

*FINAL EVALUATION*

**UNICEF COMPONENT AIMED AT STRENGTHENING HEALTH AND  
SOCIAL SERVICES**

**WITHIN THE 2008-2010 JOINT UNFPA/UNICEF/UNDP/UNV  
PROJECT ON ENHANCING HUMAN SECURITY IN THE FORMER  
NUCLEAR TEST SITE OF SEMIPALATINSK, KAZAKHSTAN**

Final Report

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## ACRONYMS

<b>Akim</b>	Village/district leader, town/city mayor, provincial governor
<b>Akimat</b>	Council/Administration (of village, town, city or province)
<b>BP</b>	Better Parenting
<b>CBOs</b>	Community Based Organizations
<b>CFCI</b>	Child-Friendly City Initiative
<b>CP</b>	Country Programme
<b>CPAP</b>	Country Programme Action Plan
<b>CRC</b>	Convention on the Rights of the Child
<b>CSN</b>	Children with Special Needs
<b>ECD</b>	Early Childhood Development
<b>EKO</b>	East-Kazakhstan Oblast
<b>EPC</b>	Effective Perinatal Care
<b>ESCWA</b>	Economic and Social Commission of Western Asia
<b>FSC</b>	Family Support Center
<b>GRB</b>	Gender Responsive Budgeting
<b>HCR</b>	Healthy Child Room
<b>HRBA</b>	Human Rights-based Approach
<b>ICU</b>	Intensive Care Unit
<b>IMR</b>	Infant Mortality Rate
<b>MCH</b>	Mother and Child Health
<b>MDGs</b>	Millennium Development Goals
<b>MMR</b>	Maternal Mortality Rate
<b>MoE</b>	Ministry of Education
<b>MoH</b>	Ministry of Health
<b>MoU</b>	Memorandum of Understanding
<b>NGO</b>	Non-Governmental Organization
<b>Ob/Gyn</b>	Obstetrics/Gynecology
<b>Oblast</b>	Province
<b>PHC</b>	Primary Health Care
<b>PI</b>	Pedagogical Institute (Semey)
<b>PMPC</b>	Pedagogical-Medical-Psychological Commission (Semey)
<b>Rayon</b>	District
<b>RBB</b>	Results-based Budget
<b>RBM</b>	Results-based Management
<b>RK</b>	Republic of Kazakhstan
<b>SSMU</b>	Semey State Medical University
<b>SSMC</b>	Semey State Medical College
<b>SSPI</b>	Semey State Pedagogical Institute
<b>TOR</b>	Terms of Reference
<b>U5MR</b>	Under 5 Mortality Rate
<b>UN</b>	United Nations
<b>UNDAF</b>	United Nations Development Assistance Framework
<b>UNDP</b>	United Nations Development Programme
<b>UNFPA</b>	United Nations Population Fund
<b>UNICEF</b>	United Nations Children's Fund
<b>UNTFHS</b>	United Nations Trust Fund for Human Security
<b>UNV</b>	United Nations Volunteers
<b>WHO</b>	World Health Organization
<b>YFS</b>	Youth-Friendly Services

## EXECUTIVE SUMMARY

### 1. Summary of Assignment and Methodology

The Joint UNFPA/UNICEF/UNDP/UNV three-year programme on "Enhancing Human Security in the Former Nuclear Test Site of Semipalatinsk" (2008-2010) was launched in March 2008 to support the Government of Kazakhstan in its recovery and development of the Semipalatinsk region. The programme was funded by the Government of Japan through the UN Human Security Trust Fund (UNTFHS) in the amount of USD 1,978,698. The Joint Programme aimed at improving the wellbeing of vulnerable populations in the Semipalatinsk region and developing economic, ecological, social and health conditions so as to enhance social security and prevent social conflict. The programme will be completed in December 2010.

The Semipalatinsk region is an area of 180,000 km<sup>2</sup> to the northeast of the country. Semipalatinsk city, the site of former Soviet Union nuclear weapons testing, comprises an area of 19,000 km<sup>2</sup> where in 1949-89 the former Soviet Union conducted 468 nuclear weapons tests; 125 of which were above ground. The nuclear test site was closed in 1991 following Kazakhstan's independence but the impact on the health and social wellbeing of the population in the area continues to this day. Soil, rivers and lakes in the immediate test area are severely contaminated, and in the Semipalatinsk region as a whole over 1.3 million people continue to suffer directly or indirectly from the legacy of nuclear weapons testing, manifested in inadequate infrastructure, economic stagnation, persistent poverty and poor health and social conditions. Developing this region and improving the lives and wellbeing of its inhabitants are integral to Kazakhstan's vision and strategy for development over the next 20 years (2030 strategy)

#### **Purpose of Evaluation**

By examining information and data available on the project structure, design and implementation, products and results, the evaluation aims to assess the project in terms of its effectiveness, impact, and replication. More specifically, the evaluation examines the project in terms of: *Relevance* in light of national priorities and needs, particularly in EKO; *Effectiveness* of its partnership strategy, component activities; *Efficiency* in design, structure and utilization of resources, *Impact* in terms of tangible development results; and, *Sustainability* in terms of the potential for national ownership, integration of results and replication in the future. Findings are presented and analyzed to describe opportunities and challenges and suggest recommendations for consideration in the second phase of this project.

#### **Objectives of the Joint Programme**

The UNTFHS Joint Programme was launched to address the complex and multi-sectoral challenges to development in the region. It focused on fostering long-term development within an overarching framework of enhancing human security. Participating UN agencies assigned areas of responsibility for programme implementation based on their mandates and specific comparative advantages. By working closely with the Government

of Kazakhstan (GoK) and building on their strong relationships with relevant regional government departments, local authorities, local NGOs and the community; participating UN agencies could ensure compatibility with national and local priorities and maintain systematic coordination in a common effort to address challenges in the region. The main problems addressed through a long-term development focus include:

- Health and social services: Addressing the lingering health consequences of radiation, as well as declining health services by ensuring access to quality basic health and social services, and targeting vulnerable groups (women, children and youth). The main aims are to decrease the high infant and maternal mortality rates and the number of child abandonments, strengthen the resilience of young people in the face of health and development risks specific to their age group, and to increase children's access to pre-school education and early childhood development programmes.
- Environment: Attending to the ecological consequences of nuclear testing
- Economic development: Addressing the collapse of the local economy and lack of new economic opportunities by building capacities for entrepreneurship, improving business knowledge and management skills, and providing people with new tools (micro credit, leasing, etc) to start and develop economic activities and to create employment.
- Social infrastructure: Addressing the lack of an adequate social infrastructure and absence of social empowerment by working to mobilize communities through volunteerism and to support NGOs/CBOs in providing community services and in acting as agents of change within society.

