

# Formative Evaluation of the UNICEF 7th Country Programme 2012-2018 in the Philippines

## Final Report – Volume 2: Annexes

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# Annex A: CP7 Description

## 1. Programme Description

The goal for GPH-UNICEF CP 2012-2016 is to contribute to the progressive realisation of children's rights in line with Government priorities to achieve the MDGs. The guiding principle of GPH-UNICEF CP

2012-2016 in addressing the achievement of this goal, echoing that of the UN Country Team, is that "human development is not only about health, education and income — it is also about people's active engagement in shaping development, equity and sustainability, intrinsic aspects of the freedom people have to lead lives they have reason to value."

This approach is driven by the duality of human security as articulated by Amartya Sen. Sen identified two fundamental aspects of human security. The first is the desire for progress in the living conditions of one's self and family. This aspect underpins the efforts of governments, communities, families and individuals to fashion various means to achieve and sustain progress.

The development community has tracked this progress over the past 11 years through the MDGs and associated interventions are typically planned using logical models of development. However, this positive trajectory is often undermined by forces beyond an individual or community's ability to influence, let alone control.

In the Philippines, as explained above in Article II, these countervailing forces typically manifest themselves in the form of natural disasters, armed conflict and the institutionalised condition of the urban poor. The power of these risks to undermine individual achievements requires that a multi-tiered approach be taken to ensure that the efforts of all levels of society are in alignment. These downside risks will receive an equal level of attention in GPH-UNICEF CP 2012-2016 as the progressive challenges on the developmental side of the equation. The nature of these 'externalities' requires that a strategic planning and management approach be used that provides a broader frame of reference, encompassing the issues and actions of all relevant stakeholders, within which to situate the logical model of annual planning.

The approach taken in GPH-UNICEF CP 2012-2016 has an explicitly political dimension to it by emphasizing the need to address developmental inequities by the political leaderships of marginalised communities. Following the lead taken by the Government in the Philippine Development Plan 2011-2016, GPH-UNICEF CP 2012-2016 intends to explicitly address the interplay of socio-economic and

political institutions at the local level in addressing the inequitable gaps in social service delivery. Absent this approach, indications are that the situation will continue to worsen. During GPH-UNICEF CP 2012-2016, UNICEF will address the inequities of child development in the Philippines through a renewed orientation to improving public social sector service delivery inadequacies in

locations experiencing multiple vulnerabilities through a combination of (1) national and local policy reform, (2) local government capacity building and (3) support to citizen participation

in decision making, including children and young people in planning and monitoring as a strategy for achieving MDGs with equity. The programme will continue to promote a focus on disadvantaged children, but through a public sector lens. This implies that the overall programme strategy will build on

the multi-sectoral approach of the Child-Friendly Movement of the past two CPs, but will minimise the creation of UNICEF-specific arrangements, depending more on existing, albeit often poorly functioning, institutional arrangements that have a legal mandate and access to regular system resources with which to sustain any improvements.

This move is consistent with the recommendations of the 2007 MTR and the 2010 CPE as well as the desire of the Philippine Government for the entire UN system to align its programmes with the Philippine Development Plan (2011-2016) and optimise utilisation of government institutional arrangements so as to realise the potential for scaling up and institutionalizing through national policy reform. In this way, the country programme will contribute to the progressive realisation of children's rights in line with Government priorities to achieve the MDGs.

Thus, the Theory of Change articulated for GPH-UNICEF CP 2012-2016 consists of three parts. First is the focus on working with, and building capacity of, mandated government institutions, particularly those at the local level. By working at the level of local government, UNICEF will best be able to articulate and implement an approach that addresses both multidimensional (engaging local governments in equitable delivery of an array of social services) and location-specific vulnerabilities (natural disasters, conflict, and urban poverty). The public sector approach obligates UNICEF to address the effective implementation of legal frameworks already in place to ensure that the local governments equitably respond to the legitimate demands of the citizens, in particular by assisting in facilitating the voice of the most marginalised. This may result in slower progress in attaining quantitative targets because of the emphasis placed on institutionalisation.

Second, the Theory of Change for GPH-UNICEF CP 2012-2016 is also based on the recognition that a set of multiple vulnerabilities exacerbate the already inequitable social conditions across the country. The three undermining vulnerabilities identified by UNICEF include natural disasters, armed conflict and deep poverty in highly urbanised settings. Where feasible, the approach to achieving each Intermediate Result falling under the two Programme Components (Achieving MDGs and Reducing Risks) will be modelled to address each of these three vulnerabilities. In some highly disadvantaged locations, such as Masbate and Maguindanao Provinces, more than one of these vulnerabilities may need to be addressed simultaneously.

Finally, GPH-UNICEF CP 2012-2016 will document lessons that facilitate building scalable models at the local level as the basis for evidence-based advocacy and resource leveraging for scaling up and mainstreaming at higher levels. This element of the Theory of Change will be emphasised to

pave the ground for strong synergy of efforts with LGU provincial/city and national government partners and development partners.

## 2. Programme Components

**Millennium Development Goals achieved with equity.** This component works to improve targeting of public resources in selected vulnerable LGUs through three major results. The first result aims to increase access to high-impact preventive services and behaviour change interventions in vulnerable and poor LGUs with high incidence of child mortality and HIV. The programme will work to increase access to skilled birth attendance in seven regions with low rates of coverage and high underweight prevalence; and to reduce child mortality, improve nutritional status and increase access to fortified foods. It will also work to increase access to adequately iodized salt for 90 per cent of households in the poorest LGUs.

The programme aims to improve household knowledge on immunization, deworming and exclusive breastfeeding; improve government capacity for procurement services; strengthen policy and programming frameworks, such as for infant and young child feeding, universal salt iodization, community management of acute malnutrition and food fortification; increase access to safe water and basic sanitation services and improve hygiene behaviour, targeting municipalities with sanitation coverage of less than 45 per cent; and strengthen capacities of national government agencies and three LGUs to implement and oversee HIV prevention activities for children, young people and women most at risk.

UNICEF will work on this component with both international partners (United Kingdom Department for International Development, United States Agency for International Development, AusAid, European Union, UNFPA, World Health Organization, United Nations Joint Programme on HIV/AIDS and the Global Alliance for Improved Nutrition) and national partners (Departments of Health, Education, and Interior and Local Government; Philippines National AIDS Council; non-governmental organizations; the private sector; and young people).

The focus of the second result is increasing access to ECCD and elementary education in the 15 most vulnerable LGUs. The programme will emphasize gender parity, policy adaptation for national legislation and higher budget allocations. Children aged 3 to 11 will receive special attention, with a focus on improving ECCD and elementary basic education. These interventions are expected to increase enrolment and reduce dropouts and to contribute to a 5 per cent increase in the national primary school net enrolment rate by 2015.

The programme will support evidence-based advocacy and development of national and local plans to scale up innovations to improve school readiness, completion rates and gender disparities. It will support peace efforts by assisting in development of the peace education curriculum and providing technical assistance to bring Islamic madrasas into the national education regulatory framework. In partnership with the CCT programme, UNICEF will also address health and nutrition, violence, discriminatory practices and disruptions caused by disasters, within the school context. It will encourage participation of children, teachers and communities in school improvement initiatives, such as adoption of child-friendly methods to improve learning.



Key partners include the Department of Education, Department of Social Welfare and Development, ECCD Council and LGUs.

The objective of the third result of this component is to improve national and local public sector institutional frameworks. This would increase access to well-coordinated child protection services for the most vulnerable children in at least five disadvantaged LGUs. This result is expected to improve policy, legislative and national institutional frameworks. Those in turn should enable the Government to ensure the child protection system is a well-coordinated core public service and to establish and improve access to child protection services in five disadvantaged LGUs.

UNICEF will support provision of high-quality technical advice on policy, legislative and institutional frameworks to relevant public sector organizations so they will have the capacities to establish a national child protection service. Support will be provided to enact laws and improve services by reinforcing capacities and accountabilities of public sector professionals and LGUs, particularly in high risk-areas targeted through the CCT modality.

Partners include the Council for Welfare of Children; Departments of Social Welfare and Development, Justice, Interior and Local Government, and Education; Philippines National Police; UNFPA, regarding gender-based violence; World Health Organization, on violence against children; and the International Labour Organization, on child labour.

**Social policy and risk mitigation.** This component focuses on improving human security and leveraging resources through strategic policy analysis, advocacy

and partnerships. The main objective is to contribute to government initiatives to mitigate risks arising from inequities, disparities, conflict and natural disasters, through three result areas.

The first result of this component focuses on strengthening knowledge, data and policy analysis to formulate equity-driven national social sector policies, social protection plans (e.g., CCTs) and budgets to achieve the Millennium Development Goals. The programme will support the Government's strategy to put equity at the heart of the development agenda through incentives and performance-based mechanisms (specifically, matching grants based on improved social outcomes) for the most vulnerable LGUs. It will also work to ensure that child rights and gender equality receive priority, accompanied by fiscal allocations, in national and local policies, poverty reduction and social protection programmes. It will integrate child rights indicators into provincial and city government reports in targeted LGUs. This will be achieved in partnership with the National Economic and Development Authority and its regional planning centres, the Department of Budget and Management, the Department of Social Welfare and Development, and public interest and political institutions.

The second result aims to advance peace by providing technical and other assistance to improve delivery of social services and collection and use of data. Conflict analysis will be improved and conflict prevention and peace-promoting initiatives will be mainstreamed into national and local development plans. These will include action plans led by UNICEF to demobilize and integrate child soldiers, as well as increasing access to basic social services in areas vulnerable to conflict.

UNICEF will collaborate closely with the CCT programme and the Office of the Presidential Adviser on the Peace Process. Working with the United Nations system, particularly with Act for Peace initiative of UNDP, UNICEF will provide sustained support to the country’s task force on monitoring and reporting on grave violations of child rights in armed conflict. This will include support for implementation of action plans and strategies with State and non-State parties.

Result three aims to improve the capacity of national and local public sector institutions to prepare for and mitigate the impacts of emergencies and hazards, using the cluster approach in line with the UNICEF Core Commitments for Children in Humanitarian Action. UNICEF will work with the National Disaster Risk Reduction Management Council and its subnational counterparts in vulnerable provinces to improve national institutional and policy frameworks for implementing the Disaster Risk Reduction and Management Act. This will be achieved by mainstreaming disaster risk reduction in national and local development policies of vulnerable LGUs. This result will also contribute to improving implementation of the disaster management programme by building the capacity of staff of the Disaster Risk Reduction and Management Office. This effort will emphasize local levels and partnerships to enhance advocacy in schools and communities prone to disasters.

**Cross-sectoral Support.** This component, which contributes to achievement of the other results, comprises advocacy communication, resource mobilization, partnerships and programme coordination, and monitoring and evaluation. Advocacy communication will capitalize on the vibrant civil society and media in the Philippines to ensure widespread participation in social change processes. Advocacy will capitalize on the growth of giving and corporate social responsibility, focusing attention on long-term relationships with individuals, businesses and the public sector to invest resources in children and support their cause. UNICEF will continue to raise funds for emergencies through emergency appeals.

Expected results are that media reports and public mobilization persuade decision makers to take action to accelerate achievement of the Millennium Development Goals with equity. Through resource mobilization and partnerships, \$5 million is to be raised in support of the country programme budget, and at least two private sector partnerships are to be established. UNICEF will also support strengthened planning, coordination and implementation in support of programme results in line with government priorities.

**Strategic Approaches and Implementation Modalities**

To achieve anticipated outcomes, CP7 used six strategic approaches and four implementation modalities, which are described in the tables below.

*Table 1 – CP7 Key Strategic Approaches and Summary Description*

Strategic Approaches	Summary Description
<ul style="list-style-type: none"> <li>Target programme intervention using an equity focus on deprived groups in 36 LGUs</li> </ul>	<ul style="list-style-type: none"> <li>CP7 used an equity-focused strategy which is a global UNICEF approach to child survival and development introduced in 2010 as the most cost-effective and</li> </ul>

Strategic Approaches	Summary Description
	<p>practical way of meeting MDGs for children</p> <ul style="list-style-type: none"> <li>In CP7, this approach was further focused on 36 LGUs that had been carefully selected for multiple vulnerabilities</li> </ul>
<ul style="list-style-type: none"> <li>Generate compelling evidence and use it to inform policy advocacy and public advocacy (upstream approach)</li> </ul>	<ul style="list-style-type: none"> <li>This is aligned with UNICEF's global strategic plan for 2014-17</li> <li>It involves helping partners generate evidence through research and data collection, then using this evidence to support policy dialogue and advocacy</li> <li>Advocacy work is expected to support innovation</li> <li>Provide evidence from global knowledge sources</li> </ul>
<ul style="list-style-type: none"> <li>Leverage best practice and models for policy development and scale-up</li> </ul>	<ul style="list-style-type: none"> <li>The approach is to reduce the reliance on UNICEF direct funding and service delivery and instead, tap into national resources</li> <li>The strategy is to encourage GoPh to adopt best practice through introduction and then implementation of improved policy</li> <li>Involves piloting within 36 LGUs before scale-up</li> </ul>
<ul style="list-style-type: none"> <li>Mainstream communication for development (C4D) across the full programme</li> </ul>	<ul style="list-style-type: none"> <li>The approach is to integrate C4D across the CP7, integrating effective communications and advocacy strategies into all initiatives</li> <li>C4D includes 4 main streams: legislative policy advocacy (aimed at senior policy makers), programme advocacy (aimed at partners and counterparts), public advocacy, and fundraising</li> </ul>
<ul style="list-style-type: none"> <li>Support government in disaster risk reduction, and capacity building for emergency preparedness and response</li> </ul>	<ul style="list-style-type: none"> <li>The strategy of capacity building was focused within a subset of the 36 LGUs mapped as highly vulnerable</li> <li>This approach was deemed essential because of the frequency of natural disaster in the Philippines and the ethnic conflict in Mindanao</li> <li>The strategy became more urgent post-Haiyan</li> </ul>
<ul style="list-style-type: none"> <li>Capacity development, strengthened partnerships, and humanitarian action, and a limited number of targeted LGUs) to assist government deliver essential services. (downstream approach)</li> </ul>	<ul style="list-style-type: none"> <li>Aligned with UNICEF's global strategic plan, this approach was further focused on 36 LGUs</li> <li>The strategy was to use capacity building and partnership to reduce direct delivery of services over time</li> </ul>

Strategic Approaches	Summary Description
	<ul style="list-style-type: none"> <li>• Surge increases in direct delivery as part of humanitarian action is foreseen</li> </ul>

*Table 2 – Implementation Modalities and Summary Description*

Modality	Summary Description of the Modality
<ul style="list-style-type: none"> <li>• Cash Transfer</li> </ul>	<ul style="list-style-type: none"> <li>• Provide cash transfers to government to implement their activities</li> <li>• UNICEF role is financial management and oversight of supported activities</li> </ul>
<ul style="list-style-type: none"> <li>• Procurement Service</li> </ul>	<ul style="list-style-type: none"> <li>• Purchase of inputs for activities and projects</li> <li>• Usually part of a longer-term and holistic partnership and capacity building strategy</li> <li>• Supply assistance (e.g. related to vaccines and cold chain) is a special category</li> <li>• Spikes during emergency response</li> </ul>
<ul style="list-style-type: none"> <li>• Technical Assistance</li> </ul>	<ul style="list-style-type: none"> <li>• Provide non-cash technical support to government</li> <li>• UNICEF role is to provide expertise</li> <li>• Typically, part of a longer-term and holistic partnership and capacity building strategy</li> </ul>
<ul style="list-style-type: none"> <li>• Direct Implementation</li> </ul>	<ul style="list-style-type: none"> <li>• UNICEF implements activities on behalf of government or does this through service agreements with NGOs</li> <li>• UNICEF ensures activities are funded and completed</li> <li>• Usually when local capacity is insufficient</li> <li>• Spikes during emergency and recovery</li> </ul>

## Annex B : CP7 Results Framework 2012-2016

Summary Results Matrix: Government of Philippines – UNICEF Country Programme, 2012 – 2016		
Millennium Development Goals / Millennium Declaration Commitments / CRC Article(s): MDGs 1,2, 3,4,5, 6, 7/ CRC articles 1-41		
National Development Priorities (e.g. National Development Plan, Poverty Reduction Strategy): MTPDP Basic Education Sector reform Agenda, Health Sector Reform Agenda, National Objectives for Health and MTPPAN (please see CPD text for details)		
UNDAF Outcome: By 2018, the poor and vulnerable will have improved access to quality social services, with focus on the MDGs.		
Programme Component (and related Focus Area of the MTSP)	Programme Component Result(s)	Key Progress Indicators, Baselines and Targets (for each P.C.R.) (all baselines 2010 and targets 2016 unless otherwise stated)
<p><b>MDGs Achieved through Equity</b></p> <p>Young Child Survival and Development (FA 1), Basic Education and Gender Equality, (FA 2), HIV/AIDS and Young Persons (FA 3), Child Protection (FA 4)</p>	<p>1. By 2015, increased access to high impact preventive services for pregnant women and household behaviour change interventions (focused on skilled birth attendance, nutrition, WASH and HIV) for resource challenged vulnerable LGUs with high incidence of child mortality, (7 regions with &lt;50% SBA coverage and &gt;31% underweight) HIV (3 high incidence LGUs with high risk youth groups) and WASH (LGUs with &lt;45% sanitation coverage).</p>	<p>1.1 Neonatal Mortality Baseline (2008): 16 per 1000 live births Target (2015): 15 per 1000<sup>1</sup></p> <p>1.2 Proportion of births attended by skilled health personnel Baseline (2008):74%, Target: 90%</p> <p>1.3 % of children less than 6 months exclusively breastfed Baseline :34%, Target: 50%</p> <p>1.4 Underweight (% , moderate and severe) Baseline (2005): 22% Target: 18%</p> <p>1.5 Anemia rate among children (6-11) months: Baseline (2008): 55% Target: 30%</p> <p>1.6 Use of improved sanitation facilities Baseline (2008): 67% Target: 71%</p> <p>1.7 Proportion of high risk males and females aged 15 – 17 years in selected districts with comprehensive correct knowledge of how to protect themselves from HIV/AIDS/STIs and drug abuse. Baseline (2009): 18% (girls), 24% (boys) Target(2016): 40% (boys), 45% (girls)</p>

<sup>1</sup> Note for PCRs 1 and 2: Baselines are national level except as indicated. Targets are calculated to reflect the expected contribution of UNICEF interventions at LGU level to national level achievement. Target year 2015 reflects the MDG timeframe.

Note: UNDAF is under development (March 2011) and details are subject to change.

<b>Summary Results Matrix: Government of Philippines – UNICEF Country Programme, 2012 – 2016</b>		
<b>Millennium Development Goals / Millennium Declaration Commitments / CRC Article(s): MDGs 1,2, 3,4,5, 6, 7/ CRC articles 1-41</b>		
<b>National Development Priorities (e.g. National Development Plan, Poverty Reduction Strategy): MTPDP Basic Education Sector reform Agenda, Health Sector Reform Agenda, National Objectives for Health and MTPPAN (please see CPD text for details)</b>		
<b>UNDAF Outcome: By 2018, the poor and vulnerable will have improved access to quality social services, with focus on the MDGs.</b>		
<b>Programme Component (and related Focus Area of the MTSP)</b>	<b>Programme Component Result(s)</b>	<b>Key Progress Indicators, Baselines and Targets (for each P.C.R.) (all baselines 2010 and targets 2016 unless otherwise stated)</b>
	<p>2. By 2015 increased access to ECCD and elementary education by 20% in 15 most vulnerable LGUs areas with special focus on gender parity and policy adaptation for national legislation and improved budget allocations.</p> <p>3. By 2016, improved national and local level public sector institutional gender sensitive framework in place enabling improved access to well-coordinated child protection services for the most vulnerable in at least 5 disadvantaged LGUs.</p>	<p>2.1 (National) Net Enrolment Rate for Elementary Level: Baseline (2009-10):90% (girls), 87% (boys) Target : 92% for girls and 90% for boys</p> <p>2.2 (National) Completion Rate for Elementary Level: Baseline (2009-10: 72% Target: 80% with gender disparity reduced by half. Baseline disparity 10% Target: 5%</p> <p>2.3 Net enrolment in kindergarten Baseline : 48% Target: 58%</p> <p>2.4 Number of best practices or policy lessons from local level adapted for national replication Baseline: 1 Target: 5</p> <p>3.1 Existence of National Government body accountable for leading and coordinating child protection. Baseline: Non – existence of national body Target: Existence of National body</p> <p>3.2 Key Child protection indicators (M/F) are integrated into the national plans and in 5 disadvantaged LGUs. Baseline: Non availability of Key Child protection indicators in the national and 5 local plans. Target: Availability of Key Child protection indicators (M/F) in national and 5 local plans.</p> <p>3.3 Comprehensive Child Protection Information Management System is established with key departments at national and local level Baseline: N, Target: Y</p>

<b>Summary Results Matrix: Government of Philippines – UNICEF Country Programme, 2012 – 2016</b>		
<b>Millennium Development Goals / Millennium Declaration Commitments / CRC Article(s): MDGs 1,2, 3,4,5, 6, 7/ CRC articles 1-41</b>		
<b>National Development Priorities (e.g. National Development Plan, Poverty Reduction Strategy): MTPDP Basic Education Sector reform Agenda, Health Sector Reform Agenda, National Objectives for Health and MTPPAN (please see CPD text for details)</b>		
<b>UNDAF Outcome: By 2018, the poor and vulnerable will have improved access to quality social services, with focus on the MDGs.</b>		
<b>Programme Component (and related Focus Area of the MTSP)</b>	<b>Programme Component Result(s)</b>	<b>Key Progress Indicators, Baselines and Targets (for each P.C.R.) (all baselines 2010 and targets 2016 unless otherwise stated)</b>
<p><b>Social Policy and Risk Mitigation</b></p> <p>Policy Advocacy and Partnerships for Child Rights (FA 5)</p>	<p>4. By 2016, equity driven national social sector policies, social protection plans (CCTs) and gender sensitive budgets in place to achieve the MDGs, supported by strengthened knowledge, data and policy analysis.</p> <p>5. By 2016, an improved and inclusive peace conditions and social service delivery achieved through conflict analysis, integration of child rights violations information and peace initiatives (UNICEF Action Plans with conflict parties on child soldiers) in national and local plans especially for conflict affected LGUs.</p> <p>6. By 2016 improved capacity of public sector institutions at the national and local level to prepare for and mitigate risks from emergencies/ hazards in line with UNICEF Core Commitments for Children.</p>	<p>4.1 Number of equity driven social policies developed Baseline: 0, Target: 5 sector policies</p> <p>4.2 Number of analytical research papers prepared on budget allocations, disbursements and effectiveness of interventions targeting children from households in the vulnerable population Baseline: no analytical report on budget allocations at national or vulnerable LGU levels Target: 10 high quality analytical reports (at least 2/year)</p> <p>4.3 % of LGUs with child responsive and gender sensitive budgets Baseline: 0 Target: At least half of selected LGUs</p> <p>5.1 % of reported cases of grave child rights violation which are verified (M/F) Baseline (2009): 41% Target: 90%</p> <p>5.2 Number of UNICEF-led Peace Action Plans with conflict parties formulated, signed and implemented Baseline: 1 Target: 3</p> <p>5.3 Percentage of conflict prone LGUs integrating child responsive and gender sensitive parameters for budgeting Baseline: 0 Target: 50%</p> <p>6.1 Percentage of LGU with institutionalized capacity, contingency plan and budget allocation for emergency response Baseline:0; Target:50%</p> <p>6.2 Percentage of disaster prone LGUs with effective institutional mechanisms (including clusters) for emergency preparedness and response Baseline: 0; Target: 50%</p>

<b>Summary Results Matrix: Government of Philippines - UNICEF Country Programme, 2012 - 2016</b>		
<b>Millennium Development Goals / Millennium Declaration Commitments / CRC Article(s): MDGs 1,2, 3,4,5, 6, 7/ CRC articles 1-41</b>		
<b>National Development Priorities (e.g. National Development Plan, Poverty Reduction Strategy): MTPDP Basic Education Sector reform Agenda, Health Sector Reform Agenda, National Objectives for Health and MTPPAN (please see CPD text for details)</b>		
<b>UNDAF Outcome: By 2018, the poor and vulnerable will have improved access to quality social services, with focus on the MDGs.</b>		
<b>Programme Component (and related Focus Area of the MTSP)</b>	<b>Programme Component Result(s)</b>	<b>Key Progress Indicators, Baselines and Targets (for each P.C.R.) (all baselines 2010 and targets 2016 unless otherwise stated)</b>
<b>Cross-Sectoral Support</b>	7. By 2016 programme results enhanced through effective advocacy, resource mobilization and monitoring and evaluation	7.1 Number of advocacy campaigns on key issues over the CP Baseline:0; Target: 3 campaigns 7.2 % of projected PSFR income reached by 2014 Baseline: USD 3 million Target: USD 5 million 7.3 % of management response to evaluation completed over the CP Baseline (2010):3; Target (2016): all evaluations.

