

Limited Program Review and Evaluability Assessment

UNICEF Post Tsunami Recovery Response

Evaluation Office
May 2008

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Health, Education, Equality, Protection
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Acronyms

CBO	Community Based Organization
CCA	Common Country Assessment
CAP	Communications, Advocacy and Planning Unit
CFS	Child Friendly Schools
CP	Child Protection
C-Pal	Child Protection Database
C-PAP	Country program action plan
DAC	Development Assistance Committee/ Directorate
DAD	Development Assistance Database
DER	Department of External Resources GOM
EA	Evaluability Assessment
EDC	Education Development Centre
GOM	Government of Maldives
HRC	Human Rights Commission
IDC	Island Development Committees
IDP	Internally Displaced Person
IMPACT	Monitoring system
LDC	Less Developed Country
LRRD	Linking Relief to Reconstruction and Development
MDG	Millennium Development Goals
MPND	Ministry of Planning and National Development
M & E	Monitoring and Evaluation
MOH	Ministry of Health
MTSP	Mid-Term Strategic Plan
MTR	Mid-Term Report
NGO	Non-Governmental Organization
OECD	Organization for Economic Cooperation and Development
RO	Reverse Osmosis
TEC	Tsunami Evaluation Coalition
TRC	Teacher Resource Centre
TIA	Tsunami Impact Assessment 2005 Republic of Maldives
UNDAF	UN Development Assistance Framework
UNICEF	United Nations Children's Fund
UNFPA	United Nations Family Planning Agency
UNDP	United Nations Development Program
UNOPS	UN Office for Program Services
WES	Water and Environmental Sanitation
WDC	Women's Development Committees
WHO	World Health Organization

Executive Summary

Introduction

In the aftermath of the December 2004 Asia Tsunami disaster in the Maldives, a stated objective of the UNICEF Country Office and the Government of Maldives was “building back better”, the lives of women and children.¹ UNICEF succeeded in raising significant funds from a range of donors for the Asia Tsunami recovery operation. Over \$60 million was allocated for recovery programs and projects in the Maldives. Three years after the disaster ascertaining the extent to which ongoing programs have been and may be successful, sustainable, and impact the lives of women and children would be important, to ensure accountability to donors who contributed generously to UNICEF’s post tsunami recovery operations and beneficiaries for whom the funds were committed, as well as, to refine on-going programs and develop exit strategies that ensure sustainable program impacts and results.

Purpose

An evaluation of the *impacts* of UNICEF’s recovery response and its transition to development of tsunami affected areas and communities in the Maldives would be conducted in 2008. Given the diversity of on-going programs, their scope, and timeframes, before initiating the impact evaluation, it seemed appropriate to determine the feasibility and readiness of UNICEF’s tsunami programs and Country Office for such an exercise.

This report consists of an Evaluability Assessment for an impact assessment of UNICEF Maldives programs, but it includes a *limited* Program Review of the 2005-2007 operations. This is due to the fact that the Program Review of the Maldives tsunami recovery operation scheduled for the first quarter of 2007 had not occurred due to the reorganization of the Evaluation Office in New York. Hence, a limited Program Review was subsequently added on to the current ToRs for the Evaluability Assessment that commenced in November 2007 (please see Annexure).

Scope of this Report

This Evaluability Assessment reviews the coherence and logic of the program, clarifies data availability, and assesses the extent to which managers or stakeholders are likely to use impact evaluation findings given their interests and the timing of the evaluation vis-à-vis future program or policy decisions. The overall purpose of an evaluability assessment is to decide whether an evaluation is feasible, and worthwhile in terms of its likely benefits, consequences and costs.

For the Limited Program Review the following key questions were identified

¹ The 26 December 2004, triggered tsunamis that inundated coastal areas in countries all around the Indian Ocean rim. In Maldives tidal waves ranging from 4 to 14 feet were reported in all parts of the country. Eighty three people were reported dead and another 25 missing and feared dead, more than 1300 people were injured, nearly 12000 people were displaced from their islands and 8500 people were displaced within the islands. The force of the waves caused widespread destruction to the nation’s infrastructure from houses, schools, water supply, electricity and communication links. The livelihoods for a good percentage of the population were undermined.

1. To respond to initial recommendations and demands for increased accountability, a significant amount of investment was made to develop a program monitoring system. To what extent has the IMPACT field monitoring system responded to user's needs? Is this an appropriate monitoring system to help UNICEF and Government improve accountability in the future. What are other alternatives?
2. How appropriate, relevant and cost effective have the investments in technology been to achieve sector-specific results? (WES – sanitation system and RO plans, Education, TRCs H&N – online Nutrition and Child Health Surveillance System, CPAL (child protection database).
3. What are some key innovations and good practices that were introduced/ sustained during the recovery phase?
4. Did UNICEF effectively coordinate with other stakeholders (overall and sector specific, particularly on Child Protection and WES) in the Recovery phase?
5. Did coordination facilitate or hamper program results? How could the coordination have been better so as to bring greater efficiency and sustainability?
6. What are the critical capacity challenges amongst partners for each sector and how can these be addressed?
7. Are recovery services and facilities supported by UNICEF likely to be operational/ continued with Government support after UNICEF with its funding support?
8. Have appropriate resources and time been allocated to phase out from the Recovery program to the 2008-2010 Country Program in a manner that would enable the recovery results to be sustained?

The Report document also builds on the May 2006 Evaluation. The current program contributed to the Tsunami Recovery Annual Review, and will inform Country Program Action Plan (CPAP (2008-2010), when post tsunami programs would be scaled down, consolidated and their sustainability tested.²

The scope of the current limited Program Evaluation has been agreed in consultation with the CAP head and Senior Management of the Country Office. Additionally, the report reviews the program in relation to UNICEF policy documents on transition and MDGs. Finally, this report examines briefly cross-sector synergies and program integration, coordination, as well as, some issues pertinent to linking relief to recovery and development (LRRD)

Methodology

This Report draws from a literature review, participant observation and interviews by the Program Evaluation and Evaluability Assessment team comprising Astri Ferdiana and Darini Rajasingham.³ Interviews were conducted with CO staff, as well as, key stakeholders among partners, local/ government officials, Line Ministries and beneficiaries in Male and at selected project locations.⁴ The visit to the Maldives was undertaken from October 25-November 17, 2007. A document review was undertaken prior to and during the current field visit.

² The Senior Consultant presented the *draft* findings of the current Program Review at the 2007 December Annual Review meeting in Male, Maldives, and noted that many of recommendations had been incorporated to the 2008 work plan.

³ An extensive "Literature Review on Status of Affected Population before and After the Tsunami in the Republic of Maldives in Sectors of UNICEF work", was conducted by Dr. Anthony Marcus mid-2007; Dr. Astri Firdana focused to a great extent on program logic and log frame analysis for the EA.

⁴ This report also builds on the Draft Program Evaluation, Evaluability and Impact Assessment, UNICEF Maldives, Inception Report.

The field visits included several site visits to UNICEF projects,⁵ meetings with beneficiaries and project implementers, as well as, local government authorities including the Atoll Chief, Island Chief, the Island Development Committees in Hitadhoo, Seenu Atoll and Ungurfaaru, Raa Atoll, as well as, the Women's Development Committee in Ungufaru.⁶ Emphasis was placed on meeting the relevant program staff and their counterparts in government, civil society / NGOs, and among donors.⁷

Limitations

This document consists of an Evaluability Assessment, as well as, a limited Program Review. The fact that two logically and analytically distinct evaluation assignments and processes were telescoped and combined for reasons best known to the Evaluation Office, means that this document contains significant limitations. Among them is the fact that the program review is of a limited nature and hence does not cover the range of work and project achievement and successes of the Maldives CO, as was noted by CO staff. Hence a review of plans to publish this report is suggested.

Given limited time in the field to accomplish two distinct tasks it was not possible to develop "case studies", which require spending quality time with beneficiaries and local authorities in project areas, as well as, comparing UNICEF project intervention and non-project intervention sites, cross-checking and triangulation of information, including with independent experts and observers, in addition to project and program impact mapping. Hence, this report is primarily an analytic document (that is more theoretical and general than empirical), and may suffer from the top-down approach that it sometimes critiques!

Principle Findings- Limited Program Review

UNICEF's program of cooperation in the Maldives has been broadly formulated as a response to the recovery and longer-term development needs in the country. They are in line with its mandate and in accordance with the five focus areas identified in the MTSP 2006-2009, and clearly reflect the current CO's commitment to "build back better". TRCS, the drug awareness campaign, environmental education among other program components, bring added value to interventions the Maldives.

The extent to which the current program was able to access socio-cultural analysis and mainstream gender analysis into projects and programs to effectively target and addresses issues of gender equity, and the status and protection of the girl child and adolescents warrants review.

Principle Findings- Evaluability Assessment

Review of available materials indicates that there is adequate, if sometimes inconclusive, baseline data and project material to conduct an impact evaluation of the UNICEF Maldives post tsunami programs. Firstly, there is adequate country specific

⁵ The team visited two Tsunami IDP camps in Ungufaaruu and Hulothuffaru and an island, Duvaffaru, that is currently under construction for population consolidation, a large percentage of which would be Tsunami IDPs, in Raa Atoll.

⁶ Site visits in Seenu Atoll were made to Education, Health and Child Protection program project sites and included consultation with beneficiaries. A second field visit was made to Raa Atoll to visit water and Sanitation projects and IDPs. The site visits and projects were identified on the basis of their time line and adequacy for impact assessment and reputation as successful and innovative UNICEF projects.

⁷ Cf. Annexes and detailed schedule for interviews conducted.

baseline data even if there may be some gaps and divergent standards, secondly, there is adequate UNICEF program and project documentation. There is a large amount of quantitative data, some of which is relevant to impact monitoring in a long term. However, very little qualitative data for a baseline against which to evaluate the added value of UNICEF (particularly soft wear) projects exists. An impact evaluation that prioritizes beneficiary perspectives and voices, and is predominantly qualitative in nature is recommended to be conducted in the third quarter of 2008.

Guiding Principles and Standards

The report assesses the program logic in terms of the OECD DAC Criteria for Evaluations and UN Evaluation norms and standards. Particular attention is paid to recovery operation relevance to the Maldives post-tsunami recovery needs and country development priorities, including adequacy of program targeting of women and children, vulnerable groups (tsunami IDPs, and impoverished islands/communities in particular), also in line with UNICEF mandates. It also refers at appropriate to the TEC Review, the Paris Declaration on Aid Effectiveness and key documents on reform of the international aid architecture, including, reform of monitoring and evaluation functions. It also draws from more critical academic writings on “audit cultures” (Strathern, M. 2005).

Part 1 Limited Program Review

Introduction: Maldives Tsunami Recovery

The December 26, 2004 Asia tsunami was the worst natural disaster in Maldives history. 190 out of 198 inhabited islands were affected to some degree, but the Tsunami's worst effects were experienced by a relatively small number of people.⁸ After the short term decline in the aftermath of the Tsunami disaster, Maldives reverted to the high growth track that it enjoyed prior to the disaster. In 2004, the proportion of people whose income was under the poverty line was one percent of the population – far lower than any other country in the region (MPND).

Before and after the tsunami a lack of quality healthcare and education in the Maldives had been a matter of concern. UNICEF recovery programs aimed to address needs in these sectors and contribute to building back better. Given Maldives's growth trajectory it is evident that the country may suffer from some problems that are distinctive to more advanced, less developed countries (LDCs). For instance, micro-nutrient deficiencies may be related to a range of socio-economic factors that affect dietary practice given availability of processed food and the flooding of the market with fast food advertising.

The Maldives has achieved most of the MDGs apart from Goals 3 and 7 that pertain to gender equity and environmental sustainability, as noted in the Final draft of the MDG Second Report Maldives 26, September 2007.⁹ The UNICEF Water and Sanitation program that includes an environmental education project targets the latter MDG. Water and sanitation was also a sector that suffered most as a result of the tsunami disaster due to saline contamination of ground water systems given the special ecology of the Maldives. In the longer run, given rising sea levels Maldives as a small island nation-state will be dealing with considerable challenges with regard to mainstreaming disaster preparedness into development interventions.

UNICEF Programs in the Recovery Phase

UNICEF recovery programs have been articulated to meet post emergency relief recovery needs, as well as, longer term development needs and priorities of the Maldives taking into consideration the special ecological circumstances of the country, namely the dispersed island population and difficulties of access. The quality of the programs reflect a high level of dedication and commitment among the Maldives Country Office staff to “build back better”, and leave a significant development legacy and enhanced national capacity in the relevant sectors.

The UNICEF Maldives program has five main components: Health and Nutrition, Quality Education, Water and Sanitation and Child Protection. The Communication, Advocacy and Programming (CAP) is a cross cutting program unit, also for program integration and project support. The programs which continue the main pre-Tsunami UNICEF county programs (education and health), are well advanced since they were already in

⁸ Cf. Republic of Maldives Tsunami Impact Assessment 2005: A socio-economic countrywide assessment at household level, six months after the tsunami.

⁹ The Maldives has had high rates of growth with real GDP per capita at an average of 7.5 percent per annum over past decade and a half. However, the gini coefficient is 0.41 and the 2006 Vulnerability and Poverty Assessment shows that almost 21 percent of the total populations lives on less than 15 Rufiyaa (US\$ 1=12.85 Rf) a day. (MDNP and UNDP).

the blue print form and had only to be scaled up when the funds became available after the Tsunami disaster. These programs may have benefited from a longer planning and gestation period. They are well conceptualized and targeted at needs on the ground with integrated program components, and as a result have greater project synergies and are more advanced in terms of delivery/ implementation. These are the projects where there have more visible impacts at this time, also for monitoring and evaluation purposes. Results of older projects, such as child friendly teaching approaches showed remarkable levels of success.

The UNICEF operation effectively targeted tsunami affected populations in a timely manner in the immediate aftermath of the disaster. In the recovery phase the focus shifted towards “building back better” and much more attention was focused on strengthening the capacity of institutions, communities, and partners to reduced inequalities, sustain the development of children and women and be better prepared for a future emergency. One senior staff member who had witnessed the transition described UNICEF’s post/tsunami intervention program timeframe thus: the first year of (2005) was in emergency mode, that was brought to a close by the MTR in December 2005 when the program lines were realigned and organized with child protection considerably upgraded and WES becoming an independent program, 2006 was the year of planning and negotiating with government and various partner organizations, while 2007 is the year of implementation.

In the context of UNICEF’s commitments and need to rapidly up-scale programs and acquire capacity in the CO in the aftermath of the tsunami disaster, the transition out of an emergency-relief mode of operation into development programming appears to have been characterized by a relatively high turn over of short-term, relatively young and inexperienced consultants as a couple of senior staff members noted.¹⁰ Where there was good access to local knowledge and/or regional expertise heading programs (e.g. Education headed by a Maldivian national), programs seem to have more efficiently identified and target needs at the ground, given the lack of systematic and independent needs assessments for sectors at the outset. Of course, local / national capacity and expertise may be strong in some sectors and weak in others.

Given the challenge of up-scaling the Maldives CO to implement a \$ 60 million dollar operation over three years in the aftermath of the tsunami, the program demonstrates considerable achievement. This is especially so given some of the “legacies of the transition from relief to recovery” (particularly what appears to be inadequate process of sector specific independent needs assessments given the funds available), for recovery and development stage. At the time of this review, monitoring and evaluation had been greatly strengthened with detailed log frames and indicators that would be useful for an impact evaluation for program feedback and strengthening in the future, yet qualitative dimensions of monitoring were relatively weak. Emphasis appeared to be on output and quantitative dimensions of monitoring.

The transition from relief to development may have taken place both too slowly and too fast. Too slowly, in terms of CO up-scaling of expertise and capacities, and too rapidly, in terms of scaling-up programming to address needs of the general population beyond

¹⁰ Cf. Section on “Process and Development of Strategy” (page 19), Evaluation of UNICEF Tsunami Response Maldives, Draft Report Prepared for UNICEF Evaluation Office New York . October 10, 2005

tsunami affected women, adolescents and children, including women headed households whose livelihood needs remain.

Overall Recovery Response and findings

UNICEF's program of cooperation in the Maldives has been broadly formulated as a response to the recovery and longer-term development needs in the country. They are in line with its mandate and in accordance with the five focus areas identified in the MTSP 2006-2009, and clearly reflect the current CO's commitment to "build back better".