Three main goals were formulated to translate underlying principles of human security into concrete projects and to guide the programme's achievement of development results. These goals, formulated to demonstrate *Results Based Approach*, are located firmly in the human rights based approach (HRBA) to development and consistent with articles of the Convention on the Rights of the Child (CRC) and other international human rights standards. The programme was designed and implemented to involve all relevant national and local stakeholders, reflect national priorities and achieve progress toward the Millennium Development Goals (MDGs) – particularly MDG Goals 1-6.

#### **Goals of the Joint Programme:**

**Goal 1** - Health and social services: ensuring quality basic health services, targeting vulnerable groups (women, children and youth), to decrease the high infant and maternal mortality rates (UNICEF and UNFPA)

**Goal 2** – Economic development: to build capacities for entrepreneurship and business skills, and to provide modalities for generating economic and employment opportunities (UNDP and UNV)

**Goal 3** – Social infrastructure: mobilizing and empowering communities, promoting volunteerism and supporting NGOs/CBOs in providing community services and in acting as agents of change within society (UNDP and UNV)

#### **UNICEF Project Component:**

The UNICEF project component is consistent with UNDAF priorities and goals in Kazakhstan. UNICEF has built on a successful record of ongoing programming in the country, including in EKO, as evidenced in the Country Programme (CP) and Country Programme Action Plan (CPAP) for each of 2005-2009 and 2010-2015 and whose overall goals closely parallel and compliment those of the current project.

### **Goal 1: Strengthening Health and Social Services (UNICEF and UNFPA component)**

Five specific project objectives were identified by UNICEF to achieve this goal (each with corresponding inputs, outputs and indicators):

- 1.1. By end 2010, 50 % of newborn babies of the Semipalatinsk region will receive quality perinatal care support services
- 1.2 By end 2010, children of 0-3 years of age from 20,000 families living in rural areas of the Semipalatinsk region will benefit from better early childhood development practices
- 1.3 By end 2010, 10,000 young people of the Semipalatinsk region will enjoy youth-friendly psychosocial and health services
- 1.4 By end 2010, at least 5,000 vulnerable families in the Semipalatinsk region will benefit from social counselling and family support services
- 1.5 By end 2010, local Government and NGOs of the Semipalatinsk region will be able to better plan family-based and child-focused social policies at local level

## **2. Summary of Findings and Results**

The evaluation analyzes achievements of the UNICEF project component by highlighting successfully achieved outputs and corresponding promising changes and trends regarding perinatal health conditions and health care in the Semipalatinsk region. Observations and conclusions about project design, relevance and effectiveness, efficiency, sustainability and outcomes are examined in light of the findings and with reference to the questions posed in the TORs

The evaluation uncovered progress in key areas:

- **Effectiveness of trainings:** There appears demonstrable evidence of increased knowledge, skills and capacity imparted through this project in critical areas of maternal and child health and wellbeing among those targeted for training in this project (pediatric physicians, Ob/Gyn, neonatal health care professionals and nurses, midwives, managers, etc). In light of long-term changes sought, it is still too early to ascertain how much of a shift in attitudes and practice have been institutionalized into the provision of health care at health facilities in the EKO.

- **Relevance:** In light of the ongoing national commitment to reform and development in Kazakhstan, the UNICEF component is very much in line with national priorities and needs and in line with the GoK vision for long term development. The project revealed growing consensus among government and non-government counterparts about the importance and value of addressing critical health and social needs of mothers and children in the vicinity of the former nuclear site in the Semipalatinsk region and the surrounding area.
- **Efficiency and sustainability:** The project succeeded in creating synergy – involving participation of a range of stakeholders who utilize project results and outcomes for their own work. Cascading and ripple effects expanded the pool of beneficiaries and entrenched the sense of national ownership and commitment to the effort. Institutionalizing tools and methodologies from this project and adapting them to the needs of the local community also help ensure sustainability beyond the life of the project (for example, training Master Trainers, incorporating early child care into the curricula at SSMU, SMC and the Medical College in Ust-Kamenogorsk, among others).

The effectiveness and efficiency of these and other outcomes of the project are mitigated by the lack of systemic monitoring systems. While UNICEF monitoring mechanisms were in place to monitor implementation of activities, mechanisms for monitoring practice and performance at the local government and partner levels have yet to be incorporated and strengthened. These are indispensable to assessing outcomes, quality assurance and quality control. Without such systems it is difficult to measure practice, performance, feedback, management, filling gaps, etc – all the elements of an efficient and effective use of project resources at any level (also see Challenges and Recommendations sections below).

- **Impact of the Multi-sectoral approach:** Both UNICEF and its national partners recognize that a multi-sectoral approach involving all key players is central to effective project interventions and successful outcomes in this region. Collaboration by local authorities and institutions in this project fosters national ownership, greater effectiveness, efficiency and sustainability and the potential for long-term development results (for example, Youth Friendly Services (YFS), Family Support Centers (FSC), and especially the Child Friendly City Initiative (CFCI)).
- **Outcomes and Results:** Partners state there is discernible reduction in both infant mortality and maternal mortality as a result of this project’s focus on training and capacity building among relevant health professionals. (As explained below, evidence is mixed on maternal mortality rates)
- **Lessons learned:** The project was originally to be implemented similar to other UNICEF interventions (e.g. technical assistance, training health workers and other immediate stakeholders). But UNICEF soon discovered that buy-in and collaboration with local government entities, particularly the local health

department in Semey was indispensable to achieving project goals. Outreach and collaboration with local and regional authorities was subsequently incorporated into the ongoing project. In response to partner requests, the project also later incorporated trainings for relevant health workers in Ust-Kamenogorsk.

- **Evidence of scaling up and upstream efforts:** This project demonstrates successful piloting and evidence of scaling up; achievements that enhance the potential of long term impact on improving maternal and perinatal health and wellbeing. Of particular significance to UNICEF is evidence that the project contributes to and reinforces upstream efforts – to ensure national legislation and documents reflect international human rights and development standards. One of the major achievements in this regard is government passage of Order 691 that mandates all outpatient clinics in the country to establish a Healthy Baby Room for the care of infants 0-3 years. Partners report that access to government agencies and departments and the opening of channels between them and government has been one of the major achievements of the project.

Specific interventions demonstrating tangible success include:

- **Child Development room (for CSN) - Semey:** Training, equipping and capacity building for specialists to address CSN resulted in the creation of six CD rooms in Semey under this project (2 kindergartens, the Pedagogical Institute, the Rehabilitation Center, the Pedagogical-Medical-Psychological Commission and at a KG in the Shulbinsk rural area near Semey). These CD rooms fill a major gap in services for CSN, especially as they aim for inclusive and long term development – integrating these children into mainstream schooling and life settings.
- **Family Support Center (Semey and Ust-Kamenogorsk):** There is currently one FSC in each of Semey and Ust-Kamenogorsk. The latter was established in 2007 as an outcome of an earlier UNICEF project and is now fully sustainable and funded through the local budget. The FSC in Ust-Kamenogorsk is also the coordinating body for the CFCI in the city.