See notes on the CP7 Results Framework below

## Notes on the CP7 Results Framework

The original results framework for CP7, dated March 2011, is presented in Appendix 5.<sup>2</sup> In 2012, the CO released its CPAP<sup>3</sup>. This plan included a results framework for the 5-year programme and an annexed list of key performance indicators. The CPAP notes that prior to its completion and signing, the CP7 design was tested through an Evaluability Assessment in the same year. It examined key programme parameters and assessed whether it would be possible to fully evaluate, at a later stage, both the results of CP7 and the processes that led to these results<sup>4</sup>. Based on the findings of the Evaluability Assessment, corrective action was taken to address the gaps identified in the assessment. The results framework in the CPAP was amended following a midterm review undertaken in early 2015.<sup>5</sup> It was then further adjusted in 2016 following consultations with the key department representatives within the GoPh. Table 2 summarizes the evolving nature of CP7’s results framework.

Figure 1 – Summary of Changes to CP7 Results Framework

Change	Description of Each Results Structure
Original 2011 version used to approve CP7	The first iteration of a results framework for CP7 is dated March 11, 2011, and was titled: <i>Philippines DRAFT CPD 2012-2016 Summary Results Matrix</i> . It had 7 high-level “programme component results”. To monitor these outcomes, the framework included 25 “key progress indicators”, each with baseline and target noted.
2012 Update	An approved <i>Country Programmes Action Plan 2012-2016</i> followed. It included a “Country Programmes Structure” (pages 20-22) that presented the same set of 7 programme component results but now added a set of 13 related lower level “intermediate results” (Annex 2, pages 61-62) each with their own indicators. In total, these intermediate results were to be monitored using 59 indicators listed.
November 2013 update	The results framework was next adjusted following the Typhoon Haiyan. Although no changes were made to the existing development outcomes, 7 additional emergency response outputs were added. One for each of the following: protection, education, nutrition, WASH, health, cash transfers, and M&E.  These additional outputs came with their own set of 23 indicators, each with baseline and target noted. The CP now had 82 (59 + 23) key performance indicators being tracked by its monitoring system (the Results Assessment Module within Insight).

<sup>2</sup> Philippines DRAFT CPD 2012-2016 Summary Results Matrix, 11 March, 2011

<sup>3</sup> Towards Equity Driven Investment for Children, CPAP between the Government of the Philippines and UNICEF for the Implementation of the 7<sup>th</sup> CP for Children 2012-2016. Undated

<sup>4</sup> Ibid, page 49, paragraph 201

<sup>5</sup> Globally UNICEF adopted new accountancy procedures in January 2012, and introduced new SAP software (called ‘VISION’) across the entire organization which formulated results at 2 levels. To accommodate 3 levels of results (impact, outcome and output) HQ guidance trialled the use of ‘Programme Component Results (PCRs)’ and ‘Intermediate Results (IRs)’. COs had the freedom to define their PCR statements between impact and outcome; and IRs between outcome and output. The design of the CP7 took place at a time when the revised results language was being rolled out as run up to VISION’s launch. Therefore, the original CO results structure made use of PCRs and IRs. However, a year later, HQ reverted to ‘outcomes’ and ‘output’ labels within VISION for 2 results levels. In this revised approach, broadly speaking, outcome was defined as a result that UNICEF would contribute to while outputs were defined as results that could be attributed to UNICEF.

Change	Description of Each Results Structure
July 2015 update	Numerous adjustments were made to the results framework following the March 2015 midterm review of CP7, and a new structure came into effective July 2015. In the revised framework, the 7 high-level programme component results have been renamed as “outcomes” but otherwise remained mostly unchanged. At the lower level, the 13 intermediate results were renamed as outputs and most were revised. Many of the indicators were changed and baselines and targets were adjusted.
April 2016 update	The results framework was changed once more following a 2016 work planning consultation with government departments as a result of investment in RBM training by UNICEF regional Office and the country office in the last quarter. Again, the higher-level programme component results (outcomes) and related indicators remained relatively unchanged. However, many of the output statements and most of the output indicators were revised and significantly recast. The new structure came into effect on January 2017.

The results framework after the 2015 MTR was changed again in 2016 in line with the global roll-out of a new UNICEF “Results Based Management” approach. However, it is noted that a UNICEF CO is only permitted to change Outcome results with Executive Board approval and this tends to happen only at the Mid Term phase.

The evaluation team noted that in the revised performance framework (2015 and beyond), each programme sector within the CO – nutrition, ECCD, WASH, social protection, etc. – has one allocated “output” as its broadly conceived expected result, 12 in total. In other words, there is congruence (equivalence and correspondence) between CP7 components and the programme’s 12 “outputs”.

The evaluation team was told by UNICEF staff that CP7 “doesn’t have a mechanism in place to know if we are performing against our own targets.” In KIIs and FGDs with UNICEF staff, the evaluators learned that performance monitoring is driven more by situation analysis and HH surveys than by systematic output level programme-level monitoring. Each sector, led by its Chief, assesses its own performance rather than a coordinated cross-programme approach being taken. The CO does have an annual performance review event. The evaluation team also noted that the 2016 annual report refers to a new set of outputs (at least 19 in total, depending which are included), a further revision of the 12 outputs that were confirmed during CP7’s midterm review.

Though not explicitly part of the 12 expected programme Outputs defined after the 2015 Midterm Review that is the scope of this evaluation - ‘National Evaluation Capacity Development’ is included in the 2012 Country Programme Action Plan (para 198, p.48) and the work falls within the remit of the UNICEF Planning, Monitoring and Evaluation section.

While NECD is not a main focus or priority for CP7 in a comparable way to the traditional UNICEF programme sections, the UNICEF work was flagged by various KIIs and remains a UNICEF global and regional priority. It was therefore included in this evaluation.

The evaluation team observed that even these expected outputs cannot reasonably be attributed solely to UNICEF. Most are in fact outcomes in that they describe improvements to capacity, access to services, and behaviour change that could only be achieved through the efforts of many partners rather than goods and services directly delivered by CP7. The evaluation team also noted that these outputs were not systematically monitored and that reporting was primarily anecdotal rather than indicator and measurement based.

For ease of reference, this list of expected outputs is presented below:

<p><b>Output 101:</b> Maternal and neonatal health</p>	<p>By the end of the country programme (CP), increased coverage of births attended by skilled birth attendants (SBA) with postnatal and new-born care by 15% in partner municipalities, and contributions made to strengthen local decentralized health system including evidence based planning and budgeting, preparedness and building resilience, as well as advocating for upstream MNCH policy changes including health insurance policies (Philhealth).</p>
<p><b>Output 102:</b> Water, sanitation and hygiene</p>	<p>By the end of the country programme, households, schools and ECCD centres will have universal use of sustainable and resilient basic sanitation, and safe water with improved hygiene behaviour in selected barangays within 20 vulnerable LGUs.</p> <p>Enhanced upstream enabling environment: By the end of the country program, at least 3 National Government Agencies have prioritised equitable access to basic sanitation, drinking water and hygiene in households and learning institutions within their sectoral policies, legal instruments and budget allocations.</p>
<p><b>Output 103:</b> Nutrition</p>	<p>By the end of the country programme, Government of Philippines on both decentralized and centralized level is capable to scale up programmes for improved access to and utilization of essential nutrition services to prevent and treat maternal and child under-nutrition across first 1000 days of life with inclusive and exclusive focus on evidence based planning, nutrition preparedness and building resilience.</p>
<p><b>Output 104:</b> HIV prevention</p>	<p>By the end of the country programme, increased access to quality life skills education and adolescent friendly health services, including HIV prevention by 15% in priority LGUs.</p>
<p><b>Output 201:</b> ECCD</p>	<p>By the end of CP, the proportion of 3 to 5-year-old children with quality ECCD experience, increased by 15 per cent from 2011 level, in 36 vulnerable LGUs, focusing on disadvantaged children, with gender parity.</p>

<b>Output 202:</b> Basic education	By the end of CP, the proportion of 6 to 8-year-old children participating in quality elementary education (up to Grade 3) is increased by 5 per cent in 36 vulnerable LGUs, focusing on disadvantaged children, with gender parity.
<b>Output 301:</b> [Child protection] information management system	By the end of CP, strengthened national and local level institutional capacity to legislate, measure, monitor, advocate and plan for equitable access to child protection services that prevent and respond to violence, abuse, exploitation and neglect in 10 target LGUs.
<b>Output 302:</b> [Child protection] social welfare and justice	By the end of CP, improved access to coordinated and comprehensive social welfare services and justice for children, as part of a comprehensive social protection framework/strategy that promotes equitable prevention of and response to violence, abuse, and exploitation and supports ECD through prevention of violence and protection of very young children in 10 LGUs.
<b>Output 401:</b> Social protection	By end of CP, strengthened political commitment, accountability and national capacity to legislate, plan and budget for inclusive social policies and social protection measures.  By end of CP, increased local capacity to provide access to inclusive systems that protect children and adolescents from poverty and social inclusion, with focus on Indigenous Peoples, Homeless Street Families and Children with Disabilities in 10 Local Government Units.
<b>Output 501:</b> Peace building	By end of CP children's rights are promoted and integrated in the peace process, Action Plan(s) put in place to prevent grave child rights violations are implemented, and systems that prevent and respond to grave child rights violations in conflict are functioning with expanded capacity, including community based child protection mechanisms.
<b>Output 502:</b> Humanitarian support for ARMM	By end of CP, ensure humanitarian support and development coordination for conflict-affected LGUs
<b>Output 601:</b> DRR	By end of CP, at least 60% of priority LGUs have integrated a child-centred disaster and climate risk analysis in their development and emergency response plans and the national government has enacted or issued at least one national law or policy that supports child-centred DRR.

## Annex C: Evaluation Matrix

OECD/DAC Evaluation Criteria – RELEVANCE				
Key Evaluation Question	Sub-Questions as Stated in ToR	Indicators	Sources of Data	Methods of Data Collection
Are the objectives, strategic approaches and implementation modalities of CP7 still valid in the current Philippines context?	To what extent were UNICEF CP7 objectives and strategic approaches aligned with national development priorities and the MDGs?	Degree of alignment between CP7 objectives, strategic approaches and activities and 2012-2016 GoPh institutional needs and priorities	UNICEF, GoPh, and UNDAF policy, strategy, and planning documents	Doc Review
			UNICEF staff, GoPh counterparts, UNDAF planners, and other appropriately placed informants (academics, NGO partners, etc.) from short list approved by evaluation reference group	KIIs in Manila
	To what extent did the 6 strategic approaches <sup>6</sup> and 4 implementation modalities <sup>7</sup> used by CP7, position the UNICEF CO as a key player in respective national development agendas?	Extent to which stakeholders with a national development perspective (GoPh, UN, donors, NGOs, etc.) perceive UNICEF as a key player to programme on child rights issues compared to others in Philippines	GoPh counterparts, UNDAF planners, and other appropriately placed informants (donors, NGOs, etc.) from short list approved by evaluation reference group	KIIs in Manila
	To what extent do the 6 strategic approaches and 4	Degree of continued alignment between each of 6 existing CP7	UNICEF, GoPh, and UNDAF policy, strategy, and planning documents	Doc Review

<sup>6</sup> The six strategic approaches applied in CP7 were: 1) equity focus, 2) generate evidence and use it to inform policy advocacy and public advocacy, 3) leverage best practice and models for policy development and scale-up, 4) mainstream communication for development, 5) support government in disaster risk reduction, and capacity building for emergency preparedness and response, 6) deliver essential services.

<sup>7</sup> As summarized by the Evaluation Unit of the CO, the four key implementation modalities used by the CO for CP7 were: 1) cash transfer, 2) procurement service, 3) technical assistance, 4) direct implementation

## OECD/DAC Evaluation Criteria – RELEVANCE

Key Evaluation Question	Sub-Questions as Stated in ToR	Indicators	Sources of Data	Methods of Data Collection
	implementation modalities used by CP7 remain aligned with national development priorities and the SDGs, especially for 2017 and 2018?	strategic approaches and 4 implementation modalities, and present and near-future (2017 and 2018) GoPh development priorities	GoPh counterparts, UNDAF planners, and other appropriately placed informants (donors, NGOs, etc.) from short list approved by evaluation reference group	KIIs in Manila
	How could CP objectives, strategic approaches and implementation modalities be made more relevant and adapted to the Philippine's fast changing context?	Number and type of issues that the GoPh is able to address on its own sustainably by the end of CP7 and for the next CP	UNICEF staff, GoPh counterparts, UNDAF planners, and other appropriately placed informants (donors, NGOs, etc.) from short list approved by evaluation reference group	KIIs in Manila
		Extent that emerging issues are being identified and discussed by UNICEF, GoPh and other partners		

## OECD/DAC Evaluation Criteria – EFFECTIVENESS

Key Evaluation Question	Sub-Questions as Stated in ToR	Indicators	Sources of Data	Methods of Data Collection
2. To what extent were the Country Programme results achieved?	2.1 Which expected outcomes were achieved, where did performance lag, and what were major factors influencing this performance?	Extent of achievement, against targets set, for each of the 11 outcomes in CP7 results matrix	MIS data set	Analysis on MIS surveys
			UNICEF output and outcome performance reports and evaluations (e.g. annual reports, Mid-Term Review, output tables, ECCD evaluation)	Doc Review
			External performance, review and evaluation reports (e.g. from NGOs, LGU-level sources)	Doc Review
		Congruence between outputs and outcomes achieved and CP7 results matrix	Same as above	Same as above
		Number of key success factors influencing high-versus-low performance for each expected outcome in CP7 results matrix (with explanation for each)	Four distinct sources [1) LGU government officials, 2) NGO/CSO implementing partners, 3) service providers, and 4) community leaders] offer the evaluators four independent lines of evidence to help strengthen validity/reliability through triangulation	KIIs in 6 sampled LGUs FGDs at Barangay level
	UNICEF staff, GoPh counterparts, and other appropriately placed informants (donors, NGOs, etc.) from short list approved by evaluation reference group		KIIs in Manilla	
2 Which areas of programming were the most challenging and what could be done to improve the situation going forward?	Extent that challenges identified are surmountable and feasible solutions identified	UNICEF output and outcome performance reports and evaluations (e.g. annual reports, output tables, programme evaluations)  Interview	Doc Review  Analysis of all findings	

## OECD/DAC Evaluation Criteria – EFFECTIVENESS

Key Evaluation Question	Sub-Questions as Stated in ToR	Indicators	Sources of Data	Methods of Data Collection
			Government officials, CSO representatives and UNICEF staff	KIIs in Manila (GoPh, Donors, CSOs, UNICEF)
	Which upstream and downstream programme components yielded the best results, and why?	Score of outcome achievement for each programme component using 4-point Likert scale (high, moderate, low, none), with explanation of each ranking	Same sources used for sub-question 2.1. but higher-level and assessment across these independent lines of evidence	Analysis of all findings
	4 Did the GoPh make progress on the issue of convergence in selected LGUs, and why?	Extent that the GoPh is addressing CP7 issues and other emerging issues	UNICEF output and outcome performance reports and evaluations (e.g. annual reports, output tables, ECCD evaluation)	Doc Review
			UNICEF staff, GoPh counterparts, UNDAF planners, and other appropriately placed informants (academics, NGO partners, etc.) from short list approved by evaluation reference group	KIIs Manila Selected KIIs LGU
3. To what extent have the programme strategies and implementation modalities been effective	3.1 Which strategic approaches was UNICEF able to implement during CP7?	Extent to which each of the 6 strategic approaches in the CP were used during programme implementation using 4-point, unipolar, Likert scale (to a great extent, somewhat, very little, not at all).	UNICEF output and outcome performance reports and evaluations (e.g. annual reports, output tables, ECCD evaluation)	Doc Review
			UNICEF staff, GoPh counterparts, UNDAF planners, and other appropriately placed informants (academics, NGO partners, etc.) from short list approved by evaluation reference group	KIIs Manila Selected KIIs LGU

## OECD/DAC Evaluation Criteria – EFFECTIVENESS

Key Evaluation Question	Sub-Questions as Stated in ToR	Indicators	Sources of Data	Methods of Data Collection
considering the Philippines context?	3.2 Which of the key strategic approaches and implementation modalities were the most effective in achieving expected results at national and local level, and why?	Effectiveness ranking of 6 strategic approaches, with cross-references to 4 modalities, based on 3-R criteria (resources required, reach (potential number of ultimate rights-holders, including hard to reach populations), and results)	UNICEF staff, GoPh counterparts, and other appropriately placed informants (academics, NGO partners, etc.) from short list approved by evaluation reference group	KIIs Manila Selected KIIs LGU Analysis across findings
	3.3 What did UNICEF learn during the implementation of CP7 about the effectiveness of its key programme strategies and implementation modalities?	Number of lessons learned regarding the effectiveness of CP7 programme strategies and implementation modalities (with explanation for each)	UNICEF staff, GoPh counterparts, and other appropriately placed informants (academics, NGO partners, etc.) from short list approved by evaluation reference group	KIIs Manila Selected KIIs LGU
		Congruence of lessons learned across stakeholders	Same as above	Analysis based on all findings
To what extent are the UNICEF implementation approach and modalities sustainable?	Were contributing and constraining factors to effecting durable change adequately identified and taken into consideration (e.g. revisions to strategies, partnerships and work plans)?	Number of examples in planning, review and reporting documents where sustainability factors were identified, considered and used to make programme adjustments	Evaluations and reviews of UNICEF initiatives, especially annual reports, mid-term review, ECCD and other project evaluations	Doc Review

## OECD/DAC Evaluation Criteria – EFFECTIVENESS

Key Evaluation Question	Sub-Questions as Stated in ToR	Indicators	Sources of Data	Methods of Data Collection
	What were the major factors which influenced the sustainability of outcomes achieved at a) national level, and b) LGU at municipality/city level?	Number of key factors influencing sustainability for each expected outcome in the CP results matrix (with explanation for each)	UNICEF staff, GoPh counterparts, UNDAF planners, and other appropriately placed informants (academics, NGO partners, etc.) from short list approved by evaluation reference group	KIIs Manila
		Same as above but with focus on LGU at municipal/city and barangay level perspective	Evaluations and reviews of UNICEF initiatives, especially annual reports, mid-term review, ECCD and other project evaluation	Doc Review
	4.3 To what extent were the UNICEF implementation strategic approaches and implementation modalities used to engage with government at national level plus 36 priority municipalities/cities, sustainable?	Sustainability ranking of 6 strategic approaches, with cross-references to 4 modalities (qualitative assessment)	Same sources used for sub-question 3.2, 3.3, 4.1, and 4.2, but now higher-level meta-assessment across all independent lines of inquiry	Analysis across findings
	4.4 How should UNICEF position itself <sup>8</sup> , and adjust its partnership in the Philippines to improve the sustainability of its	Number and type of issues that the GoPh is able to address on its own sustainably by the end of CP7 and for the next CP	UNICEF staff, GoPh counterparts, and other appropriately placed informants (academics, NGO partners, etc.) from short list approved by evaluation reference group	KIIs Manila Selected KIIs LGU

<sup>8</sup> Strategic positioning is defined as the value-added that UNICEF wishes to provide, what capacities it wishes to maintain, its areas of specialization, and what results it wishes to achieve. The strategies should then be designed to move the organization towards its desired “strategic position” in the Philippines development agenda.

## OECD/DAC Evaluation Criteria – EFFECTIVENESS

Key Evaluation Question	Sub-Questions as Stated in ToR	Indicators	Sources of Data	Methods of Data Collection
	support to the GoPh to achieve the SDGs?		Same sources used for all sub-questions above, but now higher-level meta-assessment across all independent lines of inquiry	Analysis across evaluation findings

# Annex D: Detailed Methodology

## Methodology

To ensure triangulation the evaluation used four data collection methods were used. Whenever possible, data was triangulated across sources (e.g. documentation, KIIs and FGDs). However, as budget and time were a constraint this was not always possible. In those cases, triangulation was sought at least within sources when it was not possible to triangulate across. For instance, triangulation could occur within focus groups or interviews (UNICEF, Government and CSOs) to achieve an acceptable degree of confidence to formulate findings.

The data collection methods included:

- Literature review (external to UNICEF);
- Document Review (UNICEF);
- Semi-structured, KII interviews at national, regional, provincial, LGU, municipal or city level;
- Focus group discussions (FGDs), primarily but not exclusively at barangay level; and
- Further analysis of existing household baseline and end-line data sets previously collected through UNICEF's household-level MIS (though the use of these results was limited).

Because evaluation team members visited and interacted with LGUs and barangay-level key informants, there were opportunities for assessment through direct observation. However, this was limited and was not organized as a formal data collection method.

### Literature and Document Review

A list of over 50 relevant documents was compiled during the preparation and inception phases, and electronic copies of these documents were fully accessible to the evaluation team, using Cloud-based document-filing software. These data sources included both internal and external documents, for example:

- Previous evaluations, mid-term reviews, and annual progress reports;
- Original and subsequent results frameworks and related monitoring plans;
- National documents and literature;
- Reports from the MIS baseline and end-line surveys, plus the related raw-data sets;
- Barometer Study, the Media Study and Regional and Country Specific Stakeholder Perception Studies that had been done. Each assessed UNICEF performance against specific criteria;
- Resource Mobilization SWOT Analysis completed by UNICEF Country Office in 2016, which reviews the CO fund raising; and
- UNICEF PCO gender reviews.

Collection and review of key documents was an ongoing process throughout the assignment, building further on the list provided by UNICEF at the onset of the evaluation. During planned KIIs, the evaluators probed for further relevant documents, and added these to their electronic evidence binder as appropriate. Ongoing document review allowed the team to develop a deeper understanding of programming context, and ensured that the team had thoroughly accessed these valuable sources of information.

An evidence matrix using MS Excel tables was created to collate key data found through the document review. The matrix provided clear lines of evidence related to each evaluation question and sub-question, and helped identify additional data that needed to be collected and validated as the evaluation proceeded.

