs of children affected by conflict and humanitarian crisis.

5. **Policy Advocacy and Partnerships for Children’s Rights**

UNICEF’s contribution to MDG 8. Aims to put children and the reduction of child poverty consistently at the centre of national and international socio-economic policy agendas and decision-making through partnerships and policy-oriented advocacy based on evidence and analysis. This area will also contribute to Child Poverty Reduction and thereby to MDG 1. Some of UNICEF actions in this area involve engagement with PRSPs, SWAps and national decision-making on budgets and legislation; and promoting sustained investment in and leveraging of resources for children, including through alliances with private sector and civil society partners.

**Cross-cutting strategies:**

A. Human rights based approach to cooperation

B. Gender equality and mainstreaming
C. Results based management – plan and report by targets;
D. Generation and use of knowledge, including good practices and lessons learned
E. Strengthen evaluation
F. Communication for Development
G. Partnerships for shared success: furthering UN reforms and work with civil society, leveraging resources and improved results for children
Annex D: Methodology

1.0 Data collection methods

1.1 In-depth document review

The review of documents, the key source of information in this evaluation, was an ongoing activity throughout much of this evaluation. The document review was conducted before the field phase and provided information to address various evaluation criteria and evaluation questions that could then be validated through information collected using other methods.

Taking into account the voluminous number of documents to be reviewed that could potentially identify information to address most evaluation questions, GGI had a systematic process to review and assess the information. To facilitate assessment and analysis, GGI developed templates to tabulate information pulled from the documents. The in depth document review was conducted by a GGI research assistant under the supervision of the team leader, and will then be shared with the national consultants.

1.2 Key Informant Interviews

The sample was purposive rather than a random selection. Much of the data collection targeted respondents who could speak to the projects and zones being assessed. In Dhaka and each zone visited, relevant stakeholders were contacted and invited to participate in a face to face interview. The final list of stakeholders for interviews was decided upon in consultation with UNICEF. Table 1 below sets out the categories of stakeholders who were invited to participate in an interview. Interviews were with Chief or specialists if the position of chief is vacant. Group interviews can be conducted with up to four people.

<table>
<thead>
<tr>
<th>Table 5 Categories of key informants</th>
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<tbody>
<tr>
<td>Category</td>
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<tr>
<td>Management: Representative, Deputy</td>
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<tr>
<td>Representative, Chief of Operations,</td>
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<td>Chief of HR</td>
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<td>UNICEF SPPME</td>
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<tr>
<td>Category</td>
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<td>--------------------------------------</td>
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<tr>
<td>UNICEF programmes</td>
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<tr>
<td>Chief: Health, Education, WASH, Protection C4D, Nutrition, Field Operation</td>
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<td>Government Partners</td>
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<td>Director level</td>
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<td>Staff</td>
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<td>Academia</td>
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<td>CSO</td>
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<td>UN agencies: UNWOMEN, UNFPA&lt;sup&gt;21&lt;/sup&gt;</td>
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<tr>
<td>Donors : DFID, Canada&lt;sup&gt;22&lt;/sup&gt; Sida, KOICA</td>
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<td><strong>Sub-Total</strong></td>
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<sup>22</sup> Based on the Donor mapping, DFID was the largest bilateral donor to UNICEF.
Interviews were semi-structured and translated in Bangla for stakeholders not comfortable responding in English. Guides were used to conduct the interview, however, to ensure a consistent approach to data collection, and were used in flexible manner. While based upon the evaluation questions, an interview guide was developed in consultation with UNICEF.

Generally, three (3) interviews were conducted per day in Dhaka (taking traffic into account) and four (4) per day in the UNICEF office and in the programme zones (Districts). The international and national consultant conducted interviews together as much as possible. However, to facilitate and conduct the data collection efficiently in Dhaka, the evaluation team split when necessary to cover more stakeholders. As much as possible, two team members were present at each interview. For instance, the team leader conducted some interviews on her own when necessary, e.g. with donors and UN agencies while the national consultant conducted interviews that needed to be conducted in Bangla. The consultants remained flexible to accommodate key informants as much as possible.

To complete the key informant interviews, the team set up interview schedules and locations in advance, which the lead national consultant coordinated. The UNICEF BCO assisted the evaluation team, and in particular national consultant, by providing current coordinates of potential key informants and a letter of introduction to inform them of the evaluation and to invite them to participate in an interview and the survey. Shortly after UNICEF sent the email to targeted key informants, GGI followed with another email indicating that the national consultant will contact them to schedule an interview. Each key informant was contacted by email followed by a phone call by the national consultant.