The Semey FSC was established under the current project in response to perceived and pressing needs. Currently staffed by volunteers and prospects for secured local funding, the FSC plays a critical role in addressing myriad problems of families who have no other recourse. The FSC acts as a vital intermediary between family and government departments and assists families in navigating the system.

- **Youth Friendly Services:** Two YFS centers were established in Semey, housed in each of two clinics (one outpatient and one Student services Clinic). The YFS concentrate on engaging young people to adopt healthy lifestyles. Together these two centers serve a potential population of 28,000 youth between the ages of 10-

24 year. An estimated 6,500 youth have participated directly in YFS activities or trainings to date.

An apparent impact of this intervention at the regional authority level is evidenced by the latter's commitment to budgeting for YFS expansion at all outpatient clinics by 2015.

- **Maternal and neonatal care health workers and health facilities** Maternal and neonatal health professional from SSMU and nurses from the SMC (pre service and in training) are a central focus of training and capacity building in this project, especially as it aims to improve mothers' health and cut infant mortality rates.

Neonatal health care workers are afforded an opportunity to put into practice knowledge, skills and techniques in which they are trained. This contributes to institutionalization of new techniques (sustainability) and enhances the potential for long term impact and improvement in health outcomes.

In Ust-Kamenogorsk, a multi-disciplinary team from the main MCH Center trained in August 2010 (as the project expanded into this city). Beneficiaries, including obstetricians, gynecologists, nurses, midwives claim they are already perceiving the benefits in improved mother's health, infant care and reduced infant mortality (resuscitation especially).

- **Healthy Baby/BP Rooms:** The early child care and patronage system has been strengthened in the region by the establishment of two model Healthy Baby Rooms at two outpatient clinics in Semey under this project. The purpose is to promote healthy baby development, concentrating on the first three critical years of life. Healthy Baby Rooms are staffed by a professional trained in the project. Infants are regularly monitored for weight, height, normal development stages, and so on. The Better Parenting (BP) component involves working with mothers in these settings, sharing information about breastfeeding and appropriate diets and care, teaching mothers how to identify problems early on, provide counseling, etc.
- **Child Friendly City Initiative (CFCI):** Planning for the CFCI is underway, particularly in Ust-Kamenogorsk, where partners and stakeholders are informed and aware of the initiative. The CFCI provides an important opportunity to bring together various strands and attention to child rights within a vision and strategy of long-term development.

### 3. Summary of Recommendations

The main recommendations include the following:

- **Project Design:** Project inputs and outputs and are not clearly linked to achievement of project objectives. This may be due to the fact that UNICEF concentrates on monitoring implementation of activities while local government and partners (who may lack sufficient capacity in this regard) are largely responsible for monitoring outcomes. Project reports concentrate on documenting “progress” and outputs, which in the absence of consistent outcome reporting do not automatically demonstrate or correlate with achievement of objectives. Consider incorporating an outcome monitoring mechanism directly in UNICEF’s design and implementation plan and formulating a more logical loop and linkage between objectives on the one hand, and inputs/activities, outputs and outcomes intended to achieve them on the other (see sections below for more detail).
  
- **Linkage to enhance effectiveness:** Continue to make linkages between training for skills, knowledge, capacity-building with opportunities to put the latter into practice. This entrenches knowledge, enhances skills, reveals gaps and improves performance. Consider including training for other specialists – such as Family Doctors and General Practitioners that were not targeted in this project.
  
- **Results Based Management (RBM) and Budget:** Quality Assurance (QA) and Quality Control (QC) incorporate child responsive budgets and results based management. Progress in performance/results-based management (RBM) and budgeting (RBB) initiated under earlier UNICEF projects (such as the 2007 Public Expenditure Review (PER) in the social sector can be built upon to strengthen capacity of local government and partners in planning, management, and monitoring and evaluation of social programmes and budgets in upcoming phases of the project.
  
- **Gender Responsive Budget (GRB):** Alongside child responsive management and budgeting, QA and QC should *immediately* incorporate GRB. This is especially critical before the CFCI gets underway and should be incorporated into current plans of action for long term development. Where UNICEF and other UN agencies are able to integrate this they can also model GRB for other national and local partners and organizations in their own development plans.
  
- **Partnerships:** As UNICEF is aware, national ownership is greatly enhanced when proposals and implementation plans are developed in partnership and collaboration with national partners - especially at the regional level and in light of upcoming 2020 national development plans. These provide and an opportunity to incorporate child health and wellbeing (and means of addressing these) directly into plans formulated at the local level. (Up-scaling to the national level is highly anticipated as interest and motivation around these interventions spread)
  
- **Synergy with projects of other UN agencies:** Results are enhanced and entrenched, and outcomes are most visible and effective when partner UN

agencies are complimenting UNICEF work toward the same long-term development goals: Ongoing collaboration is a logical outcome of common priorities and mission; such as UNDP (in light of its areas of expertise in poverty reduction, small business capacity building, governance etc)

- **Private sector:** Consider futhering efforts in support of national partners in their efforts to engage and involve private sector enterprises. This is pertinent to long-term development, CFCI and the overall goal of enhancing human security in the Semipalatinsk region.
- **National Partners:** Consider opportunities to map other local NGOs and institutions (for example, of the 100 organizations in Semey, 30 reportedly have the capacity to participate). Expanding the pool of national organizations will foster more national ownership– especially as the CFCI gets underway
- **Local Government:** Continuing work local government departments to streamline and add coherence to activities and standards may yield promising outcomes and opportunities to translate children’s rights under the CRC into concrete development projects, especially as the CFCI gets underway.
- **Monitoring and follow up:** Follow up with those trained is critical, especially with those trained as “master trainers” and responsible for training other health workers. Related is the importance of putting in place and using systematic monitoring mechanisms to assess and improve performance, quality assurance and control (major areas of deficiency across the board in this project)
- **Rural areas:** Some partners are conducting trainings or other activities in rural areas but this project initially concentrated on cities (Semey, later Ust-Kamenogorsk) and several rural districts that suffered most from the nuclear tests (Abay, Beskaragay, Kurchatov and Shulbinsk). Expanding to rural areas so as to tackle the centers of poverty and vulnerability at their roots is critical and will be addressed in upcoming phases.
- **Upstream efforts:** UNICEF has demonstrated strategies and successes at the local level (in these projects) for use in advocacy at the national policy level. Continuing these efforts is important as the GoK undertakes reform - in health care, child protection, education and special services, etc. The same strategy is useful with respect to local and regional authorities, so as to incorporate international human rights standards directly into government policies and initiatives.
- **Public awareness campaigns:** Consider support to public awareness campaigns coinciding with the unfolding and implementation of CFCI and to raise public

awareness on perinatal health issues and the benefits of new techniques and approaches to improving mother and infant care

- **Ongoing Child Rights Focus:** Partners report UNICEF's unique and valuable contribution in modeling international standards and encouraging government and nongovernment partners to adhere to provisions of the CRC and international standards for incorporating child rights directly into the mandate and operation of relevant sectors.