## LGU Sampling Strategy

The evaluator used scoping KIIs during the inception phase, plus an extended working session involving the national members of the evaluation team and a member of UNICEF's Planning, Monitoring and Evaluation (PME) Unit, to develop a sampling strategy.

### *Purpose of Sampling*

The approved ToR called for data collection through field visits to a sample of LGUs where UNICEF had been most active during the implementation of CPC 7. Visits to the sample LGUs were undertaken by Sustainable Development Solutions (SDS), using a team of national consultants. The main purpose of visiting these LGUs was to collect primary data from key informants related to effectiveness and sustainability. Targeted interviewees were stakeholders that have been directly involved in key initiatives, either as implementation partners or as targeted rights holders, and therefore, had relevant after-action knowledge of activities funded by CPC 7, and of the results that ensued. SDS systematically gathered data regarding changes in organization structure, government policy, and institutional and social behaviours at the LGU-level (city or municipality, and barangay), and assessed how UNICEF may have contributed to these results.

### *Sampling Methodology*

The ToR for this evaluation determined that a 17 percent sample of the 36 focus areas (6 LGUs) should be visited to conduct KIIs and FGDs. The sample was purposeful, rather than random, to ensure appropriate representation across 7 selection criteria as outlined in Table 7. Given the size of the sample frame (36 LGUs), it was extremely unlikely that random sampling would have been representative of the various LGU contexts that the programme operates in. The evaluation took care to analyse the entire sample frame (36 LGUs) against a set of criteria and a scoring system to ensure that the sample met the most criteria to represent the different contexts.

### *Summary of Sample Selection Criteria Used*

Selection Criterion	Explanation for Applying the Selection Criterion
Logistics	Sampling considered practical limitations imposed by budget and time: access and travel difficulties, security, availability of key informants knowledgeable about CP 7 investments, access to

Selection Criterion	Explanation for Applying the Selection Criterion
	documents to help the evaluators gain a thorough understanding of context and results, etc.
Island Group Representation	Sampling strived for representation from among the three main island groups: Visayas, Luzon and Mindanao. Mindanao was proportionately more represented (3 of 6 sampled LGUs) since this was where UNICEF had been most active during CP7 and planned to be most active in the future.
Convergence	Sampling considered the extent of CPC 7 investment (number of programmes, extent of sustained support, and cross-sectoral nature), with selected LGUs among those where UNICEF's sector work converged into a broader, sustained programme.
Development Level	Sampling considered the level of development (based on quintiles from least to most developed) in each LGU and strived for a range of performers rather than selecting only the poorest, or, conversely, the most developed. The level of development was determined using available GoPH data.
Urban Poor Dwellers	Sampling considered the level of urbanization of each LGU, and included representation of urban poor as well as more rural settings. Cities and rural areas were represented in the sample.
Armed Conflict in ARMM	Sampling considered the experience of armed conflict in ARMM during CP7, and strived to include representation of at least one LGU that had experienced conflict.
Disaster Prone	Sampling ensured that selected LGUs were considered disaster prone by selecting those that had experienced at least one disaster during CP7.

### *Further Explanation of LGU Selection*

**Criterion 1:** logistics was used to automatically disqualify 4 LGUs that were considered, given the limitations of field work, difficult to visit: Parang, Siasi, and Languyan in ARMM, and Puerto Princesa City in Region 4B (Palawan).

**Criterion 2** was used to stratify the sampling frame into three island groupings, assuring that the sample selected represented 3 LGUs from Mindanao and another three from Luzon and Visayas.

For criteria 4 through 7, each unit in the sampling frame was scored.

The score for **critterion 3**, convergence, was weighted. Based on its perceived relative importance, it was allocated a maximum of 3 points. The assumption used was that the existence of many UNICEF programmes connoted a higher level of UNICEF involvement and investment. A score of 3, the highest weighting, was allocated to LGUs where there was convergence of 7 or more UNICEF programmes. A score of 2 points was scored for convergence of 5 to 6 programmes, and 1 point was given for convergence of 4 or less programmes. Most units in the sampling frame scored 3 or 2 for the convergence criterion, while only 2 units scored 1.

**Criterion 4:** development level was also weighted, with those less developed scoring 2 points and those more developed scoring zero points. This scoring was based on socio-economic classification of the units into quintiles. Fifth to third-bottom quintiles (less developed LGUs) were allocated 1 point, and no points were allocated to the second or first quintiles or, in the case of, Quezon City, special class (more developed).

For **critterion 5**, the level of urbanization was given 1 point if a large city, or where population density was higher than 100 persons per square kilometre (km), or where there were 2,000 or more persons per barangay.

**Criterion 6:** armed conflict in ARMM, applied only to the ARMM region. Applicable units in the sampling frame were given one point if there was a record of armed conflict in the past three years, and zero points if there was no record of armed conflict.

For **critteria 7:** disaster prone areas were given one point if there was a record of disaster in the past three years, or zero if there was no such experience. In fact, all units in the sampling frame scored 1 for this criterion.

The selection of three LGUs for Mindanao started by looking for 2 representative units within the ARMM stratum of the sampling frame. Although there were 7 such units, 3 had been disqualified because of difficult logistics (critterion 1). Mamasapano and South Upi had the highest score (9/9 for critteria 3 to 7), but Mamasapano was selected because it was lower in income class than South Upi. For an additional representation of an LGU in ARMM, Upi was chosen because it was the LGU with the lowest score at 5/9 that was not disqualified for logistics (critterion 1). Upi was considered the “opposite” of Mamasapano and was therefore a good addition from the ARMM stratum to assure an overall representative sample.

The third LGU in Mindanao was selected from the non-ARMM stratum in Mindanao. For the 14 units in this stratum, Cotabato City had the highest score of 7/7 and was chosen for this reason. Cotabato City has implemented 8 UNICEF programmes during CP7 and was able to provide the evaluators with valuable insight from these activities.

For Luzon, and representing the highly urbanized LGU stratum, Quezon City and Pasay City had equal scores. From these two units, Quezon City was selected because it had 6 programmes implemented by UNICEF while Pasay City had one less. Quezon City had an HIV and Adolescent Education programme which was not implemented in Pasay City. To complete the picture, Monreal, Camarines Norte, was chosen as an additional representation for Luzon. Not only did it score high relative to the other 12 units in this stratum (6/7) but it ranked lowest for development, compared to the other 3 units in this stratum with equal, overall scores. This LGU was representative of a least-developed LGU that UNICEF aims to focus on in its future CP.

There were only two LGUs within the sampling frame for Visayas. Bobon, in Northern, was picked because it had the highest score.

A summary of the 6 LGUs selected for field-based data collection by the SDS team is presented in the table below.

### *Selected LGUs for Field Data Collection*

Region/Island	Municipality	Summary of Reasons for Selection
ARMM Mindanao	<b>Mamasapano</b>	<ul style="list-style-type: none"> <li>• Location and size</li> <li>• Low performance in maternal and neonatal health</li> <li>• Convergence of 8 UNICEF programmes implemented</li> <li>• Conflict area ARMM</li> </ul>
ARMM Mindanao	<b>Upi</b>	<ul style="list-style-type: none"> <li>• Location and size</li> <li>• High in MNCH achievement</li> <li>• Convergence of 6 programmes implemented</li> <li>• Conflict area in ARMM</li> </ul>
Region 9 Mindanao	<b>Cotabato City</b>	<ul style="list-style-type: none"> <li>• Location/size</li> <li>• Increase in local health system planning, DRR, and resiliency</li> <li>• Non-ARMM area in Mindanao</li> <li>• Convergence of 10 UNICEF programmes implemented</li> </ul>
NCR Luzon	<b>Quezon City</b>	<ul style="list-style-type: none"> <li>• Location and size</li> <li>• Highly urbanized</li> <li>• High proportion urban poor dwellers</li> <li>• Convergence of 6 UNICEF programme implemented</li> </ul>
Region 5 Luzon	<b>Monreal</b>	<ul style="list-style-type: none"> <li>• Location and size</li> <li>• Fourth class (less developed) municipality</li> <li>• Convergence of 6 UNICEF programme implemented</li> <li>• WASH Programming (not in other selected sites)</li> </ul>
Region 8 Visayas	<b>Bobon</b>	<ul style="list-style-type: none"> <li>• Location and size</li> <li>• Located in the Visayas within typhoon belt</li> <li>• Highly rural and 4th class (relatively underdeveloped)</li> <li>• Convergence of 7 UNICEF programme implemented</li> </ul>

### **Record Keeping Process for KIIs and FGDs**

All KIIs and FGDs, both at national and within the 6 sampled LGUs, were electronically recorded. This assumed permission was given by those interviewed to do so. In cases where interviewees preferred not to have their voice(s) recorded, the evaluators relied on written notes taken during the interview. The typical sequence was as follows:

- **Summarizing and transcribing** - Within 48 hours of the interview taking place, the written notes were transcribed into a standard template using a word processing software;

- **Filing and safe keeping** – Once transcribed, the KII/FGD records were uploaded to a holding file within GGI’s Cloud-based evidence binder;
- **Cleaning and collating** - The GGI research assistant then searched and analysed these records and plotted data points for each evaluation sub-question, using an electronic spreadsheet.

For additional quality control of KIIs and FGDs at the LGU-level, work was supervised by the designated SDS Field Coordinator, a senior manager within this company’s structure. As required, notes from KIIs and FGD were translated into English when transcribed by the national consultants. Confidentiality was protected by redacting any named individuals before interview records were shared outside of GGI and SDS.

## Semi-Structured Key Informant Interviews in Manila

National level KIIs provided an overview of the relevance, effectiveness and sustainability of the programming at the national level, and possibly at the local level given their key positioning. The views of five different types of stakeholders, such as government authorities responsible for key areas of programming, UNICEF staff and others such as donors and sector experts from CSOs were sought to allow for triangulation. A total of 58 KIIs were conducted at the national level. The KIIs with NGAs, UNICEF (including 2 FGDs), the UN and donors were conducted by the two international consultants. People that could not be interviewed in person during the field visit were interviewed later by phone. To ensure that the international consultants moved through their interview schedule smoothly, each was assigned designated drivers. In addition, SDS provided detailed real-time logistics support by liaising with drivers and scheduled interviewees as the interview schedule unfolded. Interviews with CSOs (10-12) at the national level were conducted by the national consultants.

Key informants that were interviewed at national level included the following stakeholders:

- UNICEF Country Representative and Deputy;
- UNICEF Chiefs of Sections, including chiefs of Operations, HR and PME staff;
- Philippines Government Department representatives and sector-specific specialists in relevant departments;
- UN Resident Coordinator;
- Donor representatives;
- National level CSO/NGOs.

An initial list had been compiled by UNICEF’s PME Unit and was confirmed during the weeks following the inception mission. Additional key informants were added to this list during the data collection phase to help ensure a sufficiently wide range of views and subject-matter expertise. Substitutes were necessary to make tight schedules work. In cases where meeting face-to-face was not possible due to scheduling or other logistics, the evaluators chose, on an exceptional basis, to use telephone or e-mail to interact with key informants.

## Key Informant Interviews at Provincial/Regional Level

KIIs with provincial/regional Government representatives in the UNICEF sectors of focus were also conducted to assess their potential roles and/or involvement in CP8. These interviews were conducted by the national consultants

- 8 interviews at the provincial/regional level government sector representatives.

## Key Informant Interviews and Focus Group Discussions in LGUs

Semi-structured key informant interviews (KIIs) were conducted with relevant stakeholders at the LGU level. Additionally, focus group discussions (FGDs) were organized and facilitated at this level. A team of 6 national consultants (to ensure that data collection was conducted in the short time frame allocated) scheduled and conducted these LGU-level KIIs and FGDs. The national evaluation team visited the 6 municipalities and cities, and related barangay, which were selected to maximize a representative range of contexts within which UNICEF works.

Although there was some overlap, the evaluation aimed to collect data from four distinctive types or groupings of stakeholders. Each was specifically targeted as a valuable independent source for data, thus providing 4 separate lines of evidence for the evaluators to draw from and triangulate with:

- **Government** – Officials that Government officials (e.g. Mayor, Vice-Mayor, LCPC Chair, Local Schoolboard Chair, MSWD, MPDO, MHO, and Barangay Captains);
- **Implementing partners** – Those that have or had a direct contractual relationship with UNICEF (e.g. NGO, CSO or government entity);
- **Service providers** – Those that have direct knowledge of UNICEF initiatives (e.g. midwives, nurses, doctors, daycare workers, kinder coordinators, principals, etc.); and
- **Community leaders** – Those who are aware of the interventions, and have influence on the community (e.g. church, academe, women and farmer associations, etc.).

Ultimate rights-holders or their parents or guardians<sup>9</sup> were a fifth and critically important type of stakeholder, for example, parents, pregnant mothers, children, etc. The evaluation methodology made the reasonable assumption that this source of information would be sufficiently represented through the legitimate voices of implementing partners, service providers and community leaders. The evaluators consciously worked to assure that these three types of stakeholders were represented by well-selected, credible, respected individuals who were subject-matter experts in their own context.

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<sup>9</sup> Rights holders: Rights-holders are individuals or social groups that have particular entitlements in relation to specific duty-bearers. : Duty bearers are those actors who have a particular obligation or responsibility to respect, promote and realize human rights and to abstain from human rights violations. The term is most commonly used to refer to State actors, but non-State actors can also be considered duty bearers. UNICEF: <https://www.unicef.org/gender/training/content/resources/Glossary.pdf>

An initial list of LGU-level contacts was compiled and was finalized in the weeks following the inception mission. This list was adjusted and finalized by the evaluation team in consultation with UNICEF's PME Unit. The exact list of KII and FGD participants, and detailed scheduling, were determined before data collection took place. Real-time adjustment and flexibility were the expected working norm to deal with field realities, the availability of interviewees, and the required collaboration of many interlocutors. Last minute substitutes were necessary, and in exceptional cases, the evaluators chose to use telephone, e-mail, or VOIP to interact with key informants.

KIIs and FGDs were semi-structured and conducted in Filipino for stakeholders not comfortable providing feedback in English. The targets for LGU-level data collection was:

- Up to 8 KIIs per sampled LGU, for a total of approximately 48, including MILF/BDA, the non-state implementing partners in Mindanao areas; and
- Up to 4 FGDs per sampled LGU, for a total of approximately 24.

While these targets were expected to be met, the exact distribution reflected field context and realities. In areas where UNICEF's presence had been more concentrated, or where valuable key informants were available and willing to share, additional data collection was scheduled. Vice-versa, where staff changes, hierarchies, lack of interest, or other reasons made it difficult to schedule meaningful KIIs or FGDs, this was not be forced.

Experienced national consultants worked in teams of 2 and visited half of the 6 sampled LGUs, while another team of 2 visited the other half of the sample. The teams consisted of two consultants, and each pair traveled and worked together for safety and security reasons. This also supported quality work since one of the pair could concentrate on recording information while the other facilitated the KII or FGD.

## Sampling and Composition of Focus Groups

The purpose of the focus groups was to encourage internal discussion of issues by a small group of peers in a dynamic setting.

Sampling was purposeful to ensure that it was representative of the target groups for capacity development and people with knowledge of CP7 programming in their area. The names of potential participants were provided by municipal staff and contacted by SDS. The evaluators made conscious efforts to ensure equity in focus group participant selection so that they represented a reasonable balance across gender, age, ethnicity and socio-economic backgrounds.

Facilitated by our experienced national consultants, FGDs encouraged disclosure and transparency that may not always come from individual KIIs. The FGDs strengthened the overall integrity of the evaluation by providing the following:

- Rich qualitative data that helped verify outcomes experienced by intermediate and ultimate the rights holders and their parent or guardians;
- The views and opinions of individual interlocutors were "tested" and validated in real time through peer-to-peer review;

- Open sharing of individual opinions helped establish a consensus or agreed range of views; and
- Peer-assisted recall provided a more nuanced picture of what has taken place.

The evaluators conducted FGDs at the barangay level for each sampled LGU, selecting those barangays where scoping suggested that UNICEF initiatives had been focused and may have contributed to measurable outcomes. This helped ensure that the evaluators were interviewing people who have had direct experience with UNICEF initiatives. FGDs took place in a central location in urban areas to reduce travel time for the consultants and for the safety of the consultants.

While KIIs were used to collecting data from LGU officials at city and municipality levels, the FGDs primarily took place at the barangay level, and were used to collect the experiences and opinions of implementing partners, service providers and community leaders, to obtain their views and to allow them the opportunity to voice their issues. These focus groups sought to understand the participants' general perceptions of what role UNICEF played in their barangay, the degree and nature of how the UNICEF programme may have interacted with their community, and the perceived benefits and demerits of this experience. In areas where it appeared that progress towards outcomes was not taking hold as planned, the FGDs were expected to provide an outsider's perspective on key constraints and factors for success.

The 4 national consultants selected to facilitate and moderate the FGDs have substantial experience with participatory group work, and are well versed in the challenges involved in obtaining facilities, managing group dynamics, organization and logistics, etc. In the focus groups, there was always one designated lead and one assistant. The assistant, the note-taker, did not only take down the main comments and thoughts, but also recorded participants' reactions and degree of agreement, disagreement or consensus.

## Data Collection Instruments

The evaluators used pre-approved interview protocols as their main instrument for conducting both KIIs and FGDs. The interview protocols will be based upon the evaluation sub-questions and developed in consultation with UNICEF. In total, there were 4 such instruments, each targeting a specific type of stakeholder, and data collection source and method:

- **UNICEF staff** - National-level KIIs with UNICEF staff;
- **Government** stakeholders- National-level, provincial/regional and LGU-level KIIs;
- **Implementing partners** – National level and LGU-level KIIs with various implementing partners and other external stakeholders including donors subject matter experts, etc.; and
- **Barangay-level stakeholders** - FGDs with a mix of implementing partners, service providers and community leaders.

The different interview protocols were tailored for each group of interviewees to best capture their likely knowledge and experiences of UNICEF programming. The protocols were used to guide KIIs and FGDs, and to encourage a consistent approach to data collection. These instruments were used in a flexible manner, with some questions prioritized over others depending on who was being interacted with. With each KII and FGD,

the evaluators were expected to use their professional experiences and best judgements to adjust questions, and use probing techniques appropriately.

## Survey Analysis

The evaluation utilized data from the UNICEF household Multiple Indicator Survey (MIS) that covered the 36 UNICEF priority LGUs and was available for 2012, 2014, and 2016. The survey analysis, an important part of the methodology for this evaluation, involved an in-depth review of the quantitative and qualitative data sets already collected by UNICEF through its Multiple Indicator Survey (MIS). The MIS is an adapted version of a global household-level survey tool designed by UNICEF, predominantly to help track progress towards the MDGs/SDGs. An MIS was commissioned by UNICEF in the 36 CP7 priority LGUs. This sequence of surveys – 2012, 2013, 2014 (baseline), and 2016 (end-line) – was specifically designed to help assess achievement of CP7 component results using an array of indicators.<sup>10</sup>

The MIS in the Philippines, a time-series data collection event, experienced several technical issues<sup>11</sup>. A deteriorating security situation in 18 of the 36 priority CP municipalities prevented a baseline being collected until 2014. Only 18 of the 36 priority municipalities have a baseline collected in 2012. Six (6) cities did not have the baseline MIS Household survey carried out.

These factors make baseline versus end-line comparison challenging. Only a portion of before-and-after data collected can be tested for significance. Also challenging for assessment of programme effectiveness, the MIS collects data for indicators that are not all aligned or directly relevant to the outcomes that are part of the CP results matrix.

The SDS Statistician is a respected professional with more than 42-years of experience in research of social phenomena. She has been contracted specifically for this expertise. She reviewed the MIS data sets, and compare baseline and end-line progress for each of the key outcome-level performance indicators found in CP7's monitoring plan. She determined what the available survey data says about progress that has been made towards anticipated CP7 outcomes.

Existing MIS reports and raw data sets were shared with the SDS Statistician on March 31. She reviewed and validated the MIS data sets, and then prepared a research report that summarized findings. This work was directly aligned with relevant evaluation sub-questions and indicators found in the approved Evaluation Matrix.

The intention was that the analysis of the MIS data sets would be completed before the national consultants began their schedule of LGU-based KIIs and FGDs. This would support effective sequential analysis: first level patterns, findings, and explanations revealed through the analysis of the MIS would help inform the evaluation team as it engages in a second level of analysis using KIIs and FGDs. Work by the national team fed into and

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<sup>10</sup> 2016 MIS in 36 Municipalities in the Philippines, Final Report, UNICEF and DRDF Inc., Nov 21, 2016, Page 3.

<sup>11</sup> As noted in section 1.2 at the start is the UNICEF 7th Country Programme in 2012 'Intermediate results' were defined primarily at the Outcome level. In order to collect data for these IR indicators the approach was to develop a Household survey based on the UNICEF Global MICS approach, with focus in the CO results. The plan was to support the government within the 36 municipalities to collect baseline data, and then carry out the survey every 6 months in order to update the Results Assessment Module in Insight.

inform data collection that took place in Manila by the international consultants. Based on our preliminary analysis the analysis of the MIS helped assess some of the evaluation questions regarding effectiveness.

## Triangulation

Triangulation was accomplished by using complementary data collection methods, collecting data at different levels (e.g. national and sub-national) and from a variety of stakeholders. Triangulation was also enhanced by having different teams collect data (note data was validated among the teams during, and at the end of, data collection. The findings from the data collected were also validated through the respondent validation meeting and consultation with UNICEF and government key respondents during the report drafting process.

## Methodological Limitations and Mitigation Strategies

The following were the key risks and mitigation strategies that were identified during the inception phase.

The main limitations related to the methodology is the reality of methodological and resource constraints. It entails that attribution to is expressed in terms of likelihood rather than proof. Ultimately the test of validity is credibility. Instead of seeking to attribute results to UNICEF the evaluation assessed the contribution of UNICEF's strategies and implementation modalities to the results achieved. One of the limitations comes from CP7 results framework. As mentioned above, it was set at an impact level, i.e. the Philippines' achievement of the MDGs. As there are too many factors that contribute to the achievement of the MDGs, especially in a middle-income country such as the Philippines also prone to natural disaster and affected by conflict, the very small amount of UNICEF's budget for CP7, compared to the country's GDP, hinders the ability to make a direct connection between programming and those outcomes. To mitigate this limitation, the evaluation focused on actual results achieved through the programme and sought to validate them through triangulation, using the different lines of evidence available.

As the MIS, the key quantitative data available was limited in providing solid data, the evaluation focused on triangulating the data through qualitative tools such as KIIs, FGDs and a review of documents.

Annex H provides an overview of the relevance of the MIS and the results that it generated for the six selected LGUs. The evaluation team found that while the MIS results were limited, they were supported by the other evaluation methods and vice versa, which provides a sufficient level of confidence in the findings which are based largely on the reporting and perceptions of evaluation participants. To overcome this difficulty, the evaluation verified information through different sources of data and by conducting a stakeholder validation meeting to present and discuss the findings, conclusions and recommendations. The limitation of that exercise was that it included only those who participated in KIIs or FGDs. However, the fact that it included participants from different type of organizations and levels (national, regional, provincial and municipal/LGU) provided an opportunity to further validate and elaborate on the findings and recommendations.