Most key informant interviews were undertaken during the three week mission: one week in Dhaka and one week in two zones. The mission to each zone was scheduled for 5 days each and included interviews with all key stakeholders in the zone, e.g. government officials, UNICEF staff, and local partners. The scheduling of interviews was as efficient as possible to minimize the time spent on travel, particularly in Dhaka. The first week of the mission was spent in Dhaka (August 23-27). As much as individual schedules permitted, the evaluation team conducted interviews with UNICEF staff first, followed by national Government partners and key donors and UN agencies. Week two and three were spent in two zones which were representative of UNICEF work and were within half a day of travel.

The strategy was to conduct the interviews in the key informant`s language of preference to allow respondents to freely express themselves in their mother tongue, thus improving the quality of the data gathered. Interview notes were subsequently transcribed in English.

The majority of interviews were conducted during a three week mission in Bangladesh from August 23rd to September 11th. The first week of the data collection mission was spent in Dhaka.
It started with a briefing with the Deputy Representative and SPPME Chief and an interview with the SPPME staff. These were followed by interviews with section chiefs’ organized by thematic area (health, WASH, protection, etc.) and zone representatives. Interviews with government partners and other stakeholders lasted 1.5 hours each, given the number of issues to cover.

**Focus group Discussions**

A few focus groups discussions were conducted, notably with the chiefs of sections during a retreat in Dhaka, as the evaluation budget allowed for only two site visits.

**1.3 Data analysis**

The data from the document review, interviews were captured as follows. All interview notes were typed by the interviewer within a few days of the interview, in a Word document following the questions. Then, the interviewer input the data and information collected from the interview into an evidence matrix for the specific group of interviewees. Using this approach, the team had an “overall map” for responses. This facilitated the analysis by drawing out common themes by question across respondents either within specific stakeholder groups, or across groups. The evaluation team endeavoured, with the assistance of ICO, to ensure that interviewees were gender balanced and included representatives of other organizations working for the rights of marginalized children.

During the data collection mission, the evaluation team conducted a detailed analysis of the qualitative data collected. This was essentially the “database” for the analysis stage. At the end of the data collection mission, the GGI evaluation team met for a day to identify emerging themes from the data collection phase. Before proceeding to the drafting of the report, the evaluation team presented its preliminary findings (emerging themes) to UNICEF BCO for feedback.

Qualitative data was analyzed systematically and classified thematically, by group of respondents for KII. Using this approach, the team had an “overall map” for responses to facilitate the analysis by drawing out common themes by question across respondents, either within specific stakeholder groups or across groups. This approach allowed an in-depth analysis to ensure that the data was triangulated. The evaluation team then formulated findings and lessons learned, from which conclusions and recommendations flowed.

**1.4 Reporting**

The findings and conclusions were validated by key stakeholders at the draft report stage. Following the field data collection at each site, the team met with UNICEF representatives to present and validate initial observations. These were the basis of a presentation to UNICEF following the completion of the data collection phase (PowerPoint Presentation).
Our aim was for this report to be a self-contained document so that all evidence required to address the evaluation issues and questions are within the main body of the report. This allows a reader unfamiliar with the country program, and the evaluation methods used, to understand the programme, the evaluation methods, and to assess the quality of evidence provided themselves as well as to determine the confidence that can be placed upon its findings and recommendations.

Once the first draft is submitted and reviewed, the evaluation team incorporated this feedback to produce the second draft report. We expect that the BCO and the Reference Group will provide timely feedback on the draft report. The evaluation team will endeavour to ensure that the draft of the report is of the quality usually expected for a final report, as we understand it will form the basis of the in-country evaluation exit workshop.

Deliverable: Draft report

1.5 Evaluation exit workshop

Upon approval of the draft report, a PowerPoint Presentation was produced. Unlike the preliminary presentation at the end of the data collection phase, this version will contain the fully realized key findings, conclusions and recommendations, and mirror the content and structure of the report, but in a synthesized and clear format. The evaluation exit workshop provided a useful opportunity to validate the findings, conclusions and recommendations of the evaluation with all key stakeholders. The invitations and logistics and associated costs to organize and hold this workshop, including translation if necessary were borne by UNICEF. The international team leader attended via Skype and the national consultant attended the meeting in person.

1.6 Finalizing the report

Using the feedback from the evaluation exit workshop, the final report was completed. This was a less intensive process than the earlier drafts, as it focused on ensuring the validity of the findings resulting from the evaluation exit workshop.