## **PART 1 BACKGROUND AND METHODOLOGY**

### **1. Background and Objective of Evaluation**

The Joint UNFPA/UNICEF/UNDP/UNV three-year programme on "Enhancing Human Security in the Former Nuclear Test Site of Semipalatinsk" (2008-2010) was launched in March 2008 to support the Government of Kazakhstan in its recovery and development of the Semipalatinsk region. The programme was funded by the Government of Japan through the UN Human Security Trust Fund (UNTFHS) in the amount of USD 1,978,698. The Joint Programme aimed at improving the wellbeing of vulnerable populations in the Semipalatinsk region and developing economic, ecological, social and health conditions so as to enhance social security and prevent social conflict. The programme will be completed in December 2010.

The Semipalatinsk region is an area of 180,000 km<sup>2</sup> to the northeast of the country. Semipalatinsk city, the site of former Soviet Union nuclear weapons testing, comprises an area of 19,000 km<sup>2</sup> where in 1949-89 the former Soviet Union conducted 468 nuclear weapons tests; 125 of which were above ground. The nuclear test site was closed in 1991 following Kazakhstan's independence but the impact on the health and social wellbeing of the population in the area continues to this day. Soil, rivers and lakes in the immediate test area are severely contaminated, and in the Semipalatinsk region as a whole over 1.3 million people continue to suffer directly or indirectly from the legacy of nuclear weapons testing, manifested in inadequate infrastructure, economic stagnation, persistent poverty and poor health and social conditions. Developing this region and improving the lives and wellbeing of its inhabitants are integral to Kazakhstan's vision and strategy for development over the next 20 years (2030 strategy)

#### **Objectives of the Joint Programme**

In light of the complex, overlapping multi-sectoral challenges to development in this region, the UNTFHS Joint Programme focused on fostering long-term development within an overarching framework of enhancing human security. Participating UN agencies assigned areas of responsibility for programme implementation based on their mandates and specific comparative advantages. By working closely with the Government of Kazakhstan (GoK) and building on their strong relationships with relevant regional government departments, local authorities, local NGOs and the community; participating UN agencies could ensure compatibility with national and local priorities and maintain

systematic coordination in a common effort to address challenges in the region. The main problems addressed through a long-term development focus include:

- Health and social services: Addressing the lingering health consequences of radiation, as well as declining health services by ensuring access to quality basic health and social services, and targeting vulnerable groups (women, children and youth). The main aims are to decrease the high infant and maternal mortality rates and the number of child abandonments, strengthen the resilience of young people in the face of health and development risks specific to their age group, and to increase children's access to pre-school education and early childhood development programmes. This approach differs from those of the Government and some other donors who tend to stress medical rehabilitation.
- Environment: Attending to the ecological consequences of nuclear testing
- Economic development: Addressing the collapse of the local economy and lack of new economic opportunities by building capacities for entrepreneurship, improving business knowledge and management skills, and providing people with new tools (micro credit, leasing, etc) to start and develop economic activities and to create employment.
- Social infrastructure: Addressing the lack of an adequate social infrastructure and absence of social empowerment by working to mobilize communities through volunteerism and to support NGOs/CBOs in providing community services and in acting as agents of change within society.

Three main goals were formulated to translate underlying principles of human security into concrete projects and to guide the programme's achievement of development results. These goals were formulated to demonstrate *Results Based Approach* (closely connecting inputs, outputs and outcomes in concretely observable and measurable terms), all located firmly in the human rights based approach (HRBA) to development and consistent with articles of the Convention on the Rights of the Child (CRC) and other international human rights standards. The programme was designed and implemented to involve all relevant national and local stakeholders, reflect national priorities and achieve progress toward the Millennium Development Goals (MDGs) – particularly MDG Goals 1-6.

As with all UN partners, UNICEF's interventions are consistent with UNDAF priorities and goals in Kazakhstan. UNICEF has built on a successful record of ongoing programming in the country, including in EKO, as evinced in the Country Programme (CP) and Country Programme Action Plan (CPAP) for each of 2005-2009 and 2010-2015 and whose overall goals closely parallel and compliment those of the current project.

### **Goals of the Joint Programme:**

**Goal 1** - Health and social services: ensuring quality basic health and social services, targeting vulnerable groups (women, children and youth), to decrease the high infant and maternal mortality rates (UNICEF and UNFPA);

**Goal 2** – Economic development: to build capacities for entrepreneurship and business skills, and to provide modalities for generating economic and employment opportunities (UNDP and UNV);

**Goal 3** – Social infrastructure: mobilizing and empowering communities, promoting volunteerism and supporting NGOs/CBOs in providing community services and in acting as agents of change within society (UNDP and UNV).

**UNICEF Project Component:**

**Goal 1: Strengthening Health and Social Services (UNICEF and UNFPA component)**

Five specific project objectives were identified by UNICEF to achieve this goal (each with corresponding inputs, outputs and indicators):

- 1.1. By end 2010, 50 % of newborn babies of the Semipalatinsk region will receive quality perinatal care support services;
- 1.2 By end 2010, children of 0-3 years of age from 20,000 families living in rural areas of the Semipalatinsk region will benefit from better early childhood development practices;
- 1.3 By end 2010, 10,000 young people of the Semipalatinsk region will enjoy youth-friendly psychosocial and health services;
- 1.4 By end 2010, at least 5,000 vulnerable families in the Semipalatinsk region will benefit from social counselling and family support services;
- 1.5 By end 2010, local Government and NGOs of the Semipalatinsk region will be able to better plan family-based and child-focused social policies at local level.

Specific **UNFPA project objectives** to achieve this joint goal (Goal 1) include:

- 1.1 By end 2010, 50 % of women of reproductive age of the Semipalatinsk region will receive quality perinatal care support services;
- 1.2 By end 2010, 10,000 young people of the Semipalatinsk region will enjoy youth-friendly psychosocial and health services;
- 1.3 By end 2010, at least 5,000 vulnerable families in the Semipalatinsk region will benefit from social counseling and family support services.

**GOAL 2 – Economic development (UNDP and UNV components)**

Specific UNDP project objectives for achieving this goal include:

- 2.2 By end 2010, 250 rural households (approximately 1500 people) will benefit from rural microcredit services;
- 2.3 By end 2010, at least 150 rural micro and small entrepreneurs will benefit from micro leasing programme.

### **GOAL 3 – Social infrastructure (UNDP and UNV components)**

Specific project objectives for UNDP and UNV to achieve this goal include:

- 3.1 By end 2010, Akimats and NGOs of nine rayons and the city of Semipalatinsk will be sensitized to implement the Social Procurement Law and Local Self-Governance Law in an effective and transparent manner;
- 3.2 By end 2010, around 20,000 local community members will benefit from initiatives by NGOs/CBOs resulting from training and grant distribution;
- 3.3 By end 2010, 60 self-help groups and associations will be engaged in voluntary action to support small-scale local initiatives.

