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Summary of mid-term reviews and major evaluations of country programmes

East Asia and the Pacific region

Summary

The present report was prepared in response to Executive Board decision 1995/8 (E/ICEF/1995/9/Rev.1), which requested the secretariat to submit to the Board a summary of the outcome of mid-term reviews (MTRs) and major country programme evaluations, specifying, inter alia, the results achieved, lessons learned and the need for any adjustments in the country programme. The Board is to comment on the reports and provide guidance to the secretariat, if necessary. The MTRs and evaluations described in this report were conducted during 2004 and early 2005.

* E/ICEF/2005/10.

Introduction

1. Mid-term reviews (MTRs) were held in Thailand and Mongolia, while significant evaluations were undertaken in Viet Nam, Mongolia and Lao People's Democratic Republic. Key overarching themes of these processes include the need to step up responses to curtail the spread of HIV/AIDS and the use of decentralized approaches to address issues of disparity. All three evaluations review participatory activities at the community or family level but differ in scope and in partnerships. All MTRs and evaluations have resulted in changes in programmes or in the work of the UNICEF office and Government partners.

Country mid-term reviews

Thailand

2. The joint Government-UNICEF MTR exercise took place over six months in 2004, the mid-point in the current country programme of cooperation. It was a consultative and participatory exercise between Government agencies and UNICEF, with inputs from a number of United Nations and other key partners in the development community.

3. The MTR process comprised three interrelated components: an update of the situation of children and young people; reviews of each programme; and thematic reviews on cross-cutting issues. Conclusions of the MTR highlight the major findings of the reviews, including progress made towards expected results, lessons learned and a number of proposed adjustments to the current country programme. The findings also helped to set strategic direction for future cooperation.

4. As the situation of children continues to improve, and as Thailand moves further into middle-income status, the country will eventually lose its eligibility for regular resource allocations from UNICEF. This, together with other transition issues outlined in recent UNICEF guidance, has been considered in the MTR and will need to be further addressed in the plans for the next period of cooperation.

5. **The situation of children and women.** Thailand has achieved impressive gains in access to services essential for child survival and development, and in the process has come close to achieving virtually all the Millennium Development Goals. Nevertheless, as Thailand makes the transition from being a recipient of development assistance to becoming a donor country, several challenges remain in achieving the broader goals of the Millennium Declaration and the Convention on the Rights of the Child.

6. Since 1990, the country has noted key achievements: rapid economic growth; a two-thirds reduction in the proportion of the population living in poverty; a 25-per cent drop in child mortality, to 17 per 1,000 live births; a reduction by 50 per cent in the proportion of underweight children, to 8.5 per cent; immunization coverage and primary school enrolment above 90 per cent; close to universal access to safe drinking water and basic sanitation; a reduction in estimated new HIV cases, from approximately 125,000 in 1992 to fewer than 20,000 in 2003; and a doubling of secondary school enrolment and massive reductions in the use of child labour. These achievements have been supported by a protective domestic legal environment as

well as international and regional agreements and conventions relating to children. These include laws such as the Education Act (2000) and the Child Protection Act (2003), and bilateral and regional agreements to address issues of trafficking and migration.

7. Among the key challenges facing Thailand is the growth in disparities particularly affecting minority groups in isolated or very poor areas. Minority groups make up a disproportionate number of the estimated 1 million children not in primary school and the 1 million children without birth certificates, whose access to social services will be severely restricted as a result. Thailand is also in the process of decentralizing its administrative and governance structures. Local governments are expected to disburse roughly 35 per cent of the total government budget in 2006. Yet there is limited awareness of, and capacity to deal with, critical child protection issues among the local authorities.

8. Despite success in rolling back HIV/AIDS, some significant issues remain, including an expansion of the epidemic from high-risk groups to the general population and the existence of an estimated 290,000 children who have been orphaned as a result of the epidemic. Injuries, particularly road traffic accidents and drowning, are an increasingly significant cause of child death. An additional socially significant issue is the expanded use and abuse of alcohol and drugs, increasing risks of accidents, family break-up and unprotected sex.

9. **Progress and key results at mid-term.** Expected overall results in the master plan of operations (MPO) were to ensure that quality basic services are accessible, available and affordable to all, including to the most vulnerable children and those in need of special protection, and that children are provided with adequate opportunities for development and participation. Specific programme results sought were the following: (a) disparities highlighted and interventions focused on disadvantaged and marginalized families, emphasizing child protection and participation and access to and quality of basic services; (b) public focus sharpened to address crucial issues affecting women and children, including HIV/AIDS, child labour, trafficking, commercial sexual exploitation and drug addiction; (c) National Programmes of Action for children developed at national and subnational levels, incorporating emerging priorities as well as goals from the 1990s not fully achieved; (d) the rights of children and women advocated for at all levels of government and civil society to expand and strengthen the constituency for children and to mobilize technical, human and financial resources; and (e) regional cooperation for the exchange of technical expertise and programme experience promoted so that alliances are built and partnerships expanded with other countries.

10. **Key results.** The environment for children's rights has been further enabled as a result of UNICEF advocacy as well as technical and financial support for policy and plan development. This is manifested in the development and adoption of new policies and legislation for children, including the first-ever Child Protection Act (2003), a the new National Plan of Action for Children (2004), new guidelines and procedures for juvenile justice and a government recommendation for national media to increase to 15 per cent the television prime time devoted to children's and family issues. As a result, former policy and legislative gaps have now largely been filled and greater legal protection for children put in place. The foundation has been laid for an accelerated push to ensure the rights for the most vulnerable children, who have not benefited fully from the progress made by Thailand.