- Having identified human resource and capacity limitations in government and civil society, UNICEF program of cooperation after the emergency phase have effectively focused on long term development needs and prioritized national level institutional strengthening and capacity building particularly of the relevant ministries. Priority problems in the post-emergency phase in the Maldives were a lack of quality education, lack of quality health service, high prevalence of under-nutrition and the vulnerability of population to water shortage. Each sector program, except water and sanitation, which intervene largely in infrastructure provision, covered at least two or more of the following components: improving service provision, building capacity of counterparts, strengthening policy frameworks, establishing systems for evidence based planning and community awareness raising.
- In terms of value adding, emphasis has been placed on developing and promoting a culture of evidence based analysis and development policy planning in UNICEF's program of cooperation. Various data bases and information systems with the relevant line ministries (Maldiv-Info, Child Health Surveillance System of the Health and Nutrition monitoring database, child protection database, C-PAL (Child protection database).
- A key achievement at this time is the wide-spread acceptance and legitimacy of child friendly teaching among educators and at the Education Development Centre, teachers and communities. Additionally, the TRCs constitute a key education and training resource at the atoll level. The TRC has great potential to contribute to the on-going processes of decentralization, and capacity building of local education institutions as well as governance institutions in the Maldives if utility is optimized. Other achievements that would benefit from further analysis and documentation are the training of social workers for all Atols, the WeS environmental education program, the Wake Up campaign on drug awareness.
- The Tsunami disaster opened doors (disasters maybe windows of opportunity), and enabled addressing sensitive subjects such as child protection and violence against women in a more forthright manner. In line with its global mandate UNICEF has seized an opportunity with the Child Protection Program, which could have a lasting impact with regard to children's rights and social development in general if effectively consolidated and focused in the next country program. Having said that, it is evident that some gaps remain which UNICEF may have been best suited to fill (e.g. child protection and anti-drugs program in IDP camps/ islands, intervention for rights of the adolescent girl child, youth livelihoods).
- UNICEF projects have clearly had positive impact on beneficiaries and program results would be more fully observable in of 2008. Some program components are

still in an early implementation phases due to delays related to external and internal factors (Sanitation and some project components of CP). Reasons are: the technical nature of some of the some program interventions aimed at building capacity (e.g. boat for MOH), as well as, government capacity to coordinate, given an influx of new donors in the tsunami aftermath. The changing political situation was also sometimes mentioned as playing a role in delays with regard to coordination with government stakeholders.

- It is difficult to improve children's lives without addressing their *mothers* and women in general. For effective targeting of programs aimed at attitudinal and behavioral changes (in health or nutrition, or gender relations), understanding and analysis of the cultural and political context of gender, family and kinship relations and support structures, in addition to sector specific technical expertise is necessary. The Maldives is an interesting political and cultural *mélange*, where Islamic beliefs coincide with pre-Islamic forms of animism and spirit belief (including traditional healing systems), and articulate with a relatively non-hierarchical social structure, and permissive island culture (as evidenced in high divorce and remarriage rates). There appears to have been a gap in social, cultural and gender analysis in CAP for overall gender mainstreaming and social sector analysis for more effective targeted, coherent and relevant community level programming and for gender specific vulnerability and inequality. In particular, the Child Protection Program would have benefited from such expertise.
- For adequate program targeting and coherence, social and gender analysis is necessary when children and women are the principal beneficiaries, also given the dominance of male perspectives among government partners. While the Maldives has neither a social welfare system nor a developed mental health care system or a child rights legal discourse, leaving a large segment of the population vulnerable to impact of material loss, it has an extended family system and Island level Women's Development Committees that play an important social welfare and community care role, which could be strengthened and supported. Engaging in social analysis to identify social and community strengths (as well as weaknesses), means that there is less risk of programs appearing disengaged from ground and social realities distant in space and time from the capital.
- The focus on infrastructure, legal frameworks, data bases and government capacity building, may be balanced with greater gender, social and community level analysis and programming for community ownership and utilization of project investments). This is particularly true in situations where civil society organizations have been weak and political space limited. Some programs have a general international "tool kit" approach to recovery since they do not sufficiently *target* culture-specific gender vulnerabilities and inequalities, as well as, county-specific "poverty pockets" and may be better localized for maximal impacts (the drug program stands out as exceptional here). DER stated that it encouraged donors to talk to beneficiary communities. While consultations with beneficiary communities have been carried out in varying degrees (WES consultations for Sanitation projects), they sometimes appear *ad hoc* rather than an integral part of the program planning and implementation cycle which would ideally begin with independent needs assessments for effective targeting of beneficiaries.

- Some space for cross-sector integration exists. After the MTR when the program lines were identified they seem to have worked along parallel lines. While environmental education project is currently being developed, more cross fertilization and cooperation among the programs would help optimize impacts (eg. Child rights and protection issues incorporated into EDC primary school curricular development program). Given the significant budget of UNICEF and high rate of school drop outs a question arises about the implementation of the “adolescents livelihood program”.
- A commendable effort has been made by the CAP program to develop detailed log frames for monitoring and evaluation purposes, which has also contributed to efficient project delivery out comes. The current CAP is especially strong on output monitoring and quantitative indicators for evaluation. Given the qualitative nature of UNICEF interventions more qualitative indicators are desirable. The activities based indicators, and generally quantitative nature of the current log frames may not adequately capture the *qualitative* nature and “value adding” of UNICEF program interventions -- *as a whole*. This may be the reason that some programs sound ambitious since outcome and strategic indicators in the log frames are sometimes conflated or generalized to the entire population. Indicators may be adjusted to reflect the qualitative nature of UNICEF project specific interventions. (See revised indicator table attached in Annex 2). In some instances outcome indicators formulated in the logical framework may not be adequately specific (e.g. Children of the Maldives have protection from violence, exploitation, and abuse”).
- The Child Protection Program which has the largest number of partners is the most ambitious program initiative. It is clearly of high relevance to the needs in the Maldives within the UNICEF mandate in the recovery period and for long term development. One of its successes has been the national campaign on drugs or the “Wake up” campaign. Another significant achievement has been the training of social workers for all atolls, a first for the Maldives, though challenges remain with regard to high turnover of qualified staff in the Atolls. At this time the Child Protection program would benefit from greater focus and program consolidation in the next project cycle. Enhanced social sector expertise and access to local knowledge, particularly with regard to mainstreaming gender analysis may ensure program consolidation, effective project targeting, as well as, monitoring of vulnerable groups; (for example: how best to design and target protection of the girl child in light of research and other reports on gender based violence, young girls/ adolescents’ livelihoods needs, gender disaggregated data collection for monitoring). Consultations and program development may be more effective if they include consultation with Women’s NGOs, and Women’s Development Committees at the island and Atoll levels.

Appropriateness and Relevance

Post-emergency UNICEF interventions have been well received by beneficiary communities, community organizations as well as, government agencies and are in line with UNICEF mandates. The programs clearly identify development priorities and meet the needs of many Tsunami affected and vulnerable communities in the Maldives and are appropriate to the longer-term development needs of the Maldives. Whether some of the more costly high tech. projects are economically rational and appropriate (in the sense of requiring trained personnel), may to be determined subsequent to the on-going costs-benefits study and in the 2008 impact evaluation.

It is also clear that the UNICEF programs have taken into considerations the special ecological circumstances of the country, given its dispersed island population and difficulties of access. This is particularly evident with the TRCs which constitute a key education training resource at the atoll level with potential for long-term development impact if optimally utilized. The TRC also has great potential to contribute to the on-going processes of decentralization, and capacity building of local institutions including governance institutions in the Maldives.

While the areas of intervention themselves are relevant and appropriate, some aspects of program planning and project targeting in the rehabilitation phase could be improved. The UNICEF programs target communities in line with how Tsunami communities have been defined by UNICEF, (see Annex-1), and were later extended to the entire population. While there is some basis for extending the program to the entire population the move from Relief to Rehab and long term development could have been better conceptualized and implemented.

It may be that the rush to disburse significant funds led to a rapid expansion of programs to the general population, rather than targeting particularly needy groups, such as Tsunami IDPs, women headed households, or adolescent' livelihoods. Some of the gaps pertain to program integration. At this time questions may arise regarding an apparent gap in programming for Tsunami IDPs living in very overcrowded conditions, with increased levels of drug problems and domestic violence, with considerable implications for children living in tsunami IDP camps almost three years after the disaster. The increased level of social problems (domestic violence and substance abuse), can be clearly deduced from existing empirical studies on these problems, as well as, evidence of such behaviour in the Maldives. Anecdotal evidence during interviews and observation in the field confirmed this.

Effectiveness

The important of capacity strengthening is recognized as a guiding principle for humanitarian response. UNICEF's move from the service delivery approach to an institutional and capacity empowering framework in the Maldives post tsunami context was highly appropriate given the increased capacity needs in the aftermath of the disaster, and the funds that the organization commanded. At the same time, engagement with local communities and beneficiaries in planning and decision-making, M & E could be strengthened for program deepening and hand-over. Enhanced community development and social sector expertise in the MCO would be necessary.

Unlike in an emergency phase where items are distributed to the entire affected population in the case of longer term development impacts, particularly related to human resource and social capital building, it is less possible to generalize program impact to the general population. (See additional comments in Impact and Monitoring section)

Timeliness of assistance can minimize or optimize impact. Delays have been an issue and there have been some complaints about delays, particularly with regard to the Sanitation system in Ungufaaru. One national newspaper had raised questions on this subject and queried expenditures.

Efficiency

At the time of the current limited program review it was apparent that concerted attempts had been made to consolidate and systematize a coherent and efficient sector approach in each of the four program areas given the early history of the UNICEF recovery operation which has left a “legacy”.¹¹ Initially, the tsunami recovery response in the Maldives was not particularly efficient due to a lack of consistent human resource capacity (as noted in the October 2005 Evaluation), and systematic needs assessments for the various program sectors were not accomplished. Follow-up and monitoring had been fragmented.

Initially, water tanks for rain water harvesting were distributed but their installation was not always done or followed up, sometime due to the assumption that the GOM would be responsible for that process. At this time eighty percent of tanks have been installed with following steps taken to monitor and evaluate the situation. Some research studies have been completed but the extent to which they came up with recommendations that were followed up in subsequent programming is not always clear. In the context weaknesses in follow up were not surprising, and would need to be addressed to ensure program sustainability and optimization of the resources invested, particularly in technology.

In the post tsunami phase shelter and livelihoods were the most pressing needs of survivors according to the TEC LRRD Report. The largest quantity of funds in the 2006-07 budget is allocated to Water and Sanitation (over 8 million). The adolescent livelihoods program of the Child Protection program had not taken off. What imperatives and lessons may be learned from the need for dispersal of funds, and an apparent preference for spending on high tech., expensive, and visible infrastructure projects rather than investing in less visible social sector and community level programs, that require country and region specific expertise, has been noted in the TEC Synthesis Report. At the time of this evaluation there appeared to be some imbalance in program investment in human and financial resources in social sectors pertinent to improving the lives of children and women rendered vulnerable in the tsunami disaster (adolescent, youth livelihoods) which would need further analysis in a full impact assessment that would also include analysis of inter-agency partnerships.

It maybe that technology and information systems have inadvertently become a substitute for less costly but labour and time intensive interventions. Consultations with communities and community engagement are particularly necessary with regard to the options and appropriateness of technology and user fees. Analysis of how such user fees may contribute to intra-island social and economic inequality and poverty are necessary.

Coordination

UNICEF coordination with the Government of Maldives and relevant line ministries has been a strong point and an integral part of its approach. The various program lines have worked in close cooperation with the relevant line ministries and were highly validated by the relevant GOM officials in the line ministries. Ironically, it may be that UNICEF has been too dependent on government needs assessments, rather than carrying out independent assessments and directly accessing communities. Given the highly centralized nature of the Maldivian State the reliance on government directives may

¹¹ Cf. Evaluation of UNICEF Tsunami Response Maldives. Draft Report, October 2005.

have contributed to a concomitant disengagement from beneficiary needs, priorities and recovery time frames. A top down approach in planning is often a corollary of working closely with government in the current Maldivian political context.

UNICEF has been actively engaged in the CCA and UNDAF process. A staff member brought in for the purpose of planning has worked on inter-agency coordination and the effort is also reflected in the CPAP. Coordination with UNOPS has been very good after a staff member was brought in for that purpose. At the same time, more analysis of how inter-agency coordination may work at the ground level in terms of program integration would be appropriate.

Emphasis on coordination with the GOM and relevant Line Ministries and the UN family may contributed to less emphasis being placed on coordinating with local government and beneficiary communities in the worst disaster affected districts. This may also be partly due to inadequate social sector capacity. The Health Nutrition Verandah and WES Sanitation projects reflect high levels of local community participation, but in some others the extent of community ownership and input into project planning and implementation is unclear.

Local government consultations with the Island Development Committees and Women's development committees could be prioritised to ensure project buy in form local communities and ensure utility maximization of UNICEF's infrastructure investments, particularly with regard to the more expensive equipment – TRCs and Sanitation Plants.

Sustainability

The extent of felt local community buy-in and ownership of projects is a significant determinant of the long-term viability and sustainability of programs. In the context, a distinction may be made with regard to state and national level partnerships and local government on the one hand, as well as, state and civil society and beneficiary needs and priorities, given that the two are not necessarily compatible, particularly in the current political context in the Maldives.

A more systematic process for consultation with local communities and local government authorities also for follow-up, community buy into programs, monitoring and evaluation at the island level to ensure maximization of resources invested would be advisable. This is also compatible with the UNPD's local governance initiative.

Monitoring and Evaluation

To respond to initial recommendations for increased accountability, a significant amount of investment has been made to develop a program monitoring system that consists of field monitoring system responded to user's needs. The UNICEF Maldives monitoring system (IMPACT) focuses on input and output indicators and covers 50% of all implementation sites. The programs can be evaluated in terms of input and output achievement and to some extent impact to beneficiaries (for example, health and nutrition). As to the extent possible, it provides feedback regarding the progress of the program, but no clear picture regarding the actual project impacts on and among beneficiaries can be obtained. If possible, a qualitative observation of process should be integrated in the monitoring system or in the day to day operation in the targeted unit (schools, health centres).

There is a large amount of quantitative data, some of which is relevant to impact monitoring in a long term. However, very little qualitative data for a baseline against which to evaluate the added value of UNICEF (particularly soft wear) projects exists. The exception may instances where there was clear tsunami damage of a physical nature and infrastructure has been reconstructed. “Building back better” has clearly been achieved.

In the context, qualitative impact assessments including case studies based on discussions with beneficiary communities, and national and local government authorities, and relevant line ministries and independent (preferably social sector) experts would be necessary. Such an approach would also provide needed qualitative (social and cultural) analysis based on local society and politics that may be useful to project strengthening, focusing and streamlining for sustainability.

Linking Relief to Rehabilitation and Development (LRRD)

The extent of funds available to UNICEF in the aftermath of the disaster warrants the long term sustainable development focus of many of its program lines. There is historically no linear succession between the activities of relief, rehabilitation and development, which are most often carried out by different agencies and different personnel, following different procedures. However there is an agreed understanding of linkage between the three, that “better ‘development’ can reduce the need for emergency relief; better ‘relief’ can contribute to development; and better ‘rehabilitation’ can ease the transition between the two”¹²

As a general observation it may appear that “building back better” which may be a good idea has led to overambitious recovery options while communities rendered vulnerable by the tsunami have remained for too long in camps, been rendered aid dependent, with a concomitant rise in domestic violence and drug abuse with considerable implications for children. The question may well be raised: is it the job of the Red Cross or UN agencies to provide houses that take three years and more to build as part of a population consolidation program, while disaster victims live in crowded camps and are rendered vulnerable to a range of social problems? Beautiful housing infrastructure may not be compensation for a range of social problems generated in 3 years of camp living. An issue of balance, proportionality and timeliness of shelter delivery and other services provision vis-à-vis “building back better” arises in this situation, given the extent of aid dependency and social problems emergent among IDP populations and tensions between IDP’s and host communities including in one instance riots.

In the context, the literature on linking of relief to recovery and development (LRRD) is relevant. In the literature LRRD refers to two main issues: a) issues of concern to management regarding developmental quality and sustainability of aid: how can one safeguard the assets generated in a humanitarian assistance programme that often acts as a substitute to public services? b) More recently a claim is being made on the positive influence of linkages on security and human rights issues. The aim is increasingly to reduce vulnerability and disaster risk, avoid increases in poverty, and avoid long-term socio-political marginalisation and discrimination. It is at any rate generally agreed that by creating linkages between immediate humanitarian assistance and the more long term rehabilitation and development, not only lives but also livelihoods will be saved. In

¹² Buchanan-Smith and Maxwell cited in Margie Buchanan-Smith and Paola Fabbri: *Linking Relief, Rehabilitation and Development A Preliminary Review of the Debate*. First draft, Sida, 26th July 2005.

the context, delimitation of “building back better” and project delivery time frames may be necessary to avoid the phenomenon of aid dependency among beneficiaries and conceptualised exit strategies.

Key Questions Identified for the Current Program Evaluation:

1. To respond to initial recommendations and demands for increased accountability, a significant amount of investment has been made to develop a program monitoring system. To what extent has the IMPACT field monitoring system responded to user’s needs? Is this an appropriate monitoring system to help UNICEF and Government improve accountability in the future. What are other alternatives?

The UNICEF Maldives monitoring system (IMPACT) focuses on input and output indicators and covers 50% of all implementation sites. The programs can be evaluated in terms of input and output achievement and to some extent impact to beneficiaries (for example, health and nutrition). To the extent possible it provides feedback regarding the progress of the program, but no clear picture regarding the actual project impacts on and among beneficiaries can be obtained. If possible, a qualitative observation of process should be integrated in the monitoring system or in the day to day operation in the targeted units (schools, health centres).

There is a large amount of quantitative data, some of which is relevant to impact monitoring in a long term. However, very little qualitative data for a baseline against which to evaluate the added value of UNICEF (particularly soft wear) projects exists.