For effectiveness, the evaluation team first examined the CP7 performance framework<sup>12</sup>, its set of expected outcomes, and related key performance indicators (KPIs). These outcomes and KPIs were then compared to

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<sup>12</sup> Summary Results Framework: GoPh – UNICEF CP7, 2012-2016, March 11, 2011.

those found in the revised performance framework developed during a midterm review process that took place in early 2015. The evaluation team examined in turn each of the 6 outcome statements presented in the revised performance framework.<sup>13</sup> The evaluation team found that most of these outcomes were set at impact level (MDGs) and were not attainable (particularly given UNICEF's diffused programme across many sectors and LGUs), or specific enough, or to provide valid and reliable evidence of UNICEF's contribution.<sup>14</sup> To mitigate this limitation, the evaluation team developed a list of outcomes from the documentation reviewed and validated them through key informant interviews and focus group discussions.

The evaluation visited 6 sample municipalities for assessing the impact of the interventions. The current child-centred disaster risk reduction (DRR) piloting initiative was not implemented in any of these six LGUs and did not conduct interviews with national authorities on this issue. As a result, the evaluation relied mostly on documentation for its assessment. This may have affected the evaluation's assessment of UNICEF's contribution to DRR.

Due to the scope of the evaluation, the limited budget and security situation in the Philippines, it was not possible to include the target population, i.e. children and women. Though imperfect, the evaluation included by frontline workers and barangay captains in focus group discussions to validate the results at the local level to capture data at the local level, closest to the target population.

The fact that the evaluation participants were largely identified by UNICEF, as a necessity, may have introduced certain level of bias, e.g. by excluding people that could have been more critical of the work of UNICEF. This was mitigated by ensuring triangulation across sources, particularly as stakeholders changed overtime and presumably did not have all the same perspective of the programming. Probing further into issues was used during interviews and FGDs to help ensure that both positive and challenges emerged.

## Detailed Evaluation Workplan

The work plan for the evaluation followed the requirements outlined in the Terms of Reference, and focused on ensuring that the objectives of the evaluation were fulfilled, with high-quality expected deliverables produced on time. The evaluation included five implementation phases: 1) preparation and inception, 2) data collection and fieldwork; 3) data processing, analysis and validation, 4) reporting, and 5) presentation.

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<sup>13</sup> Government of Philippines (GPH) – UNICEF CP 2012-2016 Midterm Review (MTR) Summary Paper, undated, pages 10 to 15.

<sup>14</sup> The summary of the contribution analysis criteria will be annexed in the final report.

## Phase 1 – Preparation and Inception

### *Task 1.1: Preliminary Literature and Document Review (March 13-24)*

Following initial administrative and planning meetings, GGI undertook a preliminary review of documents collected and electronically filed by the UNICEF Philippines Planning, Monitoring and Evaluation (PME) Section. Reviewing these documents helped develop a relevant evaluation framework, a preliminary work plan, and a detailed schedule for the inception mission. To avoid the inception mission being scheduled over the Easter holidays, with the risk of key informants being less available, dates were brought forward. Because of a scheduling conflict, the contracted Team Leader of the evaluation was not available. Following discussion with UNICEF, Robert Vandenberg was designated to lead the inception mission (and is referred to hereafter in this report as “the evaluator”). Louise Mailloux continued her role as overall Team Leader and remained in place long-distance providing technical guidance and quality assurance.

### *Task 1.2: Inception Mission (March 27-April 5)*

During the inception mission, the evaluator team fine-tuned and completed the methodological approach for the evaluation, benefiting from detailed discussions with the UNICEF Philippines Planning, Monitoring and Evaluation (PME) Section and other key UNICEF managers and staff. A full list of those interviewed by the evaluator during the inception mission is included in an Appendix of the inception report. Some of those interviewed were active throughout the evaluation as members of the Evaluation Reference Group. Scoping KIIs, together with a further review of documents, helped build the evaluator’s knowledge of UNICEF’s country programme, and helped confirm the list of stakeholders to be interviewed, and a sample of LGUs to visit, during the data collection phase.

The evaluator met with the four national members of the overall GGI evaluation team. Together, and with a member of the UNICEF PME Unit at the table, the evaluation framework, roles and responsibilities, drafted the data collection workplan, sampling strategy, and planned data collection methods, were reviewed, discussed and further refined.

As a final planning activity, the evaluator met with UNICEF’s PME Unit and presented the following draft products for consideration:

- Evaluation Matrix,
- Sampling strategy and recommended sample of LGUs to visit,
- Detailed workplan with timelines, and
- Evaluation Report outline.

These products were further discussed and refined during that meeting, with important input and suggestions from the PME unit.

### *Task 1.3: Document Review*

The evaluation team undertook a document review of the key documents provided by UNICEF. The purpose of the document review was to obtain an overview of CP7 and the available data for the conduct of the data collection. The list of documents reviewed is located in an Appendix of the inception report.

### *Task 1.4: Completion of Inception Report (draft April 17, final May 8)*

The Inception Report (IR) outlined the recommended evaluation methodology, including an evaluation matrix, and a detailed workplan, thereby providing a comprehensive research design. The IR includes refinements to our understanding of the country programme background and context, and an overview of the programme components and disbursements to date. It described our sampling method and rationale for KIIs, FGDs and LGU visits during the data collection phase. All the data collection instruments and guidelines, templates and draft letters to be sent to stakeholders were included in the inception report.

Aligned with the ToRs, a draft inception report was submitted by GGI to UNICEF on April 17. UNICEF and its selected Evaluation Reference Group had 2 weeks to review the draft with UNICEF and forwarded consolidated comments to GGI for consideration by May 1. GGI revised the methodology and/or work plan based on this feedback and submitted a revised inception report to UNICEF on May 8, within one week of receiving feedback.

## **Phase 2 – Data Collection and Field Work**

### *Task 2.1: In-Depth Document Review (May 8-28)*

The data collection phase began with an in-depth document review done remotely by a GGI research assistant under the supervision of the Team Leader. As mentioned in the methodology section, information was entered in a matrix. This task was completed concurrently with other data collection methods during the three-week period allocated to this phase of the evaluation.

### *Task 2.2: Survey Analysis and Draft Report (May 12)*

Concurrently, our statistician reviewed and validated the quantitative data collected by UNICEF using the MIS, and prepared a short technical report that was fed into the overall data collection process.

### *Task 2.3: Field Data Collection (May 15-June 8)*

The SDS Fieldwork Coordinator set up interview schedules and locations in advance of the field work at the national level and to the LGUs/municipalities. UNICEF staff assisted the evaluation team, particularly the SDS Fieldwork Coordinator, by providing current coordinates of potential key informants and a letter of introduction to inform them of the evaluation. UNICEF used this letter to invite participation in an interview, indicating who will conduct the interviews who to contact at UNICEF to answer questions about the process or the evaluation itself. The evaluation team prepared a draft letter (Appendix 13) which was sent prior to the field visits.

The KIIs and FGDs at the subnational level were scheduled between May 15 and 30 and KIIs at the national level were scheduled for May 29 to June 8, 2017.

### *Task 2.4: End of Data Collection Mission Debrief to UNICEF (June 8)*

June 6 was reserved for a morning sharing and reflections meeting with the full evaluation team during which key points were prepared for an afternoon meeting with UNICEF. The afternoon debriefing session with UNICEF allowed the evaluation team to share initial observations and learnings, and highlighted common themes that have emerged through the data collection. In addition, it provided an opportunity to identify any unanswered questions or inconsistencies.

### **Phase 3 – Data Processing, Analysis and Validation**

#### *Task 3.1: Clean and Consolidate Data (June 12-June 23)*

With the conclusion of the data collection, the evaluation team cleaned and consolidated the data and continued with analysis. Information from the data collection templates provided during the data collection phase was consolidated into a summary matrix, organized by evaluation question and data collection method. This was essentially the “database” for the analysis stage.

The evaluation team completed a contribution analysis for each of the 12 “outputs”<sup>15</sup> found in CP7’s revised results matrix. For this analysis – which determined both the extent of achievement and UNICEF’s contribution – these outputs are referred to, more acutely, as outcomes. The evaluation team compiled a short-list of results by programme component where, for each result, there was strong evidence of a) achievement and b) significant UNICEF contribution. The evidence, a mix of qualitative and quantitative data, was considered “strong” when it had been validated by at least three independent lines of inquiry, for example, documents provide evidence which is further validated by testimonials from several types of KIs, and further tested through FGD.

Analysis drew out common themes by sub-question across respondents either within specific stakeholder groups, or across groups, through coding of responses. Taking this approach for each data collection method, allows for in-depth analysis and triangulation across methods, and supports reliable and credible findings and conclusions.

#### *Task 3.2: Prepare Zero Draft of Evaluation Report (submitted July 5th)*

With the bulk of the data processing and analysis completed, GGI prepared a first draft evaluation report and submitted this to UNICEF on June 27. This zero draft included preliminary findings and conclusions and draft recommendations for UNICEF (and if there are any for govt. stakeholders) for discussion, validation, and prioritizing during the validation workshop. This zero draft was shared in a validation workshop with participants prior to the actual workshop.

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<sup>15</sup> Labelled as outputs but conceptualized by CP7 managers as higher-level outcomes

### *Task 3.3: Stakeholder Validation Workshop (July 13)*

To further validate findings and the recommendations, GGI organized with UNICEF a one-day stakeholder workshop, which included national, and LGU stakeholders, as well as UNICEF representatives. We expected that the workshop will be attended by 40 participants; 70 participated. The workshop was organized by SDS and led by GGI. SDS managed the logistics for participants, including travel and accommodation for out-of-Manila participants, as well as booking a workshop venue (hotel) and making all necessary arrangements for the workshop (equipment, 2 snacks/refreshments and a lunch, kits for participants). UNICEF sent an initial official invitation to participants, which was then followed by communication from the evaluation team. As in the data collection phase, GGI drafted the invitation letter which indicated the date and venue arrangements for the workshop. PME-UNICEF and GGI agreed on the list of invitees, PME-UNICEF reviewed letters and facilitated UNICEF signing.

GGI and its national consultants developed a PowerPoint presentation and an agenda for the validation workshop and lead facilitation. The content and schedule for the one-day validation workshop was provided in advance to UNICEF for comments and approval.

### *Task 3.4: Validation Workshop Report (submit August 3)*

Following the validation workshop, GGI prepared a short report to summarize key input received from the stakeholders that participated.

## **Phase 4 – Reporting**

### *Task 4.1: Prepare Draft Final Evaluation Report (submitted August 3)*

The evaluation team developed a document following the structure favoured by UNICEF. It outlined the preliminary findings, conclusions and recommendations. Our aim was that it would be a self-contained document so that all evidence required addressing the evaluation questions are contained within its main body. This allows a reader unfamiliar with the country programme to understand the object of evaluation, the evaluation methods used, and the evidence provided, and to assess the confidence that can be placed upon findings and recommendations. The evaluation team endeavoured to ensure that the draft of the report is of the quality usually expected for a final report. The report, including the recommendations was circulated among the Evaluation Reference Group to ensure that they met the needs of UNICEF for the end of CP7 and for CP8.

### *Task 4.2: Preparation of a MS Power Point summary for UNICEF's CPD Prioritization Exercise (submit August 1)*

The evaluation team prepared a summary of the evaluation findings, conclusions and recommendations for UNICEF's CPD Prioritization Exercise, the results were communicated to the evaluation team and included in the final report.

### *Task 4.3 Submit Final Report (August 7)*

The draft final report was circulated through the evaluation reference group for feedback, and final consolidated feedback was received by GGI and the evaluation report was finalized and submitted to UNICEF.

## Phase 5 – Presentation of Evaluation

### *Task 5.1: Prepare Presentation Materials (submit August 14)*

The final approved evaluation report was completed and GGI prepared a brief to help with dissemination.

### *Task 5.2: Presentation to Stakeholders (by August 28)*

The presentation materials were prepared by GGI and submitted to UNICEF and were used at a final stakeholder meeting that took place in Manila in late August.

## Annex E: Information Sources - Documents

Author	Title	Date
Nic Agustin	The Theory Of Change: Its Usefulness An Process In The Formulation Of The Cpc7	Not Dated
Manasi Bhattacharyya	The United Nations Development Assistance Framework (UNDAF) 2005-2009 in the Philippines: Lessons Learned: Final Report	Oct 2010
Fred Brooker, Sourovi De, Maham Farhat, Dr. Shrochis Karki, Tanya Lone, and Jim Shoobridge	Evaluation of the UNICEF Philippine Country Office 'Early Childhood Care and Development' and 'Basic Education' components of the 7th GPH-UNICEF Country Programme 2012-2016 Final Report	Mar 2017
Aashima Garg, Anthony Calibo, Rene Galera, Andrew Bucu, Rosalia Paje and Willibald Zeck	Management of SAM in the Philippines: from emergency-focused modelling to national policy and government scale up	Oct 2016
Government of the Philippines, National Economic and Development Authority (NEDA)	Philippine Development Plan 2011-2016: RESULTS MATRICES	2011
Government of the Philippines, National Economic and Development Authority (NEDA)	Ambisyon Natin 2040	Not Dated
MDG Achievement Fund	The Philippines: MDG-F Case Study Evaluation	June 2013
National Economic and Development Authority (NEDA)	Government of the Philippines - UNICEF Work-plan 2017-2018	Not Dated
Oxford Policy Management	Evaluation of the UNICEF Philippine Country Office 'Early Childhood Care and Development' and 'Basic Education' components of the 7 <sup>th</sup> GPH-UNICEF Country Programme 2012-2016	Feb 2017
Oxford Policy Management	Equity in PEM Systems: A Case Study of the Philippines	Oct 2016
Pathway of Change	Child Protection: Our Pathway of Change	Not Dated
Pathway of Change	Conflict Risk Mitigation & Disaster Risk Reduction	Not Dated
Pathway of Change	Education Pathway of Change	Not Dated
Pathway of Change	Health, HIV, Wash & Nutrition	Not Dated
Pathway of Change	Social Policy: Program Component	Not Dated
Philippine Statistics Authority	The Philippine MDGs	Not Dated
Senate Economic Planning Office	IAG Policy Brief: Indigenous Peoples in the Proposed Bangsamoro: Challenges and Opportunities in Securing their Rights and Welfare	Not Dated
Seventh Country Programme for Children	Seventh Country Programme for Children: Developing Action Plan: Towards Equity for Children: Documentation Report	Not Dated
UNDAF	UNDAF Reports to NSC	Not Dated
UNDAF	UNDAF Results Matrix	Not Dated
UNDAF	UNDAF Semi-Annual Progress Report	2015,2016
UNDAF	United Nations Development Assistance Framework (UNDAF) 2011-2018	2011
United Nations Development Group	Delivering the Post-2015 Development Agenda: Opportunities at the National and Local Levels	2014
UNEG (United Nations Evaluation Group)	UNEG Quality Checklist for Evaluation Terms of Reference and Inception Reports	Not Dated

Author	Title	Date
United Nations Economic and Social Council	Draft Country Programme Document-Philippines	Apr, 2011
United Nations Economic and Social Council	The UNICEF Strategic Plan, 2014-2017	July 2013
UNICEF	Mapping the UNICEF Strategic Plan 2014-2017 results and indicators with the Sustainable Development Goals and Targets	July 2013
UNICEF	Memorandum	Dec 2015
UNICEF	UNICEF Philippines Media Content Analysis -2016 Report: January 2016 to December 2016	Not Dated
UNICEF: Idalina Cappe de Baillon - Market Research Manager, PFP	Philippines Market Knowledge Workshops April 3-4, 2017	2017
UNICEF Philippines: Fred Brooker, Sourovi De, Maham Farhat, Dr. Shrochis Karki, Tanya Lone, and Jim Shoobridge	Evaluation of the UNICEF Philippine Country Office 'Early Childhood Care and Development' and 'Basic Education' components of the 7th GPH-UNICEF Country Programme 2012-2016 Annex A to G	Mar 2017
UNICEF Philippines: Fred Brooker, Sourovi De, Maham Farhat, Dr. Shrochis Karki, Tanya Lone, and Jim Shoobridge	Evaluation of the UNICEF Philippine Country Office 'Early Childhood Care and Development' and 'Basic Education' components of the 7th GPH-UNICEF Country Programme 2012-2016 Annex H to K	Mar 2017
UNICEF Philippines : Fred Brooker, Sourovi De, Maham Farhat, Dr. Shrochis Karki, Tanya Lone, and Jim Shoobridge	Evaluation of the UNICEF Philippine Country Office 'Early Childhood Care and Development' and 'Basic Education' components of the 7th GPH-UNICEF Country Programme 2012-2016 Annex L to M	Mar 2017
UNICEF Philippines Country Office	UNICEF's policy efforts towards Severe Acute Malnutrition treatment in the Philippines: From equity focused modeling on subnational level to nationwide impact at scale	Nov 2015
UNICEF	COMMUNICATE TO ADVOCATE FOR EVERY CHILD: UNICEF's Global Communication and Public Advocacy Strategy 2014-2017	Not Dated
UNICEF	UNICEF-Adapted UNEG Evaluation Reports Standards	July 2010
UNICEF	Memorandum	Dec 2015
UNICEF	TOCs and BCNs	2014
UNICEF	UNICEF Stakeholder Survey 2016: Regional Report Presentation	Nov 2016
UNICEF	COMMUNICATE TO ADVOCATE FOR EVERY CHILD: UNICEF's Global Communication and Public Advocacy Strategy, 2014-2017	Not Dated
UNICEF	Emergency Preparedness & Response in a Changing Context: UNICEF Practice in East Asia and the Pacific	Not Dated
UNICEF	Philippines Early Childhood Care and Development (ECCD) Longitudinal Study: Round 1 Baseline Report	May 2016
UNICEF	Philippines Early Childhood Care and Development (ECCD) Longitudinal Study: Round 1 & 2 Longitudinal Report	Dec 2016
UNICEF	Philippines Investment Convergence Maps: Convergence Municipalities	Not Dated
UNICEF	UNICEF vulnerability analysis and ICMC selection	Not Dated
UNICEF	Government of Philippines (GPH)-UNICEF Country Programme 2012-2016 Midterm Review (MTR) Summary Paper	Not Dated

Author	Title	Date
	Philippines DRAFT CPD 2012-2016 Summary Results Matrix	Mar 2011
UNICEF-Philippines	Actual Expenditures from 2012-2016 and 2017 Allocation (in USD) By Outcome and by Output - Regular Resources and Other Resources (excludes Emergency Funds)	Not Dated
UNICEF-Philippines	UNICEF PHILIPPINES –Draft Revised Organizational Chart (including TAs)	Sep 2016
UNICEF-Philippines	Output Performance by Programme Area (DRAFTS for quality review)	Not Dated
UNICEF Demographic Research and Development Foundation, Inc.	2016 Multiple Indicator Survey in 36 Municipalities in the Philippines: Final Report	Nov 2016
UNICEF National Statistics Office	Philippines 2012 Multiple Indicator Survey	2013
UNICEF	Evaluation of the Basic Education and ECCD components of the 7 <sup>th</sup> UNICEF Philippines Country Programme	2015
UNICEF Evaluation Office	REAL-TIME EVALUATION OF UNICEF'S HUMANITARIAN RESPONSE TO TYPHOON HAIYAN IN THE PHILIPPINES: ANNEXES	July 2014
UNICEF	Annex 1: Statement of Work and Terms of Reference	Not Dated
UNICEF	Country Office Annual Report 2012 for: Philippines, EAPRO	Jan 2014
UNICEF	Country Office Annual Report 2013 for: Philippines, EAPRO	Not Dated
UNICEF	UNICEF Annual Report 2014: Our Story	June 2015
UNICEF	Country Office Annual Report 2015 for: Philippines, EAPRO	July 2016
UNICEF	Draft Philippines Annual Report	2016
UNICEF	Children in the Philippines: A Situational Analysis	2010
UNICEF	Terms of Reference of Consultancy: Updating of the Situational Analysis on Children and Women in the Philippines	July, 2014
UNICEF Manila	A Situational Analysis of Children and Women in the Philippines, 2014 Update: Final Report (revised)	Sep, 2014
UNICEF Manila	A Situation Analysis of the Most Vulnerable Children in the Philippines	Jan, 2015
UNICEF Philippines	Request for a Contract for Services (Institutions) (Received Copy)	Jan, 2017
UNICEF	Towards Equity Driven Investment for Children: Country Programme Action Plan Between the Government of the Republic of the Philippines and the United Nations Children's Fund for the Implementation of the Seventh Country Programme for Children 2012-2016	2012
UNICEF Philippines	Request for a Contract for Services (Institutions)	Jan, 2017
Universal Management Group	Evaluation of the Intervention and Rehabilitation Program in Residential Facilities and Diversion Programs for Children in Conflict with the Law: Final Report	June 2015
Universal Management Group	UNICEF Philippines Country Program Evaluation	Aug, 2010
Universal Management Group	UNICEF Philippines Country Program Evaluation, Volume II-Appendices	Aug, 2010
Universal Management Group	Evaluation of the Intervention and Rehabilitation Program in Residential Facilities and Diversion Programs for Children in Conflict with the Law: Final Report	June 2015
Universal Management Group	Evaluability Assessment of UNICEF 7 <sup>th</sup> Country Programme Action Plan (2012-2016)	Feb, 2012

Author	Title	Date
University of Philippines Population Institute	Multiple Indicator Survey in 12 Municipalities in the Autonomous Region of Muslim Mindanao: Final Report	Not Dated
United Nations System in the Philippines	Joint Implementation Plan 2012-2018	Not Dated
Government of the Philippines	Philippine Development Plan 2017-2022	2017
Unknown	The Situation of Indigenous Children: A Participatory Research with Indigenous Children and their Community in Mainland ARMM	Not Dated
	Developing a health insurance package for premature and small new borns in the Philippines	
	Communications Strategy Slides	Not Dated
World Summit of Regions for Climate	The Paris Declaration	2015

## Annex F: List of Interviews and Focus Groups Discussions

<b>List of people Interviewed</b>		
<b>National Level - Government</b>		
<b>Organization</b>	<b>Name</b>	<b>Title</b>
Child Welfare Council (CWC)	Grace Alejandrino	Division Chief
Commission on Human Rights	Julie Ann Regalato	Lawyer
Department of Budget and Management (DBM)	Tessie C. Gregorio	Director
Department of Education (DepEd)	Jesus Lorenzo Mateo	Undersecretary
	Nelia Benito	Director
	Gretchen Cordero	Education Specialist
	Ella Naliponguit	Director
	Marilette Almayda	Director
	Roger Masapol Dexter Pante	Director Education Specialist
	Ronilda Co Anthony Calibo	Director OIC, Division Chief
Department of Foreign Affairs and Trade (DFAT)	Kerrie Anderson	Counsellor for Education
Department of Health (DOH)	Mario Baquilod	Director
	Minerva Vinluan	Programme Manager
Department of Health-National Center for Disease Prevention and Control (DOH-NCDPC)	Jose Gerard Belimac	Programme Manager
Department of Justice	Monica Pangunsan	OIC, Director
Department of Social Welfare and Development (DSWD)	Flor Villar	Undersecretary
	Leonardo Reynoso	Director
<b>National Level - Government</b>		
Early Childhood Care and Development (ECCD) Council	Teresita Inciong	Executive Director
National Economic and Development Authority (NEDA)	Myrna Clara Asuncion	OIC, Director
National Youth Commission	Robin Espinoza	Chief
Office Of The Presidential Adviser On The Peace Process (OPAPP)	Diosita Andot	Undersecretary
Office of the Regional Governor – ARMM	Laisah Masuhu Alamia	Executive Secretary