11. Increased awareness of children's rights has been achieved through financial and technical support for child rights awareness-training for politicians, teachers, police, justice workers, and young people. This training has reached more than 1,000 government and non-governmental workers, and children and young people themselves. The UNICEF-Thai Journalists Association introduced an annual Thailand Children-Friendly Media Award for reporting on children's rights in both professional and student journalist categories, and this initiative has ensured significant reporting on children's issues in the Thai- and English-language press. National media, television, print and radio are now major allies in furthering the cause of children.

12. Expanded alliances and partnerships for children have been developed, especially with the private sector, the media and individuals. The Youth Career Development Programme, started in 1995, expanded to involve more than 25 hotels, banks and hospitals to provide training and employment opportunities for young girls from poor families who were deemed to be at high risk of sexual exploitation. The Private Sector Development Programme increased fund-raising income to over \$2 million annually, or around two thirds of country programme other resources, and brought more than 100,000 individuals and 50 locally based private companies into the partnership for the well-being of children.

13. The understanding of the situation of children and of approaches in programming has been improved through the provision of support for studies, surveys and evaluations. These have guided advocacy, planning and programming for the Government, UNICEF and partners. An updated situation analysis of children and young people was completed, and a specific analysis covering the southern Muslim-majority provinces is under way. This analysis includes a survey of the views of 1,000 young people of all faiths, the findings of which will be used to guide programming in those provinces and to make a contribution to national reconciliation efforts. The positive evaluation of the UNICEF-supported *Sangha Metta* project, which works with religious leaders of all faiths to provide care and support for children affected by HIV/AIDS and reduce stigma, has resulted in the approach being emulated in Thailand and other countries of the region. Effective models for peer education developed for HIV/AIDS prevention among vulnerable young people are being replicated by government and non-governmental organizations (NGOs) and model approaches for care and support are under way. The findings of a child injury study, showing drowning and accidents as leading causes of death, have resulted in renewed national action, including intensified efforts to increase public awareness on child safety.

14. As a result of UNICEF advocacy, agreement was reached with the National Statistics Office to conduct the country's first-ever national multiple indicator cluster survey (MICS) in 2005 and to adopt *DevInfo* as the tool for tracking the situation of children both nationally and in all 75 provinces. The MICS, a survey of 80,000 households, will provide provincially-disaggregated information on the situation of the most vulnerable and will be an effective tool for further advocacy to reduce wide disparities. *DevInfo* will facilitate the availability and use of user-friendly data for decision makers, especially provincial Governors, who under the decentralization programme have greater decision-making authority as well as control over larger social sector budgets.

15. Technical and financial support from UNICEF has helped to expand the participation of children and young people in policy-making, planning and implementation. More than 12,000 children and young people participated in the development of the new national plan of action for children, more than 10,000 young people have been involved in the prevention of and capacity-building for HIV/AIDS, and 500 young people participated in consultations for the International AIDS Congress in 2004. Young people have participated in media broadcasting in over half of the country's provinces. These activities have strengthened advocacy for increased participation, and the lessons learned were documented.

16. Countries in the region have engaged in a greater regional exchange of information on technical and operational experiences. With UNICEF technical and financial support, Thailand has shared its best experiences in programming for children. With UNICEF and Government support, almost 300 professionals from more than 20 countries, mostly within the region, have attended 22 training courses and study visits. This has led to increased international and regional partnerships for children and the application of Thailand's lessons learned in other countries. One example is the child-friendly school initiative, now expanded to Lao People's Democratic Republic, Myanmar and Mongolia.

17. **Resources used.** The programme spent \$8 million over the first half of the country programme, of which \$2.2 million was in regular resources and \$5.8 million in other resources. As of May 2004, \$12.2 million, or 74 per cent, of the \$16.5 million planned in the MPO had been funded. Locally raised funds from Thailand accounted for 57 per cent of the total funding received. The country programme has thus been fully funded across all five programmes. Allocations of other and regular resources as well as spending have been largely in line with planned levels.

18. The proposed expansion of the programme in the second half of the cycle into the southern provinces bordering the Malaysian border, and the western provinces along the Myanmar border, will increase funding requirements for the Child Protection and Development Programme; an additional \$1.8 million would be needed in other resources in 2005 and 2006. If this need is confirmed, a stand-alone proposal will be presented to the Executive Board in September 2006.

19. **Constraints and opportunities affecting progress.** Main constraints include a slowing economy, marked by sharply higher prices for oil and electricity. These factors are likely to increase household poverty, disparities and obstacles to progress and make a particular impact on migrant labourers, legal and illegal migration, cross-border child protection issues and the estimated 500,000 children affected by HIV/AIDS.

20. The main opportunities include an increase in national capacity, commitment and resources to address children's issues, stronger child-friendly legal and policy frameworks for responding to key child protection issues, a major inflow of resources related to the tsunami emergency and a strong local funding base.