Deliverable: Final evaluation report (English)

2.0. Evaluation Management

The management of the evaluation was done from GGI’s office in Ottawa. The evaluation team worked collaboratively under the management of the Team Lead. GGI has file sharing systems in place which facilitated close monitoring on the work progress for each method of data collection. Drop Box was used with external consultants in order to share files needed to conduct the evaluation, including program and project documents, data collection instruments and notes from
data collection, for example. This ensured the flow of information between consultants and minimized the e-mail exchanges between members of the team. R

GGI incorporated the standards of the Canadian Evaluation Society and the OECD’s Development Assistance Committee into each phase of our evaluation. We capitalized on the firm’s internal resources to assure the standards had been met or exceeded. Each project is assigned a Partner of Record who is responsible for ensuring the quality and timeliness of GGI deliverables at all stages of our projects: the proposal stage; method/work plan development stage; data collection (including field work in partner countries); presentation of preliminary findings; and draft and final reports, including conclusions and recommendations. All deliverables (methods documents, data collection instruments, preliminary findings, presentations, draft reports) were reviewed by the team leader, in addition to other specialists on the team as relevant, prior to delivery to the client for clarity, consistency and editorial accuracy. We ensured that our sub-contractors, including national consultants from partner countries, were aware of, and respected, these standards.

GGI reported to the Chief, SPPME, and to the UNICEF Bangladesh Evaluation Team (EvMT) who exercised management oversight. Technical input was also sought from a SPPME-led Reference Group composed of specialists and peers, plus external partners or counterparts from government and civil society, and the ROSA evaluation advisor. The team leader provided progress reports in writing to the SPPME team on a regular basis.
## Annex E: List of documents reviewed

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<tr>
<th>Title</th>
<th>Author(s)</th>
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## Annex F: List of people interviewed

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<thead>
<tr>
<th>Organisation</th>
<th>Name</th>
<th>Title</th>
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<tbody>
<tr>
<td><strong>UNICEF Bangladesh Country Office</strong></td>
<td>Edouard Beigbeder</td>
<td>Representative</td>
</tr>
<tr>
<td></td>
<td>Carlos Acosta</td>
<td>Chief, Social Policy Planning, Monitoring and Evaluation</td>
</tr>
<tr>
<td></td>
<td>Sara Bordas</td>
<td>Chief Field Operations Section</td>
</tr>
<tr>
<td></td>
<td>Carlos Neira</td>
<td>Chief of Operations</td>
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<tr>
<td></td>
<td>Syeda Shima Islam</td>
<td>Chief, Communication, Advocacy and Partnership</td>
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<tr>
<td></td>
<td>Anuradha Narayan</td>
<td>Chief of Nutrition</td>
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<tr>
<td></td>
<td>Charlie Hrachy Sargsyan</td>
<td>Chief, Water, Sanitation and Hygiene</td>
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<tr>
<td></td>
<td>Dr. Lianne Kuppens</td>
<td>Chief, Health Section</td>
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<tr>
<td></td>
<td>Thomas George</td>
<td>Chief Local Capacity Building and Community Empowerment (LCBCE)</td>
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<tr>
<td></td>
<td>Admassu Tassew</td>
<td>Chief Communication for Development (C4D)</td>
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<tr>
<td></td>
<td>Shirin Hossain</td>
<td>Communications for Development Specialist</td>
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<tr>
<td></td>
<td>Roshni Basu</td>
<td>Gender Specialist</td>
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<td></td>
<td>Catherine Chirwa, PhD</td>
<td>Education Manager (Quality)</td>
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<td></td>
<td>Syeda Shima Islam</td>
<td>Communication for Development</td>
</tr>
<tr>
<td>UNICEF Zone Offices</td>
<td>Kazi Dil Afroza Islam</td>
<td>Head, Zone Office, Sylhet Division</td>
</tr>
<tr>
<td></td>
<td>Md. Kafil Uddin</td>
<td>Head, Zone Office, Khulna</td>
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<td></td>
<td>AH Towfiq Ahmed</td>
<td>Head, UNICEF Zone Office, Barisal</td>
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<tr>
<td></td>
<td>Madhuri Banerjee</td>
<td>Head of Zone Office, Chittagong</td>
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<tr>
<th>UNICEF Chittagong Zone Office</th>
<th>Madhuri Banerjee</th>
<th>Head of Zone Office, Chittagong</th>
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<tbody>
<tr>
<td>Dr. U-BA Swee Chowdhury</td>
<td>Programme Officer, Nutrition</td>
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<tr>
<td>Dr. Fahmida Banu,</td>
<td>Programme Officer, Health</td>
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<tr>
<td>Ruhul Amin</td>
<td>Programme Officer, WASH</td>
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<tr>
<td>Parveen Begum</td>
<td>Planning and Monitoring Officer</td>
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<tr>
<td>Mr. Mohebullah,</td>
<td>Programme Associate, Logistics and finance Officer</td>
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<thead>
<tr>
<th>UNICEF Bogra Zone Office</th>
<th>Sheikh Masudur Rahman</th>
<th>Programme Officer, Communication for Development</th>
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<tbody>
<tr>
<td>Azizur Rahman,</td>
<td>Programme Officer, Child Protection</td>
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<td>Regina Begum,</td>
<td>Programme Officer, Local Capacity Building and Community Empowerment</td>
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Annex G: Interview guide