## **2. Methodology and Terms of Reference**

The purpose of the final evaluation is to inform UNICEF, the Kazakhstan government, local authorities of Eastern Kazakhstan and other Kazakhstan stakeholders about the relevance, effectiveness, efficiency, sustainability and impact of the programme and specifically the UNICEF component to strengthen health and social services in the Semipalatinsk region. By examining achievements and outcomes to date in relation to stated objectives, assessing challenges and opportunities, and offering recommendations for future interventions, this evaluation can serve as a guide to future programming in the area.

Specific objectives of the Evaluation include:

1. To evaluate the relevance, effectiveness, efficiency, sustainability and impact of the project in overall and, specifically of the UNICEF component;
2. To assess the relevance of objectives of the UNICEF-assisted component of the project and to what extent they have been achieved;
3. To assess the relevance of the UNICEF-assisted interventions vis-à-vis national priorities and existing state programmes and strategies;
4. To identify gaps and weaknesses in the project's design and implementation and offer recommendations regarding the achievement of the envisaged outcomes;
5. To identify lessons learned from the project interventions with a view to assessing opportunities to continue, refine or change interventions in the future;
6. To examine partnerships between the main stakeholders implementing the project;
7. To contribute to the overall evaluation of the project.

## **3. Key Questions and Scope**

The scope and focus of the evaluation is guided by the Terms of Reference (Annex 4) as follows:

The Evaluation will focus on UNICEF implemented part of the Component 1 of the Joint Project, and evaluate whether UNICEF supported activities lead to achievement of the Goal 1 and defined outcomes of the Joint Programme. The evaluation will cover the period of 2008-2010 with the consideration of the results of the mid-term evaluation carried out in September 2009. The evaluation will, to the greatest possible extent, be participatory but seek to be independent, credible and useful and adhere to the highest possible professional standards in evaluation. It will be responsive to the needs and priorities of the region and serve as accountability and learning mechanism for UNICEF. The evaluation will be consultative and engage the participation of a broad range of stakeholders. The consultant will be expected to work independently on the evaluation although organizational support will be available from the Country Office.

Close attention is given to integration of children's rights, gender, human rights and good governance in all phases of the project. Findings are presented and analyzed to describe achievements of stated project objectives, progress toward meeting MDGs, and overall contribution to long-term development and human security in the region. Opportunities and challenges are outlined and recommendations are offered for consideration in any future phases of the UNICEF project component of this programme. Assessment of relevance, effectiveness, efficiency, sustainability and impact of the project is informed by findings emerging from this evaluation.

The following methodology and approach guide this evaluation:

- *Literature review:* Documents reviewed include the original project document, Annual Reports, Minutes of Project Board, Mid-term evaluation report, relevant government documents on health care, education and social protection reform, development vision and strategies for Kazakhstan, SITANs, UNICEF CP and CPAP reports, UNDAF report, training session report, independent evaluation reports, and other key project documents and evaluations and related material. See Annex 2 for a full list of documents reviewed for this assessment.
- *Interviews with Programme and Project staff:* Interviews conducted in Astana with relevant programme and project staff at UNICEF-Kazakhstan, UN implementing agencies (especially UNFPA) to assess partnership strategy, programme design and implementation, achievement of objectives (including specific UNICEF component), and progress toward goals. Structured and unstructured interviews aim at assessing relevance, effectiveness, efficiency, sustainability and impact of programme and component projects. (see Annex 5 for interview/discussion guide)
- *In country interviews with non-UN implementing partner agencies and staff:* Interviews conducted with local authorities and other national partner and implementing organizations and relevant stakeholders in Semey and Ust-Kamenogorsk (including SSMU, SMC, PI, YFS and other relevant health,

education, child protection and social services departments, local and regional governments) (See Annex 5 for interview/discussion guide)

Using structured and unstructured interviews, the goal is to assess overall project achievements, component-specific activities and progress in realizing outcomes and objectives as stated in the original project document. Questions are also formulated to assess project design and implementation and assess results in terms of relevance, effectiveness, efficiency, impact and potential for replication and in order to identify challenges and opportunities in promoting human security and long term development in the Semipalatinsk region.

- *Interviews with Project Beneficiaries:* As feasible and as time allows, visits to project sites in Semey and Ust-Kamenogorsk to talk to direct beneficiaries of project activities, including counseling staff at YFS centers, FSC health providers, mothers and young people so as to obtain their direct feedback on the value of the project, its component activities and interventions in addressing the health and social needs of the community and effecting real change and improvement in health and development conditions.
- *Presentation of Findings:* Findings of the evaluation (PowerPoint presentation) shared with UNICEF management and staff at conclusion of in-country visit.
- *Draft and Final reports:* A draft report synthesizing findings of the evaluation in reference to the TOR prepared and submitted to UNICEF-Kazakhstan. Comments and responses received incorporated as needed into the final report.

#### **4. Methodological Limitations**

Successful completion of this evaluation as per the TOR is affected by the following factors:

- *Availability of relevant documents:* The consultant is missing some key documents and resources, among these:
  - Final Annual Report evaluating progress between 2009-2010
  - Interim progress reports
  - Final UNDP evaluation, briefings with relevant consultants (UNDP, UNFPA)<sup>1</sup>
  - Annex for UNICEF CPAP 2010-2015
  - Complete project data (2008-2010)– especially on outcomes and results (see next point below)
  - Baseline indicators: The project was designed to rely heavily on baseline health and social indicators from which changes in health outcomes would be extrapolated as project objectives. Comprehensive baseline data was

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<sup>1</sup> The UNDP final evaluation report was not yet available; and due to time constraints meetings with UNFPA or UNDP programme staff could not be scheduled.

not provided to the evaluator and available data on major health indicators are not entirely consistent (see Tables 1 and 2 below).

- *Assessing programme/project results:* Pertinent considerations include:
  - Formulation of project objectives on the one hand, and their linkage in a logical loop to inputs/activities, outputs (and outcomes) on the other pose challenges to the evaluation. While inputs/activities and outputs are logically linked together and data on these regularly compiled, in the absence of the missing link (outcome measurement) it is difficult to assess how or why activities and outputs correlate or contribute directly to achievement of project objectives (see below and discussion in Part II, Section 3 below)
  - Reasons include:
    - Project objectives are presented in both quantitative *and* qualitative terms. The former are based largely on projections derived from local data - which may raise questions about accuracy but which may be amenable to measurement. Qualitative outcomes on the other hand, more appropriately describe anticipated impact and are particularly difficult to assess.
    - Reports shared with the consultant compile data and information mainly on achievement of activities and related outputs (outcomes, when available, are included with outputs) and generally tabulated by single year. In themselves outputs do not automatically demonstrate achievement of objectives. Absent a consistent mechanism of assessing outcomes it is difficult to make a corresponding assessment about achievement of objectives.
    - The consultant may have benefitted from data on final results with cumulative and comprehensive outcomes, results and achievement of project objectives for the entire programme/project period in addition to the PowerPoint presentation provided to the consultant at the end of country visit (which provided output data).
    - There is limited evidence of systematic outcome monitoring mechanisms built into the project and undertaken by local government and national partners (or UNICEF) that would measure outcomes and results *and* reflect on impact.<sup>2</sup>
    - Tables and data are sometimes confusing (Annual reports, for example, provide similar - but not identical - data in two different formats) making it difficult to assess completed outputs.