<b>List of people Interviewed</b>		
Office of the United Nations High Commissioner for Human Rights (OHCHR)	Cynthia Veliko	Senior Human Rights Advisor
Philippine Legislators' Committee on Population and Development Foundation, Inc. (PLCPD)	Nenita Dalde	Programme Manager
Philippine Statistics Authority (PSA)	Wilma A. Guillen	Assistant National Statistician
UNICEF (Philippines Country Office)	Lotta Sylwander	Country Representative
	Julia Rees	Deputy Representative
	Martin Porter Vilma Aquino	Chief, PME
	Hideko Miyagawa	Chief, Education
	Dennis	Chief, Public Fundraising
	Andrey	Chief, Supply and Procurement
	Augusto Rodriguez	Chief, Social Policy
	Rebecca Pankhurst	Former Head of Sub-offices
	Charles Parks	Chief, Operations
	Sarah Nortin-Staal	Chief, Child Protection
	Louise Maule	Chief, WASH
	Verity Rushton	Chief, Emergency DRR
	Lourdes de Vera-Mateo	Former Chief, Education
	Rene Gerard Galera	Nutrition Specialist
Anjanette Saguisag	Social Policy Specialist	
Mariella Castillo	Health Specialist	
<b>National Level - Government</b>		
United Nations Development Programme (UNDP) Philippines	Ola Almgren	Director / Resident Coordinator
<b>National - Civil Society Organizations (CSOs)</b>		
<b>Organization</b>	<b>Name</b>	<b>Title</b>
World Vision Development Fund (WDVF)	Katherine Rose Yee	Advocacy Manager
	Carlynet San valentin	Programme Officer
Accion Contra El Hambre (Action Against Hunger Philippines)	Suresanathan Murugesu	Technical Coordinator
ACF – Action Against Hunger	Eleanor Pena	Programme Coordinator / Head of Base
Community and Family Services International (CFSI)	Noraida Abdullah Karim	Director for Mindanao Programme
	Angelo Hernan Melencio	Program Area Manager- Central Mindanao
	Siegfred Boholst	Community Development Facilitator

<b>List of people Interviewed</b>		
Center for Health Solutions and Innovations Philippines, Inc.	Nilo A. Yacat	Communication Adviser
Community Innovations Health Philippines	Amor Curaming Jowena Manalac	Project Manager Chief Operating Officer
Zuellig Family Foundation (ZFF)	Ramon R. Derige Dr. Maria Ellen L. Medina	Vice President Project Manager
<b>Regional Level</b>		
<b>Organization</b>	<b>Name</b>	<b>Title</b>
Autonomous Region in Muslim Mindanao (ARMM)	Kadil Jojo Sinolinding	Secretary of Health-ARMM at Department of Health
NEDA	Maylene C. Rosales	Assistant Regional Director, NEDA Region 8
NEDA	Agnes Espinas	Regional Director NEDA Region 5
	Rosa D. Lemana Lulu E. Valencia Helen L. Vestal	Chief Economic Development Specialists
	Melanie M. Indar Alia Raida A. Macaumbos Rohanisah Rashid	Acting Director Chief, Social Planning Division Planning Officer
Bangsamoro Development Agency	Prof. Hashim Manticayan	BDA Program Operation Head and Acting Tahderiyyah Program Coordinator
<b>Provincial Level</b>		
<b>Organization</b>	<b>Name</b>	<b>Title</b>
Province	Jose L. Ong Jr.	Governor
Province	Ramon B. Marcaida III	Provincial Planning and Development Officer
Province	Engr. Debualeg M. Utto (Representing Gov. Esmael Mangundadatu)	Provincial Planning and Development Officer
Health Organizations for Mindanao, Inc.	Omar John Sinsuat	Executive Director
<b>Municipal/LGU Level</b>		
<b>Municipality/LGU Name</b>	<b>Name</b>	<b>Title</b>
Quezon City	Dr. Ramona Abarquez	OIC Planning, QC Health Department
	Jesusa Baetiong	School Board Secretary
	Mirasol Casabuena	Social Welfare Officer
	Maribel Cayco	Social Services Assistant Department Head
	Remedios Furiscal	Planning Officer V
	Mark Anthony B. Capiral	Sanitary Inspector
	Minerva Victoria M. Perlada	Nutrition Officer

### List of people Interviewed

Bobon Municipality, North Samar	Reny Celespara	Mayor
	Jocelyn Tatoy	SB Secretary
	Louie Celespara	Municipal Planning and Development Officer
	Lucia C. Del Monte	Public Health Nurse
	Elsie Mora	Municipal Social Welfare & Development Officer
	Teresita G. De Dios	Municipal Nutrition Action Officer
	Lynn C. Sorio	Early Childhood Care and Development Coordinator
	Cristina T. Tolitol	Sanitation Officer
	Allan Acedera	Public School District Supervisor
Monreal Municipality Ticao Island, Masbate	Ben Espiloy	Mayor
	Dan U Gebilaguin	Vice Mayor
	Roberto Saturnino	Municipal Planning and Development Officer
	Anita Letada	Municipal Social Worker Development Officer
	Clark Dave Diaz	Municipal Health Officer
	Jegs Almoguerra	Nutrition Officer
	Maria Espenilla	SB Member
	Jean Arevalo-Labini	Principal Monreal Central Elementary School
	Inez T. Agripa	Municipal Sanitation Officer V
Cotabato City	Graham Nazer Dumaduma	Vice Mayor
	Suher Tadmia A. Guinomla	OIC, Medical Officer IV, City Health Office
	Alex D. Matugas	Senior Education Program Specialist
	Estrellita B. Tan	Public Schools District Supervisor Kindergarten Coordinator
	Farida A. Pangilan	SWO III/Head Child & Youth Welfare Program
	Bailinang Cardao – Abas, RN	Nutrition Coordinator
	Adella Fiesta	City Planning and Development Coordinator
Mamasapan Municipality, Maguindanao	Rogelio Gornes	Executive Secretary
	Susie F. Campong	Rural Sanitation Inspector
	Zenaida K. Mangacop Expedita Catipay	Child Development Officer Representing MSWDO
UPI Municipality, Maguindanao	Alexis M. Platon	Vice Mayor

List of people Interviewed		
	Dr. Carmelo Esberto	Municipal Health Officer
	Mariluz J. Ersanvo	Principal 1, Nuro Central School, Upi, Maguindanao
	Pearl G. Chiong	Development Management Officer III, MPDC Office (for MCPC or Municipal Child Protection Council)
	Marilou M. Diestro	Municipal Social Welfare Officer (Social Welfare Officer III) of Upi 1987 - 2016
	Muslima K. Esmael	Sanitary Inspector
Bobon, North Samar	Natividad Lao	Midwife

List of Focus Groups Conducted		
Organization or LGU	Type of Respondent	Number of Participants
UNICEF, Country Office	Programme Officers	15
	Programme Officers	7
	Programme Assistants	12
Bobon, North Samar	Barangay Captain	7
	Nutrition Scholar	7
	Day Care Workers	7
Cotabato City	Barangay Captain	6
	Day Care Workers	5
	Midwives	6
Mamasapano, Maguindanao	BHW/Nutrition Scholars	6
	Day Care Workers	5
	Midwives	5
Monreal, Ticao Island, Masbate	Barangay Captain	10
	BHW/Nutrition Scholars	11
	Day Care Workers	9
	Midwives	7
Quezon City	Barangay Captain	15
	BHW/Nutrition Scholars	12
	Day Care Workers	10
	Midwives	5
UPI, Maguindanao	Barangay Captain	6
	BHW/Nutrition Scholars	6
	Day Care Workers	7
	Midwives	6
<b>Total number of participants</b>		<b>195</b>

# Annex G: Data Collection Instruments

## Interview Guide # 1: UNICEF Staff and National Level Government Partners

The Canadian-based management consulting firm Goss Gilroy Inc. (GGI) was selected to conduct a formative evaluation of UNICEF's 7<sup>th</sup> Country Programme in the Philippines 2012-2018. The evaluation will assess the relevance, effectiveness, and sustainability of UNICEF's programme results for children in the Philippines from 2012 to 2016. The evaluation will also identify lessons learned and formulate recommendations on how to strengthen UNICEF's role as a key national player for child rights in the next iteration of its country programme. The evaluation is based on a review of documents, interviews with key informants at the national level and with representatives from the 6 of the 36 LGUs where UNICEF programming has been focused. The interview should take approximately 60 minutes.

Please note that some of these questions may not apply to your situation, or you may not have enough information to answer. If this is the case, please feel free to ask the interviewers to move to the next question. Your participation in this evaluation is confidential. Responses that you provide will be used for this evaluation only and will be aggregated. Your name will not be associated with comments made within reports produced for this evaluation.

If you have any questions about the interview or about the evaluation in general, please contact Martin Porter, the UNICEF evaluation manager at the following email: [mporter@unicef.org](mailto:mporter@unicef.org).

### Introduction

Please indicate the number of years and months that you have been in this position.

Please provide some general information about your involvement with development initiatives supported by UNICEF between 2012 and 2016.

### Relevance

1. Were the UNICEF CP7 objectives and strategic approaches aligned with national development priorities and the MDGs?
  - 1.1. Do they remain aligned with national development priorities and the SDGs, especially for 2017 and 2018 and the future country programme?
2. Have UNICEF CP7 strategic approaches and implementation modalities helped position the UNICEF CO as a key player in respective national development agenda? How so?
3. Are changes needed to make the CP objectives, strategic approaches and implementation modalities more relevant and adapted to the Philippine's fast changing context?

### Effectiveness

4. To what extent were the Country Programme results achieved in your areas of responsibility?
  - 4.1 Which expected outcomes were achieved in your area of responsibility?

- a. Where did performance lag significantly, i) what major factors influenced performance and ii) what solutions can be implemented going forward?
  - b. Which upstream and downstream programme components yielded the best results, and why?
5. Have the programme strategies and implementation modalities been effective, considering the Philippines context?
  - 5.1. Which strategic approaches was UNICEF able to implement during CP7?
  - 5.2. Which of the key strategic approaches and implementation modalities were the most effective in achieving expected results at national and local level, and why?
  - 5.3. What did UNICEF learn during the implementation of CP7 about the effectiveness of its key programme strategies and implementation modalities?

### **Sustainability**

6. To what extent are the UNICEF implementation approach and modalities sustainable?
  - 6.1. Will the government at national level plus 36 priority municipalities/cities be able to sustain the results achieved to date?
  - 6.2. To what extent the UNICEF implementation strategic approaches and implementation modalities used to engage with government at national level plus 36 priority municipalities/cities, sustainable?
  - 6.3. Were contributing and constraining factors to effecting durable change identified and taken into consideration and acted upon (e.g. revisions to strategies, partnerships and work plans)?
  - 6.4. What are the major factors which influence the sustainability of outcomes achieved at a) national level, and b) municipality/city level?
  - 6.5. Should UNICEF adjust its partnership in the Philippines to improve the sustainability of its support to the GoPh to achieve the SDGs? How so?

## Interview Guide # 2: Donors and UN Agencies

The Canadian-based management consulting firm Goss Gilroy Inc. (GGI) was selected to conduct a formative evaluation of UNICEF's 7<sup>th</sup> Country Programme in the Philippines 2012-2018. The evaluation will assess the relevance, effectiveness, and sustainability of UNICEF's programme results for children in the Philippines from 2012 to 2016. The evaluation will also identify lessons learned and formulate recommendations on how to strengthen UNICEF's role as a key national player for child rights in the next iteration of its country programme. The evaluation is based on a review of documents, interviews with key informants at the national level and with representatives from the 6 of the 36 LGUs where UNICEF programming has been focused. The interview should take 60 minutes.

Please note that some of these questions may not apply to your situation, or you may not have enough information to answer. If this is the case, please feel free to ask the interviewers to move to the next question. Your participation in this evaluation is confidential. Responses that you provide will be used for this evaluation only and will be aggregated. Your name will not be associated with comments made within reports produced for this evaluation.

If you have any questions about the interview or about the evaluation in general, please contact Martin Porter, the UNICEF evaluation manager at the following email: [mporter@unicef.org](mailto:mporter@unicef.org).

### Introduction

Please indicate the number of years and months that you have been in this position.

Please provide some general information about your involvement with development initiatives supported by UNICEF between 2012 and 2016.

### Relevance

1. To what extent does UNICEF's country programme and its strategic approaches remain aligned with the Philippines development priorities and the SDGs, especially for 2017 and 2018 and beyond?
2. To what extent is UNICEF CO positioned as a key player in national and sub-national development agendas for children?
3. Could CP objectives, strategic approaches and implementation modalities be made more relevant and adapted to the Philippine's fast changing context? If so, how?

### Effectiveness

4. Which expected outcomes were achieved,
  - a) Where did performance lag level and what were major factors influencing this performance?
  - b) Did upstream or downstream programme components yielded the best results, and why?
  - c) What could be improved going forward (next 2 years and beyond)
5. Which of the key strategic approaches and implementation modalities were the most effective in achieving expected results at national and local level considering the Philippines context and why? (*refer specifically to the list of 6 strategic approaches and 4 implementation modalities if needed*)

- a. What has your agency learned during its partnership with UNICEF over the last 5 years about achieving results for children in the Philippines?

**Sustainability**

6. To what extent are the UNICEF implementation approaches and modalities sustainable?

What were the major factors which influence the sustainability of outcomes achieved at a) national level, and b) municipality/city level?

## Annex H: Analysis of the Multiple Indicator Survey (MIS)

The Multiple Indicator Survey (MIS) is a customized version of the Multiple Indicator Cluster Survey (MICS), an international household survey initiative of UNICEF to help countries assess the situation of children and women and to compare their performance with others who have done a similar MICS. An MIS was commissioned by UNICEF Philippines in 2012, 2013, 2014 (baseline) and 2016 (end-line). This sequence of surveys was used to help assess achievement of CP component results using a wide array of indicators.

The MIS, a repeated data collection event used for monitoring outcome performance, had several technical glitches which makes baseline versus end-line comparison difficult. Only a portion of before-and-after data collected can be tested for significance. More challenging for assessment of program effectiveness is that the MIS collects data for indicators that, while interesting, are often not specific or directly relevant to the 11 outcomes that are part of the CP results matrix. A detailed examination of the alignment between results expected and MIS indicators for the 11 Program Component Results (PCRs) were subjected to thorough analysis and presented in summary tables that examine its relevance to the key result areas. The whole analysis strongly suggests that **MIS data sets are limited for use in assessing effectiveness of the CP.**

The examination of MIS data sets was anchored on the three critical criteria, namely: (1) Data appropriateness; (2) Data availability; and (3) Data Quality.

- 1. Data Appropriateness.** Some of the indicators in MIS are proxy variables for some measures (e.g. net enrolment ratio, net enrolment rate for kindergarten, elementary completion rate, percent delivered by skilled birth attendant, prevalence of breastfeeding, immunization, percent that reported observing abuse). For example, the MIS measure percent or proportion of children age 12 and over that completed elementary education (the real completion rate is a cohort of children who started grade 1 together and completed elementary after 6 years of being enrolled; the denominator is not the sample population of children 12 years and over but the number of enrollees 6 years ago). The other proxy variable percent of women delivered by skilled birth attendant was proxied by percent delivered in health facility.
- 2. Data Availability.** Baseline survey for 12 ARMM municipalities (so described although 5 municipalities do not belong to ARMM region) was conducted in 2014 and the endline survey was conducted in 2016. For these 12 municipalities, baseline data gathered in 2014 was available for comparison and testing for the endline data gathered in 2016 survey.

The presence of data in two-time periods allow the calculation of testing the difference (means and proportions) between 2014 and 2016 surveys. There are still some indicators that has no data in both baseline and endline surveys. These are: data on malnutrition as weight and underweight was not measured. What was measured in MIS was the percent of those children weighted, height and MUAC taken but no report on the actual weight, height and muac of children. No data on anemia of children. No data on Proportion of high risk males and females aged 15 – 17 years in selected districts with comprehensive correct knowledge of how to protect themselves from HIV/AIDS/STIs and drug abuse.

- No data on number of best practices or policy lessons from local level adapted for national replication. No data on the Existence of National Government body accountable for leading and coordinating child protection.
- No data on number of equity driven social policies developed. No data on number of analytical research papers prepared on budget allocations, disbursements and effectiveness of interventions targeting children from households in the vulnerable population.
- No data on % of LGUs with child responsive and gender sensitive budget. No data on % of reported cases of grave child rights violation which are verified (M/F). No data on percentage of LGUs with institutionalized capacity, contingency plan and budget allocation for emergency response. No percentage of conflict prone LGUs integrating child responsive and gender sensitive parameters for budgeting.
- No data on percentage of LGUs with institutionalized capacity, contingency plan and budget allocation for emergency response.
- No data on percentage of disaster prone LGUs with effective institutional mechanisms (including clusters) for emergency preparedness and response. No percentage of conflict prone LGUs integrating child responsive and gender sensitive parameters for budgeting.
- No data on percentage of LGUs with institutionalized capacity, contingency plan and budget allocation for emergency response. No data on number of advocacy campaigns on key issues over the CP.
- No data on % of projected PSFR income reached by 2014. No data on % of management response to evaluation completed over the CP.

It is also worth noting that for early childhood education comparison of baseline and endline data was not possible because school attendance in 2014 survey was asked (lumped in one category) for 5-24 years old. No data for school attendance of 3-5 years old children.

- 3. Data Quality.** The same instruments from the baseline were used for the end line survey to be able to compare the levels of the indicators that UNICEF tracks for monitoring its progress toward achieving the goals set for the 7th CP, between the two surveys. Among the 36 municipalities, testing for significance of differences is possible only in the 12 areas where the baseline and endline surveys reported the number of cases per municipality and per indicator. Test of significance can only be done for the 12 municipalities and not for the 18 municipalities with no report on number of cases and on 6 cities because there was no baseline to compare the result of the 2016 survey. For the 2016 endline survey, questions on education indicators were added to the survey instruments used in the 2012 baseline survey to respond to the need for data for UNICEF's ECD and Basic Education programs.

**Table 1. Six Sample LGUs Covered in the MIS Baseline and End Line Surveys by Year of Survey**

Region	Province	Municipality	Baseline Survey		Year of Endline Survey	
			Sample	Year	Sample	Year
Region 5	Masbate	Monreal	Households	2012	Households	2016
NCR	Metro Manila	Quezon City	Informal Settler Families	2013	Households	2016
Region 8	Northern Samar	Bobon	Households	2012	Households	2016
Region 12	Cotabato	Cotabato City	Informal Settler Families	2013	Households	2016
ARMM	Maguindanao	Mamasapano	Households	2014	Households	2016
ARMM	Maguindanao	South Upi	Households	2014	Households	2016

**4. Recommendation to improve collection of MIS Data Set.** a. The MIS collects data at household level; it is a self-reported data of the household. It does not survey programs or health systems in the LGU. As most self-reported data, it may incur a high response bias (may affect reliability) based on the subjective experience and knowledge of the respondents; b. For comparative analyses, difficult to compare data that were already different at the start because of the year the baseline survey was taken and the different unit of analysis; c. In Mamasapano and in South Upi data (particularly true to all 12 ARMM municipalities), testing for difference of proportion applying student t-test of difference adjusted for violating the assumption of homogeneity of error variances between two comparative groups because we were not able to meet equal number of cases for comparative groups (a way of allowing us to relax the assumption of homoscedasticity of error variances; d. Using MIS data set for attribution analysis is not possible because the design was one group, before and after intervention. A good design to at least get (even just a simple attribution analysis using Double Difference method or the more controlled propensity matching or more sophisticated statistical analysis applying regression) is the counterfactual design: before and after and with and without intervention design; e. The weakness of the MIS design is compensated by triangulating it with existing documents and reports, Key Informant Interviews, and Focus Group Discussions with various significant sectors in the LGU that can provide first-hand information as to the efficiency and affectivity of UNICEF program implementation in the ground level.

## Data Analyses

### I. MATERNAL AND NEONATAL HEALTH

The Programme Component Result(s) specified in the CPC 7 Result Framework for this Focus Area were:

- by 2015, increased access to high impact preventive services for pregnant women household behaviour change interventions (focused on skilled birth attendance, nutrition, WASH and HIV) for resource challenged vulnerable LGUs with high incidence of child mortality, (7 regions with <50% skilled birth attendance coverage and >31% underweight) HIV (3 high incidence LGUs with high risk youth groups) and WASH (LGUs with <45% sanitation coverage). For this PCR, the indicators were set to: (1)

- Neonatal Mortality: Baseline (2008) 16 per 1000 live births and Target (2015) 15 per 1000 live births; (2) Proportion of births attended by skilled health personnel: Baseline (2008) 74% and Target (2015) 90%; (3) Percent of children less than 6 mos exclusively breastfeed: Baseline (2008) 34% and Target (2015) 50%; (4) underweight (Percent moderate and severe): Baseline (2005) 22% and Target (2015) 18%; (5) Anemia rate among children 6-11 months: Baseline (2008) 55% and Target (2015) and Target (2015) 30%; (6) Use of improved sanitation facilities: Baseline (2008) 67% and Target (2015) 71%; (7)
- Proportion of high risk males and females aged 15-17 years in selected districts with comprehensive correct knowledge of how to protect themselves from HIV/AIDS/STIs and drug abuse: Baseline (2009) 18% (girls), 24% (boys) and Target (2016) 45% (girls), 40% (boys). However, data availability of some indicators as well as incomplete data in the baseline period limit the analysis for this Focus Area. These include indicators on neonatal mortality, underweight, anaemia rate among children, proportion of high risk males and females aged 15-17 years with comprehensive correct knowledge of how to protect themselves from HIV/AIDS/STIs and drug abuse.

In the 6 sample LGUs of this formative evaluation study, the proportion of women assisted by skilled birth attendant is quite low (see Table 1 and Table 2). Only Quezon City with 95.3% in 2016 survey period exceeded the National Target of 90% of births assisted by skilled birth attendants. Mamasapano is showing very low percentage of births assisted by skilled attendants with only 12.9% in 2014 baseline period and only 24.4% in 2016 endline survey, there is a substantial increase of 89.9% between these two periods but not statistically significant at  $p < 0.05$ . While the increase is not as big in South Upi, with 32.72% increase from 2014 baseline to 2016 endline survey periods, the proportion is higher at 59.6% in 2014 baseline period and 79.1% in 2016 endline survey and this percent increase is shown to be statistically significant at  $p < 0.05$ .

Mamasapano and South Upi of Maguindanao province, are the only two municipalities that can be statistically tested for difference of proportion between the 2014 baseline and 2016 endline surveys, because of the availability of baseline while the other four LGUs have either not conducted baseline (as in the case of Cotabato City and Quezon City) or baseline was conducted but the number of women 15-19 years old who had live birth two years preceding the survey was not reported.

**Table 1. Percent Distribution of women age 15-49 years who had a live birth two years preceding the survey assisted by skilled birth attendants**

Municipality/LGU	Baseline	Endline	Percent Change	Significance	Nationwide Target for Each Programme Component Result (s)
<b>Bobon</b>	n.d.	56.8	Cannot be estimated	No baseline data	90%
<b>Mamasapano</b>	12.9	29.4	89.15% increased	n.s.	90%
<b>Monreal</b>	n.d.	79.3	Cannot be estimated	No baseline data	90%
<b>South Upi</b>	59.6	79.1	32.72% increased	s, $p < 0.05$	90%
<b>Cotabato City</b>	n.d.	51.6	Cannot be estimated	No baseline data	90%
<b>Quezon City</b>	n.d.	95.3	Cannot be estimated	No baseline data	90%

Likewise, percent of women age 15-49 who had a live birth that delivered in health facility (Table 2) was also shown to be quite low although registering huge increase in baseline and endline periods. For example, Bobon of Northern Samar increased from 21.3% to 56.8% or an increased of 166.68% and Monreal of Masbate increased from 55.1% to 81.0% or an increased of 47.71% between baseline and endline period. Unfortunately, test of difference of proportion was not conducted for lack of data on number of women age 15-49 years old who delivered in health facility.