21. **Adjustments made.** These included the following: (a) a shift from a generalized child-friendly schools approach to one focusing on ensuring access to education for the most vulnerable children; (b) a repositioning of the Integrated Family Development Project to focus on family care practices while transferring responsibility for support to training of district teams to a new project; (c) the launching of an advocacy campaign for the rights to birth registration, to a

nationality and to education for marginalized children; (d) in the area of child development and protection, the operationalization of the decentralized integrated approach, bringing together all programme components in 18 provinces to build the capacities of district child protection systems under the umbrella of the new Child Protection Law and to increase collaboration with neighbouring countries on cross-border child protection issues; (e) an increased focus on access to reproductive health services for the most vulnerable women and improved access to information and knowledge of schoolchildren on HIV/AIDS, reproductive health and life skills through teacher training and curriculum development; and (f) the expansion of the scope of the programme for technical cooperation among developing countries in the region, offering more opportunities for countries to share Thailand's experience in innovative child-friendly planning and programming.

Mongolia

22. The country programme in Mongolia for 2002-2006 had planned to have an MTR in the last quarter of 2004. However, because an inconclusive general election in 2004 delayed the new Government's taking office, the MTR was postponed to 2005.

23. The MTR meeting, held at the Ministry of Foreign Affairs on 28 April 2005, was inaugurated by the Deputy Prime Minister and chaired by the Vice Minister of Education, Culture and Science. Participants included Vice Ministers and State Secretaries of relevant Government Ministries, the Chairperson of the National Authority for Children, Chairperson of the Presidium of Ulaanbaatar City Council, several Provincial Governors, senior staff of all counterpart Ministries, and representatives of local governments, diplomatic missions, United Nations agencies, international NGOs and Mongolian civil society organizations.

24. Prior to the MTR meeting, discussions had been held between relevant Government Ministries and UNICEF programme sections to analyse achievements, constraints and challenges for the previous three years against the expected results of the MPO 2002-2006. Discussion papers drafted for each of the programme review meetings by the relevant government counterparts were included in the final MTR discussion paper. During the MTR meeting, minutes of discussion points were incorporated and, where applicable, adjustments made in the final MTR report.

25. **The situation of children and women.** Mongolia is a sparsely populated, landlocked country with a population of 2.5 million. It is a youthful society, with 46.6 per cent of its population under the age of 18. The country has to contend with harsh climatic conditions and the occurrence of regular natural disasters. Approximately one third of the population is nomadic. These factors make it difficult and costly to ensure universal access to good quality basic social services.

26. The country has ratified the Convention on the Elimination of All Forms of Discrimination against Women (1981), the Convention on the Rights of the Child (1990) and both Optional Protocols (2002). The National Programme of Action for the Development and Protection of Children (NPA) for 2002-2010 was approved by Parliament in December 2002. The Government's Economic Growth Support and Poverty Reduction Strategy addresses both the social and economic dimensions of poverty. With this supportive framework in place, and robust economic performance

reflected in declining inflation and rapid growth, there have been significant achievements in a number of areas.

27. Infant and child mortality rates are declining at a rate consistent with achieving the relevant Millennium Development Goals. These achievements have been underscored by significant improvements in infant and young child nutrition and sustained high rates of immunization. However, while the maternal mortality ratio has shown a strong downward trend, from 160 per 100,000 live births in 2000 to 99 in 2004, the rate of decline is not yet sufficient to achieve the relevant Goal. Although Mongolia is considered to have a low prevalence of HIV/AIDS, a number of risk factors render the population potentially vulnerable. These include high rates of sexually transmitted infections among young people, with alarmingly high rates recorded among pregnant women.

28. Primary school net enrolment has steadily increased to reach 91 per cent, with 96 per cent in urban areas and 85 per cent in rural areas. However, in 2004, approximately 85 per cent of dropouts, of whom 61 per cent were boys, lived in rural areas. Mongolia is characterized by an unusual reverse gender gap (more girls than boys) in both enrolment and completion. Forty-three per cent of children aged 2-6 years attended formal or non-formal pre-school education. To date, there are few activities focusing on the development of children aged 0-2 years.

29. Water and sanitation is an area in which coverage is low and significant disparities exist between rural and urban areas. While national coverage rates for water and sanitation are 45 and 28 per cent, respectively, in rural areas they are only 17 and 5 per cent, respectively. Despite the good economic performance, there has also been no appreciable improvement in income poverty over the past decade, and approximately 36 per cent of Mongolians still live under the poverty line. The effects of poverty were seen in the rising incidence of child labour and of children who live or work on the street, alcoholism, domestic violence, sexually transmitted infections, tuberculosis, homelessness, trafficking in women and children, and suicide. Other emerging challenges for Mongolia include a rising number of children in conflict with the law and child injuries. Adolescents, who comprise roughly 25 per cent of the population, are having to adapt to rapid political, economic and social change and high and growing youth unemployment.

30. **Progress and key results at mid-term.** Overall expected results were as follows: By 2006, (a) the current trend of declining or stagnating health, nutrition and education indicators will be halted and reversed; (b) there will be a significant increase in Government and civil society investment in children; (c) the 36 per cent of children living below the poverty line and exposed to multiple vulnerabilities will be protected; and (d) preparedness will improve for the *dzud* (extreme freezing conditions during winter) disaster.