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<sup>2</sup> UNICEF states that its main responsibility is monitoring implementation of activities (inputs) and agrees that building capacity of local government for outcome monitoring is still needed. UNICEF contends that this task (outcome monitoring) is more appropriately done by these partners. It does, however, point to improvements in local capacity, as with evidence of more rigorous application of the BABIES tool (already used by local and central health systems) for monitoring of perinatal care.

- Because of the short timeframe of the entire programme - March 2008 through December 2010, it may be difficult to assess results and overall impact on health and social conditions emanating as a direct result of this programme (as per programme goals and project objectives).
  - The necessary overlap between participating UN agencies which share similar mandates, particularly UNICEF and UNFPA (eg Objective 1.1) may make it difficult to attribute outcomes and results specifically to UNICEF interventions.
  - Outcomes, results and any impact relative to certain objectives may well be a cumulative result of former and ongoing UNICEF (and other UN) programmes and interventions in the country, particularly in this case, in reducing infant, child and maternal mortality and counseling for youth in EKO.
- *Scheduling of meetings during in-country visit:* Given time, weather, geographical distances and tight scheduling for this evaluation (compressed to about four and a half days from an originally envisioned eight days), meetings with key UN partners could not be scheduled. The evaluator did not have an opportunity to learn much about the overall programme and as such, this evaluation focuses entirely on the UNICEF component. The evaluator was able to meet with most national implementing organizations and other key stakeholders and beneficiaries (see Annex 3 for full list of people met).
  - *Language barriers:* The evaluator was accompanied to Semey and Ust-Kamenogorsk site visits by the UNICEF project coordinator and other interpreters were also available (UNICEF focal point person in Ust-Kamenogorsk and an English-speaking ophthalmologist from SSMU). However, since it took quite some time to translate questions and answers back and forth, not all questions could be covered in sufficient depth.

## **PART II ANALYSIS AND FINDINGS**

### **1. Profile of the Project**

The UNICEF project to strengthen health and social services forms a critical component alongside interventions by the other UN partner agencies to achieve overall programme goals of Enhancing Human Security in the Semipalatinsk Region.

#### **Country Context**

In barely two decades since independence, Kazakhstan has made considerable strides in development. Despite impressive socio-economic and political gains for the country and its 16 million or so people, Kazakhstan continues to suffer from myriad problems associated with poverty, economic distress and environmental pollution, lack of infrastructure, inadequate services and lack of capacity. Residents of EKO, site of former

Soviet nuclear testing are singularly plagued by this horrific legacy. Despite ongoing government attention to this area, development indicators for the 1.3 million residents of the Semipalatinsk region fall below the national average and depress official statistics at virtually every level. Poverty levels - especially in rural areas where 50% of the population resides - remain high, maternal, infant and child mortality and morbidity rates are above the national average; and, of particular concern to UNICEF, the quality of perinatal care as a means of decreasing infant mortality rates and improving health outcomes for infants and children remain inadequate.

**Table 1 Selected Social and Health Indicators**

Indicator	2008		2009		2010	
	Nation	EKO	Nation	EKO	Nation	EKO
Child population (<18)	4,547,000					
Poverty (% below subsistence minimum)	12.1		8.2			
Maternal mortality/100,000 live births)		21	36.8	29.6		30.7
U5MR/1000 live births	30/23.52	24.56	21.28	25.74		
IM rate/1000 live births	27/20.76	22.03/22.8 20 (Semey)	18.23	22.72 17.0 (Semey)		21.1
Life expectancy	59(M)/70(F)					
<b>Notes:</b>						
<ul style="list-style-type: none"> <li>▪ Sources: WHO, <a href="http://www.who.int/gho/countries/kaz.pdf">http://www.who.int/gho/countries/kaz.pdf</a> (2008); UNICEF Kazakhstan, <a href="http://www.unicef.org/infobycountry/kazakhstan_statistics.html">http://www.unicef.org/infobycountry/kazakhstan_statistics.html</a>; Millennium Development Goals in Kazakhstan 2010 (data on child and infant mortality in Annexes differ from those in body of report)</li> <li>▪ It is difficult to verify accuracy of any given figures or to obtain accurate data for all indicators; two sets of figures indicate data varies by source (some lower figures from MDG 2010 report), information for 2010 from interlocutors during country visit; empty cells denote data n/a</li> <li>▪ Indicators prior to 2008 measured according to former Soviet criteria and are not readily comparable with data collected since</li> <li>▪ UNICEF project objectives specify improvements regarding infants aged 0-3 years, however official indicators on infant mortality generally encompass 0-5 years</li> <li>▪ Kazakhstan has reportedly achieved MDGs (poverty reduction, access to primary education, promotion of women's rights) and has made commitments under expanded targets of the MDG+</li> <li>▪ An estimated 75,000 children are housed in orphanages and institutions around the country.</li> </ul>						

As a middle income country Kazakhstan faces challenges in securing donor support. Its current economic resources are insufficient to cover all areas and all needs. Recognizing this problem, UN agencies have stepped into the breach with the formulation of the UNFPA/UNICEF/UNDP/UNV Joint Programme to Enhance Social Security in the former nuclear test site of the Semipalatinsk region.

### **Overview of the UNTFHS Programme**

The UNFPA/UNICEF/UNDP/UVA Joint Programme was launched in March 2008 and will end in December 2010 and is aimed at improving the wellbeing of vulnerable

populations in the Semipalatinsk region and developing economic, ecological, social and health conditions so as to enhance social security and prevent social conflict. It was funded by USD 1,978,698 from the Government of Japan through UN Human Security Trust Fund (UNTFHS).

As described, the programme adopts a multi-sectoral and long-term development approach to enhance human security in all its dimensions. The joint programme leverages the comparative advantages and strengths of participating UN agencies so as to maximize synergy, effectiveness and efficiency in support of the GoK’s development efforts in the region. As such, and in recognition of the multi-faceted and interconnected challenges in facing the area, this programme aims to develop social and economic conditions alongside interventions to improve health and wellbeing of residents in EKO. National ownership and sustainability are built into the design of the programme as participating UN agencies partner with government and non-government national counterparts to implement and achieve programme goals. Consistent with the mandate and mission of participating UN agencies, the Joint Programme is also designed to achieve progress in MDGs and realize human rights, especially for vulnerable populations.