Points to consider: How the existing M&E system maybe used to enhance how community level monitoring and ownership of projects with the Atoll Offices and Island Development committees which would also mean that there would be community.

There is a need for more qualitative aspects in the IMPACT system. EDC also has its own monitoring system for child friendly methodology and this could be integrated. Impact monitoring needs more of a supervision aspect. For example, the Public health unit of the regional hospital should be involved and have capacity building for supervision and qualitative inputs.

2. How appropriate, relevant and cost effective have the investments in technology been to achieve sector-specific results? (WES – sanitation system and RO plans, Education, TRCs H&N – online Nutrition and Child Health Surveillance System, CPAL (child protection database).

To a great extent the UNICEF program, after the emergency phase, has focused on national level in institutional strengthening and capacity building particularly of the relevant ministries. Thus there has been an emphasis on developing evidence based analysis and various data bases and information systems with the relevant line ministries (Maldiv-Info, Child Health Surveillance System of the Health and Nutrition monitoring database, child protection database, C-PAL (Child protection database). These interventions have been part of institutional strengthening initiative for evidenced based planning in post tsunami Maldives, but the systems while useful may also constitute an added burden to staff unless adequately aligned with existing systems. While the Maldiv-Info. Database for the Ministry of Planning seems valuable and will integrate other systems, in some of the interventions there may be an element of over-lap and over

infomatization in the context of the fact that there already exist many data, surveys/ surveillance and information tracking systems. For instance, Maldives conducts a five yearly Census, whereas, other South Asian countries conduct decennial censuses.

Maldives generates double the amount of census data in comparison with other countries in the region. There are several other household surveys (eg. DHSS and Income and Expenditure Surveys), annual statistical reports, and cross sectional surveys. Data and information is not an end in itself and the point is not to collect more and more data or generate complex data sets, but rather to ensure that relevant data is generated and most importantly analyzed and utilized so as to make policy and programming changes. The data systems may need to be simplified and streamlined while this feed back loop needs to be nurtured.

At the time of this field visit we saw data being uploaded though analysis was not being performed yet. Some users mentioned that the positive deviance forms were complicated (the new ones contradicted the old measures), and a physician in Hitadoo suggested that the malnutrition problem may not warrant such a complex monitoring system, especially since WHO's new-revised positive deviance standards are still debated. It is recommended that the 2008 impact evaluation further study the subject.

The basis on which technology suppliers/ contractors were identified and tenders / bids accepted and the preponderance of non-regional/ Asian technology suppliers (who would be able to deliver more appropriate and cost effective technology), warrants study.

The cost-effectiveness of the investments in technology will be apparent with the cost effectiveness study which would be completed sometime in early 2008.

3. What are some key innovations and good practices that were introduced/ sustained during the recovery phase?

UNICEF's Child Protection program, CAP, and country director have worked hard to put the issue of drug abuse and child rights on the Maldives national agenda and have promoted a growing dialogue between Government, NGOs and civil society. This success story may be further documented.

The Child friendly schools program has created a lot of interest from other schools and is well accepted in the Education system as well as by parents and teachers. TRC may be an excellent innovation for local and Atoll level capacity building and value adding. However, there is room to improve and maximize the initiative in the final implementation phase.

The Child friendly schools program shows an integrated and comprehensive sector approach to ensure an integrated, holistic institution of a culture of child friendly teaching from preschool and primary school to promote “quality education”. The initiative includes a) infrastructure development to ‘build back better’ the schools that were damaged by the Tsunami and create child-friendly environments for children, b) capacity building of teachers and administrators on the importance of child-friendly schools, which includes providing state-of-the-art Internet-based resources to otherwise isolated teachers and school administrators, c) curriculum revision to incorporate child-friendly approaches, and d) support to parents to participate in their children’s education.

“Quality of education” is defined analogously to CFS. What is meant by the “quality of education” and the definition of “child friendly school is however vague. The current criteria for CFS schools only follows 3 of the 5 criteria which are:

- It is inclusive for children
- It is effective for learning
- It is healthy and protective of children
- It is gender sensitive
- It is involved with children, families and communities.

Each of these five criteria are broadly defined. Of these five criteria, the child friendly concept pursued by the UNICEF project tried to meet at least two criteria: *effective learning* and *healthy and protective environment for children*. To some extent, the last criteria of *involvement of children, families and communities* can also be included in the child friendly concept practiced by the project.

A common observation shared by parents, teachers and headmasters was that the child friendly methodology has positive impacts to children. Some of the cited positive impacts are: higher self confidence, rapid progress in writing and reading, stronger relationship between students and between students and teachers.

However the relationship between child friendly teaching and improved the quality of education needs further analysis. There is little systematic evidence in the Maldives or other countries to show a causal relationship between child friendly teaching and the quality of educational achievement. *Maldives is not a highly hierarchical society (unlike more caste ridden South Asian societies!), and children grow up relatively free in the islands, less so in Male, as one school head in Unguffaru said.* He emphasized a need for discipline and traditional educational practices in the cultural context. On the other hand, Anecdotal evidence shows that child friendly schools can improve learning outcomes, compared with the non child friendly classrooms, children seem more independent and their level of self confidence are higher¹. The success of child friendly school can only be measured if it has empirical evidence of enhancing student learning, the positive impact are sustainable and visible, has a high perception value in the community and has community participation.

TRCs is good concept aimed to enable decentralization and training for those in the education sector at the Atoll level rather than at the national level as is currently the case. However, thus far they work as a cybercafé for teachers in that particular school. Currently, it is under utilized and needs to have utilization plan that would justify the expenditure and hi-tech nature of the investment.

4. Did UNICEF effectively coordinate with other stakeholders (overall and sector specific, particularly on Child Protection and WES) in the Recovery phase?

Child Protection has too many partners to coordinate effectively with, given current capacities and human resources, and WES may have overlapped with Red Cross partners particularly with regard to RO plants. CP may need to clearly demarcate its roles vis-à-vis the role and responsibilities of the Ministry of Gender and Family.

UNICEF coordinated well with Ministry of Planning and line ministries, but less so with local government in Atolls and islands, and beneficiary communities. Independent assessments with beneficiaries should have been done in the case of the expensive Sanitation system. Indeed it is possible to say that there was over-coordinated with national government and line Ministries in Male and under-coordinated with stakeholders at the community and local government levels. There needs to be more balance in the coordination approach. UNICEF was occasionally observed to indulge in brand advertising and not particularly responsive by some members in sister agencies where some level of sibling rivalry seems to have existed.

5. Did coordination facilitate or hamper program results? How could the coordination have been better so as to bring greater efficiency and sustainability?

Over-coordination with the national government and under coordination with the local government may have hindered projects and community level ownership of projects which would really determine sustainability.

The extent to which project interventions were based on an adequate needs assessment that took cognisance of already existing social and local systems, and built on, complimented or consolidated them is not clear. The risk of not doing an adequate Needs Assessment is that interventions would parallel others.

GOM is coping with a large number of donors in a hurry tend to wheel out old plans or politically biased projects. It is in the interest of all and certainly for long term sustainability that independent needs assessment be conducted. Otherwise, the risk is that the intervention may place a significant transaction cost on the host institutions is not always clear. Hence as part of a sustainability and exit strategy it would be recommended that a review of the various surveillance systems within a single ministry be undertaken with a view to streamlining and integrating them to the extent possible

6. What are the critical capacity challenges amongst partners for each sector and how can these be addressed?

The peculiarities of the aid context in the post-tsunami period resulted in particular "capacity" issues. The TEC Capacities Report notes that among aid agencies and field staff there is a general tendency to underestimate local capacity and give emphasis to the delivery of external assistance. It was pointed out to this evaluation team that Maldives was relatively ok in terms of its overall development trajectory before the tsunami disaster and until the aid volume increased exponentially, thus also generating capacity gaps related to the transaction cost of aid delivery, planning, and implementation.

Lack of human resources and technical capacity in some spheres in the Maldives is apparent and civil society and NGOs have not been particularly vibrant due to the

political situation. On the other hand, engagement with local and national capacities includes the ability to recognize and identify them, as well as other informal social support systems and networks. But often experts brought in also lacked the local knowledge and capacity to do so with implications for how local communities were or were not consulted and involved in the recovery process.

UNICEF and aid agencies both contributed to strengthening government and civil society capacities, but also contributed to erosion of local institutional capacities by: a) induction of govt. staff into INGOs; b) sometime focusing them on donors programs and agendas. Among transaction costs of aid is time taken by aid agencies from government staff that might otherwise be spent addressing needs of affected communities.

Program and project monitoring and evaluation capacity building for more effective utilization of resources and investment in human capital and infrastructure after the tsunami, and for more effective policy programming was noted as a need by the Ministry of Planning, With regard to civil society, NGOs, and other social network capacities, further study and analysis is necessary to best to identify and address capacity challenges among partners.

7. Are recovery services and facilities supported by UNICEF likely to be operational/ continued with Government support after UNICEF with its funding support?

Most UNICEF supported programs are likely to be operational and continued with government support since consultation with government partners at the national level has been a strong point of UNICEF programming. In a few instances RO plants may be too expensive to operate or have deteriorated. What is less clear is local government, beneficiary and local community and civil society buy-in for program sustainability. This is particularly an issue where user fees may be charged for essential services, signaling a break from a more social welfarist approach to service provision. Getting Island development Committees and Women's Development Committees as well as relevant private sector partners on board would contribute to sustainability.

Building the capacity for the use of technology is necessary to address the needs on the grounds in the atolls and islands are the greater challenge that would need to be addressed as program sustainability becomes a focus. Investment in technology for data collection and analysis is not in itself sufficient for evidence-based analysis and targeted problem solving that is appropriate to the country. UNICEF has invested considerably in human resource development and capacity building in govt. agencies in Male, but not directly in affected atolls.

8. Have appropriate resources and time been allocated to phase out from the Recovery program to the 2008-2010 Country Program in a manner that would enable the recovery results to be sustained?

It is clear that the Child Protection program which rightly will be the main program in the 2008-2010 was over burdened at the outset. At this time, it would benefit from more consistent human resources, particularly, social sector, gender and socio-legal expertise as well as greater county level expertise and access to local knowledge for program integration and focusing. The current approach of hiring short-term consultants may not be optimum and may be one reason for the rather diffuse, fragmented and over ambitious nature of the program at this time.

The extent of felt local community buy-in and ownership of projects is arguably the single largest determinant of the long-term viability and sustainability of programs. In the context, a distinction may be made with regard to state and national level partnerships and local government on the one hand, as well as, state and civil society and beneficiary needs and priorities, given that the two are not necessarily compatible, particularly in the current political context in the Maldives. It would hence be important to have the necessary human resources with community development, social sector and country-level expertise within CAP to review each of the UNICEF program lines, integrate, and streamline them for sustainability and utility miximization at the community/ direct beneficiary level.

Instituting a process for consultation with local communities and local government authorities at the island level to ensure utilization and maximization of resources invested would be advisable. This is also compatible with the UNDAF and de-centralised governance initiative.

Ideally, an impact assessment of this nature would be structured and designed to be done jointly with the government, so that it initiates a process of building understanding and capacity in the Government ministries to analyse and plan service delivery systems better-- based on evidence of how programs or policies impact women and children. Many GOM Ministries, particularly, the Ministry of Planning are currently focused on coordinating post tsunami projects and donors, resettlement issues, as well as, installing databases, uploading data, and developing expertise for data analysis. There has been little focus on project and program monitoring and evaluation and feed back of such results into programming. This is hence an area identified for capacity building and is recognized by the Ministry of Planning as well as UN Agencies in the Maldives.

Recommendations Deriving from the Limited Program Review

1. Opportunities exist for greater cooperation and collaboration to increase overall program synergies, as well as, for deepening and extending program impacts. It is hence recommended that program sectors be reviewed for such synergies. Programs have largely tended to work along parallel lines. Greater cross program collaboration may help optimize results and contribute to long-term sustainability and program deepening. (e.g. a cross sector health-education program that analyses and develops an integrated program to address the issue of behavioural change to address micro-nutrient deficiencies in the larger Maldives socio-economic context may be appropriate also given the proposed micro-nutrient study, and mainstreaming Child Protection in education and health curricular).
2. A review of programs to develop strategies for local government and community level buy in would be appropriate. A process for consultation with local communities and local government authorities and Women's Development Committees at the island level to ensure utility optimization and maximization of resources invested would be valuable. This is also compatible with the UNDAF governance initiative. Consultations with communities and community engagement are particularly necessary with regard to the appropriateness of technology and user fees for services. Analysis of how such user fees may contribute to intra-island social and economic inequality and poverty are necessary.

3. Given that many IDPs may remain displaced in over crowded conditions with a range of social problems from increased domestic violence to drug abuse and in some instances riots with host populations until mid-2008, a space clearly exists for a Child Protection and drugs prevention intervention in Tsunami IDP camps. UNICEF provided water tanks and RO plants for IDP islands, and the school's building back better program benefited IDPs and very appropriately their host communities in the early recovery period. At this time, given that many IDPs would remain displaced so until mid-2008, space exists for a Child Protection and drugs prevention intervention in Tsunami IDP camps.¹³ It is recommended that UNICEF develop a program with partner NGOs (the National NGO Journey, which is a UNICEF partner, partners with a local NGO in Raa), to target and promote child protection and rights program and advocacy program for Tsunami IDPS.
4. Country specific social sector expertise with community development and gender specialization to review and support analysis, programming, planning and community gender mainstreaming as well as level exit strategies would be necessary. Social sector expertise is also necessary for strengthening the qualitative aspects of monitoring and evaluation. On how to address sensitive subjects women's and children's rights in a culturally sensitive manner.
5. Data collection has been on going since Jan 2007, but it is very case specific and technical. There needs to be a way to synthesized and analyse the data collected to enable feed back as well as system level adjustments if necessary. As it is the M&E data is very useful to track project progress and correct specific interventions and quarterly reports with action points are sent to the management and relevant GOM partners. Such and elaborated monitoring system suggests greater use and the need for higher level analysis and feed back to make the monitoring more effective for programming adjustments, particularly of a qualitative nature. In short, the current system may be under-utilized. In addition to the monitors it may be opportune to involve the Island Development Committees in the monitoring process to build local capacity and ownership of UNICEF programs via the monitoring tool and function.
6. The monitoring and evaluation would ideally have a strong qualitative dimension, particularly given the qualitative nature of UNICEF's programs and mandate, including rights-based development approaches. IMPACT would benefit from and have more value to users if there was a qualitative dimension in the monitoring approach. Qualitative and ethnographic research that includes case studies and participant observation of how project technology and services, are used, if new social conflicts have been generated etc. would be appropriate. Qualitative indicators would need to be appropriately designed. (e.g. It is not clear that child friendly teaching which may be an excellent program for developing well rounded adolescents and adults, actually leads to greater or higher academic

¹³ As of August 2007, 8,327 IDPs comprising 1,43 houtholdes on 59 islands (down form a peak of 81) remain. The adequacy of targeting of populations rendered most vulnerable by the disaster in the post-relief recovery phase is of course an issue for the government and donors involved in shelter provision. UNICEF is not involved in shelter provision and has provided water tanks and RO plants for IDP communities. The number of IDPs has reduced only slowly over the past two years because the majority of IDPs can only return, resettle or relocate in mid to end 2008: those moving to Raa Dhuvaafaru, a 'new' island, number 3,430 and those returning to the reconstructed Th. Vilufushi comprise some 1,470, making a total of 4,900, or 59% of the total caseload. Another island, M. Kolufushi, has nearly 1,000 IDPs, about 840 in the island itself and the rest scattered over the Maldives, whose housing problems will not be solved before mid to end 2008, the same as Gaafu Alifu atoll (4 islands) with nearly 650 IDPs. Hence, 6,550 IDPs, or **78.6% of the total caseload, will remain displaced until the second half of 2008.**

- achievement and grades, any than more traditional methods of teaching). As such, more specific and qualitative indicators could be developed to capture the notion of “quality” education.
7. Review of Sanitation projects sites and re-assessment including cost-benefit per beneficiary in each of the 4 project islands to ensure that the investment is economically rational and efficient would be appropriate. Independent needs assessments and community consultation should be a priority for future expensive budget items/ interventions.
 8. Revisit program log frames and where necessary develop program-specific impact and strategic indicators. At all times differentiate between UNICEF program indicators and country indicators that UNICEF has a mandate to monitor.
 9. A full Impact Evaluation that prioritizes the perspectives and voices of project and program beneficiaries is recommended mid-way in 2008. The various sectors could be analyzed at different times. Education and Child protection would benefit from early impact assessments; the former to optimize its program, and the latter to consolidate and focus it. Health and WES sector evaluations maybe later to ensure a balance between observable and measurable project impacts while leaving time for feedback into the program cycle.
 10. Local government consultations with the Island Development Committees and Women’s development committees could be prioritised to ensure project buy in form local communities and ensure utility maximization of UNICEF’s infrastructure investments, particularly with regard to the more expensive hi-tech equipment.