31. **Key results.** As a result of support from the Planning and Partnership Programme, the NPA and local plans of action at the *aimag* (province) level have been developed and are being implemented. The introduction of *DevInfo* to government Ministries, United Nations agencies, and statistical offices at the *aimag* level laid the foundation for the development of a national database for monitoring the Millennium Development Goals. The National Statistical Office now has the capacity to conduct training on *DevInfo* for national implementation. As a result of UNICEF advocacy and support, the NPA for 2002-2004 was reviewed by the Government, and the second stage of the NPA, for 2005-2007, is under

development. As a result of the NPA, government social and economic development policies are giving increased priority to children.

32. For the health and nutrition component of the national programme, infant, under-5 and maternal mortality, along with the incidence of underweight and micronutrient deficiency, have been reduced since 2000. However, immunization coverage, universal salt iodization, safe water supply and environmental sanitation remain challenges. Impressive gains have been made in the delivery of primary health services to the community. With UNICEF support, the recently approved Health Sector Master Plan 2006-2015 and the maternal mortality reduction strategy have created an enabling policy environment for achievement of the relevant Millennium Development Goals. UNICEF successfully advocated for the approval of a national policy on micronutrient supplementation, and the Government considers the UNICEF-supported Rural Drug Fund project as an effective model of providing essential drugs to rural areas.

33. For the education component of the national programme, key results were concentrated in the policy arena. They included the development and approval of the national child-friendly policy and its operational plan, the launching of the national integrated early childhood development (ECD) policy and the development of training modules for the multigrade subproject.

34. The child protection component achieved these key results: Government approval of the law on family violence; the drafting of the amendment to the Criminal Code and criminal procedure law to reform its juvenile component; the launching of the Code on prevention of sexual exploitation of children in the tourism sector; the launching of the handbook on child protection by the Speaker of the Parliament; and the drafting of a National Plan of Action on commercial sexual exploitation of children and trafficking.

35. Key results of the convergent basic social services programme include increased institutional capacity at the local and national levels to better coordinate the delivery of basic services to the community. Other key achievements include the successful pilot-testing of the home-based outreach strategy on early childhood; the provision of safe water and sanitation; hygiene promotion; pre-school education for disadvantaged children; and use of the new growth chart. Partnerships have been built with other agencies, such as the Asian Development Bank, the World Bank and World Vision International, to replicate the Family Empowerment Strategy in their project areas, and these partnerships will be further consolidated. Pilot-testing of the community-based monitoring information system (CBMIS) in selected areas, based on a number of essential indicators, will help monitor the success of the programme intervention. The CBMIS provides good potential to monitor the Millennium Development Goals at the local level, and further discussions with the National Statistical Office and the United Nations Development Programme will be carried out to promote this dimension of CBMIS.

36. The emergency programme responded effectively to the 2000 and 2001 *dzud* mainly by providing emergency nutritional supplements and psychosocial support to children affected by the disaster. As a consequence of the impact of the natural disaster, UNICEF was able to successfully advocate for the development of an inter-ministerial policy document on the protection of the psychosocial well-being of children during and following emergencies, which is now in draft form and scheduled for approval in 2005. A training manual for service providers at the

national and sub-national level on psychosocial support is being prepared under the overall coordination of the National Authority for Children and the Ministry of Health. This training manual will help build the capacity of service providers to deal effectively with children affected by the *dzud*.

37. Interventions supported by the Information and Communication Programme contributed to higher awareness by policymakers, as well as among the general public, of issues related to the health, education, protection and equality of children in Mongolia. The programme has contributed indirectly to the implementation and scaling-up of other components in the country programme, notably child protection and the NPA. Advocacy at the highest level has yielded tangible results in the form of a National Forum and Summit on Children, held in May 2004, which featured the participation of children from all over the country and top state and government leaders. This meeting contributed concrete suggestions and recommendations for action on implementing the objectives of *A World Fit for Children* and the NPA.

38. The first funding cooperation between a national private corporation and the United Nations in Mongolia was launched in Ulaanbaatar in November 2003 when UNICEF signed a two-year memorandum of understanding with the private Mongolian company Monkhangai Group. Under this arrangement, Monkhangai will raise funds to support country programme activities, donating 1 per cent of its net profits earned from operations at its multi-chain retail and wholesale stores in Ulaanbaatar. Through new branding, UNICEF raised its visibility, emphasizing priority areas related to the Millennium Development Goals, MTSP, *A World Fit for Children* and the NPA. Special billboards, public service announcements for television and printed materials (infokit, quarterly newsletter, translated materials) were developed for general advocacy, awareness-raising and social mobilization. The billboards were posted along the main roads in Ulaanbaatar, and the public service announcements have been aired nationwide on Mongolian National TV and other channels.

39. **Resources used.** Over the first three years, the programme expended approximately \$4.9 million, of which \$2.8 million were regular resources and \$2.1 million other resources. This amounted to roughly 82 per cent of planned resources and 95 per cent of available resources. Available resources were 91 per cent of resources planned in the MPO. The National Programme for Children exceeded its resources ceiling by 25 per cent, while the other programmes were between 5 and 40 per cent below their resources ceiling. The country programme also received unplanned other resources of \$21,897 for information and communication and \$62,741 for natural disasters and emergencies. In general, the programme has utilized funds well, expending virtually all available regular resources and approximately 89 per cent of other resources.