All project components of the Joint Programme share the following key features:

- *Project components are firmly located within UNDAF for Kazakhstan.*

UNDAF for Kazakhstan (2005-2009) developed in consultation between the Government of Kazakhstan and the UN Country Team and other relevant stakeholders focuses its priorities on supporting the GoK achieve national priorities outlined in the National Strategy Kazakhstan 2030 and the Strategic Plan of Development Kazakhstan 2010.

The box below summarizes Joint Programme objectives in relation to UNDAF Outcomes and with respect to key national priorities and goals.

<b>ENHANCING HUMAN SECURITY IN THE SEMIPALATINSK REGION</b>
<p><b>UNICEF Component</b></p> <p><b>Goal 1: Health and social services: ensuring quality basic health and social services, targeting vulnerable groups (women, children and youth), to decrease the high infant and maternal mortality rates</b></p>
<p><i>UNDAF OUTCOME 1: Reduced (income and human) poverty at national and sub-national levels</i></p> <p><b>IN LINE WITH NATIONAL PRIORITIES/GOALS:</b></p> <p><b>Kazakhstan Strategy 2030, Kazakhstan’s Mission:</b> To build an independent, prosperous and politically stable Kazakhstan with inherent national unity, social justice and economic and social wellbeing of the entire population</p> <p><b>Kazakhstan Strategy 2010, Social Policy Reform Goals:</b></p> <ul style="list-style-type: none"> <li>▪ Improved living standards, employment generation and poverty reduction</li> <li>▪ Improvement of the demographic situation</li> <li>▪ Provision of effective state social support to socially vulnerable groups</li> </ul>

***UNDAF Outcome II: Improved access to quality basic social services***

**IN LINE WITH NATIONAL PRIORITIES/GOALS:**

**Kazakhstan Strategy 2030, Long-Term Priority 4, Health, Education and Well-being of Kazakhstani citizens:**

- Consistently improve standards of life, health, education and opportunities of the Kazakhstanis
- Improvement of nutrition/Improvement of health of women and children
- Improve access of population to quality education at all levels and stages

**Kazakhstan Strategy 2005-2010, Strategy of Health Reform:**

- Creation of efficient system of medical care with due consideration of principles of joint responsibility for health protection between an individual and the state with emphasis on primary medical care
- Adoption of international principles of medical care administration, with emphasis on primary medical care
- Improvement of maternal and child health care
- Improvement of medical-and-demographic situation; decrease of social diseases morbidity rate; improvement of social status and image of medical doctors and technicians.

**Kazakhstan Strategy 2010, Strategy of Education Reform:**

Create effective education system that provides wide strata of population with quality educational programs

**Quality of Life for All**

**Children of Kazakhstan National Programme**

***UNDAF OUTCOME III: Professional capacity, effectiveness and accountability of the governance structure and participation of civil society in decision-making enhanced***

**IN LINE WITH NATIONAL PRIORITIES/GOALS:**

**Kazakhstan Strategy 2030, Long term priority 7, “Professional State”:**

To create in Kazakhstan an efficient modern state service and management structure best suited for market economy; form the Government capable of realizing national priorities

**Kazakhstan Strategy 2010, Reform of Political System:**

- Creation of an effective political system, capable of addressing public interests
- Strengthen the role of non-governmental organizations, which shall actively and effectively promote the interests of the citizens

**Kazakhstan Strategy 2010, Administrative Reform:**

Creation of an effective public administration capable of operating in new economic and political environment and fulfill its functions to the full extent

**Kazakhstan Strategy 2010, Decentralization of State Functions:**

Democratization of governance implemented through involvement of citizens and strengthening accountability of the state bodies

**CROSS-CUTTING:**

**MDG GOALS:**

- 1: Eradicate Poverty and Extreme Hunger**
- 2: Achieve Universal Primary Education**
- 3: Promote Gender Equality and Empower Women**
- 4: Reduce Child Mortality**
- 5: Improve Maternal Health**
- 6: Combat HIV/AIDS, Malaria and other Diseases**

UNDAF Outcome 2 is highly pertinent to UNICEF’s CP generally and this project component specifically. UNDAF specifies several aims associated with this outcome:

- Strengthening an enabling regulatory framework for more efficient delivery of public health and education services
- Promoting improved public health management capacity
- Strengthening and expanding the delivery of client-friendly basic public health services especially to vulnerable groups, including MCH, RH and HIV/AIDS
- Disseminating and improving the knowledge, skills, behaviors and practices in the areas of MCH, RH, HIV/AIDS and child care down to the community and family levels
- Strengthening the education management capacity at national and sub-national levels
- Creating in selected areas child- and youth-friendly learning environment with emphasis on life skills and prevention of HIV/AIDS

- *Project components are highly relevant in terms of national priorities and needs*

The GoK is committed to build an independent, prosperous and politically stable nation with national unity, social justice and economic and social wellbeing of the entire population. In this vein, the Kazakhstan 2030 Strategy (including 2010 and 2020 plans and benchmarks) place considerable emphasis on improving living standards, reducing poverty, supporting socially vulnerable groups, achieving progress in health and education standards, and generally placing Kazakhstan as a strong and independent player in the global economy. New or amended government regulations concerning NGOs, health services and education are being made consistent with international conventions and human rights standards, emphasizing state and individual rights and responsibilities (including child development, social services, social protection, etc)

Specifically concerning the Semipalatinsk region, the GoK shares the view of UN agencies and community stakeholders that ongoing health, social, economic and environmental consequences of nuclear testing in the Semipalatinsk region merits special attention within a long term multi-sectoral development approach to enhance social security for the 1.3 million residents of the area.

- *Project components fall within respective UN agency Country Programme (CP) and (CP) and Country Programme Action Plan (CPAP)*

UNICEF's respective 2005-2009 and 2010-2015 CPs and accompanying CPAPs clearly demonstrate the centrality of the current project component to overall UNICEF interventions in Kazakhstan and further demonstrate UNICEF strategy to provide continuity and a long term approach to social change, one that builds on earlier efforts and integrates successes and lessons learned into upcoming phases.

More specifically, as part of UNICEF CP this project reflects UNICEF mandate and priorities to protect and strengthen the rights of the child consistent with articles of the Convention on the Rights of the Child (CRC) and improve their conditions and wellbeing. Both the CP and the specific project component are integrally linked to achieving MDGs, demonstrate and reflect the integration of national priorities, and place emphasis on fostering national ownership and sustainability in the long term.