**Table 2. Percent distribution of women age 15-49 who had a live birth in two years preceding the survey by delivery in health facility**

Municipality/LGU	Baseline	Endline	Percent Change	Significance	Nationwide Target for Each Programme Component Result (s)
<b>Bobon</b>	21.3	56.8	166.68 % increased	No baseline data on number of women	90%
<b>Mamasapano</b>	11.8	22.0	86.5% increased	n.s.	90%
<b>Monreal</b>	55.1	81.0	47.71 % increased	No baseline data on number of women	90%
<b>South Upi</b>	59.1	78.0	31.98% increased	s, p<0.05	90%
<b>Cotabato City</b>	n.d.	47.6	Cannot be estimated	No baseline data	90%
<b>Quezon City</b>	n.d.	95.3	Cannot be estimated	No baseline data	90%

Other indicators used for this Focus Area are: percentage of women who encountered specific problems around the time of birth (Table 3), percentage of women who received postnatal care (Table 4), and percentage of live birth who were provided new born care (Table 5).

Around one third of women age 15-49 with live birth two years preceding the survey reported encountering problems around the time of birth (Table 3). Most of these women reported encountering problem on long labour (more than 12 hours). A few reported excessive bleeding or high fever and or convulsions. Mamasapano and South Upi showed some slight reduction between baseline and endline periods but the difference was found not statistically significant at p<0.05 level.

**Table 3. Percent Distribution of women 15-49 with live birth two years preceding the survey who encountered specific problems around the time of birth**

Municipality/LGU	Baseline	Endline	Percent Change	Significance	Nationwide Target for Each Programme Component Result (s)
<b>Bobon</b>	n.d.	19.2	Cannot be estimated	No baseline data on number of women	none
<b>Mamasapano</b>	36.9	35.4	4.1% reduction	n.s.	none
<b>Monreal</b>	n.d.	31.0	Cannot be estimated	No baseline data on number of women	none

<b>South Upi</b>	43.6	35.2	19.3% reduction	n.s.	none
<b>Cotabato City</b>	n.d.	30.6	Cannot be estimated	No baseline data	none
<b>Quezon City</b>	n.d.	42.2	Cannot be estimated	No baseline data	none

The percentage of women that reported receiving postnatal care is high with Quezon City showing the highest at 87.5% during the 2016 endline survey. Mamasapano was showing a substantial and statistically significant reduction from 56.7% in the 2014 baseline survey to 18.3% in the 2016 endline survey. On the other hand South Upi showed a slight increase of 9.4% between the two periods, from a high percentage of 66.3% in the baseline to 72.5% in the endline period.

**Table 4. Percent of Women age 15-49 who had live birth in the two years preceding the survey who received postnatal care**

<b>Municipality/LGU</b>	<b>Baseline</b>	<b>Endline</b>	<b>Percent Change</b>	<b>Significance</b>	<b>Nationwide Target for Each Programme Component Result (s)</b>
<b>Bobon</b>	n.d.	46.6	Cannot be estimated	No baseline data on number of women	none
<b>Mamasapano</b>	56.7	18.3	67.7% reduction	s, p<0.05S	none
<b>Monreal</b>	n.d.	58.6	Cannot be estimated	No baseline data on number of women	none
<b>South Upi</b>	66.3	72.5	9.4% increased	n.s.	none
<b>Cotabato City</b>	n.d.	58.1	Cannot be estimated	No baseline data	none
<b>Quezon City</b>	n.d.	87.5	Cannot be estimated	No baseline data	none

New born care was reported by majority of women shown in Table 5. The new born care include contact with mother, cord stump treatment, first bath within hour after birth, weighted, umbilical cord cut, and or dried with towel. Mamasapano and South Upi of Maguindanao province were showing a slight increase but statistically significant difference in proportion between baseline and endline surveys.

**Table 5. Percent of live birth in the two years preceding the survey who were provided newborn care**

<b>Municipality/LGU</b>	<b>Baseline</b>	<b>Endline</b>	<b>Percent Change</b>	<b>Significance</b>	<b>Nationwide Target for Each Programme Component Result (s)</b>
<b>Bobon</b>	n.d.	68.2	Cannot be estimated	No baseline data on number of women	none
<b>Mamasapano</b>	52.9	67.1	26.8% increased	s, p<0.05	none
<b>Monreal</b>	n.d.	89.7	Cannot be estimated	No baseline data on number of women	none
<b>South Upi</b>	70.9	85.7	20.9% increased	s, p<0.05	none
<b>Cotabato City</b>	n.d.	79.7	Cannot be estimated	No baseline data	none
<b>Quezon City</b>	n.d.	87.5	Cannot be estimated	No baseline data	none

## II. WATER, SANITATION AND HYGIENE

Proportion of households reporting improved sanitation facilities were low for Bobon, Mamasapano, and Monreal, not reaching the target of 71%. In contrast, South Upi, Cotabato City and Quezon City exhibited high percentages at 84.7%, 76.8%, and 93.4% respectively, all exceeded the target of 71%. Monreal was showing the highest increased from 39.2% in during the 2012 baseline survey to 67.7% in the 2016 endline survey for an increase of 72.7%. Mamasapano was showing a decline from 52.9% in 2014 survey to 43.1% in 2016 survey. These percentages are way below the target set at 71% of households having improved sanitation facilities.

*Table 6. Percentage of Households Using Improved Sanitation Facilities*

Municipality/LGU	Baseline	Endline	Percent Change	Significance	Nationwide Target for Each Programme Component Result (s)
<b>Bobon</b>	71.9	68.3	5.0% reduction	No baseline data on number of households	71%
<b>Mamasapano</b>	52.9	43.1	18.5% reduction	s, p<0.05	71%
<b>Monreal</b>	39.2	67.7	72.7% increased	No baseline data on number of households	71%
<b>South Upi</b>	82.8	84.7	2.3% increased	n.s.	71%
<b>Cotabato City</b>	n.d.	76.8	Cannot be estimated	No baseline data	71%
<b>Quezon City</b>	n.d.	93.4	Cannot be estimated	No baseline data	71%

Those with no toilet facilities increased slightly for Bobon and Mamasapano and decreased substantially for Monreal and South Upi. The biggest decline was shown by Monreal from 58.4% of households in the 2012 baseline to 26.1% households in the 2016 endline survey. Quezon City in the 2016 survey showed the lowest percentage at less than 1 percent (0.7%) only.

Table 8 is showing a high proportion of households reporting having an improved source of drinking water. A declining trend albeit quite low was shown by Mamasapano and Monreal. Mamasapano declined from 75.2% in 2014 survey to 69.9% in 2016 survey, a decreased of only 7% but this difference was significant at p<0.05 level. South Upi showing a 29.5% increased between baseline and endline surveys was tested not significant at p<0.05 level.

**Table 8. Percent distribution of households using improved drinking water source**

Municipality/LGU	Baseline	Endline	Percent Change	Significance	Nationwide Target for Each Programme Component Result (s)
<b>Bobon</b>	85.3	97.7	14.5 % increased	No baseline data on number of households	71%
<b>Mamasapano</b>	75.2	69.9	7.0% reduction	s, p<0.05	71%
<b>Monreal</b>	77.5	70.3	9.2 % reduction	No baseline data on number of households	71%
<b>South Upi</b>	59.0	76.4	29.5% increased	n.s.	71%
<b>Cotabato City</b>	n.d.	94.3	Cannot be estimated	No baseline data	71%
<b>Quezon City</b>	n.d.	99.8	Cannot be estimated	No baseline data	71%

### III. NUTRITION

For this Programme Component Result (PCRs, the indicators were set to: (1) Percent of children less than 6 exclusively breastfeed: Baseline (2008) 34% and Target (2015) 50%; (2) underweight (Percent moderate and severe): Baseline (2005) 22% and Target (2015) 18%; (3) Anemia rate among children 6-11 months: Baseline (2008) 55% and Target (2015) and Target (2015) 30%. Of these three indicators, only percent of children less than 6 mos old were measured in the MIS. Percent moderate and severe underweight as well as anemia rate among 6-11 mos old children were not measured in both baseline and endline surveys.

There is already a high Proportion of 0-5 mos children exclusively breastfeed with all 6 sample LGUs achieving the target of 50%. Bobon and Monreal were showing and increase with Monreal exhibiting a huge increase of 211.3% between baseline in 2012 and endline in 2016. Mamasapano and South Upi were showing a declining trend, Mamasapano from 93.9% in the baseline and 81.3% in the endline period and South Upi from 89.9% baseline to 72.2% endline. The target set at 50% was more than achieved. However, a decreased, registering a reduction of more than 13% between 2014 baseline and 2016 endline periods should be carefully monitored and assessed to prevent further decline or reduction.

**Table 9. Proportion of 0-5 mos old children exclusively breastfeed**

Municipality/LGU	Baseline	Endline	Percent Change	Significance	Nationwide Target for Each Programme Component Result (s)
<b>Bobon</b>	47.2	58.8	24,6% increased	No baseline data on number of children	50%

Municipality/LGU	Baseline	Endline	Percent Change	Significance	Nationwide Target for Each Programme Component Result (s)
<b>Mamasapano</b>	93.9	81.3	13.4% reduction	n.s.	50%
<b>Monreal</b>	25.7	80.0	211.3% increased	No baseline data on number of children	50%
<b>South Upi</b>	89.9	72.2	19.7% reduction	n.s.	50%
<b>Cotabato City</b>	n.d.	73.9	Cannot be estimated	No baseline data	50%
<b>Quezon City</b>	n.d.	50.0	Cannot be estimated	No baseline data	50%

Another indicator from MIS data is the percent of children age 6-23 months who received diverse food from four or more food groups. Shown in Table 10 is the low proportion of children feed with diverse food. Bobon and Monreal were showing substantial reduction between baseline and endline periods while Mamasapano and South Upi were showing a slight but not statistically significant increased

**Table 10. Proportion of youngest Children age 6-23 months who receive foods from four or more food groups**

Municipality/LGU	Baseline	Endline	Percent Change	Significance	Nationwide Target for Each Programme Component Result (s)
<b>Bobon</b>	42.3	10.3	75.7% reduction	No baseline data on number of children	none
<b>Mamasapano</b>	29.9	38.6	29.1% increased	n.s.	none
<b>Monreal</b>	51.9	10.3	80.2% reduction	No baseline data on number of children	none
<b>South Upi</b>	32.4	46.7	44.1% increased	n.s.	none
<b>Cotabato City</b>	n.d.	35.6	Cannot be estimated	No baseline data	none
<b>Quezon City</b>	n.d.	28.6	Cannot be estimated	No baseline data	none

Shown in Table 11 is the proportion of children 6-23 months that were feed with recommended minimum meal frequency. The baseline proportion was shown to be quite high but substantial reduction occurred in the endline survey. Bobon, Monreal, and South Upi were showing declining trend. This decline was shown to be statistically significant for South Upi but not significant for Bobon and Monreal. Surprisingly, Cotabato City and Quezon City was showing low proportion of children 6-23 months feed with recommended minimum meal frequency.

**Table 11. Percentage of last –born children age 6-23 months with the recommended minimum meal frequency**

Municipality/LGU	Baseline	Endline	Percent Change	Significance	Nationwide Target for Each Programme Component Result (s)
<b>Bobon</b>	66.8	31.3	53.1 % reduction	No baseline data on number of children	none
<b>Mamasapano</b>	61.9	65.9	6.5% increased	n.s.	none
<b>Monreal</b>	89.6	41.5	53.7% reduction	No baseline data on number of children	none
<b>South Upi</b>	71.1	47.8	32.8% reduction	s, p<0.05	none
<b>Cotabato City</b>	n.d.	23.6	Cannot be estimated	No baseline data	none
<b>Quezon City</b>	n.d.	34.0	Cannot be estimated	No baseline data	none

A proxy variable for weight to measure severe and moderate malnourish was presented in Table 12 which present percent of children age 0-23 months whose weight were measured. Table 12 showed that this service was provided to most children age 0-23 months. South Upi was showing an increase from 64.9% during 2014 baseline to 86.8% during 2016 endline survey, a substantial and statistically significant increase of 33.7%. Bobon, and Mamasapano were showing a declining trend while Monreal did not change between the two survey periods.

**Table 12. Percentage of children age 0-23 months whose weight were measured in the past month preceding the survey**

Municipality/LGU	Baseline	Endline	Percent Change	Significance	Nationwide Target for Each Programme Component Result (s)
<b>Bobon</b>	77.5	54.0	30.3% reduction	No baseline data on number of children	none
<b>Mamasapano</b>	43.5	36.6	15.9% reduction	n.s.	none
<b>Monreal</b>	77.8	77.6	0.3% reduction	No baseline data on number of children	none

<b>South Upi</b>	64.9	86.8	33.7% increased	s, p<0.05	none
<b>Cotabato City</b>	n.d.	61.0	Cannot be estimated	No baseline data	none
<b>Quezon City</b>	n.d.	60.9	Cannot be estimated	No baseline data	none

Another proxy variable for moderate and severe malnourished was measurement of height of children 0-23 months. Table 13 is showing the percent of children age 0-23 months that received the service of height measurement in the past month preceding the survey. Monreal and South Upi were showing substantial increase between baseline and endline surveys from low percentages in baseline and high percentages in endline survey. The increase in proportion for South Upi was statistically significant at p<0.05.

**Table 13. Percentage of children age 0-23 months whose height were measured in the past month preceding the survey**

<b>Municipality/LGU</b>	<b>Baseline</b>	<b>Endline</b>	<b>Percent Change</b>	<b>Significance</b>	<b>Nationwide Target for Each Programme Component Result (s)</b>
<b>Bobon</b>	77.5	54.0	30.3% reduction	No baseline data on number of children	none
<b>Mamasapano</b>	32.0	26.8	16.3% reduction	n.s.	none
<b>Monreal</b>	18.5	72.4	291.4% increased	No baseline data on number of children	none
<b>South Upi</b>	24.8	79.1	218.9% increased	s, p<0.05	none
<b>Cotabato City</b>	n.d.	48.0	Cannot be estimated	No baseline data	none
<b>Quezon City</b>	n.d.	51.6	Cannot be estimated	No baseline data	none

Another proxy variable for severe and moderate malnourished children was the measurement of mid-upper arm circumference (MUAC). Table 14 was showing the percent of children age 0-23 months that were provided the service of MUAC measurement. Very few children were provided the service of MUAC measurement except for South Upi which showed 70.3% for endline survey and a huge and statistically significant increase between baseline and endline surveys. All sample municipalities showed an increasing trend between the two survey periods.

**Table 14. Percentage of children age 0-23 months whose Mid-upper Arm Circumference (MUAC) were measured in the past month preceding the survey**

Municipality/LGU	Baseline	Endline	Percent Change	Significance	Nationwide Target for Each Programme Component Result (s)
<b>Bobon</b>	4.1	8.0	95.1% increased	No baseline data on number of children	none
<b>Mamasapano</b>	24.2	24.4	0.8% increased	n.s.	none
<b>Monreal</b>	5.9	22.4	279.7% increased	No baseline data on number of children	none
<b>South Upi</b>	32.0	70.3	119.7% increased	s, p<0.05	none
<b>Cotabato City</b>	n.d.	22.8	Cannot be estimated	No baseline data	none
<b>Quezon City</b>	n.d.	15.6	Cannot be estimated	No baseline data	none

#### IV. HIV PREVENTION

For this Programme Component Results (PCRs), the indicators were set to: Proportion of high risk males and females aged 15-17 years in selected districts with comprehensive correct knowledge of how to protect themselves from HIV/AIDS/STIs and drug abuse: Baseline (2009) 18% (girls), 24% (boys) and Target (2016) 45% (girls), 40% (boys). Unfortunately, the MIS survey of 2012, 2014, and 2016 did not measure indicators for HIV prevention.

#### V. ECCD

The Programme Component Result(s) specified in the CPC 7 Result Framework for this Focus Area were: By 2015 increased access to ECCD and elementary education by 20% in 15 most vulnerable LGUs areas with special focus on gender parity and policy adaptation for national legislation and improved budget allocations. For this PCR, the indicators were set to: (National) Net Enrolment Rate for Elementary Level: Baseline (2009-10):90% (girls), 87% (boys) Target: 92% for girls and 90% for boys; (National) Completion Rate for Elementary Level: Baseline (2009-10: 72% Target: 80% with gender disparity reduced by half.

Baseline disparity 10% Target: 5%; Net enrolment in kindergarten Baseline: 48% Target: 58%; and number of best practices or policy lessons from local level adapted for national replication Baseline: 1 Target: 5. No data on net enrolment in Kindergarten but the MIS provide the percent of children age 3-5 attending early childhood education in the 2016 survey. Data for 2014 baseline survey asked only for 5-24 years old school attendance and did not asked for 3-5 years old school attendance for early childhood education.

Table 15 is showing the percentage of children 3-5 years old attending each childhood education in 2016, this is a proxy variable for net enrolment for Kindergarten. In all 6 sample LGUs, the lack of baseline data limits the analysis, no measurement of change between the two survey periods and no testing of statistical significance of the differences of proportion. However, the endline proportion was compared to the nationwide target and showed Bobon, Monreal, and South Upi having higher proportion of children attending early childhood education than the target while Mamasapano, Cotabato City and Quezon City was showing a much lower percentage of attendance than the target.

Except for Mamasapano, the remaining five LGUs were showing higher proportion of early childhood attendance for females. Only 38.8% of children 3-5 years old were attending early childhood education, 41.5% of these are males and 35.9% are females in Mamasapano. The main reason of parents for not sending children to early childhood education was they feel their child is too young and the kindergarten school is too far or not in their barangay or no transportation available going to the school.

**Table 15. Percentage of children 3-5 years old attending early childhood education by sex**

Municipality/LGU	Baseline	Endline	Percent Change	Significance	Nationwide Target for Each Programme Component Result (s)
<b>Bobon Total</b>	n.d.	87.6	Cannot be estimated	No baseline data	Net Enrolment 58%
<b>Male</b>	n.d.	86.8	Cannot be estimated	No baseline data	Net Enrolment 58%
<b>Female</b>	n.d.	88.6	Cannot be estimated	No baseline data	Net Enrolment 58%
<b>Mamasapano Total</b>	School Attendance asked for 5-24 years	38.8	Cannot be estimated	No baseline data	Net Enrolment 58%
<b>Male</b>	School Attendance asked for 5-24 years	41.8	Cannot be estimated	No baseline data	Net Enrolment 58%
<b>Female</b>	School Attendance asked for 5-24 years	35.9	Cannot be estimated	No baseline data	Net Enrolment 58%
<b>Monreal Total</b>	n.d.	76.2	Cannot be estimated	No baseline data	Net Enrolment 58%
<b>Male</b>	n.d.	73.8	Cannot be estimated	No baseline data	Net Enrolment 58%
<b>Female</b>	n.d.	79.7	Cannot be estimated	No baseline data	Net Enrolment 58%
<b>South Upi Total</b>	School Attendance asked for 5-24 years	78.8	119.7% increased	n.s	Net Enrolment 58%

Municipality/LGU	Baseline	Endline	Percent Change	Significance	Nationwide Target for Each Programme Component Result (s)
<b>Male</b>	School Attendance asked for 5-24 years	77.6	3.4% increased	n.s.	Net Enrolment 58%
<b>Female</b>	School Attendance asked for 5-24 years	80.7	No difference	n.s.	Net Enrolment 58%
<b>Cotabato City Total</b>	n.d.	43.1	Cannot be estimated	No baseline data	Net Enrolment 58%
<b>Male</b>	n.d.	39.0	Cannot be estimated	No baseline data	Net Enrolment 58%
<b>Female</b>	n.d.	46.7	Cannot be estimated	No baseline data	Net Enrolment 58%
<b>Quezon City Total</b>	n.d.	54.5	Cannot be estimated	No baseline data	Net Enrolment 58%
<b>Male</b>	n.d.	46.4	Cannot be estimated	No baseline data	Net Enrolment 58%
<b>Female</b>	n.d.	55.6	Cannot be estimated	No baseline data	Net Enrolment 58%

## VI. BASIC EDUCATION

For this PCR, the indicators were set to: (National) Net Enrollment Rate for Elementary Level: Baseline (2009-10):90% (girls), 87% (boys) Target: 92% for girls and 90% for boys; and (National) Completion Rate for Elementary Level: Baseline (2009-10: 72% Target:: 80% with gender disparity reduced by half Baseline disparity 10% Target: 5%.

MIS has no data on enrolment rate for elementary level but collected data on proportion of children 6-11 years old attending school in 2016 surveys. Only Mamasapano and Upi collected data for the 2014 baseline period. The proportion of enrollees in 2016 endline survey was quite high exceeding the target of net enrolment ratio of 90% for males and 92% for females. In fact, Bobon, Monreal, South Upi, and Quezon City showed 100% and or close to 100% attendance. Only male enrollees in Mamasapano (85.4%) and Cotabato City (88.9%) registered lower than target school attendance percentages. Testing of difference of proportion between baseline and endline surveys was only possible for Mamasapano and South Upi. Both sample LGUs were showing significant difference between two survey periods for percent of school attendance for the male and for both sexes. In Mamasapano for both sexes, the baseline showing 96.3% and endline showing 91.3% for a 5.2% reduction which is significant at  $p < 0.05$ . For males, school attendance decline from 96.4% in baseline to 85.4% in the endline which is significant at  $p < 0.05$ . For females, school attendance increase slightly from 96.2% to 97.88% between the two survey periods but this difference was not statistically significant at  $p < 0.05$ . South Upi was showing an increase of percentage of school attendance for both sexes, for males, and for females.

**Table 16. Percentage of children 6-11 years old attending school by gender**

Municipality/LGU	Baseline	Endline	Percent Change	Significance	Nationwide Target for Each Programme Component Result (s)
<b>Bobon Total</b>	n.d.	100.0	Cannot be estimated	No baseline data	
<b>Male</b>	n.d.	100.0	Cannot be estimated	No baseline data	Net Enrolment 90%
<b>Female</b>	n.d.	98.9	Cannot be estimated	No baseline data	Net Enrolment 92%
<b>Mamasapano Total</b>	96.3	91.3	5.2% reduction	s,p<0.05	
<b>Male</b>	96.4	85.4	11.4% reduction	s,p<0.05	Net Enrolment 90%
<b>Female</b>	96.2	97.6	1.5% increased	n.s.	Net Enrolment 92%
<b>Monreal Total</b>	n.d.	100.0	Cannot be estimated	No baseline data	
<b>Male</b>	n.d.	100.0	Cannot be estimated	No baseline data	Net Enrolment 90%
<b>Female</b>	n.d.	100.0	Cannot be estimated	No baseline data	Net Enrolment 92%
<b>South Upi Total</b>	95.7	99.2	3.7% increased	s,p<0.05	
<b>Male</b>	94.3	99.0	5.0% increased	p<0.05.	Net Enrolment 90%
<b>Female</b>	97.2	99.5	2.4% increased	n.s.	Net Enrolment 92%
<b>Cotabato City Total</b>	n.d.	93.4	Cannot be estimated	No baseline data	
<b>Male</b>	n.d.	88.9	Cannot be estimated	No baseline data	Net Enrolment 90%
<b>Female</b>	n.d.	98.3	Cannot be estimated	No baseline data	Net Enrolment 92%
<b>Quezon City Total</b>	n.d.	99.6	Cannot be estimated	No baseline data	
<b>Male</b>	n.d.	99.3	Cannot be estimated	No baseline data	Net Enrolment 90%
<b>Female</b>	n.d.	100.0	Cannot be estimated	No baseline data	Net Enrolment 92%

No data on completion rate for elementary level but the MIS provide data on the proportion of children age 12 years and above that completed elementary education. Table 17 is showing that only Monreal and Quezon City reached the target of 80% of children completing elementary education. Bobon, Mamasapano, South Upi, and Cotabato City were way below the target completion rate of 80%. In Bobon, gender disparity in endline period is 13.1% greater female completion than male. In Mamasapano, the very low difference of 0.8% more female than male completion in baseline increased to 4% more female than male during endline.