40. **Constraints and opportunities affecting progress.** Persistent levels of poverty over the last decade, rapid urbanization and emerging social manifestations of transition from a command to a market economy, combined with a lack of institutions and resources to deal with these unintended consequences, continue to be major challenges for children from vulnerable families. Because of the lack of a clear decentralization policy and rural development strategy urban and rural disparities have widened. Much of the official development assistance to Mongolia goes into infrastructure development, with little allocated to social sectors, which receive most of their resources from the Government.

41. The capacity of the lead government ministries and departments, with the possible exception of the National Authority for Children (NAC), is adequate to implement UNICEF-supported programmes and projects. The lack of a coordinating mechanism or unit for project implementation in the Government hampers progress in planning and monitoring regarding cross-sectoral issues. There is also poor coordination between the Ministry of Social Welfare and Labour, the NAC and local-level administrative authorities for monitoring the NPA and local plans of action.

42. Continuous advocacy is needed to help make policymakers aware of the significance of investing in children as an integral part of national development efforts. Children are still viewed as passive recipients of charity and services, and children's participation in decision-making remains a major challenge.

43. Although there are only nine registered cases of HIV in Mongolia, such cases are being detected with increasing frequency. Risk factors and vulnerabilities for the rapid spread of HIV within the country abound, particularly in Ulaanbaatar, where about half the population lives.

44. Among the many opportunities available for promoting children's rights are the growing civil society sector, high literacy rates, and a responsive Government keen on projecting a positive international image in matters related to United Nations conventions and the promotion of human rights. The Government also continues to allocate a substantial proportion of its budget to social sectors, especially for education and social welfare.

45. In addition, there are several other positive developments: the existence of the National Council for Children, chaired by the Prime Minister; the current role of the Deputy Prime Minister's Office in coordinating children's programmes; and the revised strategy of the NAC, emphasizing policy development and intersectoral coordination. These are also potential areas for further investment by UNICEF and other child rights organizations as a way to promote institutional development.

46. **Adjustments made.** Disparity reduction will become a greater focus of the country programme. Remote rural populations and families that have recently migrated to urban *ger* (traditional tent) areas of cities are especially prone to multiple vulnerabilities. The programme currently focuses on these children and families but will now do so more explicitly.

47. The response to HIV/AIDS in the country programme will be stepped up drastically. HIV/AIDS will be mainstreamed within health and nutrition, education, child protection and convergent basic social services.

48. Steps will be taken to ensure more systematic participation of children in decision-making that affects their lives. Mongolia has been a leader in the region in child participation, and the challenge now is to promote the move from an 'events' to a 'systems' approach that would include the development of a national policy on child and youth participation. As a first step, the views of children and young people will be gathered and used to influence the design of the new country programme of cooperation.

49. In order to take a more strategic approach, the current health and nutrition, basic education and child protection projects within the National Programme will be converted into programmes themselves. This will help to sharpen the focus on

results and enable more substantive engagement within sector-wide approaches. The concerned Ministries of Health, Social Welfare and Labour, Justice and Home Affairs, and Education, Culture and Science have already made this request formally to the Ministry of Foreign Affairs, which in turn sent a formal request to UNICEF.

50. The current emergency programme, which is entirely dependent on other resources, will be mainstreamed within the existing programmes and projects of the country programme.

Major country programme evaluations

51. Three evaluations from Viet Nam, Mongolia and Lao People's Democratic Republic were selected from among the research activities carried out in the region. The evaluations cover approaches to decentralization, including the nature and extent of participation at the community or family level.

Viet Nam

52. The evaluation, "Comprehensive Poverty Reduction and Growth Strategy (CPRGS) Integration into Socio Economic Development Planning (SEDP): Lessons from Central Highlands, Viet Nam", is a Lessons Learned Document regarding roll-out of the CPRGS, Viet Nam's Poverty Reduction Strategy Paper. It was jointly prepared by the Government of Viet Nam, the Asian Development Bank (ADB), the German Agency for Technical Cooperation and UNICEF, and has been a popular document with development partners in Viet Nam. The involvement of UNICEF in this joint evaluation of the CPRGS roll-out was significant for the overall positioning of UNICEF in the context of Viet Nam and for ensuring that issues concerning children and women are adequately reflected in subnational socio-economic development plans. It provides an excellent example of partnership in evaluation, drawing on the experiences of three international organizations with varying mandates that are working with the Government to support the incorporation of poverty reduction considerations into subnational planning.

53. In Viet Nam, growth and poverty reduction are the predominant objectives in socio-economic planning. The CPRGS was approved by the Government in May 2002. The Government has stated its intention to strengthen the quality of SEDP through planning reforms that facilitate the integration of the CPRGS. In order to do this, there are some fundamental requirements: (a) to find an appropriate "fit" between the CPRGS and the five-year SEDP; (b) to improve the coordination and collaboration of central and local level governments; (c) to institutionalize planning reform and improvements into local systems and mechanisms for greater ownership by local government; (d) to strengthen the local capacities of policymakers and planners to ensure that the principles of CPRGS and planning directives are translated into practice; and (e) to strengthen the systems and process of planning and monitoring of plans at local levels.

54. Incorporating the CPRGS into provincial plans and budgets remains a difficult task, given the top-down approach of the past. Traditional planning systems will need to change to ensure that SEDP helps to achieve national development targets. Provincial-level understanding of the CPRGS approach, including issues concerning

the rights of children and women, is weak, and the provincial government's capacity for changing the planning process is very limited. Reforms to the planning process need to be introduced in a systematic and consistent way, and at a pace that is manageable for provincial governments (although some are more ready than others). Capacity to manage different stages of change in the planning process needs to be built up incrementally.