Part 2: Evaluability Assessment

Introduction

In the aftermath of the December 2004 Asia Earthquake and Tsunami disaster UNICEF succeeded in raising significant funds from a range of donors for its recovery operation in the affected countries. In the Maldives over \$60 million was allocated for recovery programs. Three years after the disaster ascertaining the program impacts, particularly on women and children and the extent to which ongoing programs have been and may be successful and sustainable is important to ensure accountability to donors who contributed generously to UNICEF's post tsunami recovery operations and beneficiaries for whom the funds were committed, as well as, to refine on-going programs and develop exit strategies that ensure sustainable program impacts and results.

Purpose

An evaluation of the impacts of UNICEF's recovery response and its transition to development of tsunami affected areas, communities and people in the Maldives would be conducted in 2008. Given the diversity of on-going programs, their scope, and timeframes, before initiating the impact evaluation, it seemed appropriate to determine the feasibility and readiness of UNICEF's tsunami programs and Country Office for such an exercise.

Scope

This Evaluability Assessment describes and assesses the availability of data for an impact evaluation, and the extent to which managers and stakeholders are likely to use findings from an impact evaluation in future programming and implementation given their interests and the timing of the evaluation vis-à-vis future program or policy decisions. The overall purpose of an evaluability assessment is to decide whether an evaluation is feasible and worthwhile in terms of its likely benefits, consequences and costs.

Methodology

The in-office document review was done to determine the program logic and its links to the expected results and whether indicators of the programs were adequately defined, collected and analyzed to track the achievement of programs. The status of the program was also examined to determine the availability of data for assessment of program indicators at the time of evaluation. The key documents for this purpose are listed in the annex. Field visits were made to ascertain preliminary beneficiary views on program impacts. Finally, this EA builds on the preceding Program Review.

Relevant Data for Impact Assessment

County Level Data

Review of the existing in-country documentation was done to determine the availability and accessibility of population indicators as a data source in order to identify changes in the population status. Five groups of primary data sources on relevant population indicators were identified: 1) five yearly census, 2) household surveys, 3) annual statistical reports, and 4) cross sectional surveys. A list of the available documentation that may be seen to constitute a baseline is annexed. This wealth of quantitative data provides solid knowledge of the country situation. These data are summarized in Dev Info database, and several secondary source documents which basically summarize and

analyze the findings of these surveys. Nevertheless, the comparability of the primary source documents, especially of household and cross sectional surveys, should be interpreted cautiously, since there have been differences in the sample population and definition of indicator between surveys.

In Addition to primary data sources, there is the Dev-Info database and the Development Assistance Database (DAD) and several secondary sources documents which basically summarize and analyze the finding of many surveys. Most of the relevant data has been well captured in the Maldives-Info database developed by the government with UNDP and UNICEF support, but it is in an early stage of implementation.

Population Data and Indicators

Maldives has a unique situation where the standardized indicators used in other country, region or international forum are not always applicable, or should be reconstructed. This is partly related to the diverse geographic situation and the policy environment, civil structure and socio-economic-cultural characteristics of the country. For example, the MDG educational indicator of proportion of students proportion of pupils starting grade 1 who reach grade 5 / Survival Rate (cohort flow) to grade 5 may not be reflective of educational quality as there is an automatic promotion system in the Maldives. Efforts have been underway to localize MDG indicators and incorporate them into the existing monitoring system.

The primary data collection or primary data sources that are taking place in Maldives on a routine basis and at large-scale, and population based are:

Census

Housing and population census is taking place in the Maldives on a five-yearly basis. The last census was undertaken in 2006.

Household surveys

There are some types of household surveys conducted in the Maldives, each of which are conducted on an irregular intervals. Vulnerability and Poverty Assessment (VPA) is a monitoring document to measure the poverty rate and socioeconomic indicators in the country. The first VPA was conducted in 1997, the second VPA was in 2004 and the third VPA probably will be conducted in 2009. The Tsunami Impact Assessment Survey (TIAS) was undertaken in 2005 and include short term impact indicators resulted from the 2004 tsunami. In 2001, the Multiple Indicator Cluster Survey (MICS) 2 was conducted. There are some sources of non-comparability of these surveys, for example, the difference in types of indicators and target population.

Ministerial data and information systems

Data from ministries and departments are well summarized in Statistical Yearbook which is annually published by the Ministry of Planning and National Development of the Maldives. It summarizes vital registration systems and statistical data of the ministries and departments, e.g. demographic and population (MPND), education (MoE), health (MoH and Indira Gandhi Memorial Hospital), justice and rehabilitation (Ministry of Justice, Police Department, MoGF). As the frequency of the household survey is generally only every three to five years, these data can reflect several developmental indicators although the reliability is less robust than that of household surveys.

Despite the completeness in reporting, some of statistical data are only presented in absolute number and not converted into percentages, rates and ratios, which makes the interpretation and cross-time or cross-spatial comparison difficult. The use of data in planning developmental priorities seem to be lacking, and there is lack of human resources in analyzing and interpreting the data.

Other Supporting Data

In addition, some individual organizations, as well as, governmental agencies in collaboration with organization have conducted assessments and qualitative studies to examine the situation where the data is limited or only little is known. Such studies include gender issues, gender-based violence as well as child abuse. One limitation of many of these analyses is that they identify what the problem is (i.e. tend to be an early analysis of a situation), rather than getting at its root causes.

Academic research in the Maldives especially those conducted by national or local institution are scarce. In the health sector for example, Maldives have established units within the ministries of health to improve connection health research with the health system. However, the capacity of the staff to analyze and interpret, let alone use, the research findings is limited. It was found that some 65% of health sector staff find research reports difficult to interpret¹⁴.

There is an array of secondary databases and databanks referring and documenting these primary data sources. To name a few, there is the MaldivInfo which is basically a secondary documentation of MDG related indicators in the country. At the regional level, there is also a database developed by UNESCAP (United Nations Economics and Social Commission for Asia and the Pacific to record the developmental indicators in the regions.

At international level, some organization are consistently recording the statistical data of the country data through databases such as WHO-SIS (World Health Statistics Information System), UNICEF through Child-Info database, the World Fit For Children documents and World Bank Group in the World Development Indicators, and more recently developed is the MDG Info and Countdown to 2015. Parallel with that, documentation of vertical programs such as immunization is also reported on a routine basis through WHO-UNICEF Joint Monitoring Program on Immunization and water-sanitation through WHO-UNICEF Joint Monitoring Program on Water and Sanitation.

While these databases reports can be a useful fast-tracking information source, the types of indicators used in these database and information system may not be concordant with the in-country capacity of information system or the priorities in data collection. As an example, the MaldivInfo database requires 1 year to be developed and completed by the MPND with the assistance of UNICEF. To some extent, however, the source of data for population indicators in the Maldives has been adequate for tracking the progress of some of the country's achievement of MDGs, but less so in the areas of UNICEF intervention.

¹⁴ Sadana R, D'Souza C, Hyder AA, Chowdhury AMR. Importance of health research in South Asia. *BMJ* 2004; 328: 826-830

Data by Sector

Health

The health information and data needed to track the progress to health related outcomes in the Maldives is lacking particularly for the child survival and maternal health areas. There are several indicators which are not updated regularly, which hinders the observation of change over time.

In addition, there is a gap in evidence to support cause-addressing child survival program. For example, the validated nationally representative estimates of cause specific mortality for infant are not available, because specific causes of infant mortality in the pre-natal period are not examined. Also, findings from nutritional surveys have not presented clear evidence of the causes of high prevalence of malnutrition which can result in improved interventions to prevent and treat undernutrition.

Non-presence or limited capacity of academic or research institutions have limited the availability of sound and valid academic research which examines the context and root causes of social problems in the Maldives and provides a sound evidence base for any intervention conducted by the government or other organizations. On the other hand, a robust and academic judgment or evaluation of any intervention conducted by an organization is also lacking. One key challenge is the absence of an agency with responsibility for taking an overview of the effectiveness (and cost-effectiveness) of different types of intervention.

It is evident that the capacity of the country to obtain and use information to support a child health program will be a determining factor in improving child survival. However, the vast geographic situation has created challenges in timely reporting of the health situation. Data at the lower level are limited by the inaccuracies in record keeping and lack of a health information system¹⁵. Reporting and documentation are done manually, which is almost impossible to accomplish in timely and accurate manner in such geographically difficult areas. Recently UNICEF has supported a health information system for maternal and child health (NCHSS), which can support reporting of data to the national level and improve estimates of coverage for child survival intervention such as immunization, vitamin A supplementation and maternal health. Regular updates on the proportion of individuals who need an intervention and actually receive it (coverage) are central to good program management and, therefore, to progress in improving child survival.

As UNICEF intervened to strengthen the health systems, especially on supply (immunization and vitamin A) and information system to complement routinely collected data, impact of the programs should be evaluated from the view of actors in the formal health systems. It is possible that health systems are too fragile and fragmented to deliver the volume and quality of system or services imposed by UNICEF to those in need, while UNICEF undertakes the programs with an assumption that through the implementation of specific interventions, the system will be strengthened more generally.

At the population level, the UNICEF intervention is targeted at the cognitive and behavior change of mothers, which may be difficult to assess in such a short period time

¹⁵ Ghaffar A, Reddy KS, Singhi M. Burden of Non-communicable diseases in South Asia. *BMJ* 2004; 328; 807-810

of intervention and also due to the partial coverage of the intervention. Baseline data of the nutritional status is available, therefore the post-intervention nutrition status of children may be compared between project and non project atoll, particularly by indicators which are sensitive to short term change such as weight-for-age figures. However, any change identified in the nutritional status should be analyzed with caution since it may be resulted from multiple pathways other than UNICEF sole intervention. The final outcome depends not only on food adequacy but also on other multiple factors such as infections, environmental conditions and care. Changes in the cognitive and feeding behavior of mothers may be more sensitive to reflect the impact of intervention.

Education

The Maldives has now achieved universal primary education. Their focus now is on improving the quality of primary education.

Due to its unique education system, the MDG indicators related to education sector need to be reconstructed or expanded to adequately capture the progress and quality of education. The quantity-related indicators for education should not be used in isolation. Good performance on primary completion rate and survival rate is not reflecting the quality education since the education system uses automatic promotion up to last grade of primary schools. The existing education information system has however not been able to support calculation of such quality information. It is expected that the EMIS (Education Management Information Systems) will be established and run in 2008 to support the measurement of quality in schooling.

Recently the MDG for education have been localized to contain the quality components, for example the proportion of students passing the standard examination grade at the end of primary school. This indicator however does not help indicate students' progress to higher grades in each year of their schooling as it only captures the final output of the primary education system.

Data on enrolment ratio at all educational levels are produced on a yearly basis. It is reported in the School Statistics of the Ministry of Education and the Statistical Yearbook of the MPND. Although the net enrolment ratio data is based on estimation, except for 2006 where it was based on a true population census, it gives a clear picture on the accessibility of schooling. However, the indicator of gender equality as measured by ratio of girls to boys is imperfect because it does not allow a determination of whether improvements in the ratio reflect increases in girls' school attendance (desirable) or decreases in boys' attendance (undesirable)¹⁶.

In the education sector of UNICEF, the knowledge base for designing, implementing, and sustaining child-friendly schools has been established in other countries, but not in the Maldives. One evaluation was conducted in 2004 to examine the effectiveness of the child friendly school in some selected schools, but it focused primarily on process evaluation--to observe the learning process in project and non project primary schools.

To adequately assess the effectiveness of the strategy and sustain the effective delivery strategy, the program should incorporate the EMIS to track the performance of students in the relevant project school. Due to its partial coverage, the outcome and output of education in UNICEF project school and classes should be analyzed carefully and

¹⁶ UNDG Report on MDG Indicators: Source and Methodology

separated from other non-project school. However, while this measurement will require a longer timeframe, due to the nature of the education system, a short term impact evaluation may benefit from a process evaluation which includes beneficiary perception and observation on the learning process.

Child Protection

The child protection sector is probably the most difficult program to assess for impact. This is due to the fact that the program is in a relatively earlier stage of development, when compared to other programs, as well as, the fact that it is a relatively under-researched area. The sensitive nature of the subject and under-reporting of incidences of for instance child abuse cases also makes understanding the nature of the problem, identification of appropriate intervention and systematic evaluations more complex and difficult to design and implement.

UNICEF has commissioned several qualitative studies pertinent to the Child Protection program sometimes in partnership with non governmental organizations or other United Nations agencies. These studies along with the data collected from the Child protection database would constitute a minimal baseline for impact evaluation.

Water and Sanitation

The existing data on water is problematic to monitoring progress or observing the impact of interventions, and are not suitable for assessing trends over time. When data from administrative sources are used, they generally refer to existing sources, whether used or not. The household survey data are generally better than administrative data, since survey data are based on actual use of sources by the surveyed population rather than the simple existence of the sources. This is because data on water access by the population is obtained through census or household surveys. However, the timing of collection and analysis of household survey data is irregular, with long intervals between surveys. In addition, water quality is not systematically addressed. Therefore, the impact should be examined from the view of targeted beneficiaries.

UNICEF monitoring system and additional data collection

The UNICEF Maldives monitoring system for progress of the program (IMPACT) focuses on input and output indicators and covers 50% of all implementation sites. The programs can be evaluated in terms of input and output achievement and to some extent impact on beneficiaries (for example, health and nutrition). As to the extent possible, it provides feedback regarding the progress of the program, but no clear picture is available regarding the actual project impacts on and among beneficiaries. The preceding Program Review recommended that qualitative observation of process be integrated in the monitoring system or in the day to day operation in the targeted unit (schools, health centres).

Analysis of Available Data for Impact Assessment

Review of available materials indicates that there is adequate, if sometimes inconclusive, baseline data and project material to conduct an impact evaluation of the UNICEF Maldives post tsunami programs. Firstly, there is adequate country specific baseline data even if there may be some gaps and divergent standards; secondly, there is adequate UNICEF program and project documentation. There is a large amount of quantitative data, some of which is relevant to impact monitoring in a long term. However, very little qualitative data for a baseline against which to evaluate the added value of UNICEF (particularly soft wear) projects exists. The exception being may instances where there was clear tsunami damage of a physical nature and infrastructure has been reconstructed.

Given the qualitative nature of many of the interventions, the diversity of interventions, and the start date of projects a qualitative rather than quantitative impact assessment would be optimal. Indicators would need to be appropriately designed. (e.g. It is not clear that child friendly teaching which is an excellent program for developing well rounded adults, actually leads to greater or higher academic achievement and grades, any than more traditional methods of teaching). As such, more specific and qualitative indicators could be developed to capture the notion of “quality” education in the Maldives context.

Tsunami recovery projects and program impacts in the Maldives would be more fully observable in the later quarter of 2008. Some program components are still in an early implementation phases due to delays related to external and internal factors.

Following our some observations on the available data and its use for impact monitoring and evaluation, tailored to the country context: (read also: meta-conceptual framework for Impact Evaluation a la the current EA ToRs)

- Most of the population impact indicators in the country can be monitored for changes using the available documents, database and the upcoming data collection plan in the country. However, the frequency of data collection does not allow repeated monitoring of some indicators on a timely basis to inform ongoing monitoring and impact assessment. For example, access of population to water can only be quantified in the five yearly censuses or a between-census household survey such as the demographic health survey. On the other hand, net enrolment rates of primary school can be monitored on a yearly basis.
- In general, there has been little evidence to show sustained changes in population indicators after the tsunami compared to before the tsunami. Some short term changes immediately after the tsunami have been noted in several areas such as higher prevalence of food and water shortage, decrease in the income and increased inaccessibility of some islands. The changes in the longer term indicator have yet to be observed. It should be noted when analyzing the data in broader context, that universally applicable standard of international development may not be always relevant to apply in the Maldives.
- Despite and perhaps because of the extent of quantitative data, there is a paucity of qualitative data, knowledge, analysis, and interpretation to contextualize, ground, and adequately target interventions. The causality of problems often requires qualitative exploration and understanding of cultural, social and political contexts. Substantive analysis of significant problems that are targeted in project interventions,

such as, the root causes underlying the under and malnutrition problem of children and women in the Maldives, or low participation rates in higher education and low attainment, role of women in the household and their potential of empowerment, are scarce. A few studies have been commissioned and/or are in the process of being commissioned but there needs to be greater social and cultural contextualization of quantitative data for durable evidence based development interventions that are appropriate to the country and social context.