In Monreal, there are 8.7% more female completing elementary than their male counterpart. It was registered in South Upi the statistical significant increase in proportion of children completing elementary

education between baseline and endline surveys. However, South Upi also registered a bigger disparity between sexes with baseline registering 8.2% more females but endline registering a much higher disparity at 9.2% more females completing elementary education. Quezon City and Cotabato City were showing gender disparity in favor of female children at 4.7% and 2.2% respectively. In general, more girls reported higher proportion of completion in the elementary grades than their male counterparts.

**Table 17. Proportion of children 12 years and above that completed elementary education by gender**

Municipality/LGU	Baseline	Endline	Percent Change	Significance	Nationwide Target for Each Programme Component Result (s)
<b>Bobon Total</b>	n.d.	72.6	Cannot be estimated	No baseline data	Completion Rate 80%
<b>Male</b>	n.d.	65.9	Cannot be estimated	No baseline data	gender disparity reduced by half from baseline 10% to endline 5%
<b>Female</b>	n.d.	79.0	Cannot be estimated	No baseline data	gender disparity reduced by half from baseline 10% to endline 5%
<b>Mamasapano Total</b>	41.1	44.4	8.0% increased	n.s.	Completion Rate 80%
<b>Male</b>	40.7	42.3	3.9% increased	n.s.	gender disparity reduced by half from baseline 10% to endline 5%
<b>Female</b>	41.5	46.3	11.6% increased	n.s.	gender disparity reduced by half from baseline 10% to endline 5%
<b>Monreal Total</b>	n.d.	80.8	Cannot be estimated	No baseline data	Completion Rate 80%
<b>Male</b>	n.d.	76.8	Cannot be estimated	No baseline data	gender disparity reduced by half from baseline 10% to endline 5%
<b>Female</b>	n.d.	85.5	Cannot be estimated	No baseline data	gender disparity reduced by half from baseline 10% to endline 5%
<b>South Upi Total</b>	70.3	75.1	6.8% increased	s,p<0.05	Completion Rate 80%
<b>Male</b>	66.4	70.8	6.6% increased	s, p<0.05.	gender disparity reduced by half from baseline 10% to endline 5%
<b>Female</b>	74.6	80.0	7.2% increased	s,p<0.05.	gender disparity reduced by half from baseline 10% to endline 5%

Municipality/LGU	Baseline	Endline	Percent Change	Significance	Nationwide Target for Each Programme Component Result (s)
<b>Cotabato City Total</b>	n.d.	71.6	Cannot be estimated	No baseline data	Completion Rate 80%
<b>Male</b>	n.d.	70.3	Cannot be estimated	No baseline data	gender disparity reduced by half from baseline 10% to endline 5%
<b>Female</b>	n.d.	72.5	Cannot be estimated	No baseline data	gender disparity reduced by half from baseline 10% to endline 5%
<b>Quezon City Total</b>	n.d.	89.2	Cannot be estimated	No baseline data	Completion Rate 80%
<b>Male</b>	n.d.	86.7	Cannot be estimated	No baseline data	gender disparity reduced by half from baseline 10% to endline 5%
<b>Female</b>	n.d.	91.4	Cannot be estimated	No baseline data	gender disparity reduced by half from baseline 10% to endline 5%

## VII. INFORMATION MANAGEMENT SYSTEM

By the end of CP, strengthened national and local level institutional capacity to legislate, measure, monitor, advocate and plan for equitable access to child protection services that prevent and respond to violence, abuse, exploitation and neglect in 10 target LGUs. The MIS has no data on percent of LGU with child responsive and gender sensitive budget. The MIS provided data on percentage of households with knowledge of any law/policy on children's rights and welfare in the 2014 and 2016 surveys.

Table 18 is showing a low proportion of households with knowledge on laws and policies on children's right and welfare. The lowest proportion was shown by Mamasapano at only 23.0% in baseline period but even more lower at endline period with only 12.5% reporting awareness. The difference between these two survey periods was statistically significant at  $p < 0.05$ . Majority of those reporting awareness mentioned knowledge regarding anti-child abuse registering quite high percentages in all six sample LGUs.

Municipality/LGU	Baseline	Endline	Percent Change	Significance	Nationwide Target for Each Programme Component Result (s)
<b>Bobon</b>	n.d.	74.1	Cannot be estimated	No baseline data	none
<b>Mamasapano</b>	23.0	12.5	45.7% reduction	s,p<0.05	none
<b>Monreal</b>	n.d.	36.2	Cannot be estimated	No baseline data	none

<b>South Upi</b>	62.3	64.1	2.9% increased	n.s.	none
<b>Cotabato City</b>	n.d.	38.6	Cannot be estimated	No baseline data	none
<b>Quezon City</b>	n.d.	69.4	Cannot be estimated	No baseline data	none

***Table 18. Percentage distribution of households by respondent’s knowledge on laws and policies on children’s right and welfare***

## **VII. SOCIAL WELFARE AND JUSTICE**

By the end of CP, improved access to coordinated and comprehensive social welfare services and justice for children, as part of a comprehensive social protection framework/strategy that promotes equitable prevention of and response to violence, abuse, and exploitation and supports early childhood development (ECD) through prevention of violence and protection of very young children in 10 LGUs. The MIS has no data on improved access to coordinated and comprehensive social welfare services and justice for children but reported percentage with knowledge of any office which deals with children protection and proportion of those who have availed of the services from these child protection offices.

There is also no data on the percentage of reported cases of grave child rights violation which are verified (M/F) to proper authorities. The MIS provided data on percentage of respondents who observed any incidence of abuse on children and the proportion of those who have observed that reported this abuse in 2014 and 2016 survey.

Awareness of children’s protection office is quite high in Bobon and South Upi, moderately high in Monreal and Quezon City, moderately low in Cotabato City and very low in Mamasapano (Table 19). Availment of services from these children’s protection office was also very low.

***Table 19. Percentage of respondents with knowledge of office which deals with children’s protection and proportion of respondents who have availed of the services***

Municipality/LGU	Baseline	Endline	Percent Change	Significance	Nationwide Target for Each Programme Component Result (s)
<b>Bobon Knowledge of Children's protection office</b>	n.d.	82.8	Cannot be estimated	No baseline data	None
<b>Availed of services</b>	n.d.	25.7	Cannot be estimated	No baseline data	None
<b>Mamasapano Knowledge of Children's protection office</b>	26.9	22.1	17.8% reduction	n.s.	None
<b>Availed of services</b>	20.1	18.0	10.4% reduction	n.s.	None
<b>Monreal Knowledge of Children's protection office</b>	n.d.	54.0	Cannot be estimated	No baseline data	None
<b>Availed of services</b>	n.d.	25.0	Cannot be estimated	No baseline data	None
<b>South Upi Knowledge of Children's protection office</b>	54.1	75.5	39.6% increased	p<0.05	None
<b>Availed of services</b>	11.7	20.0	70.9% increased	p<0.05.	None
<b>Cotabato City Knowledge of Children's protection office</b>	n.d.	41.5	Cannot be estimated	No baseline data	None
<b>Availed of services</b>	n.d.	15.5	Cannot be estimated	No baseline data	None
<b>Quezon City Knowledge of Children's protection office</b>	n.d.	59.9	Cannot be estimated	No baseline data	None
<b>Availed of services</b>	n.d.	20.6	Cannot be estimated	No baseline data	None

Table 20 is showing the low percentage of respondents who observe an incident of abuse on children. Bobon in both baseline and endline surveys and Quezon City for the endline survey were showing more than 10% of respondents observed incident of abuse on children. About a third of those that observed abuse are most likely to report the incident to appropriate office.

**Table 20. Percentage of respondents who observed any incident of abuse on children, and proportion who reported the incident to appropriate office**

Municipality/LGU	Baseline	Endline	Percent Change	Significance	Nationwide Target for Each Programme Component Result (s)
<b>Bobon Observed abuse</b>	10.2	11.3	10.8% increased	No baseline data on number of respondents	None
<b>Reported incident</b>	6.8	42.8	529.4 increased	No baseline data on number of respondents	None
<b>Mamasapano Observed abuse</b>	5.3	0.0	100.0% reduction	s, p<0.05	None
<b>Reported incident</b>	39.3	0.0	100.0% reduction	Statistical test not applied due fewer than 30 cases	None
<b>Monreal Observed abuse</b>	2.4	3.2	33.3% increased	No baseline data on number of respondents	None
<b>Reported incident</b>	28.1	20.6	26.7% reduction	No baseline data on number of respondents	None
<b>South Upi Observed abuse</b>	8.4	5.5	34.5% reduction	n.s.	None
<b>Reported incident</b>	24.5	39.0	59.2% increased	n.s..	None
<b>Cotabato City Observed abuse</b>	n.d.	3.3	Cannot be estimated	No baseline data	None
<b>Reported incident</b>	n.d.	4.6	Cannot be estimated	No baseline data	None
<b>Quezon City Observed abuse</b>	n.d.	11.8	Cannot be estimated	No baseline data	None
<b>Reported incident</b>	n.d.	30.9	Cannot be estimated	No baseline data	None

## VIII. SOCIAL PROTECTION AND BUDGETING

No data on percentage of LGUs with institutionalized capacity, contingency plan and budget allocation for emergency response. The MIS has the following data in 2014 and 2016 surveys: a. proportion who considers him/herself safe in his/her community; b. proportion of respondents who have ever observed any incidence of violence in his/her community.

A fairly good number of household respondents considered themselves safe in their community as shown in Table 21. Mamasapano declined from 59.8% in baseline to 56.1% in endline. This slight reduction of 6.2% between the two periods were statistically significant at p<0.05. South Upi on the other hand

increased by 12.7% between baseline and endline periods and this slight increase was statistically significant at  $p < 0.05$ .

**Table 21. Percentage of households who considers him/herself safe in his/her community**

Municipality/LGU	Baseline	Endline	Percent Change	Significance	Nationwide Target for Each Programme Component Result (s)
<b>Bobon</b>	n.d.	75.9	Cannot be estimated	No baseline data	none
<b>Mamasapano</b>	59.8	56.1	6.2% reduction	s,p<0.05	none
<b>Monreal</b>	n.d.	58.0	Cannot be estimated	No baseline data	none
<b>South Upi</b>	76.4	86.1	12.7% increased	s,p<0.5	none
<b>Cotabato City</b>	n.d.	79.9	Cannot be estimated	No baseline data	none
<b>Quezon City</b>	n.d.	71.1	Cannot be estimated	No baseline data	none

The percentage of household respondents that reported observing incidence of violence in his/her community was quite low except for Mamasapano that increased by as much as 102.4% from 32.7% in the baseline to 66.2% in the endline period. This difference in proportion between the two survey periods was statistically significant at  $p < 0.05$ .

**Table 22. Percentage of household respondents who have ever observed incidence of violence in his/her community**

Municipality/LGU	Baseline	Endline	Percent Change	Significance	Nationwide Target for Each Programme Component Result (s)
<b>Bobon</b>	n.d.	21.6	Cannot be estimated	No baseline data	none
<b>Mamasapano</b>	32.7	66.2	102.4% increased	s,p<0.05	none
<b>Monreal</b>	n.d.	6.6	Cannot be estimated	No baseline data	none
<b>South Upi</b>	17.3	17.2	0.58% reduction	n.s.	none
<b>Cotabato City</b>	n.d.	12.4	Cannot be estimated	No baseline data	none
<b>Quezon City</b>	n.d.	26.5	Cannot be estimated	No baseline data	none

## IX. PEACEBUILDING

No data in the MIS regarding children’s rights being promoted and integrated in the peace process, Action Plan(s) put in place to prevent grave child rights violations are implemented, and systems that prevent and respond to grave child rights violations in conflict are functioning with expanded capacity, including community based child protection mechanisms.

## X. HUMANITARIAN SUPPORT FOR ARMM

By end of CP, ensure humanitarian support and development coordination for conflict-affected LGUs. The MIS data does not measure humanitarian support to conflict-affected LGUs in ARMM

## XI. DISASTER RISK REDUCTION

By end of CP, at least 60% of priority LGUs have integrated a child-centred disaster and climate risk analysis in their development and emergency response plans and the national government has enacted or issued at least one national law or policy that supports child-centred DRR.

No data on percentage of disaster prone LGUs with effective institutional mechanisms (including clusters) for emergency preparedness and response. The MIS has data on the proportion of households affected by disaster/calamity in the last 12 months, data on DRR orientation participated by households, and data on awareness and/or preparedness of households knowing where to go in case of disasters/calamities in 2014 and 2016 survey.

Table 23 is showing Bobon, Mamasapano, and Monreal having high proportion of disaster/calamity affected households in the last 12 months. Mamasapano were showing high proportion in both the baseline and endline periods. South Upi were showing a substantial and statistically significant increase in the proportion of affected residents increasing from 20.8% in the baseline to 47.7%, a 129.3% increase. Cotabato and Quezon cities were showing the lowest number of households reported that they were affected by disaster/calamity. Most of the households mentioned flooding as the calamity or disaster they experienced in the last 12 months.

*Table 23. Percent distribution of households affected by disaster/calamity in the last 12 months*

Municipality/LGU	Baseline	Endline	Percent Change	Significance	Nationwide Target for Each Programme Component Result (s)
<b>Bobon</b>	n.d.	97.2	Cannot be estimated	No baseline data	none
<b>Mamasapano</b>	80.2	77.7	3.1% reduction	n.s.	none
<b>Monreal</b>	n.d.	82.8	Cannot be estimated	No baseline data	none
<b>South Upi</b>	20.8	47.7	129.3% increased	s,p<0.05	none
<b>Cotabato City</b>	n.d.	21.4	Cannot be estimated	No baseline data	none
<b>Quezon City</b>	n.d.	17.2	Cannot be estimated	No baseline data	none

Table 24 is showing that very few households recalled any disaster related orientation conducted by LGU/private organizations/schools/ in the last 12 months in 2014 and 2016 surveys. In Mamasapano, only 12.5% in the baseline and even fewer during endline with only 8.9% of households reporting. Among these, few households reported having at least one member attending DRR Orientation with 8.5% baseline and 6.7% endline.

**Table 24. Percentage of households who recalled any disaster-related-orientation**

Municipality/LGU	Baseline	Endline	Percent Change	Significance	Nationwide Target for Each Programme Component Result (s)
<b>Bobon Recalled DRR orientation</b>	n.d.	37.7	Cannot be estimated	No baseline data	none
<b>At least one member participated in DRR orientation</b>	28.7	39.3	36.9% increased	No baseline data on number of respondents	none
<b>Mamasapano Recalled DRR orientation</b>	12.5	8.9	28.8%	n.s.	none
<b>At least one member participated in DRR orientation</b>	8.5	6.7	23.5% reduction	s,p<0.05	none
<b>Monreal Recalled DRR orientation</b>	n.d.	37.7	Cannot be estimated	No baseline data	none
<b>At least one member participated in DRR orientation</b>	24.2	23.1	4.5% reduction	No baseline data on number of respondents	
<b>South Upi Recalled DRR orientation</b>	40.6	45.6	12.3%	n.s.	none
<b>At least one member participated in DRR orientation</b>	27.3	37.6	37.7% increased	s,p<0.5	none
<b>Cotabato City Recalled DRR orientation</b>	n.d.	16.6	Cannot be estimated	No baseline data	none
<b>At least one member participated in DRR orientation</b>	n.d.	13.5	Cannot be estimated	No baseline data	none
<b>Quezon City Recalled DRR orientation</b>	n.d.	63.5	Cannot be estimated	No baseline data	none
<b>At least one member participated in DRR orientation</b>	n.d.	45.2	Cannot be estimated	No baseline data	none

The MIS also reported the proportion of respondents who were aware of places to go and routes to follow in case of disaster in 2014 and 2016 surveys. Table 25 is showing how knowledgeable and aware

household respondents of places to go in cases of disaster/calamity struct the community. The high proportion of awareness seems to signify readiness and preparedness of the community in case of disaster. In Mamasapano, knowledge where to go is 70.6% in the baseline and 60.9% in the endline, a significant difference between these two periods. In South Upi, a moderate increase of proportion between baseline and endline was shown to be significant at  $p < 0.05$ .

**Table 25. Percentage of respondents who are aware of places to go and routes and percentage of**

Municipality/LGU	Baseline	Endline	Percent Change	Significance	Nationwide Target for Each Programme Component Result (s)
<b>Bobon</b>	n.d.	66.0	Cannot be estimated	No baseline data	none
<b>Aware where to go</b>					
<b>Know where to go</b>	91.1	94.0	3.2% increase	No baseline data on number of respondents	none
<b>Mamasapano</b>	34.4	40.1	14.2 % increase	$s, p < 0.05$ .	none
<b>Aware where to go</b>					
<b>Know where to go</b>	70.6	60.7	14.0%	$s, p < 0.05$	none
<b>Monreal</b>	n.d.	91.8	Cannot be estimated	No baseline data	none
<b>Aware where to go</b>					
<b>Know where to go</b>	90.0	93.7	4.1% increase	No baseline data on number of respondents	
<b>South Upi</b>	46.6	59.1	26.8% increase	$s, p < 0.05$	none
<b>Aware where to go</b>					
<b>Know where to go</b>	75.4	80.6	6.9% increase	$s, p < 0.5$	none
<b>Cotabato City</b>	n.d.	55.3	Cannot be estimated	No baseline data	none
<b>Aware where to go</b>					
<b>Know where to go</b>	n.d.	80.9	Cannot be estimated	No baseline data	none
<b>Quezon City</b>	n.d.	65.7	Cannot be estimated	No baseline data	none
<b>Aware where to go</b>					
<b>Know where to go</b>	n.d.	90.6	Cannot be estimated	No baseline data	none

*respondents who know where to go increase of a disaster/emergency*

# Annex I: Terms of Reference (ToRs)

## **Terms of Reference – Evaluation of UNICEF 7<sup>th</sup> Country Programme - DRAFT**

### **Evaluation Title:**

Formative evaluation of the UNICEF 7<sup>th</sup> Country Programme 2012-2018 in the Philippines

### **Commissioning Office:**

UNICEF Philippines Country Office

### **1. Evaluation Purpose, Users, and Intended Use**

#### **1.1 Evaluation Purpose**

The main purpose of this independent formative evaluation is learning and accountability. The evaluation should assess the relevance, effectiveness, and sustainability of the current GoPh-UNICEF 7<sup>th</sup> Country Programme (2012-2018) in the Philippines. It will prospectively identify what strategic approaches, programmatic components and intervention modalities can help better position UNICEF in the Philippines and stay relevant in a fast changing national development context and support the Government in achieving the SDG agenda.

Overall the purpose of the evaluation is to provide evidence-based findings and recommendations that feed into decision making. In this sense the preliminary findings, conclusions and recommendations will be used to inform the ‘Strategic Moment of Reflection’ (SMR). The evaluation findings and SMR will then be used to shape the 8<sup>th</sup> Country Programme 2019-2024. More specifically it will:

- Identify the strategic approaches and intervention modalities that should inform the design and results structure of the new Country Programme 2019-2024 considering the changing Philippines context;
- Contribute to better position UNICEF in the Philippines and define priority areas to work on; and Determine the most effective and sustainable partnership and implementation approach with government in the current resource context.

#### **1.2 Evaluation timing**

The evaluation will take place in year six of the UNICEF 7<sup>th</sup> Country programme (2012-2018)<sup>16</sup>. Preliminary findings will inform initial planning for the 8<sup>th</sup> Country Programme.

#### **1.2 Primary and secondary audiences for the evaluation and intended use**

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<sup>16</sup> The Country Programme was originally intended to run for six years from January 2012 to December 2016 but was extended to 31 December 2018 considering the country office decision to synchronize the programme cycle with the United Nations Development Assistance Framework for the Philippines and the new Philippines Development Plan.

<b><i>Audience of Evaluation</i></b>	<b><i>Intended Use of Evaluation</i></b>
<p><u>Primary</u> UNICEF Philippines Country Office and Regional Office</p>	<ul style="list-style-type: none"> <li>• Accountability and learning from the UNICEF 7<sup>th</sup> Country Programme</li> <li>• Inform the design, strategic approaches and results framework of the new Country Programme (2019-2024) considering the changing Philippines context</li> <li>• Inform UNICEF on how to best position itself in the Philippines and how to most effectively support the government of Philippines and ARMM government to improve the lives of children and women in the 8<sup>th</sup> Country Programme 2019-2024</li> <li>• Determine the most effective and sustainable implementation approach given the change in the Philippines context and available resources</li> </ul>
<p><u>Secondary</u> Government of Philippines, UN Country Team, key UNICEF partners including implementing partners and donors.</p>	<ul style="list-style-type: none"> <li>• Inform Philippine development planning, particularly the formulation of sector plans priorities related to children and women</li> <li>• As inputs for the development of the next UNDAF plan (2019-2023)</li> <li>• Advocacy on critical areas for inter-sectoral policy and resource allocations</li> <li>• Learning and advocacy on effective interventions in different municipality / Local Government Unit contexts</li> <li>• As inputs to Local Government Unit policy, planning and programming to realize children's right</li> </ul>

## **2. Evaluation Objectives**

1. Assess the relevance, effectiveness, and sustainability of the UNICEF 7<sup>th</sup> Country Programme results, strategy and implementation with a formative, forward looking focus to the current Philippine context.
2. Determine how UNICEF can better position itself to contribute to improve the lives of children and women in the Philippines.
3. Identify the most effective implementation strategy for UNICEF in the current Philippines context.

It seeks to address the following overarching questions:

- To what extent are upstream and downstream programme strategies and interventions being used to position UNICEF in the Philippines appropriate?
- To what extent do these enhance UNICEF comparative advantage?
- How can UNICEF better position itself and be fit for purpose in the new programme cycle?

## **3. Evaluation Context**

### **3.1 Overview of the Philippines political, social and economic context (External)**

The Philippines is considered as a middle-income country where ODA represents 0.5% of the GDP, however both economic indicators and significant government resources mask increasing levels of inequity among the population. The political system still remains influenced by feudal and dynastic power dynamics and the traditional cultures have deeply embedded social and gender disparities. The Philippines has rapid population growth (1.84% from 1990-2015<sup>17</sup>) which outstrips the government's ability to provide jobs, shelter and other basic services. As a result, there is high and rapidly increasing child population and child poverty rates. About 40 percent<sup>18</sup> of the total population (40 million)<sup>19</sup> is children (aged 0-17) and 35.5 percent<sup>20</sup> of these children live in poverty. There are also challenges of chronic system inefficiency and issues of governance. Both the frequency of natural disasters (i.e. typhoons and floods) and the continuing conflict in Mindanao contribute to growing risks and inequity for both children and other segments of the population. The Philippines national election recently took place in May 2016 which made major changes in personnel for many key decision makers in all government agencies and shift in government priorities.