55. **Summary of experiences.** CPRGS integration into SEDP was found to have had considerable impact at both central and local levels. CPRGS integration was strongly supported by the national commitment to poverty reduction, social equity and improvements in local governance, as well as by new legislation promoting greater decentralization. These factors have paved the way for reforming both the approach to the development of subnational plans and their content. UNICEF promoted the incorporation of child- and youth-friendly elements into local SEDP. This activity, combined with the clear identification of child-focused indicators that UNICEF promoted for local plans (e.g., infant mortality rates, education completion rates, qualitative data on child protection and the importance of disaggregation of data by age and gender) was seen to be a valuable addition to the planning process.

56. At the local level, CPRGS implementation received strong support from the Government, international organizations and donors. However, a key challenge to reforming the planning process has been the legacy of the old planning processes, which tended to set quantitative output targets, objectives and priorities that were based on unclear criteria and unrealistic estimates of resources. There was also a tendency to consider economic outcomes to the exclusion of social development issues, including those concerning the poor. Other weaknesses in the reform process include the lack of horizontal and vertical coordination and of collaboration among line agencies and between central and local governments regarding investment, priority-setting and the selection of programmes in accordance with available resources. In addition, institutions and capacity are both weak at local levels. This weakness at the commune level in particular inhibits efforts to make the planning and budgeting approach more bottom-up and participatory.

57. Information for pro-poor planning is inadequate. Key information is lacking on available financial resources and both qualitative and quantitative data on poverty. In order to accurately assess the situation of the poor, in particular children and women, it was recognized that poverty analysis needs to look beyond household income to consider multiple deprivations faced by the poor. Some of the gaps found in the planning process and in plans and policies included the lack of qualitative socio-economic analysis of poverty and the lack of a conceptual framework for poverty, growth and social equity. The SEDP process, including policy-making, was hindered by inadequate consultation and participation, particularly that of youth and other stakeholders. Those involved in the process showed enthusiasm for enhancing participatory planning and for including a wide range of government and non-government stakeholders in the process. NGOs were recognized as potential partners in this effort.

58. There have been several achievements in integrating CPRGS in the SEDP process in the Central Highlands. There is now improved collaboration at all levels, from the central government to the local government to the grassroots level. Local development plans give greater consideration to social issues and poverty reduction. More participatory planning techniques have been adopted or piloted, using a

bottom-up approach or one mixed with a top-down approach. Local community members have contributed ideas and have helped to prioritize issues and make decisions on matters of local importance. Technical support given to the provinces has enhanced the capacity of provincial staff and leaders in strategic planning to improve the quality of annual and five-year SEDP plans. Central and local government have found that the new planning process can help to address core regional development issues: poverty, including the situation of poor children and women, land allocation, migration, the unskilled labour force, ethnic minority concerns, increased disparities among regions and the lack of participation.

59. **Summary of lessons learned and policy implications.** The lessons learned and recommendations for CPRGS integration in the SEDP process contained in the report of the evaluation cover several areas: (a) institutional issues; (b) capacity-building; (c) SEDP content; (d) the SEDP development process; and (e) monitoring and evaluation.

60. The report noted several institutional issues: (a) the need for improved structures for Government-donor collaboration; (b) the lack of good mechanisms for intra-governmental collaboration (i.e., horizontal intersectoral collaboration at the central and local levels and vertical coordination of the CPRGS roll-out process); (c) the lack of a clear legal framework and pragmatic tools for integrating the principles of a centrally developed CPRGS into local socio-economic development plans; (d) the need for each provincial government to agree on an overall multi-year strategy of reform for each component of the reform process; and (e) the need to match local SEDP schedules to central approval schedules, and to secure adequate resources for SEDP.

61. Regarding participation and ownership, it was found that there is a need to build political commitment and a sense of local ownership during the SEDP process and to ensure the participation of the poor, women, children, ethnic minorities and other disadvantaged groups.

62. Capacity-building measures were viewed as being central to the CPRGS roll-out process so that local-level authorities can effectively carry out newly decentralized responsibilities. The paper included several recommendations: (a) conduct a participatory needs-assessment of local absorptive capacities; (b) ensure targeted capacity-strengthening for local officials in implementing various stages of the planning process (e.g., data collection and analysis, participatory planning, linking budgets to plans, strategic planning, policy analysis); (c) build capacity for undertaking situation assessments and analysis that adequately addresses the situation of the poor, including children and women; and (d) involve local research institutions.

63. The SEDP process could be improved by (a) increasing the level of participation in planning, particularly by poor and vulnerable groups, and grassroots-level people and organizations, including children and youth; and (b) ensuring greater coordination with lower-level development plans in the province (e.g., district, commune, village, project). There is also a need to balance economic growth with poverty reduction and social equity issues. Strategic planning can help to identify good objectives for SEDP that are aligned with the Viet Nam Development Goals. Planning has lacked good analyses of social issues, poverty and underlying problems related to disadvantaged population subgroups such as children, women, ethnic minorities and those living in remote areas; SEDP needs to

be more pro-poor and responsive to specific challenges faced by disadvantaged groups.