- The primarily qualitative and long-term nature of UNICEF programs (quality of health, education, child protection), it is not yet and in some instances may not be possible to attribute changes in the population indicators to UNICEF interventions. This is in part because interventions especially in health and nutrition, education and child protection, are directed to building the capacities of government counterparts and system infrastructure, strengthening policy frameworks, supporting evidence based planning and improving service delivery. The impact those types of intervention cannot be quantified directly from demographic data or from the beneficiary's side.
- The qualitative and system-wide nature of intervention with for instance capacity building of institutions, entail difficulties in measuring and precisely linking changes in population indicators to program interventions. Moreover it is difficult to prove or disprove qualitative propositions quantitatively. Some program impacts may be easily captured and quantified in terms of the total number of the target population, but others may not be. In the context, comparisons of those who did and did not receive UNICEF assistance would be useful.
- When county level strategic objectives are subsumed in qualitative statements (e.g. quality of education or quality of health care etc. would be enhanced), they cannot be proved or disproved quantitatively, though in a few instances some inferences regarding project impacts may be possible based on analysis of trends. Indicators and strategic objectives would need to be specific / SMART. For example if a Child protection intervention is focused in 2 Atolls, a comparison would be useful with Atolls that did not receive such assistance.
- A related issue is the fact that most of the causes of the problems that UNICEF interventions seek to mitigate are complex and multi-factorial, with a lot of confounding factors interacting and playing roles. Therefore success or failure in the indicators may not be directly attributable to UNICEF intervention per se. Where UNICEF is the only partner, such as, with Child Protection and Health and Nutrition Sectors changes in national indicators may be attributable, but would need to be substantiated with qualitative impact assessments and consideration of utilization of project inputs and outputs.
- Currently, the indicators and objectives in some of the program log frames appear broad because they rely on quantitative data that are generalized to the country level, though programs more often than not have partial coverage of the country. *In many instances such indicators seem to reflect confusion between monitoring a county's MDGs (where UNICEF has a special mandate to do so), with actual project and program monitoring and impact evaluation. These are analytically distinct activities and should be treated separately.* Population data indicators may not be suitable to be used as a baseline data from which to assess program impacts except

in very specific instances where there is country wide coverage. The IMPACT monitoring system will be central to the evaluation.

- In the final analysis it would be important to ensure proper *interpretation* of the available data in relation to ongoing program impacts without fetishising, usually, quantitative data, its presence or absence, given that perfect baseline data is practically never available for one's specific (project) purposes, other than when generated at the outset. Data Fetishism is the process whereby collecting and collating data becomes an end in-itself and for-itself, rather than a means to an end, which is to say, that appropriate data would be generated *primarily* by and through the research process, in this instance, the Impact Evaluation itself. The Maldives is a country with a relatively high availability of imperfectly aligned data. The fetishism of data leads to a proliferation of endless data sets which confounds rather than enables grounded empirically sound analysis. (Strathern: 2005 see also comments of the consultant who did the preliminary document review), and serves to create an aura of techno-scientific rationality (also no doubt necessary to justify an elaborate and expensive system of an evaluation bureaucracy and related "experts":), that mystifies and obscures the object of study and very real issues on the ground, rather than facilitating grounded empirical and social analysis.

Scope of the Impact Evaluation:

The objectives of Impact Assessment would be:

- a. Measure progress against the performance indicators from the known baseline in terms of outcomes for women and children.
- b. Understand how women and children have benefited from the support provided, so as to improve the design of policies/program that better assist the affected population.
- c. Measure the contribution of UNICEF program to the progress that is recorded.

The scope of the impact assessment would be limited to the four areas of the country program where the performance indicators are clearly defined. The impact of the UNICEF program in the Maldives should be not only be reviewed from the perspective of progress being made but also the context under which it has been achieved (constraint in mobility, dispersed population, culture, devastation from the Tsunami and income levels), capacity of national government and the speed and duration of the programme (here a differentiation should be made between short term impact and long term impact).

It would be essential that an impact evaluation move beyond the internal logic of programs and institutional imperatives, to assess UNICEF's post-tsunami program (as a whole and in parts) relevance to, as well, as impact on beneficiary communities, as well as, country needs and development priorities in the short and long term.

The principles for the planned impact assessment would be: simplicity, timeliness, proven methodologies, relevance to designing and monitoring programme impact on women and children, and responsiveness to multiple users such as the Government, national partners and UNICEF country office. The impact assessment is also to be designed structurally to be done jointly with the government, so that it initiates a process of building understanding and capacity in the Government ministries to analyse and plan its service delivery system better based evidence on how program/policies impact women and children.

An impact assessment would give priority to the voices of beneficiary communities, particularly women and children. It would be required to assess the extent to which the current UNICEF programs identified and targeted tsunami survivors and disaster affected communities and how services provided may have improved the lives of disaster victims. Minimally it would then have to map UNICEF projects in terms of their geographic coverage of Tsunami affected islands and atolls, and assess geographic coverage. It would also need to assess whether adequate assistance was provided during the transition and when linking relief to recovery and development.

The evaluation would be required to assess the extent to which “building back better” has been achieved, program and project successes, as well as shortcoming. It would be necessary to assess whether transition was smooth and tsunami survivors were at all times prioritized to receive assistance even in a context of perceived over-supply of assistance. What may be the benefits as well as the shortcomings of ‘building back better’? (Example: In a few instances, the tendency to generalize reconstruction programs to the entire population may have resulted in inadequately identifying and targeting special needs and vulnerable populations (e.g. The UNDP IDP advisor noted the need for a Child protection and drugs prevention intervention in IDP camps in Lamu and Raa given overcrowding and related social problems).

The Impact Evaluation would be required to assess the extent of local level and community ownership and ‘buy in’ to the recovery program, both in terms of planning and implementation. The extent of felt local community buy-in and ownership of projects is a key determinate of the long-term viability and sustainability of programs. In the context, a distinction may be made with regard to state and national level partnerships and local government on the one hand, as well as, state and civil society and beneficiary needs and priorities, given that the two are not necessarily compatible, particularly in the current political context in the Maldives. Consultation with local communities is also compatible with the UNPD’s governance initiative.

The impact assessment would be required to assess UNICEF tsunami program in terms of the Core Commitments for Children, and the UNICEF medium-term strategic plan 2006-2009 (MTSP) and Transitional Strategy, as well as, the standard OECD /DAC criteria for evaluating interventions, and SPHERE standards where relevant, in addition to the country’s national and perhaps more importantly local level development needs and priorities. The later is perhaps the most important for an impact assessment and includes analysis of the extent of local level participation in needs assessments, project design and implementation.

The Impact Assessment would additionally:

- **Review the strategic objectives** in terms of sustainable results for children and women in Maldives. (Initial comments: strategic objectives and indicators are defined in the programme log frames.)
- **Review the intervention logic**, i.e. assumptions, intended implementation mechanisms and expected outcomes of a programme. (Initial comments: The log frame of the Country Office is an excellent start or a review that will show its weakness and strengths. The review will also explain the context in which the programme is operational and the logic of extending the coverage to entire population rather than just the affected population)

- **Judge the extent to which the design, strategy and resources were appropriate** given the intervention logic. (example: the program looks ambitious with large capital investments, particularly in technology components. As such, the question arises if GOM would be able to sustain the programs at the same level through budgetary support for recurring cost? In addition, an assessment of current health schemes with regard to service access, fee exemption, service quality improvement, community involvement and motivation of government staff as it relates to women and children is worth the effort – Ministry of Finance has informed this mission that there are plans in place to charge user fees)
- **Look for coverage and gaps in interventions.** preventive interventions should have the first claim on public resources due both to the substantial externalities they create for the highly dispersed communities and to under spending or non-existence of private agents. It will look at the strategy of UNICEF and the Maldives government, whether it has the capability to re-allocated sufficient health spending to (a) the provision of preventive health interventions (such as immunization, communicable disease control programs, community health education for tsunami IDPs), (b) the provision of clean drinking water and sanitation facilities, and (c) the provision of curative services targeted to women and children. It is also important to check the adequacy of the preventive interventions.)

Key Questions for the Impact Assessment and Suggested Methodologies

General/Cross-Cutting Issues:

Context-specific recovery plan and strategies: In view of the fact that Maldives is a low income rather than least developed country with the highest per capita income in the South Asia region, what specific considerations were used in program planning and implementation especially during the post tsunami recovery phase? Has the program logic been sufficiently conceptualized to lead to the anticipated results? To what extent has the program relied on evidence to guide its investments? What lessons can be drawn for the future for similar contexts?

Method: Desk review, key informant interviews, focus group

Coordination: What was the experience in coordination (overall and sector specific) of UNICEF program in the transition from relief to the recovery? What were the key strengths/value added that can be highlighted? What were the weaknesses/inefficiencies, if any? What lessons can be identified for the future?

Method: Desk review, key informant interviews

Absorption capacity: To what extent has the level of resources allocated to Maldives been commensurate with available capacity in country to absorb and sustain the investment? What strategies were implemented during the recovery phase to address limited government capacity in areas where this has been an issue? To what extent have the program been successful in ensuring sustainability?

Method: Desk review, key informant interviews, focus groups, field observation,

Use of Human Rights Based Approach: How successful has the program been in reaching less reached children and women and reducing inequality in the access to social services? Has the program engaged sufficient participation of communities and key stakeholders in its design and implementation? For instance, were women

consulted in the project design and planning processes), targeting and interventions for vulnerable and impoverished and socially marginalized groups directly or indirectly affected by the disaster.¹⁷

What were the main achievements and/or gaps in planning and implementing rights-based advocacy? What were some of the challenges in applying HRBAP? Other issues include adequacy of project identification (e.g. were independent needs assessments conducted?)

Method: Desk review, key informant interviews, focus groups, case studies as relevant

Information and monitoring system: To respond to initial tsunami evaluations and early demands for increased accountability, a significant amount of investment has been made in strengthening performance monitoring system based on the design and implementation of a field monitoring and reporting system. To what extent has the IMPACT field monitoring system responded to user's needs? How adequately have the information been used? What concrete recommendations can be made for possible integration of the system into Government's national monitoring system?

Method: Desk review, key informant interviews, focus groups (user's), field visit

Youth and adolescents: How well did the recovery program address the issues and problems affecting adolescent development and participation? What recommendations can be drawn for the future?

Method: Desk review, key informant interviews, focus groups

Innovations and good practices: What are the key innovations and good practices that were introduced/sustained during the recovery phase that can be documented in detail?

Method: Desk review, key informant interviews, overall analysis, case studies

Management processes: Which management practices (HR, Operations, Other) have hindered or added effective implementation of the programme? What has been the impact of a rapid expansion of the office, followed by a quick downsizing, to the delivery of timely and sustainable results? What lessons and recommendations can be identified for the future?

Method: Desk review, key informant interviews, focus groups

Uptake from previous evaluation findings and recommendations: To what extent were evaluation/study findings and recommendations used during program planning, implementation and policy advocacy? What were the challenges in evidence-based advocacy and programming?

Method: Desk review, interviews, management response to past evaluations

Sector Specific Questions for Impact Evaluation

Education:

CFSs and TRCs: What is the actual impact of the CFSs and TRCs in improving the quality of education (as defined/understood in the programme) among targeted groups and areas? How adequately has the curriculum revision complemented the CFS

¹⁷ Fulu (2007) for instance notes that "some agencies took a gender blind approach, ignoring different impacts on men and women, as well as, the effects of complex gender relations on relief and recovery efforts.. Other agencies focused exclusively on the universal category of the vulnerable women".

initiative? What measures need to be taken to further improve, scale up and sustain CFS initiative?

Method: Desk review, survey of parents and teachers, focus group, could be survey of project and no-project schools/communities, cost analysis, case studies as relevant

Child Protection:

What have been the key intended (and unintended) impacts of the drug prevention and care program? What measures can be suggested for scaling up of the program? What are the measurable impacts and key strengths of the social protection services (SPSs)? What are the key contributing factors? Are there any constraints/weaknesses that need to be addressed? What recommendations can be made to further improve and scale-up the implementation of the SPSs?

Method: Desk review, key informant interviews, focus groups, rapid survey, case studies as relevant

Protection being a multi-sectoral programme, what specific coordination mechanisms have worked/ what has been less successful? What measures can be proposed to improve coordination?

Method: Desk review, key informant interviews,

Capacity gaps in implementing protection program. What are the major challenges and capacity gaps for implementing a full-fledged child protection program? What measures need to be taken to strengthen government ownership and large scale implementation of the program (i. e., application of systems approach) to address child protection issues?

Method: Desk review, key informant interviews, focus groups

Water and Sanitation

What were the intended and unintended impacts of WES program? How smooth has been the transition to recovery in the WES sector? Are there any challenges/issues related to capacity gaps and sustainability? What measures can be suggested for improving capacity and sustainability?

Method: Desk review, key informant interviews, focus groups, case studies

How appropriate and complementary were the WES technologies for use beyond the humanitarian relief phase? What specific lessons and recommendations can be proposed for smooth integration of the program into the government system and for longer term success and sustainability?

Method: Desk review, key informant interviews, focus groups, case, studies, assessment of technologies introduced, cost analysis

Coordination in the WES sector: WES being a multisectoral program with key roles for energy, water, environment, health and education ministries, what have been the key strengths in coordination? What have been the gaps and challenges, if any, that need to be addressed? How?

Method: Desk review, key informant interviews, focus groups

Health and nutrition

Health sector investments: What can be said about measurable impacts of investments made in the reconstruction and rehabilitation of the health sector? Has “quality health services” been adequately defined in the context of the program? To what extent will

these “quality health services” are likely to be sufficient for sustainable reduction in mortality and morbidity?

Method: Desk review of past studies and evaluations, analysis of secondary data and evidence base, key informant interviews

IECD: Are the IECD centres functioning as planned? How effective? Also explore the quality and cost issues and the interaction between the health workers and mothers, facilities/material used, growth monitoring and promotion process, use of information at various levels. Are there any issues related to scaling up and sustainability? How can they be addressed?

Method: Observation of selected sites, key informant interviews, focus group discussion, case studies as relevant, rapid surveys (beneficiaries and non-beneficiaries), cost analysis

Nutrition monitoring and surveillance system: How is it intended to be used? How is it used? What would be the optimal system for scaling up to all atolls?

Method: Key informant (intended/actual users) interviews, focus groups, cost analysis

Case Studies may be conducted to capture key achievement and highlight lessons learned prior to the full impact assessment; equally they may highlight sometimes unintended or perverse outcomes and impacts. A key achievement at the time of the EA is the wide-spread acceptance and legitimacy of child friendly teaching among educators and at the Education Development Centre, teachers and communities. Additionally, the TRCs constitute a key education and training resource at the atoll level. The TRC has great potential to contribute to the on-going processes of decentralization, and capacity building of local education institutions as well as governance institutions in the Maldives if utility is optimized. Other achievements that would benefit from further analysis and documentation are the training of social workers for all Atolls, the WeS environmental education program, the Wake Up campaign on drug awareness.

A Note of Caution: Interpretation of Project Impacts

The TEC Capacities Report notes that when there is pressure for “results” from headquarters of international agencies there may be a tendency to underestimate local capacity and give importance to the delivery of external assistance. There may be a risk of overstating program/project “success”, or as the case may be, “failure”, that is not directly or necessarily attributable to UNICEF interventions but rather, outcomes determined by a number of factors and players (government, various donors and private individual’s initiatives).

It seems questionable that the DHS data that would become available in 2008 could be directly useful for UNICEF project impact assessment purposes, though some trends may be discernible at that time. Maldives has many stakeholders and new donors after the tsunami, and UNICEF projects constitute in some sectors a significant part. Moreover its social indicators prior to the tsunami showed consistent and rapid growth. In the context, the credit for successful achievement of country wide strategic goals is to be shared with all stakeholders (govt, other donors, private individual and sector initiatives, beneficiary initiatives), and the principle of proportionality when claiming credit for “success” would apply. As such, setting a combination of quantitative and qualitative indicators that are realistic, measurable, proportional and modest would be appropriate. Stating and setting ambitious strategic objectives also entails the risk that the final

outcome which would be determined by a number of factors beyond UNICEF's program interventions may garner results that seem less than successful due to external factors.

The sample size of UNICEF intervention sites, atolls, islands or households appear too small to warrant macro-level statistical claims. Possible cases that would need further impact linkage mapping may be some Health sector and Water and Sanitation interventions (rain water tanks distribution that were fairly widespread but here too approximately 16% of total household populations were covered). Child friendly pre-schools teaching may have the greatest county coverage, while 50% of all primary schools currently have child friendly teaching and it is anticipated that full coverage would be achieved sometime in 2008).

Documenting success and innovation, as well as, perverse program and project outcomes (eg. social conflicts over aid), and impacts, and lessons learned, would be well within the parameters of, as far as possible, an objective impact evaluation. In the context of a significant critique of aid pertaining to the phenomenon of 'phantom aid' critical analysis of aid impacts and lessons learned would include possible perverse outcomes, including "aid dependency" in particular sectors, or the "transaction costs of aid" on host governments and partner capacities.¹⁸ Also of relevance here are the counterfactual question about roads not taken (e.g. would funds have been better spent on books for libraries in primary *and* secondary schools, appropriateness of expensive technology and how its use may be maximized, adequacy of targeting of vulnerable group (e.g. Secondary school drop outs and youth, alongside its work with Journey for Drug rehabilitation).

To ensure objectivity external stakeholders would need to be consulted and information triangulated where relevant with independent expertise. Every effort should be made to solicit as many external stakeholders' perspectives as possible to enable a balanced analysis.

Stakeholder Interest and Benefits of the Impact Assessment

At the country level an impact evaluation would be valuable for capacity building given human resource and capacity limitations particularly with the increased numbers of aid agencies after the tsunami and attended increase in demand for project related services. Many GOM Ministries, particularly, the Ministry of Planning, remain focused on coordinating projects and donors, resettlement and relocation issues, as well as, setting up technologically advanced and initially labour intensive data and information systems, some of which are required by donors.¹⁹ Installing of databases, uploading data, and developing expertise for data analysis is on going. As a result MPDN observed that there has been little time and human resources for project and program monitoring,

¹⁸ Cf. "Real Aid: Making Aid More Effective" (2006) for critique of donor interventions and growing emphasis on the need for transparency and reform of the international development architecture, its policy, knowledge production, and implementation processes, particularly in the global south. In the context of increasing aid flows (from China and India in particular), new aid actors, and perceived "irrelevance" of traditional donors, in the context of the critique of the phenomenon of "phantom aid" there is a need for more rigorous impact assessments that would contribute substantively to institutional learning and accountability to donors and beneficiaries alike.