In this context UNICEF is uniquely positioned to support the realization of the rights of children, especially the most disadvantaged and excluded children, given comparative advantages that include an international normative mandate based on the widely ratified Convention on the Rights of the Child; proven capacity in multiple sectors; a mandate that covers the development-humanitarian continuum; a strong field presence; and a capacity to engage concurrently at multiple levels – global, regional, country and local – on common issues, leading to synergies. The organization's networking, convening and advocacy roles and its unique partnerships at all levels support development of collaborative, innovative and real-time solutions to the challenges and constraints that interfere with realizing rights for children and achieving equity in a diverse range of national, regional and global contexts.

At the start of the UNICEF 7<sup>th</sup> Country Programme in 2012, issues concerning children were evident. Malnutrition and stunting were a challenge in both preschool and elementary school levels. The prevalence of low weight-for-age (underweight) and low height for age (stunting) among children under five years old stayed at around 20 percent and 30 percent, respectively, based on surveys conducted in 2003, 2005, 2008 and 2013. Micronutrient malnutrition remains an issue although some significant improvements in iodine nutrition have been noted. Child health and nutrition status is far worse in Mindanao particularly in the ARMM as compared to the other parts of the country, largely due to conflict and population displacement. Infant mortality rate in ARMM is at 56 per 1,000 live births and under-five mortality rate is at 94 per 1000 live births. Lack of water for hygiene, unsafe water supplies, and poor sanitation contribute to high diarrhea prevalence and high helminth infections.

Provision of ECCD services for 3-5 year olds has remained inadequate (19.4 percent gross enrolment rate for 3-4's and 68 percent for 5 year olds) and poorly coordinated. Net enrolment rates have remained low at 90 percent in elementary and 63 percent in high school education while completion rates have been stalling at around 73 percent. Achievement rates, while progressively increasing, has fallen short of the 75 percent mastery level. Boys are more disadvantaged than girls in all these key indicators.

Growing numbers of children are vulnerable to and have become victims of various forms of abuse, violence and exploitation. Data in various agency reports and studies reveal the presence of working children, street children, sexually abused and exploited children, trafficked children, children in armed-

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<sup>17</sup> 2015 Census of Population Report, Philippine Statistics Authority (PSA)

<sup>18</sup> Computed from the 2010 Census of Population basic data published by PSA

<sup>19</sup> Computed using basic data from the 2010 and 2015 Census of Population data published by PSA

<sup>20</sup> PSA estimates using 2009 data

conflict, children in drugs, children in conflict with the law, and children without parental care or at risk of losing parental care.

### 3.2 Relevant programmatic and/or thematic aspects to the evaluation (UNICEF-Internal)

The goal for UNICEF 7<sup>th</sup> Country Programme 2012-2018 is to contribute to the progressive realization of children's rights in line with Government priorities to achieve the Millennium Development Goals (MDGs)<sup>21</sup>. The guiding principle of Govt. Philippines -UNICEF Country Programme 2012-2018 in addressing the achievement of this goal, echoing that of the United Nations (UN) Country Team, is that "human development is not only about health, education and income — it is also about people's active engagement in shaping development, equity and sustainability, intrinsic aspects of the freedom people have to lead lives they have reason to value."

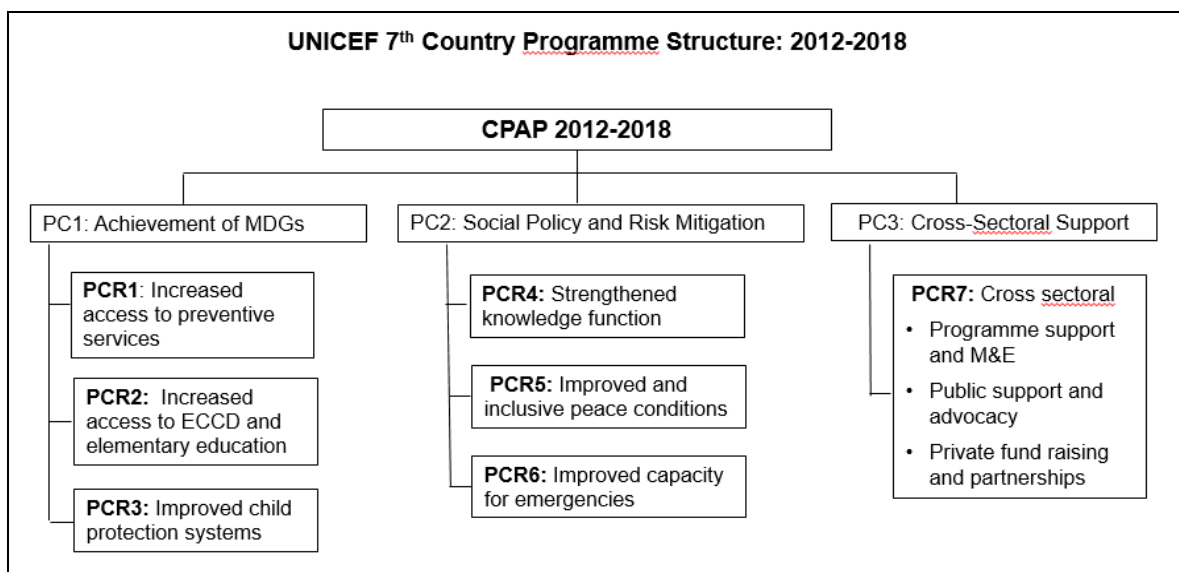
The UNICEF 7<sup>th</sup> County Programme tries to address the inequities of child development in the Philippines through a renewed orientation to improving public social sector service delivery inadequacies in locations experiencing multiple vulnerabilities (including most importantly repeated humanitarian crises needing response) through a combination of (1) national and local policy reform, (2) local government capacity building and (3) support to citizen participation in decision making, including children and young people in influencing planning and monitoring as a strategy for achieving MDGs with equity.

#### UNICEF 7<sup>th</sup> Country Programme Results Structure:

The current UNICEF Country programme results structure has three Programme Components with seven Outcomes (see figure below). Programme Component one focuses on services and systems ('downstream') to contribute to achieving national MDGs by 2015 by addressing inequities in selected locations suffering from multiple vulnerabilities. Programme Component two focuses predominantly on policy initiatives ('upstream') that have been designed to support multi-level government efforts to improve human security and its social policy framework so as to mitigate risks arising from social disparities, conflict and natural disasters. These two programme components have been designed explicitly to address the development/risk conundrum. Programme Component three is a management result with the aim provide support to the first two by focusing on communication, fund raising and performance.

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<sup>21</sup> Noting that the objectives were framed in 2011 for the 2012-2016 Country Programme



The strategic approaches applied in the Country Programme are: i) Equity focus on deprived groups, ii) Generation of evidence, iii) Evidence informed policy advocacy/public advocacy, iv) Leveraging of good practices and models for policy development and scale-up including South-South Cooperation, v) mainstreaming of Communication for Development (C4D) in all programmes, vi) Support to the Government in disaster risk reduction, response preparedness and capacity building for emergency response.

The geographic coverage of the Country Programme assistance is at national level with direct interventions in 36 priority cities / municipalities (Local Government Units) which were assessed to have critical vulnerabilities affecting children in the Philippines (see list of the 36 areas under item 4 – evaluation scope).

In November 2013, the Philippines were struck by Category 5 Super Typhoon Haiyan. The UNICEF Country Office mounted a significant response. Its Typhoon Haiyan humanitarian budget was around USD 150 million (roughly ten times the size of the Country Programme annual budget), initially over 1 year (2014) but extended to 3 years (end 2016). The UNICEF Country Office response to Typhoon Haiyan (and other major emergency responses such as Typhoon Bopha of 2012, Bohol earthquake of 2013, and Zamboanga Siege of 2013) had a significant impact on both UNICEF staff time, resource and programmatic priorities and should be considered as a factor in the broader operational context.

The UNICEF Mid Term Review of 2015 concluded that the Country Programme results and implementation strategies remained relevant and should continue throughout the remaining years of the Country Programme. The review emphasized the country office’s renewed focus on equity, specifically a programmatic focus on marginalized populations (i.e. indigenous populations, children with disability, and those affected by humanitarian situations).

#### **4. Evaluation Scope**

The evaluation will focus on the UNICEF 7<sup>th</sup> Country Programme 2012-2018. The timeframe to be evaluated is the first five years of the country programme from 01 January 2012 to 31 December 2016.

The geographic coverage of the evaluation will be at national level, including the ARMM government, and the 36 priority municipalities/cities Local Government Units (see Annex A for list) that are the focus of the direct interventions of the UNICEF 7<sup>th</sup> Country programme.

This evaluation will not consider the efficiency and impact of the UNICEF 7<sup>th</sup> Country Programme. Also, it will not assess the UNICEF actual performance in the emergency responses for the affected population of Typhoon Haiyan of 2013, Bohol earthquake of 2013, Zamboanga Siege of 2013, and Typhoon Bopha of 2012 but will look into the preparedness of the country office in emergency response in terms of resources including staff capacity, and programmatic priorities.

To the extent possible, it will utilize data from the UNICEF household Multiple Indicator Survey that covers the 36 UNICEF priority LGUs and is available for 2012, 2014, and 2016, among other already-available data, information and literatures.

#### 4. **Evaluation Criteria**

The team should use the OECD DAC criteria of relevance, efficiency, effectiveness and sustainability, as well as equity and human rights. Yet considering the short timeline of the evaluation it should prioritize relevance, effectiveness and sustainability.

Below are preliminary evaluation questions which will be finalized with the evaluation team during the inception phase:

##### Relevance

- To what extent are the objectives, strategic approaches and implementation modalities of the UNICEF 7<sup>th</sup> Country Programme still valid in the current Philippines context?
  - To what extent are they **aligned** with national development priorities and SDGs (especially for 2017-2018)?
  - To what extent have these strategies and implementation approaches contributed to **position** the CO as a key player in the respective national development agendas?
  - Were strategies and implementation approaches **adequately** planned, implemented, monitored and evaluated? Were they appropriate for achieving the desired results?
  - How can the new CP objectives, approaches and modalities be more relevant and adapted to the Philippines fast changing context?

##### Effectiveness

- To what extent were the Country programme results achieved?
  - What achievements have been made? What are the major factors influencing the achievement or non-achievement of the objectives?
  - What upstream and downstream programme components yielded better results? What did UNICEF pick and leave behind? Why?
  - To what extent and when is UNICEF good value for money as compared to other organizations with similar objectives in the country?
- To what extent have the programme strategies and implementation modalities been effective considering the current Philippines context?
  - What strategic approaches was UNICEF able to implement?

- What are the most effective strategic approaches at country and local level? Why? When have the strategies been effective for achievement the programme results?
- What did UNICEF learn?

### Sustainability

- To what extent is the UNICEF implementation approach and modalities sustainable, especially around the level that UNICEF engages with government? (i.e. priority barangays and municipalities/cities, national)
- What are the major factors which influence the achievement or non-achievement of sustainability?
- What can UNICEF learn from its existing partnerships in the Philippines? How can UNICEF establish stronger partnership in the Philippines to support the GoPh in achieving the SDGs?
- Where should UNICEF position itself to strengthen its added and comparative advantage?

An evaluation matrix that contains the tailored evaluation questions and sub-questions with key indicators, data collection methods, means of verification will be developed by the selected evaluation team as part of the inception phase. The above mentioned sub-questions can be prioritized and modified by the evaluation team during the inception phase.

## **5. Methodology**

### 5.1 Methodological approach and design for the evaluation

This formative evaluation will focus on the *UNICEF 7<sup>th</sup> Country Programme 2012-2018 (specifically 01 January 2012 – 31<sup>st</sup> December 2016) and inform the new CP*. This evaluation calls for a utilization focused approach and mixed methods. The evaluation requires visits and analysis both at the capital level and field level. It is expected that the evidence collection will be collected through a desk review, complemented by KIIs of rights holders and duty bearers including UNICEF staff, government officials, implementing partners and the target population of the country programme, and group discussions at both the national and Local Government Unit (municipality and city) level. A survey may also be considered to complement the evidence collected through the above mentioned data collection tools.

Findings conclusions and recommendations should be based on triangulated evidence. Three types of triangulation methods are envisaged: 1) cross reference of different data sources (KIIs, FGDs and documentation); 2) investigator triangulation through the deployment of multiple evaluators; and 3) review by inquiry participants through the respondents' validation meeting and consultation with UNICEF and government key respondents during the report drafting process. The triangulation efforts will be tested for consistency of results, noting that inconsistencies do not necessarily weaken the credibility of results, but may reflect the sensitivity of different types of data collection methods. This is to ensure validity, establish common threads and trends, and identify divergent views.

### 5.2 Links between data sources, data collection methods and analysis methods

Based on the above mentioned purpose and scope of the evaluation, the bidders are expected to submit a proposal for methodologies including data sampling strategy and selection criteria among the 36 UNICEF priority LGUs as well as key evaluation questions. Additionally, the bidders should explicitly state the limitations of the selected methods.

The evaluation questions above are central to the evaluation design. Prioritization of questions, Additional sub-questions and any new areas of enquiry across will be developed and discussed with the Evaluation Team during the inception phase.

### 5.3 Existing information sources

#### **UNICEF**

- Evaluation Results of UNICEF 6<sup>th</sup> Country Programme
- Evaluability Assessment Results of the UNICEF 7<sup>th</sup> Country Programme
- UNICEF Country Programme Document 2012-2018
- UNICEF Situation Analysis - 2010 and 2014
- UNICEF Situation Analysis 2017 (preliminary findings)
- UNICEF Situation Analysis of Indigenous Children of Mainland ARMM
- UNICEF National Situationer on Indigenous Peoples (preliminary findings)
- UNICEF Country Office Annual Reports 2013, 2014, 2015 and 2016
- UNICEF Education Evaluation Results 2017
- UNICEF Real Time Evaluation Typhoon Haiyan 2014
- UNICEF Equity in PFM Systems
- UNICEF Multiple Indicator Household Surveys in 2012, 2014, and 2016
- UNICEF Strategic Plan 2014-2017 (global)

#### **Internal UNICEF document**

- UNICEF Mid Term Review Findings March 2015
- Documentation reports of mid-year and annual programme reviews, annual management reviews
- UNICEF Internal Audit Review Findings December 2015
- Business Case Notes with the Pathways to Change for all expected UNICEF Outputs (Intermediate Results IRs)

#### **External**

- Philippines Development Plan (PDP) 2011-2016 and/or the new PDP 2016-2022 (if already available in Q1 of 2017)
- AmBisyon Natin 2040
- Philippines SDGs and indicators
- United Nations Development Assistance Framework (UNDAF) 2011-2018
- Related documents on Philippines' commitment to international agreements that are related to women and children (e.g. Paris Declaration; CEDAW, Post-2015 development agenda, etc.)

### **6. Activities, Tasks and Estimated number of working days**

<i>What</i>	<i>When</i>	<i>Estimates for contracting<sup>22</sup></i>	
		<i>Number of Working Days Remote</i>	<i>Number of Working Days in Country</i>
<p><b><u>1. Preparation</u></b>  Task review and consultative meetings (inception mission)  Preparation of draft inception report with prioritized evaluation questions. Submit draft to UNICEF 17 Apr 2017  Evaluation Reference Group review of the draft inception report and consolidated comments shared with institution (2 weeks) 01 May 2017  <u>Deliverable 1</u>: Finalization of inception report and submit to UNICEF 08 May 2017</p>	20 March-08 May 2017	17 (3 weeks)	7 (1 week)
<p><b><u>2. Data Collection/Fieldwork</u></b>  Training of field researchers (as necessary) / Conduct key informant interviews/FGDs  Brief on field work results</p>	08 May – 29 May 2017	3 (1 week)	12 (2 weeks)
<p><b><u>3. Data Processing, Analysis and Validation</u></b>  3.1 Data cleaning, consolidation/tabulation, analysis  3.2 Development of preliminary findings, conclusions and recommendations. <u>Deliverable 2 a</u>): Zero draft of evaluation report submitted to UNICEF 19 June 2017  3.3 Consultation with UNICEF, evaluation reference group, and other stakeholders (validation workshop, meetings) to validate findings, conclusions and strengthen recommendations.  <i>Validation workshop date – week beginning Monday 26 June 2017</i>  <u>Deliverable 2 b</u>): Documentation report of validation workshop submitted to UNICEF 03 July 2017</p>	29 May – 03 July 2017	18 (4 weeks)	4 (<1 week)
<p><b><u>4. Development and finalization of evaluation report</u></b>  Preparation of draft final evaluation report. Submit draft to UNICEF 10 July 2017  Evaluation Reference Group review of the draft final evaluation report and consolidated comments shared with institution (2 weeks) 24 July 2017  <u>Deliverable 2 c</u>): Final Evaluation report submitted to UNICEF 07 August 2017</p>	03 July – 07 August 2017	10 (2 weeks)	

<sup>22</sup> Estimates are based on a one person working days

<i>What</i>	<i>When</i>	<i>Estimates for contracting<sup>22</sup></i>	
		<i>Number of Working Days Remote</i>	<i>Number of Working Days in Country</i>
<p><b><u>5. Launch/Presentation of Final Evaluation Results and Recommendations</u></b></p> <p>Preparation of presentation materials including development of evaluation brief. Submit draft to UNICEF by 14 August 2017 UNICEF Country Office review of presentation materials including evaluation brief. Share comments with institution 21 August 2017.</p> <p><b><u>Deliverable 3:</u></b> Final version of presentation materials and evaluation brief, including presentation of findings, conclusions and recommendations to UNICEF and key stakeholders, by 28 August 2017</p>	07 – 28 Aug 2017	2 (<1week)	3 (<1week)
<b><i>Total Estimated working days</i></b>		<b><i>50</i></b>	<b><i>26</i></b>

**Total estimated working days – 76**

- Of which 50 can be done remotely and 26 in Philippines
- 76 working days work is equivalent to 3.5 months over a 7 month period (March – 30 September 2017)

## 6.1 Key stages of the evaluation process and proposed detailed timeline

<b>Country Program Evaluation Planner</b>		v. 09 March 2017					
		<b>2017</b>					
<b>Milestone and Key Activities</b>		<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>June</b>	<b>July</b>
<b>1. Preparation</b>							
Estimated start date for SitAn institution / consultant			13th				
<b>Deliverable 1: Finalization of inception report and submit to UNICEF 08 May 2017</b>					08th		
<b>2. Data Collection/Fieldwork</b>							
Field Work, data collection, debrief							
<b>3. Data Processing, Analysis and Validation</b>							
Data cleaning, consolidation/tabulation, analysis; development of preliminary findings, conclusions and recommendations; validation.							
<b>Deliverable 2 a): Zero draft of evaluation report submitted to UNICEF 19 June 2017</b>						19th	
<b>Deliverable 2 b): Documentation report of validation workshop submitted to UNICEF 03 July 2017</b>							03rd
<b>4. Development and finalization of evaluation report</b>							
<b>Deliverable 2 c): Final Evaluation report submitted to UNICEF 17 July 2017</b>							07th
<b>5. Launch/Presentation of Final Evaluation Results and Recommendations</b>							
<b>Deliverable 3: Final version of presentation materials and evaluation brief, including presentation of findings, conclusions and recommendations to UNICEF and key stakeholders, by 07 August 2017</b>							28th

## 6.2 List of products that will be delivered by the evaluation team including the due dates and payment terms

<b>Deliverables</b>	<b>Due Dates</b>	<b>Payment Terms</b>
1. Inception report and evaluation questions (after incorporation of feedback from reference group) accepted by UNICEF	08 May 2017	20%
2a. Draft evaluation report	19 June 2017	50%
2b. Documentation report of validation workshop	03 July 2017	
2c. Final evaluation report (after incorporation of feedback from reference group)	07 Aug 2017	

3. Presentation materials and evaluation briefs including presentation of findings, conclusions and recommendations to UNICEF, implementing partners, and other selected stakeholders	28 Aug 2017	30%
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NB. The evaluation reports must be compliant with [UNICEF-Adapted UNEG Evaluation Report Standard](#).

6.3 Roles and responsibilities for evaluation team members, the commissioning organization and other stakeholders in the evaluation process

Reference the UNICEF Philippines Standard Operating Procedures for Research, Studies and Evaluations, Reference the [UNICEF Procedure for Ethical Standards in Research, Evaluations, and Data Collection and Analysis](#)

6.4 Evaluation quality assurance process

Reference the UNICEF Philippines Standard Operating Procedures for Research, Studies and Evaluations; UNEG norms standards for evaluation reports; UNICEF-GEROS review criteria

**7. Evaluation team**

The core evaluation team may be comprised of three (3) experts, while UNICEF is flexible in the team’s composition so long as the evaluation work is of high quality. Examples of profiles could be as follows:

- a) Team Leader – a development programme evaluation expert preferably with a multidisciplinary background, familiar with Philippine context, and with experience in conducting UN evaluations. As team leader, he/she is responsible for preparing the overall workplan, ensuring coherence of the analytical approach, and that all evaluation outputs are produced in an acceptable and timely manner. Also, he/she will be responsible for the cross-cutting issues (e.g. gender equality and human rights, including child rights) and integrating the inputs of the other team members into a coherent Country Programme Evaluation Report.
- b) Evaluation Specialist –with extensive expertise and experience in conducting development programme evaluations, knowledgeable of institutional issues related to development programming (including the role of the UN system, partnerships, results-based management, planning and monitoring, sustainable development issues).
- c) Research associate/coordinator – shall be a local consultant; will be tasked to support coordination, data gathering, field work, and all administrative and logistical support required to implement the evaluation.

**8. Evaluation Management**

Evaluation Manager will be UNICEF-PME (Chief) in coordination with the UNICEF Regional Office Evaluation Advisor and under the overall guidance and responsibility of the UNICEF-Philippines Country Office Representative. An evaluation reference group will be created to provide guidance to the evaluation and quality assure all evaluation products which includes the inception report, draft report, and final report. The reference group should include selected Senior Government Officials, UNICEF CO Senior Management and Chief PME and RO Regional Evaluation Adviser, with UNICEF-PME as the secretariat.

**9. Criteria for selecting the institutions conducting the evaluation project**

The technical and financial proposals shall be given a weight of 70% and 30%, respectively, for a total score of 100%. The minimum score required for the technical proposal is 49 points. Technical proposals scoring less than 49 points will be considered non-responsive; therefore, will be rejected. Financial proposals shall only be assessed for organizations that passed the minimum required score for the technical component. The submitted proposal shall be assessed using the following matrix:

Item	TECHNICAL EVALUATION CRITERIA	Score (Max. Points Obtainable)
<b>1</b>	<b>Overall Response e. g. Understanding of the assignment by the proposer and the alignment of the proposal submitted with the ToR</b>	<b>15</b>
1.1	Overall concord between RFP requirements and proposal	10
1.2	Completeness of response	5
<b>2</b>	<b>Company and Key Personnel</b>	<b>30</b>
2.1	Range and depth of organizational experience with similar projects	8
2.2	Samples of previous work	7
2.4	Key personnel: relevant experience and qualifications of the proposed team for the assignment (Evaluation)	15
<b>3</b>	<b>Proposed Methodology and Approach e.g. Work plan showing project implementation plan in line with the timeline</b>	<b>25</b>
3.1	Proposed work plan and approach of implementation of the tasks as per the ToR	10
3.2	Implementation strategies, monitoring and evaluation, quality control mechanism	15
<b>TOTAL TECHNICAL SCORE</b>		<b>70</b>