64. Participatory and transparent monitoring and evaluation systems were also viewed as essential for implementing well-targeted pro-poor SEDP and for effective resource use. In place of the traditional use of output and input targets characteristic of central planning, SEDP needs to focus on results defined in terms of development outcomes and the impact made on all people, particularly the poor and disadvantaged.

65. The report has been used by the CPRGS secretariat to inform their plans for further roll-out of the CPRGS and by the Ministry of Planning and Investment in preparing capacity-building activities at the subnational level. ADB has also incorporated the findings into a handbook on local-level planning being prepared with the Ministry of Planning and Investment, to which UNICEF is also contributing content specifically on children. UNICEF has drawn heavily on the evaluation in the development of the new Provincial Child-Friendly Programme for the new country programme 2006-2010. Lessons from the evaluation have also been incorporated into ongoing CPRGS roll-out activities in 2005 and the development of the Joint United Nations Programme for the Central Highlands in Viet Nam.

66. The second evaluation covered the Family Empowerment Strategy of the Convergent Basic Social Services (CBSS) programme in Mongolia. The transition in Mongolia from a command to a market economy brought about a decline in the availability and use of basic social services. The quality of care provided in most facilities deteriorated and negatively affected the situation of children and women. The objective of the CBSS programme is to promote convergent planning and action to achieve family-based and community-defined development goals for children in early childhood, pre-adolescence and adolescence. The Family Empowerment Strategy (FES) was developed by the CBSS programme for introduction into five *aimags* (provinces) and two districts in Ulaanbaatar. The strategy aims to improve basic social services for children, especially those from disadvantaged vulnerable groups, by creating effective demand for the services, improving access to them, and increasing their utilization. During 2002-2004, implementation of FES showed progress in promoting the interests of children as part of the local and national development agenda.

67. The Government plans to expand FES to all other *aimags* and requested UNICEF to continue to provide technical support. Some international agencies, such as the World Bank and ADB, and NGOs, including World Vision and International Save the Children Alliance, have expressed interest in adopting the strategy for the convergence of basic services in order to reach disadvantaged communities in their project areas. However, constraints for sustaining and expanding the strategy included inadequate budgetary allocations made by the subnational and national governments and weak intersectoral cooperation among Ministries and between central and local governments.

68. In order to assess the viability of FES, the evaluation covered the strategy's implementation from January 2002 to mid-2004 and aimed to assess the overall strategy of the CBSS programme and to make a critical input to the MTR of the country programme. Findings of the evaluation show that CBSS/FES has produced very positive outcomes over a short period of time. Findings also show that FES has successfully developed a model of participatory bottom-up planning and has

empowered participating families. This has resulted in a greater demand for services and the development of proactive practices and behaviour among caregivers, including participation in child growth-monitoring, the adoption of early childhood development and stimulation practices, and the consumption of iodized salt. CBSS/FES has introduced innovative approaches of service delivery and has helped increase the utilization of services at hospitals and family clinics by more than 50 per cent between 2001 and 2003. The programme has also helped to change the behaviour of service providers and has successfully placed children's interests on the development agendas of *soum* (district) authorities. Nevertheless, advocacy needs to continue at all levels.

69. The evaluation report recommended that a national strategy for expansion of FES should be developed before further localized expansion takes place. The report also called for strengthening the capacity of the NAC as a coordinating agency for CBSS. It was noted that community-identified project-planning processes needed to be synchronized with the Government's planning budget cycle. Convergence in social service provision also required strengthening the linkages and coordination of CBSS with other national programmes supported by UNICEF. Development partners have shown interest in CBSS/FES, and it was recommended that the Government explore mobilizing external funds for scaling up CBSS/FES. The report also commented that the financial procedures of UNICEF for the release of cash and supplies should be simplified to support timely implementation by local government officials and communities.

70. The evaluation report provided critical input to the MTR. Given the limited technical and financial capacity of CBSS at the national and subnational levels, it was suggested that the programme continue to consolidate in its current locations in 2005. However, the Government may expand FES into other areas as long as the appropriate technical capacity and financial resources are available.

71. The evaluation provided UNICEF and its partners with opportunities to jointly assess the vitality of the FES as a new concept for achieving several results: empowering families and communities; pilot-testing models of operational aspects of national programmes before they are consolidated; capacity-building of counterparts at national and subnational levels; and intersectoral cooperation between UNICEF-supported sectoral programmes and counterparts. Also evaluated was the potential for expansion to other areas.

72. The third evaluation covered the joint external evaluation of the Community Participation Programmes promoting Safe Water and Sanitation (*Nam Saat*) in Lao People's Democratic Republic. The evaluation, funded by the Swedish International Development Cooperation Agency (Sida), which also gave funding to *Nam Saat*, covered two phases of the programme: phase II, from 1998 to 2002; and phase III, from 2003 to 30 June 2004. The latter was the consolidation phase, the evaluation of which aimed to assess institutional capacity, human resources and processes in terms of sustainability; comment on the extent to which the programme has contributed to sustainable improvement of health, poverty reduction and economic development among the rural target population; and document lessons learned and best practices of support to *Nam Saat*.

73. The *Nam Saat* programme, based on a solid legal and institutional framework, aims to develop rural water and sanitation services and promote community participation in all stages of the development and maintenance of water and

sanitation supplies. The programme actively promotes decentralization, participation, equity and poverty reduction, all of which lead to sustainability and are consistent with Government policies.