¹⁹ The technical advisor for the Development Assistance Data Base (DAD), as well as, some officials at the Ministry of Planning noted

evaluation, and impact analysis, to feed back recovery program results into the programming and policy making process.

In the context there was a stated need by many stakeholders and gatekeepers for information on program impacts, as well as, monitoring and evaluation. Additionally, stakeholders and gate keepers including government officials were receptive, cooperative and frank vis-à-vis the EA team, so it may be inferred that an impact evaluation would be quite possible in mid 2008. Local government level (Atoll and island) authorities in areas where UNICEF is seen as a key development partner were remarkably proactive and eager to share their views and discuss local development challenges and issues with the EA team and expressed interest in being consulted in and learning from an impact evaluation ²⁰

Program and project monitoring and evaluation capacity building for more effective utilization of resources and investment in human capital and infrastructure after the tsunami, and for more effective policy programming was noted as a need by the Ministry of Planning, as well as, staff members of UNDP in discussions with the evaluation team. Ideally, an impact assessment would be structured and designed to be done jointly with government, so that there is capacity building in MPND and relevant line ministries for evidence-based programming, policy making and service delivery.

The greatest benefit of the proposed evaluation system will accrue to the affected households, as program will become more aligned to what affected households need rather than what can be provided by UNICEF.

A secondary benefit of the assessment system being proposed is that the government and UNICEF can use common and reliable impact information for their programming and monitoring purposes. A key element of this program will therefore, be to develop institutional linkages between the Government as the coordinating body and UNICEF in contributing to the design of the content of the impact study. Finally, the full benefit of the impact analysis will depend upon the ability of UNICEF and the Government to refine their program and policy in the light of the findings of the evaluation and impact study.

Recommendations for Impact Evaluation

1. The A full Impact Evaluation in the third quarter of 2008 is recommended for the UNICEF Maldives tsunami recovery operation. Since a Limited Program Review has been done with this Evaluability Assessment, the various sectors may be analyzed at different times. Education and Child protection programs may benefit from early impact assessments; the former to optimize its program, and the latter to consolidate and focus it. Health and WES sector evaluations maybe evaluated for impact later- to ensure balance between observable outputs and measurable project impacts while leaving time for feedback into the program. Alternatively, the final Impact Evaluation

²⁰ On very short notice in Adoo Atol over twenty members of the Island Development Committee showed up for a meeting at 8.30 pm since it was the only time that the term was free. The meeting revealed the need for international development agencies to partner more closely with local community and local government authorities, and the possibilities of community level monitoring and capacity building to ensure local ownership of development interventions that are largely seen to be externally orchestrated --between high level government officials in Male and the international development partners.

may be done at a single time, and case studies of impact commissioned as needed for specific projects, programs / sectors earlier in the year.

2. The final evaluation may be conducted by relevant sector experts (education, health, WES, and Child Protection), and the results synthesized. The final report would be well advised to look into how the UNICEF Maldives program was able to mainstream **gender analysis** in linking relief to reconstruction and development (LRRD), operationally and programmatically, and come up with lessons learned. An LRRD study to ascertain how the post tsunami recovery operation in the Maldives was able to link relief to recovery and development may pay rich dividends since there appear to be many lessons to be learned that could facilitate organizational learning in other post-disaster contexts.
3. Given the qualitative nature of many of UNICEF interventions, the fact that an impact assessment would give priority and voice to beneficiary perspectives, and since Child Protection is the single largest program that UNICEF would continue beyond the tsunami recovery operation in the Maldives, the impact evaluation would ideally be headed by a social scientist with gender and child protection expertise, familiar with the country and South Asia region. In any case significant social science expertise would be necessary for assessing how hi-tech project investments are actually used in the field context.
4. The final impact evaluation team would naturally comprise a majority of experts from the South Asian region since this is not a region lacking in technical expertise and skills. To ensure regional ownership of the Asia tsunami recovery operation it was explicitly recognized as the TEC wound down that there is need for participation of expertise from the affected region at all levels, including monitoring and evaluation, of the Asia tsunami recovery operation to facilitate regional and local ownership and learning.
5. The impact evaluation would prioritize the perspective and voices of beneficiary communities and would take a qualitative approach. Currently the monitoring and evaluation approach is predominantly quantitative and quite effective for monitoring and evaluating project and program activities/ outputs, but less effective for assessing impacts, and for overall synthesis and analysis. It is recommended that a social scientist be hired to help strengthen the qualitative monitoring and evaluation function (also to prepare for and aid the impact evaluation), and strengthen overall gender-sensitivity in programming. IMPACT monitors may also be trained to do qualitative impact monitoring and participate in the impact evaluation, thus also ensuring local capacity building and knowledge transfer.
6. Case Studies may be conducted to capture key achievements and highlight lessons learned prior to the full impact assessment, to supplement it and develop the methodology; equally case studies may highlight sometimes unintended or perverse project outcomes or impacts. A key achievement at the time of the EA is the wide-spread acceptance and legitimacy of child friendly teaching among educators and at the Education Development Centre, teachers and communities. Additionally, the TRCs constitute a key education and training resource at the atoll level. The TRC has great potential to contribute to the on-going processes of decentralization, and capacity building of local education institutions as well as governance institutions in the Maldives if utility is optimized. Other achievements that would benefit from further

analysis and documentation are the training of social workers for all Atols, the WeS environmental education program, the Wake Up campaign on drug awareness.

7. Exit strategy for an impact evaluation would entail a national stakeholder conference and sharing as far as possible the findings with all stakeholders at the local and sub-regional level, particularly beneficiary communities and local governance bodies, in keeping with their right to information and participation in the development process.

Annexes

Annex 1 List of Key Documents

Primary Quantitative Data Source on Country Situation

1. Census
 - Ministry of Planning and National Development, Housing and Population Census 2006
2. Household Surveys
 - Republic of Maldives, Vulnerability and Poverty Assessment II, 2004
 - Republic of Maldives, Tsunami Impact Assessment 2005: A socio-economic countrywide assessment at household level six months after the tsunami, 2005
 - Ministry of Health, Multiple Indicator Cluster Survey 2001
3. Annual Statistical Report
 - Ministry of Planning and National Development, Statistical Yearbook 2005
 - Ministry of Planning and National Development, Statistical Yearbook 2006
 - Ministry of Planning and National Development, Statistical Yearbook 2007
 - Ministry of Education, Educational Statistic Book 2004
 - Ministry of Education, Educational Statistic Book 2005
 - Ministry of Health. Maldives Health Report 2004.
4. Cross sectional surveys
 - UNICEF Maldives, The Infant and Young Child Feeding Study, 2006
 - UNICEF Maldives, Micronutrient Study, 2007 (questionnaire)
 - Ministry of Health, UNFPA, Reproductive Health Survey 2004

Primary Qualitative Data Source on Country Situation

- Hudson S, Drug abuse among children, 2006
- Ministry of Gender, Family Development and Social Security. Gender Based Violence in the Maldives: What We Know So Far. A report on the findings of qualitative research on GBV carried out by the Ministry of Gender, Family Development and Social Security in 2004.
- Wingarden J. HIV AIDS situation in the Republic of Maldives, 2006

Secondary Data Source on Country Situation

- Ministry of Planning and National Development, MaldivInfo 1.0, 2007
- Government of Maldives, World Bank, IFRC, United Nations, Asian Development Bank, Maldives: One year after tsunami, 2005
- Ministry of Planning and National Development. Millenium Development Goals: Country Report 2005
- Ministry of Planning and National Development. Millenium Development Goals: Second Country Report 2007
- Republic of Maldives. The Maldives: Two Years after the Tsunami, 2006
- United Nations, Common Country Assessment: Maldives, 2007
- Republic of Maldives, 7th National Development Plan, 2007
- Republic of Maldives, Review of 6th National Development Plan, 2006

UNICEF Files

- Sida L, Wiles P, The 2004 Indian Ocean Tsunami: Evaluation of UNICEF's Tsunami Response (Emergency and Initial Recovery Phase), Draft Summary Synthesis Report, 2005
- Sida L, et al, The 2004 Indian Ocean Tsunami: Evaluation of UNICEF's Tsunami Response (Emergency and Initial Recovery Phase), Synthesis Report, 2005
- UNICEF Maldives, The situation of women and children in the Maldives (version 2.0), 2005
- UNICEF Maldives, Mid Term Review Country Program 2003-2007, 2005
- UNICEF Maldives, Concept Note on IMPACT, 2006
- UNICEF Maldives, Concept Note on Sanitation Project, 2006
- UNICEF Maldives, Maldives Response to Tsunami, Six Months and Beyond, 2005
- UNICEF Maldives, Annual Report 2005
- UNICEF Maldives, Annual Report 2006
- UNICEF Maldives, Consolidated Emergency Report 2006
- UNICEF Maldives, Logical Framework 2006-2007, 2006
- UNICEF, Medium Term Strategic Plan 2006-2009, 2006
- UNICEF Maldives, Country Program Documents 2003-2007
- UNICEF Maldives, Country Program Documents 2008-2010
- UNICEF Maldives, Country Program Action Plan 2008-2010
- UN, UNDAF 2003-2007, 2003
- Wheatcroft L, Evaluation to 22 child friendly school, 2004

Annex 2 Indicators Table

MDG Indicators

Indicators	Maldives				Male'				Atolls			
	2004	2005	2006	2008	2004	2005	2006	>2007	2004	2005	2006	2008
MDG 1												
% of population with income less than Rf 10/day*	8 (VPA II)	16 (TIAS)		VPA III	0 (VPA II)	11 (TIAS)		VPA III	20	11		VPA III
% of population with income less than Rf 15/day*	21 (VPA II)	28 (TIAS)			3	15			34	20		
% of children under five with underweight	31 (VPA II)			DHS	35			DHS	30			DHS
MDG 2												
% of children 6-12 enrolled in primary school			98 (Census 2006)	DHS								
Ratio of girls to boys 6-12 enrolled in primary school			98:98 (Census 2006)	DHS								
Literacy rate (15-24 yr old)	99.4 (MICS 2001)		98 (Census 2006)									

Ratio of male:female in literacy rate	99.3:99.4 (MICS 2001)		98:99 (Census 2006)									
MDG 3												
Gender parity index in pre primary enrolment	0.98 (SYB 2004)	0.96 (SYB 2005)		DHS	0.99 (SYB 2004)	0.96 (SYB 2005)			0.97 (SYB 2004)	0.96 (SYB 2005)		
Gender parity index in primary enrolment	0.91 (SYB 2004)	0.92 (SYB 2005)	0.9 (Census 2006)	DHS	0.98 (SYB 2004)	0.95 (SYB 2005)			0.89 (SYB 2004)	0.9 (SYB 2005)		
Gender parity index in secondary enrolment	1.12 (SYB 2004)	1.08 (SYB 2005)	1.09 (Census 2006)	DHS	1.21 (SYB 2004)	1.21 (SYB 2005)			1.06 (SYB 2004)	1.01 (SYB 2005)		
Gender parity index in tertiary level enrolment			1.13 (Census 2006)	DHS								
MDG 4												
IMR	15 (SYB 2004) 37 (VPA II)	12 (SYB 2005)		DHS	10 (SYB 2004) 29 (VPA II)	12 (SYB 2005)			18 (SYB 2004) 42 (VPA II)	12 (SYB 2005)		
IMR – Male	16 (SYB 2004)	11 (SYB 2005)										
IMR - Female	13 (SYB 2004)	13 (SYB 2005)										

	Maldives				Male				Atolls			
	2004	2005	2006	2007	2004	2005	2006	2007	2004	2005	2006	2007
CMR	22 (VPA II)	16 (SYB 2005)		DHS	11 (VPA II)	13 (SYB 2005)			30 (VPA II)	18 (SYB 2005)		
CMR – Male	23 (VPA II)	14 (SYB 2005)										
CMR – Female	21 (VPA II)	17 (SYB 2005)										
Children under 1 immunized against measles	96 (MICS 2001)			DHS								
Full immunization coverage	85.4 (MICS 2001)											
MDG 5												
Skilled birth attendance	85 (MICS 2001)		95.32 (Census 2006)	DHS	100 (MICS 2001)				91 (MICS 2001)			
MMR (per 100,000)	78	72	69 (MDG Report II)									
MDG 6												
Contraceptive prevalence rate	39 (MICS 2001)			DHS	37 (MICS 2001)				40 (MICS 2001)			
MDG 7												
Access to				DHS								

improved sanitation												
Access to improved water source				DHS								

*Data is available up to regional level

1. Population

	2004	2005	2006	2007	2004	2005	2006	2007	2004	2005	2006	2007
Population size†	288,838 (VPA II)	290,452 (SYB 2005)	298,968 (Census 2006)	SYB 2007	85,665 (VPA II)		103,693 (Census 2006)	SYB 2007	203,173 (VPA II)	204,787 (SYB 2005)	195,275 (Census 2006)	SYB 2007
# of male population	146,799 (VPA II)	148,929 (SYB 2005)	151,459 (Census 2006)	SYB 2007			51,992 (Census 2006)	SYB 2007			99,467 (Census 2006)	SYB 2007
# of female population	142,681 (VPA II)	144,817 (SYB 2005)	147,509 (Census 2006)	SYB 2007			51,701 (Census 2006)	SYB 2007			95,808	SYB 2007
Sex ratioΔ	102.88 (VPA II)	102.84 (SYB 2005)	102.68 (Census 2006)	SYB 2007			100.56 (Census 2006)	SYB 2007			103.82	SYB 2007
Household size	6.5 (VPA II) 7 (2000)				8 (VPA II) 8 (Census 2000)	8.2 (TIAS)			6 (Census 2000) 6 (VPA II)	6.6 (TIAS)		
Population	25				458				18			

density (per hectare)†	(VPA II)				(VPA II)				(VPA II)		
Total fertility rate	4.1 (Census 2000)										
Life expectancy at birth – male	71.03 (SYB 2004)	71.66 (SYB 2005)	72 (SYB 2006)		69 (SYB 2004)				65 (SYB 2004)		
Life expectancy at birth - female	72.07 (SYB 2004)	72.74 (SYB 2005)	73.23 (SYB 2006)								
Crude birth rate (per 1,000 population)	18 (SYB 2004)	19 (SYB 2005)	20 (SYB 2006)								
Crude death rate (per 1,000 population)	3 (SYB 2004)	3 (SYB 2005)	4								
# of infant (<1 year)	7,044 (Census 2000)		5,462 (Census 2006)								
Sex ratio of infant	101.6 (Census 2000)		103.4 (Census 2006)								
# of children 1-4 years	29,928 (Census 2000)		20,709 (Census 2006)								
Sex ratio of children 1-4	92.8 (Census 2000)		104.5 (Census 2006)								
% of	40.7		31.1								

population under 15 yr old	(Census 2000)		(Census 2006)									
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	2004	2005	2006	2007	2004	2005	2006	2007	2004	2005	2006	2007
# of young people (15-24 years)	56,780 (Census 2000)		74,713 (Census 2006)									
Sex ratio of young people	98.73 (Census 2000)		98.5 (Census 2006)									
# of young women (15-24 yr)	23,639 (Census 2000)		37,625 (Census 2006)									
No of internally displaced person in the same island†		4560 (TIAS)										
No of internally displaced person in the other island†		5537 (TIAS)										

Δ Data is available up to atoll level
† Data is available up to island level

2. Economics and Development

a. Impact Indicator

	2004	2005	2006	2007	2004	2005	2006	2007	2004	2005	2006	2007
Labor force participation rate	55 (VPA II)				55 (VPA II)				55 (VPA II)			
Female labor participation rate	43 (VPA II)				38 (VPA II)				45 (VPA II)			
% population under median income (Rf15/day)*	21 (VPA II)				3 (VPA II)				26 (VPA II)			
Average income of population with less than Rf15/day†	10.6 Rf (VPA II)				11.0 Rf (VPA II)				10.6Rf (VPA II)			
% of unemployed youth (15-19yr)	6.74 (Census 2000)		29.5 (Census 2006)									
% of female from unemployed youth	43% (Census 2000)											

*Data is available up to regional level

† Data is available up to island level

b. Specific Indicators

Indicators	Maldives			Male			Atolls		
	2004	2005	2006	2004	2005	2006	2004	2005	2006
% of PDE with income less than Rf 15/day	25 (VPA II)	25 (TIAS)							
% of PDI with income less than Rf 15/day	34 (VPA II)	21 (TIAS)							
% of host islands with income less than Rf 15/day	32 (VPA II)	9 (TIAS)							
% of population living in island with more than 100 people per vessel†	30 (VPA II)	31 (TIAS)		0 (VPA II)	0 (TIAS)		43 (VPA II)	44 (TIAS)	
% population living in island with dhoni <4x per month to atoll capital†	18 (VPA II)	24 (TIAS)		0 (VPA II)	0 (TIAS)		26 (VPA II)	34 (TIAS)	
% population living in island which is not always accessible†	28 (VPA II)	29 (TIAS)		0 (VPA II)	0 (TIAS)		40 (VPA II)	42 (TIAS)	
% population living in island with dhoni <3x per month to Male†	25 (VPA II)	35 (TIAS)		0 (VPA II)	0 (TIAS)		36 (VPA II)	49 (TIAS)	