The management consulting firm Goss Gilroy Inc. (GGI) was selected to conduct a corporate evaluation for the UNICEF Bangladesh Country Office of its development programming in Bangladesh from 2012 to date. The evaluation will assess the relevance, effectiveness, efficiency and sustainability of existing UNICEF programmes in achieving results for children in Bangladesh. The evaluation will also identify lessons learned and formulate recommendations on how to strengthen UNICEF’s role as a key national player for child rights in the upcoming Country Programme. The evaluation is based on a review of documents, interviews with key informants at the national level and with representatives from the zones in which UNICEF has programming.

Please note that some of these questions may not apply to your situation, or you may not have enough information to answer. If this is the case, please feel free to ask the interviewers to move to the next question.

If you have any questions about the interview or about the evaluation in general, please contact Alexandra Illmer, the UNICEF evaluation manager by phone [phone number] or email: aillmer@unicef.org.

Introduction

Years and months in the position:

Please provide some general information about your involvement with development initiatives supported by UNICEF between 2009 and 2013.

Relevance

1. To what extent are BCO strategies aligned with national development priorities and do they address related institutional, organizational and individual capacity gaps in the country?

2. What is UNICEF’s comparative advantage in relation to other stakeholders with regards to programming for child rights?
3. To what extent have the implementing strategies used by BCO contributed to positioning UNICEF as a key player in the national development agenda of Bangladesh, in particular with regard to achieving results for children?

**Effectiveness**

4. To what extent have the strategies contributed to improving the performance of Government institutions/service providers, systems, mechanisms, policies and/or strategies?

5. How effective has UNICEF Bangladesh been in promoting cross-sectoral collaboration within Government?

6. To what extent has UNICEF’s decentralised approach to programming led local authorities at division, district and union level to prioritise children’s issues in local-level planning processes and reflect them in local-level plans?

7. To what extent has BCO generated and used evidence to inform its programming and strategic approach and make adjustments when needed?

8. To what extent are equity concerns consistently integrated in all aspects of programming and implementation, including policy and advocacy?

9. To what extent is Disaster Risk Reduction (DRR) mainstreamed in UNICEF’s work, considering Bangladesh’s vulnerability to climate-related disasters?

**Sustainability**

10. To what extent are the strategies contributing or likely to contribute to overall programme sustainability? What are the contributing or constraining factors to making a durable change?

11. To what extent does UNICEF have a coherent capacity development strategy (focusing on individuals, institutions and the enabling environment) and to what extent is it implemented consistently with a view to ensuring sustainability?

12. To what extent has the government integrated or scaled up programmes and interventions, including innovative approaches, initiated by UNICEF, i.e. by integrating them into their Annual Development Programme or leveraging resources for replication?

13. To what extent has the government created conditions for UNICEF’s interventions to be sustained?

**Efficiency**
14. To what extent are the resources (financial and human resources) allocated by BCO appropriate to support the implementation of strategies and achievement of Country Programme results?

15. To what extent are UNICEF programmes designed and implemented in a way to generate solid evidence from monitoring and evaluation in order to inform policy/advocacy and improved programming? To what extent do plausible Theories of Change (either implicit or explicit) form the basis of programming?

16. To what extent has UNICEF’s decentralised approach to programming through Zone Offices facilitated good programming contributed to efficient delivery of outputs?

17. To what extent does UNICEF make use of its and other partners’ comparative advantages to partner with different strategic stakeholders (government, UN agencies, development partners, civil society) to support the delivery of results for children in Bangladesh, in particular for the most vulnerable or excluded groups?

18. To what extent are the skillset and capacity of UNICEF staff adequate to implement current programming strategies and to make strategic shifts in response to the changing country context (in particular considering the trend towards more upstream engagement)?

19. What lessons can be drawn from the past three years of programme implementation to ensure that UNICEF programming continues to be relevant to achieving results for children and that UNICEF positions itself as a key player in programming for child rights?

20. What adjustments need to be made to UNICEF programming strategies in the upcoming Country Programme?