74. *Nam Saat* has several main functions: (a) train and facilitate staff at provincial level; (b) compile a national work plan and budget; (c) communicate with, and coordinate the activities of, external support agencies; and (d) “lead the learning process and planning phases of the annual implementation cycle”.

75. UNICEF has played a central role in the programme. Of main importance is its price-effective procurement of handpumps from India. UNICEF also contributed in several other important ways: the organization promoted sector development by introducing improved methods; took an active part in the recent revision of the National Rural Water Supply and Sanitation (RWSS) Strategy; supplied schools with clean water, sanitary latrines and child-friendly teaching tools and supported deworming activities; promoted the inclusion of hygiene education into the curriculum of teacher-training colleges; promoted the participation of children and young people in improving hygiene through songs, mini-concerts and drama performances; provided water-quality tests for arsenic contamination; and started the monitoring of the representation of women on Water and Sanitation Committees.

76. The Joint External Evaluation Report concluded that UNICEF has clearly been able to promote very significant sector development. However, UNICEF has not managed to resolve the problem of gaining access to locally produced handpumps and spare parts. Thus the sector remains dependent on continued UNICEF support.

77. The World Bank’s Water and Sanitation Program in East Asia and Pacific (WSP-EAP) took an active part in the development of the first National RWSS Strategy released in 1997. To strengthen sustainability, WSP-EAP then began to promote the demand-driven approach required by supporting the change of procedures and the training of *Nam-Saat* staff. However, encouraging the staff to accept the changes and at the same time maintain high implementation targets was very difficult, and there was a temptation to speed up implementation at the expense of long-term sustainability. WSP-EAP promoted quality to an extent that *Nam Saat* could not accept at that time.

78. Private contractors have been increasingly involved in the construction of water projects and family and school latrines, and as a result there are now about 250 private contractors working with *Nam Saat*. Decentralization of procurement from the central to the provincial level required training the staff in how to tender with contractors and procure local materials. The involvement of the private sector has been very successful, but *Nam Saat* needs to establish clear criteria for the selection and appointment of private contractors, based on their previous track record, and the supervision of construction needs to be strengthened.

79. The programme design was a source of confusion during both phases as it mixed means and ends, set too many objectives and failed to guide implementation adequately. A logical framework approach should have been used.

80. The report concluded that there were initially many constraints facing *Nam Saat*, including varying and complex disbursement procedures used by Sida, UNICEF and *Nam Saat* that delayed procurement. These procedures have been mostly streamlined. Another constraint was the high demand for community contributions, at 30-40 per cent of total cost. This came about because there had

been no professional assessment of the community's ability and willingness to pay. In the case of the school sanitation programme, the burdensome contribution led to poor construction of facilities and, in turn, poor use. The contribution amounts have now been revised. In addition, the programme faced several other challenges: there was a lack of physical resources at the village level; the field methodology was still under development; and the Water and Sanitation Committees received too little training in order to become sustainable institutions. Generally, programme activities were thinly spread, and activities in Sida-funded areas were not well coordinated with those of UNICEF. To remedy the problem, networking and coordination were tightened. It became clear that the components of water supply, household latrines and school sanitation should be integrated in the Village Development Plans.

81. The evaluation report noted several positive findings: the programme clearly focused on poverty and equity, and the programme and its partners developed a uniform process for Water and Sanitation implementation in the form of a Rural Water Supply and Sanitation Strategy. The first Strategy, released in 1997, comprised a 12-step approach for implementation in the communities, but the approach was seen as too time-consuming, and there was no decentralization policy approved at that time to back it up. As a result, the methodology was initially not well accepted. Nevertheless, this approach represented the beginning of a substantial paradigm shift from a supply-driven to a more demand-driven approach. The Strategy helped to gradually promote community-based participatory management in the planning and implementation of water and sanitation facilities, although only the first 6 steps of the 12-step approach were used. A procurement and accounting system was established, and training in office management was carried out. A training-of-trainers programme and training on hygiene promotion in communities were initiated, and staff were sensitized on gender aspects, though gender sensitization had a limited impact. Monthly, quarterly and annual reviews were institutionalized.

82. *Nam Saat* tried to expand coverage to new areas at the same time as it developed new methods and capabilities. As mentioned, the introduction of so many changes met with some resistance. Yet despite this initial difficulty and the delayed access to funds, the programme managed surprisingly well to embrace the new thinking, even if it will take time for the new ideas to reach the village level and change behaviour there. The emphasis on equity and poverty aspects is important for improving health, especially child health. The scale of the task of influencing hygiene, sanitation and environmental health, however, was underestimated.

83. The findings of this evaluation were discussed during the national sector review meeting as well as during the national sector forum, which included donors and NGOs. As a follow-up to the evaluation, UNICEF increased its focus on effective hygiene promotion and behaviour-change communication in communities and is supporting the strengthening of the operation and maintenance system.

Conclusions

84. The MTRs and evaluations in the region show the important role these instruments play in reinforcing government capacities, leadership and ownership regarding development. These instruments and the responsive actions they generate also strengthen the knowledge base of UNICEF. Learning from constraints and

setbacks is as important as highlighting opportunities and successes. The reviews and evaluations all reinforce the priority the region gives to disparity reduction and disaggregated assessment and analysis of the situation of children. The documents reflect the scope of the issues and stress the need to further develop partnerships to address them. As the studies make clear, local capacity development remains a key success factor and fully justifies the investment required.