3. Education

a. Impact Indicator

Indicator	Maldives				Male				Atolls			
	2004	2005	2006	2007	2004	2005	2006	2007	2004	2005	2006	2007
Adult literacy rate – overall			93.83 (Census 2006)									
Adult literacy rate – male			92.96 (Census 2006)									
Adult literacy rate – female			94.73 (Census 2006)									
Youth literacy rate			97.13 (Census 2006)									
Gross enrolment ratio – primary school	128.9 (SYB 2004)	123.0 (SYB 2005)	121.5 (Census 2006)	SYB 2007								
Gross enrolment ratio – secondary school	105.4 (SYB 2004)	118 (SYB 2005)	122 (Census 2006)	SYB 2007								
Gross enrolment ratio – higher secondary school	9.7 (SYB 2004)	11.5 (SYB 2005)	12.9 (Census 2006)	SYB 2007								
Net enrolment rate – primary school	100.0 (SYB 2004)	100.0 (SYB 2005)	105.4 (Census 2006)	DHS								

Net enrolment rate – secondary school	52.1 (SYB 2004)	64.6 (SYB 2005)	70.7 (Census 2006)	DHS								
Net enrolment rate – higher secondary school	3.9 (SYB 2004)	7.2 (SYB 2005)	8.4 (Census 2006)	DHS								
Ratio of girls to boy in schools – overall†	96.9 (SYB 2004)	96.85 (SYB 2005)	95.84 (Census 2006)	DHS	106.5 (SYB 2004)	104.5 (SYB 2005)	100.73 (Census 2006)	DHS	93.48 (SYB 2004)	93.83 (SYB 2005)	93.66 (Census 2006)	SYB 2007
Ratio of girls to boy – preschool†	97.56 (SYB 2004)	95.89 (SYB 2005)		DHS	98.5 (SYB 2004)	96.13 (SYB 2005)		DHS	97.05 (SYB 2004)	95.77 (SYB 2005)		
Ratio of girls to boy – primary school†	91 (SYB 2004)	91.59 (SYB 2005)		DHS	98.45 (SYB 2004)	95.4 (SYB 2005)		DHS	89.06 (SYB 2004)	90.42 (SYB 2005)		
Ratio of girls to boy – secondary school†	113.26 (SYB 2004)	109.5 (SYB 2005)		DHS	126.75 (SYB 2004)	124.72 (SYB 2005)		DHS	106.22 (SYB 2004)	102.15 (SYB 2005)		
Ratio of girls to boy – higher secondary school†	89.26 (SYB 2004)	89.28 (SYB 2005)		DHS	89.02 (SYB 2004)	96.67 (SYB 2005)		DHS	90.15 (SYB 2004)	69.09 (SYB 2005)		

Indicator	Maldives				Male				Atolls			
	2004	2005	2006	2007	2004	2005	2006	2007	2004	2005	2006	2007
Student/teacher ratio	20 (SYB 2004)	18 (SYB 2005)	15 (SYB 2006)									

Primary school completion rate among 15-24 yr			99.4 (Census 2006)									
Ratio of male : female in primary completion rate			99.3:99.4 (Census 2006)									

† Data is available up to island level

Δ Data is available up to atoll level

b. Specific Indicators

Indicators	Maldives				Male				Atolls			
	2004	2005	2006	2007	2004	2005	2006	2007	2004	2005	2006	2007
Student pass rate – Islam	71 (MoE 2004)	66 (MoE 2005)										
Student pass rate – Divehi	79 (MoE 2004)	78 (MoE 2005)										
Student pass rate – English	8 (MoE 2004)	5 (MoE 2005)										
Student pass rate – Mathematics	27 (MoE 2004)	27 (MoE 2005)										
% of untrained teacher Δ	38 (SYB 2004)	40.67 (SYB 2005)	23 (SYB 2006)		26 (SYB 2004)	21.98 (SYB 2005)	9 (SYB 2006)		42 (SYB 2004)	46.3 (SYB 2005)	27 (SYB 2006)	
Ratio student to trained teacher – overall	32 (SYB 2004)	31 (SYB 2005)	20 (SYB 2006)		30 (SYB 2004)	30 (SYB 2005)	20 (SYB 2006)		33 (SYB 2004)	31 (SYB 2005)	19 (SYB 2006)	
Ratio student to trained teacher – preschool	68 (SYB 2004)	64 (SYB 2005)			57 (SYB 2004)	47 (SYB 2005)			76 (SYB 2004)	80 (SYB 2005)		
Ratio student to trained teacher –	35 (SYB 2004)	33 (SYB 2005)			30 (SYB 2004)	32 (SYB 2005)			37 (SYB 2004)	34 (SYB 2005)		

primary school												
Ratio student to trained teacher – 1 st high school	22 (SYB 2004)	23 (SYB 2005)			25 (SYB 2004)	24 (SYB 2005)			21 (SYB 2004)	22 (SYB 2005)		
Ratio student to trained teacher – 2 nd high school	20 (SYB 2004)	16 (SYB 2005)			30 (SYB 2004)	23 (SYB 2005)			8 (SYB 2004)	8 (SYB 2005)		
% of expatriate teacher – overall	35 (SYB 2004)	37 (SYB 2005)			39 (SYB 2004)	41 (SYB 2005)			33 (SYB 2004)	36 (SYB 2005)		
% of expatriate teacher – preschool	1 (SYB 2004)	1 (SYB 2005)			2 (SYB 2004)	2 (SYB 2005)			1 (SYB 2004)	1 (SYB 2005)		
% of expatriate teacher – primary school	17 (SYB 2004)	16 (SYB 2005)			22 (SYB 2004)	20 (SYB 2005)			16 (SYB 2004)	15 (SYB 2005)		
% of expatriate teacher – 1 st high school	70 (SYB 2004)	72 (SYB 2005)			58 (SYB 2004)	63 (SYB 2005)			76 (SYB 2004)	76 (SYB 2005)		
% of expatriate teacher –	82 (SYB 2004)	77 (SYB 2005)			80 (SYB 2004)	78 (SYB 2005)			86 (SYB 2004)	77 (SYB 2005)		

2 nd high school												
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Indicators	Maldives				Male				Atolls			
	2004	2005	2006	2007	2004	2005	2006	2007	2004	2005	2006	2007
# of school	337	334	349		21	22	22		316	312	327	
# of tsunami damaged schools												
# of reconstructed schools												
% of population live in island with no drinking water at school†	0 (VPA II)	0 (TIAS)			0 (VPA II)	0 (TIAS)			0 (VPA II)	0 (TIAS)		
% of population live in island with no toilet at school†	3 (VPA II)	0 (TIAS)			0 (VPA II)	0 (TIAS)			4 (VPA II)	0 (TIAS)		
% of population live in island with no nursery†	26 (VPA II)	0 (TIAS)			0 (VPA II)	0 (TIAS)			38 (VPA II)	0 (TIAS)		
% of population live in island with grade 5	1 (VPA II)	1 (TIAS)			0 (VPA II)	0 (TIAS)			1 (VPA II)	2 (TIAS)		

as highest grade†											
% of population live in island with grade 7 as highest grade†	15 (VPA II)	9 (TIAS)			0 (VPA II)	0 (TIAS)			21 (VPA II)	13 (TIAS)	
% of population live in island with no trained teacher in primary school†	1 (VPA II)	3 (TIAS)			0 (VPA II)	0 (TIAS)			1 (VPA II)	5 (TIAS)	
% of population live in island with more than 100 students per trained teacher†	3 (VPA II)	10 (TIAS)			0 (VPA II)	0 (TIAS)			4 (VPA II)	13 (TIAS)	
% of population live in island with >50-100 students per trained teacher†	13 (VPA II)	19 (TIAS)			0 (VPA II)	0 (TIAS)			19 (VPA II)	27 (TIAS)	

† Data is available up to island level

Δ Data is available up to atoll level

4. Health and Nutrition

a. Impact Indicators

Indicators	Maldives				Male				Atolls			
	2004	2005	2006	2007	2004	2005	2006	2007	2004	2005	2006	2007
Life expectancy at birth – male	71.03 (SYB 2004)	71.66 (SYB 2005)	72 (SYB 2006)		69				65			
Life expectancy at birth – female	72.07 (SYB 2004)	72.74 (SYB 2005)	73.23 (SYB 2006)									
Maternal mortality ratio (per 1,000)	1 (SYB 2004)	1 (SYB 2005)	1 (SYB 2006)									
Maternal mortality ratio (per 100,000)	78	72.49/100,000										
Child mortality rate – total	22 (SYB 2004)	16 (SYB 2005)	18 (SYB 2006)	DHS	11 (SYB 2004)	13			30	18		
Child mortality rate – male	21 (SYB 2004)	14 (SYB 2005)										
Child mortality rate – female	23 (SYB 2004)	17 (SYB 2005)										
Infant mortality rate – total	15 (SYB 2004)	12 (SYB 2005)	16 (SYB 2006)	DHS	10 (SYB 2004)	12 (SYB 2005)	13 (SYB 2006)		18 (SYB 2004)	12 (SYB 2005)	18 (SYB 2006)	
Infant mortality rate – male	16 (SYB 2004)	11 (SYB 2005)	18 (SYB 2006)		14 (SYB 2004)	8 (SYB 2005)	14 (SYB 2006)		17 (SYB 2004)	14 (SYB 2005)	21 (SYB 2006)	
Infant mortality	13	13	13		6	16	12		19	10	15	

rate – female	(SYB 2004)	(SYB 2005)	(SYB 2006)		(SYB 2004)	(SYB 2005)	(SYB 2006)		(SYB 2004)	(SYB 2005)	(SYB 2006)	
Still birth rate (per 1,000 live births)	9	8	10									
% of newborn death from all infant death – total	61.84 (SYB 2004)	59.7 (SYB 2005)	55.4 (SYB 2006)		61.9 (SYB 2004)	65.5 (SYB 2005)	52.7 (SYB 2006)		61.8 (SYB 2004)	55.26 (SYB 2005)	57.1 (SYB 2006)	
Ratio of female:male newborn death	21:26 (SYB 2004)	21:19 (SYB 2005)	18:33 (SYB 2006)		5:8 (SYB 2004)	13:6 (SYB 2005)	8:11 (SYB 2006)		16:18 (SYB 2004)	8:13 (SYB 2005)	10:22 (SYB 2006)	
% of infant death from death at all ages – total	7.54 (SYB 2004)	6.6 (SYB 2005)	8.49 (SYB 2006)		7.14 (SYB 2004)	8.9 (SYB 2005)	10.1 (SYB 2006)		7.7 (SYB 2004)	5.5 (SYB 2005)	7.67 (SYB 2006)	
Ratio of female:male infant death	34:42 (SYB 2004)	35:32 (SYB 2005)	38:54 (SYB 2006)		6:15 (SYB 2004)	19:10 (SYB 2005)	16:20 (SYB 2006)		28:27 (SYB 2004)	16:22 (SYB 2005)	22:34 (SYB 2006)	
% of under five death from death at all ages – total	3.87 (SYB 2004)	1.97 (SYB 2005)	1.38 (SYB 2006)		1.02 (SYB 2004)	1.22 (SYB 2005)	0.56 (SYB 2006)		5.05 (SYB 2004)	2.32 (SYB 2005)	1.78 (SYB 2006)	
Ratio of female:male under five death	19:20 (SYB 2004)	12:8 (SYB 2005)	6:9 (SYB 2006)		1:2 (SYB 2004)	2:2 (SYB 2005)			18:18 (SYB 2004)	10:6 (SYB 2005)	6:7 (SYB 2006)	
Low birth weight	13.4 (MICS)											
Underweight prevalence of under five†	31 (VPA II)				35 (VPA II)				30 (VPA II)			
Stunting	22				17				23			

prevalence of under five†	(VPA II)				(VPA II)				(VPA II)			
Wasting prevalence of under five†	20 (VPA II)				23 (VPA II)				19 (VPA II)			
% of exclusive breastfeeding			15									

Indicators	Maldives				Male				Atolls			
	2004	2005	2006	2007	2004	2005	2006	2007	2004	2005	2006	2007
Measles coverage	96 (SYB 2004)	97 (SYB 2005)	97 (SYB 2006)	DHS								
BCG coverage	98 (SYB 2004)	99 (SYB 2005)	99 (SYB 2006)									
DPT III coverage	97 (SYB 2004)	98 (SYB 2005)	98 (SYB 2006)									
TT 5 coverage	95 (SYB 2004)	92 (SYB 2005)	94 (SYB 2006)									
Hepa B III coverage	97 (SYB 2004)	98 (SYB 2005)	98 (SYB 2006)									
OPV IV coverage	96.5 (SYB 2004)	98 (SYB 2005)	98 (SYB 2006)									
Skilled birth attendance	85 (RH Survey)			DHS	100				94			
Adequate antenatal	91 (RH											

coverage	Survey)											
Coverage of TT vaccination to women at reproductive age		49										
Coverage of adolescent getting TT		65										
Iron consumption during pregnancy	87 (RH Survey)											
Contraceptive prevalence rate Δ	22.4 (SYB 2004)	22.0 (SYB 2005)	23.7 (SYB 2006)		21.7 (SYB 2004)	22.4 (SYB 2005)	27.5 (SYB 2006)		22.7 (SYB 2004)	21.9 (SYB 2005)	22.4 (SYB 2006)	
% of female from all contraceptive user	80.1 (SYB 2004)	80 (SYB 2005)	77.6 (SYB 2006)		87.8 (SYB 2004)	89.5 (SYB 2005)	79.9 (SYB 2006)		77.2 (SYB 2004)	76.5 (SYB 2005)	76.6 (SYB 2006)	
% of households using iodized salt	56 (MICS)											
% of women with anemia	51 (MICS)											
% of children with anemia	17 (MICS)				MI Survey							
% of tsunami damage facilities		80 (TIAS)										
No of HIV AIDS cases		13 (SYB 2005)										
Condom prevalence rate					DHS							
% of population had heard HIV/AIDS	99 (RH Survey)											

% of population know HIV AIDS transmission	92 (RH Survey)											
% of population with comprehensive knowledge on HIV AIDS				DHS								

b. Specific Indicators

Indicators	Maldives				Male				Atolls			
	2004	2005	2006	2007	2004	2005	2006	2007	2004	2005	2006	2007
# of doctor	302 (SYB 2004)	379 (SYB 2005)	418 (SYB 2006)		150 (SYB 2004)	188 (SYB 2005)			152 (SYB 2004)	191		
Ratio of doctor per 10,000 population	1.0 (SYB 2004)											
# of nurses	886 (SYB 2004)	974 (SYB 2005)	1,221 (SYB 2006)		433 (SYB 2004)	466 (SYB 2005)			453 (SYB 2004)	508		
Ratio of nurse per 1,000 population	10 (SYB 2004)	13 (SYB 2005)	14 (SYB 2006)									
# of community health worker	919 (SYB 2004)	934 (SYB 2005)	816 (SYB 2006)		17 (SYB 2004)	22 (SYB 2005)			902	912		
% of population with access to health service	74 (VPA II)				100 (VPA II)				62			
% of population living in island with no health center, hospital or private clinic†	26 (VPA II)	20 (TIAS)			0 (VPA II)	0 (TIAS)			38 (VPA II)	28 (TIAS)		

% of population living in island with no health centre†	46 (VPA II)	39 (TIAS)			0 (VPA II)	0			66 (VPA II)	56 (TIAS)		
% of population with no hospital or private clinic†	49 (VPA II)	49 (TIAS)			0 (VPA II)	0 (TIAS)			70 (VPA II)	69 (TIAS)		
% of population living in island with more than two hours to nearest health centre or hospital†	1 (VPA II)	1 (TIAS)			0 (VPA II)	0 (TIAS)			1 (VPA II)	2 (TIAS)		
% of population living in island without doctor†	26 (VPA II)	17 (TIAS)			0 (VPA II)	0 (TIAS)			38 (VPA II)	24 (TIAS)		
% of population living in island without nurse†	27 (VPA II)	20 (TIAS)			0 (VPA II)	0 (TIAS)			38 (VPA II)	29 (TIAS)		
% of population living in island without midwife†	1 (VPA II)	1 (TIAS)			0 (VPA II)	0 (TIAS)			2 (VPA II)	1 (TIAS)		
% of population living in island without pharmacist†	24 (VPA II)	22 (TIAS)			0 (VPA II)	0 (TIAS)			34 (VPA II)	31 (TIAS)		
% of population living in island without health worker†	0 (VPA II)	0 (TIAS)			0 (VPA II)	0 (TIAS)			0 (VPA II)	0 (TIAS)		
% of population with problems getting medicine†	17 (VPA II)				9 (VPA II)				21 (VPA II)			
% of population with food crisis†	7 (VPA II)				7 (VPA II)				7 (VPA II)			

† Data is available up to island level

Δ Data is available up to atoll level

5. Child Protection

Impact Indicator

Indicator	Maldives				Male				Atolls			
	2004	2005	2006	2007	2004	2005	2006	2007	2004	2005	2006	2007
% of children live with both parents			71.37 (Census 2006)				58 (Census 2006)				76.74 (Census 2006)	
Ratio of school attendance of orphan to non orphan												
# of children without birth registration	74 (MICS)			DHS								
% of female headed household	40 (VPA II)											
% of <16 yr in drug abuse cases reported to police	0.43 (SYB 2004)	0.16 (SYB 2005)										
% of 16 -24yr in drug abuse cases reported to police	49.78 (SYB 2004)	52.8 (SYB 2005)	46.36 (SYB 2006)									
% of <15 of judicial cases	1.08 (SYB 2004)	0.1 (SYB 2005)	0.8 (SYB 2006)									
Clients admitted	103	180	513									

in the drug rehabilitation centre	(SYB 2004)	(SYB 2005)	(SYB 2006)									
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6. Water and Sanitation

Indicator	Maldives				Male				Atolls			
	2004	2005	2006	2007	2004	2005	2006	2007	2004	2005	2006	2007
% of HH with access to safe water ²¹	84 (VPA II)		98 (Census 2006)	DHS	100 (VPA II)		90 (Census 2006)		97 (VPA II)		98	
% of population with insufficient drinking water†	21 (VPA II)				0 (VPA II)				30 (VPA II)			
% of population using unsafe drinking water† ²²	2 (VPA II)			DHS	0 (VPA II)				3 (VPA II)			
% of HH using untreated drinking water	66 (VPA II)		71.63 (Census 2006)	DHS	16 (VPA II)		26.56 (Census 2006)		88 (VPA II)		91.45 (Census 2006)	
% of population using rain water†	51 (VPA II)		53.8 (Census 2006)		20 (VPA II)		3.2 (Census 2006)		64 (VPA II)		76 (Census 2006)	
% of population using well water in compound	4 (VPA II)				0 (VPA II)				5 (VPA II)			
% of population using public rain water tank	12 (VPA II)				0 (VPA II)				18 (VPA II)			
% of population	6				0				8			

²¹ Definition of safe water in Maldives is different to international standard; Safe water includes rainwater, well water, desalinated water and mineral water

²² Definition of unsafe drinking water refer to untreated well water. In the census, “water for cooking” is used instead of “drinking water”

using private rainwater tank	(VPA II)				(VPA II)				(VPA II)		
% of population using desalinated water/piped supply	23 (VPA II)		27.4 (Census 2006)		76 (VPA II)		86.2 (Census 2006)		1 (VPA II)		1.5 (Census 2006)
% of population using well water	4 (VPA II)		14.8 (Census 2006)		0 (VPA II)		0.1 (Census 2006)		5 (VPA II)		21 (Census 2006)
% of HH without sustainable access to safe water									16 (VPA II)		
% of HH with access to sanitation (toilet)	58 (MICS)		94 (Census 2006)	DHS	99 (VPA II)		90 (Census 2006)		86 (VPA II)		
% of HH without basic sanitation facilities (no toilet)†	4 (VPA II)		4.64 (Census 2006)	DHS	1 (VPA II)		0.12 (Census 2006)		6 (VPA II)		6.62 (Census 2006)
% of population with toilet connected to sea/septic tanks	90 (VPA II)		88 (Census 2006)		99 (VPA II)		90 (Census 2006)		86 (VPA II)		88 (Census 2006)
% of population with gifili	6 (VPA II)		2.5 (Census 2006)		0 (VPA II)		0 (Census 2006)		8 (VPA II)		2.5 (Census 2006)

† Data is available up to island level

Δ Data is available up to atoll level

Annex 3 Term of Reference (TOR)-Evaluability Assessment of the Impact of UNICEF's Tsunami Response in Maldives

Background: An evaluation of the impact of UNICEF's emergency response, and programs for recovery and transition to development of tsunami affected areas and people (as defined by UNICEF, see Annex-1) in Indonesia, Sri Lanka and Maldives is planned in 2007-2008. Before initiating the impact evaluation, it is important to determine the feasibility and readiness of UNICEF's tsunami programs and Country Offices for such an exercise. One way to do this is by an Evaluability Assessment (EA). These ToR outline the concept and objectives of the EA planned in these three countries.

1. **Purpose:** 'Evaluability Assessment' is an appraisal conducted prior to commencing an impact evaluation to establishing whether a programme or policy can be evaluated for impact, and what might be the barriers to an effective and useful impact evaluation. It requires a review of the coherence and logic of the programme, clarification of data availability, an assessment of the extent to which managers or stakeholders are likely to use evaluation findings given their interests and the timing of the evaluation vis-à-vis future programme or policy decisions. The overall purpose¹ of evaluability assessment is to decide whether an evaluation is feasible, and worthwhile in terms of its likely benefits, consequences and costs. More specifically an EA:
 - Makes explicit the intervention logic, i.e. assumptions, intended mechanisms and expected outcomes of a programme
 - Judges the extent to which the design, strategy, resources and implementation mechanisms are appropriate given the intervention logic
 - Considers the extent to which the programme is likely to lead to the expected results expressed in the programme log frames
 - Develops key issues and questions for the impact evaluation
 - Assesses the availability of necessary information, including primary and secondary data and the likely ease and cost of access –including the willingness of gatekeepers to cooperate; timing and resources necessary to collect primary data, if required
 - Assists programme managers and policy makers to improve the coherence of the programme in general and the intervention logic in particular, insofar as possible
 - Clarifies with stakeholders and partners how they would use an evaluation, especially its findings but also including other outputs and process consequences, if one took place
 - Considers how far an evaluation is likely to lead to real improvements in programme performance and success, and whether this is commensurate with the likely costs and efforts of undertaking an evaluation
 - Identifies the most appropriate time to conduct an evaluation in order to ensure maximum leverage from evaluation results
 - Outlines an evaluation work plan, complete with major tasks, products, budgets, staff resources required and proposed schedule
2. **Scope and focus:** Guided by the purpose listed above, this EA will involve the following tasks:

- (i) Summarize and analyze the programme logic, including the linkages of the programme logic to expected results
 - (ii) Identify what data resources are currently available and accessible, collect their reports and raw datasets, and suggest on filling data gaps before the conduct of impact evaluation, including a detailed plan for primary data collection where relevant
 - (iii) Identify key stakeholders and clarify their information needs
 - (iv) Prepare a conceptual framework for the impact evaluation
 - (v) Define the purpose, scope and terms of the impact evaluation; propose evaluation questions
 - (vi) Provide recommendations for any programme adjustments that can be made before the evaluation takes place
 - (vii) Consider and propose different possible methods for conducting the evaluation to meet the proposed scope, focus and to answer the questions suggested. Recommend, with justifications, one method which is efficient and economical.
 - (viii) Suggest a protocol for the implementation of the impact evaluation, including the evaluation questions, methodology, sample size, action plan.
 - (ix) Keeping the convenience of the stakeholders in mind, suggest the logistics of the evaluation; also suggest the nature and composition of the team.
3. **Main steps involved**²³²⁴: The following steps, among others, shall be followed in accomplishing the above listed tasks.
- (i) Review of programme documentation, including logical frameworks, results matrices and reports.
 - (ii) Review and improve upon the proposed scope and focus of the impact evaluation (See Annex-2)
 - (iii) Analysis of the monitoring information systems on or related to the programme to determine adequacy/validity of existing information, and identify information gaps
 - (iv) Prepare an analysis of the programme logic, 'theory' and status: This should include identifying mechanisms for programme delivery and implementation, an assessment of their likely success in the real-world conditions of the programme, and an objective analysis of the up-to-date status of the programme based on monitoring reports and available data, including the report of the Document Review which is underway and would be available before the initiation of the EA. This step would also provide input into the suggested timing for the evaluation
 - (v) Interview main stakeholders. This will complement the document review and more particularly will clarify stakeholders' intentions and expectations. A mapping exercise of the stakeholders and their interests would be required before interviewing them. The stakeholders, in general, are key managers, policy makers, programme implementers and some 'representatives' of the expected beneficiaries.
 - (vi) Feedback and review the above analyses with stakeholders. This is necessary for a reality check of the findings and to ensure that the recommendations are of practical utility.

²³ Evaluating Socio Economic Development, SOURCEBOOK 2: Methods & Techniques- Evaluability assessment accessed at <http://www.evaled.info/downloads.aspx>

²⁴ Evaluability Assessment: Examining the Readiness of a Program for Evaluation accessed at <http://www.jrsa.org/jjec/about/publications/evaluability-assessment.pdf>

4. **Evaluation team and requirements for candidates:**

- (i) **Qualifications:** UNICEF is looking for two consultants - **one international senior consultant and one junior consultant**. The junior consultant will serve as a research expert and deliver a research driven report that collects outcome data, interviews key stakeholders and beneficiaries and maps out UNICEF program activities. The report will feed into the final Evaluability Assessment produced by the senior consultant and which should cover all tasks outlined in the ToR.

Required qualifications: are

- At least five years of expertise in and experience of evaluating humanitarian response (with UN, Red Cross or NGOs), particularly in South and Southeast Asia
- Recent experience in conducting evaluability assessment
- At least five years of expertise and experience in qualitative and quantitative methods for evaluation, in data collection, management and analysis
- Excellent knowledge of evaluation norms, standards and approaches (especially UNEG norms and standards)
- Proven communication, facilitation and writing skills
- Excellent knowledge of English (oral and in writing) and, preferably, a basic understanding of local language(s)
- Ability to work independently, as well as member of a team

Preferred: Candidates with the following profiles shall be preferred:

- Field experience in humanitarian action
- At least masters level educational qualification, and five years experience one key area of UNICEF's work namely health and nutrition, education, water and sanitation, or protection.

- (ii) **Application:** Interested candidates may send a cover letter outlining their competencies for undertaking this task accompanied by the following to tsunamiresponse@gmail.com using the subject heading "Tsunami Evaluability Assessment" by the noon (New York time) of **12th of July, 2007**.

- Copy of **CV and P-11 form**
- **Country of interest**. In case of more than one, indicate preferred order for consideration.
- Proposed **cost** of completion of the above task (all inclusive)
- **Availability** for the task: Indicate range of time during which the consultant will be available.

5. **Procedures and logistics:** The EA exercise will take place in the respective countries. It will be completed in seven weeks after the engagement of consultants in **September**. The EA consultants would be expected to work closely with the respective UNICEF offices in the Country/ zone / sub-zone. They will be facilitated by a contact designated by the respective UNICEF Country Offices. The EA team will have access to all relevant in-house documentation, and be able to interview concerned UNICEF staff. The EA consultants shall arrange their own transport, accommodation, office equipments (such as laptops), interview material (as tape recorders) and administrative support. UNICEF HQ will enter into a lump-sum, product based contract for the delivery of the products.

6. **Accountabilities:** The consultant shall be accountable to the Senior Project Officer, Tsunami Evaluation, who will be the Manager for the satisfactory performance of this task.
7. **Products:** The final Evaluability Assessment report from this exercise is expected to be a stand alone and publishable document. It will be well referenced, cite all relevant data, list contact persons and stakeholders met and have a short executive summary (refer UNICEF's guidance note²⁵).

The exercise will be comprised of two reports, one prepared by the research expert and the final evaluability assessment prepared by the senior consultant. The total exercise will take seven weeks.

9. **Payment:** The consultants shall be paid 25% on the submission of the preliminary reports, 50% on submission of a completed, draft reports; and the balance on acceptance of the final report.

Annex 4 UNICEF's Definition of "Tsunami Affected Areas and People"

"Tsunami-affected areas and people" include the following:

- 1. People, communities, structures, government and networks (including those in non-government areas) directly affected by earthquake and tsunami.
- 2. Groups and structures (e.g. districts, provinces, regions, etc) indirectly affected by the impact and consequences of the earthquake and tsunami. These include the following:
 - Administratively-linked areas, groups and structures: one example is the inland districts in the province of Aceh. Because Banda Aceh and the coastal towns housed much of Aceh's health and education services and facilities, districts inland are affected by no longer having an adequate level of health and education service support from the province and from district towns (e.g. referral health facilities). India's and Sri Lanka's coastal districts were also affected similarly, even in areas not directly hit by the tsunami, since district resources have to go towards helping the affected communities.
 - Geographically-linked areas, groups and structures: one example is the Maldives, where the tsunami has had an indirect but substantial impact on neighbouring islands that were not directly hit by the tsunami. This is because the IDP populations taking refuge on other islands have had a significant impact on the host communities, and because most of the specific atoll's resources have been diverted to the IDPs.
- 3. Government Institutions that have had to expand or shift substantially their activities, policies, and projects. A concrete example is the effect that the tsunami had on the Ministries of Health and Education in Indonesia. Capacities have been drastically reduced in Aceh and Nias and central and provincial level staff need support in coping with the huge programmes and the many international actors.
- 4. Central government providing support for tsunami-affected areas, including policy and advocacy work linked to children and women. This relates to measures that increase the sustainability of initiatives for children and women.
- 5. In all countries, preparedness and rapid response capacities have been highlighted and clarified by the tsunami. Initiatives that strengthen such capacities are therefore an essential part of the support to tsunami-affected areas and people.

Annex 5 Proposed Scope and Focus of Impact Evaluation

Evaluation objectives: The scope of the proposed impact evaluation will cover UNICEF's emergency and transitional response since December 2004 in tsunami affected areas. The evaluation will focus on all program areas, namely health, nutrition, water and environmental sanitation, early childhood development, education, adolescent development and protection.

The overall objectives of the impact evaluation are:

1. To assess the extent to which UNICEF's tsunami response in the country since December, 2004 has contributed to sustainable recovery and development of the situation of children and women in the affected population.
2. To identify the best practices, innovative interventions and shortcomings (in terms of preparedness, partnership approach, community engagement / ownership etc) in the immediate and transitional response
3. To recommend policy, operations and program measures, including suggestions on possible monitoring tools, for UNICEF's emergency and transitional response for strengthening of local institutions, infrastructure, services, plans, policies and capacities in the medium and long terms.

Detailed evaluation questions should follow the DAC criteria of relevance, effectiveness, efficiency, impact, sustainability, coverage, coordination and coherence.

Annex 6 List of Interviewed

Name	Position
Johan Fagerskiold	Program Coordinator UNICEF
Ameena M Didi Fathimath Shehezine Amathullah Shakeeb	Project Officer Education APO Education APO Education
Johan Fagerskiold	Program Coordinator UNICEF
Laura Fragiacomò	Project Officer – Child Protection
Joshua Kakaire	M&E Officer
Koorosh Raffii	Planning CCA/UNDAF Officer
M Naeem	APO – Child Protection
Piyali Mustaphi	Project Officer Health Nutrition
Jonas	UNDP Consultant
Rado	Journey Director
Sherine Guirguis	M&E Officer
Meela	UNDP Officer
David Proudfoot Shadiya Adam	Project Officer WES APO WES
Jane Edgar	Water and Sanitation program officer
Joshua Kakaire M Shahir Abdul Sattar	M&E Officer APO Field Monitoring
Piyali Mustaphi	Project Officer Health Nutrition
Anton Tsyganov	Liaison Officer UNOPS
Thoriq Adam Fuwwath	Ministry of Planning and National Development
Mohamed Zahid	Vice President of Human Rights Commission
M. Naeem	Acting Atoll Chief of Seenu Atoll
Anne Davies	IDP Advisor UNDP
Sujatha Haleem	Manager of IDP Unit National Disaster Management Centre
Ibrahim Shafiq	Senior Secretary of Seenu Atoll Office
Shafira	Manager of Family Child Protection Center Seenu Atoll
7 beneficiaries of family child protection centre	Family child protection centre Adoo Atoll
Ahmed Ibrahim	Administrator of Saaediyya preschool
	Headmaster of Seenu Education Center TRC Supervisor Teacher in a child friendly school
Hasan Lathief	Head and 20 members of Island Development Committee Hitadhoo Island
	Manager of Care Society
Fathmath	Community Health Worker Meedhoo Island
Dr. Nathan	Physician, Meedhoo Health centre
Adam usman	Deputy Director, Ministry of Environment and Water
Dr Sheema	Director, Education Development Centre

Dr. Naashia Mohamed	Deputy Director, EDC
Mohamed Saeed	Health Specialist - UNICEF
Ann Schwartz	UNICEF Evaluation Consultant
Mohamed Ali	Acting Atoll Chief, Raa Atoll
Asdulla Rasheed	Assistant Atoll Chief, Raa Atoll
Mohamed Shihan	Assistant Atoll Chief, Raa
Moosa Alimanikan	Assistant, Island Chief, Ungufaaru
Asdulla Imad	Executive Committee Chair, Ungufaaru
	5 members of the Women's Development Committee, Ungufaaru
Ibrahim Sobah	Island Chief, Huluthuffaru, Raa
Dr. Nias	Head, Department of External Resources, Foreign Ministry
Ms. Haja	DER
Ken Maskall	Representative, UNICEF Maldives

Annex 7 Bibliography (Supplementary to the list of documents consulted for the data review as detailed in Annex 1)

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TEC Evaluation Capacities and LRRD Study