## **FIT WITHIN UNICEF CP and CPAP**

### **2005-2009 Goals:**

1. Family and Community Empowerment
2. Improved Social Protection Systems
3. Social Policy Development and Participatory Governance

### **2010-2015 Goals:**

1. Social Policy and Alliance for Children
2. Systems strengthening for a protective environment for children

All project components in the Joint Programme share an overarching expectation of change at two interrelated levels:

- I. To model pilot projects, demonstrate successful strategies and international standards at local and regional levels so as to enable scaling up of interventions to benefit wider sectors of the population. The UNICEF project component concentrates on training and capacity building and piloting in EKO– to demonstrate a successful strategy that can be replicated at the national level. (Sections below describe successes in specific UNICEF projects in areas of ECD/BP, CSN, Healthy Baby Rooms, Youth Friendly Services (YFS), Family Support Centers (FSC), MCH and neonatal clinics and the Child Friendly City Initiative)
- II. To support upstream efforts with government counterparts at the national level, so as to incorporate UN partner agencies’ respective vision and approaches into relevant regulations and legislation (good governance, child rights, human rights, etc). The project is a critical component of UNICEF’s CP as it incorporates focus on policy and advocacy, to express UNICEF vision and goals in all relevant government policy documents; primarily in this case, in national guidelines for the care of infants and children 0-3 in the Semipalatinsk region.

## **2. Design and Strategic Positioning**

This project is firmly located within UNICEF mandate to support, develop and protect the rights of children and in accordance with UNICEF commitments to the GoK – as articulated in the CPAP (2005-2009 and 2010-2015) and the Memorandum of Understanding (MoU) 2009-2010 between UNICEF and the GoK to improve the quality of life in the Semipalatinsk region, particularly for children, and which encompasses UNICEF CP (2005-2009) and the Joint Action plan pledging cooperation and collaboration of EKO Akimat.<sup>3</sup>

The UNICEF (and UNFPA) project component is designed to contribute to the overall Joint Programme by achieving **Goal 1** regarding Health and Social services: Ensuring

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<sup>3</sup> The MoU does not refer explicitly to commitments and collaboration on the CFCI but apparently this is also a significant part of agreements reached.

quality basic health and social services, targeting vulnerable groups (women, children and youth), to decrease the high infant and maternal mortality rates.

As with all UNICEF interventions, this project is designed and implemented to yield tangible results that in turn reflect and demonstrate relevance, effectiveness, efficiency, sustainability, and impact of interventions. Briefly:

- *Relevance:* Project objectives, design and implementation consistent with national priorities and needs, particularly in the Semipalatinsk region, as well as linkage to UNICEF Country Programme in Kazakhstan; mandates of respective project partners, and consistent with UNICEF mandate and strategic priorities and comparative advantage.

Of special attention in respective UNICEF CPs and as reflected in this project is the improvement of perinatal care. Complications during delivery, failure to resuscitate and other health emergencies are exacerbated by the lack of adequate equipment, capacity and resources and that result in high infant mortality rates, particularly during the first 7 critical days of life. Related concerns are to address child development in all its dimensions (including focus on Children with Special Needs (CSN), Early Childhood Development (ECD), abandoned children and those in institutions and orphanages, as well as issues related to healthy lifestyles for youth, combating HIV/AIDs, reducing friction with law enforcement and so on). UNICEF in conjunction with UNFPA also focuses attention on improving maternal health, including obstetric and gynecological care and Better Parenting (BP) so as improve the overall health of pregnant women, enable them to deliver healthy babies and empower them to care for their children. Basics such as proper breastfeeding, choosing a comfortable position during delivery, bonding with the newborn, are all part of these efforts.

- *Effectiveness:* Project components (inputs, activities, outputs) aim to achieve project objectives in capacity building (skills, knowledge, and tools), awareness raising (changing beliefs and attitudes) and demonstrable evidence of change in behavior and practice. The project reflects a sound and effective partnership strategy in collaboration with national partners and in leveraging contributions of partner UN agencies.

Training components (ECD/BP, neonatal and perinatal care, early intervention and multi-sectoral approach to support children with special needs, support families in difficult life situations, results-based management and results-based budgeting at local level etc.) and capacity building constitute the main activities directly targeting participants in this project and are examined as to implementation and outcomes in achieving project objectives and goals.

- *Efficiency:* The design and structure of the UNICEF project is assessed in terms of the most efficient use of funds and resources in meeting stated goals. Factors

affecting smooth implementation of this project are examined and assessed in terms of improving efficiency in structure, design and implementation.

- *Sustainability*: The potential for national ownership, integration of results and replication in the future are assessed in terms of institutionalization of knowledge, capacity, skills and resources at the partner and beneficiary level to enable expansion of efforts and replication of results beyond the immediate life of the project.

Information derived from discussions with partners and beneficiaries point to institutionalization already underway and the potential for further incorporation of knowledge and achievements among national partners and beneficiaries.

- *Impact*: Project outcomes and results that demonstrate real progress and changes in the directions sought, especially with regard to behavior and practice and evidence of tangible and long-term improvements in health and social conditions.

As a short project with no clear outcome measurement mechanisms among partner organizations (which lack adequate monitoring and performance evaluation systems) evaluating changes in attitudes and practice poses a challenge. Anecdotal evidence reveals exciting and encouraging results as well as areas of concern.

### 3. Evaluation Outcomes and Results

There appears demonstrable evidence of increased knowledge, skills and capacity imparted through this project in critical areas of maternal and child health and wellbeing. However, it is not known how much of a shift in attitudes and changes in practice have actually occurred as a result, nor how much of a shift can be attributed directly to this immediate UNICEF project component (compared for example, to the cumulative impact of earlier UNICEF interventions in the region). Of the most encouraging developments in EKO is a growing consensus among government and non-government counterparts about the importance and value of addressing critical health and social needs of mothers and children in the vicinity of the former nuclear site in the Semipalatinsk region and the surrounding area – and the valuable example and impetus to health and social reform elsewhere in the country.

The main outcomes and results can be summarized as follows:

- **Effectiveness of trainings**: Partners stated there is discernible reduction in both infant mortality and maternal mortality as a result of this project's focus on training and capacity building among relevant health professionals. These results

are also attested in the final UNFPA evaluation, as in the following table for the Semey region<sup>4</sup>

**Table 2 MMR and IMR for 3 years – Semey Region (2008-2010)**

	2008	2009	2010
<b>Maternal mortality (absolute numbers-%o)</b>	4-56,8%o	2-29,0%o	-
<b>Perinatal mortality (absolute numbers-%o)</b>	171-24,4%o	181-25,9%o	65-19,2%o

Training and capacity building are effective in improving the quality of care provided by health workers: Anecdotal evidence by stakeholders on the quality of care provided by specialists in CSN trained under this project (for example at the Rehabilitation Center in Semey) compared to quality of care provided by health workers not included in this project appear to indicate positive changes. This is corroborated with regard to maternity and child health clinics by the assessment of Dmytro Dobryanskyy who examined institutional medical care for mothers and children in EKO and concluded that trained health workers gained knowledge, skills, technical expertise and understanding of new protocols which when applied made a tangible difference in improving health outcomes for mothers and their newborns.

- **Relevance, efficiency and sustainability:** With the presence of the Medical University, Medical College, Pedagogical Institute and other prominent academic, education, research and training institutes, Semey has the advantage of being a knowledge hub and an ideal location that provides fertile ground for this project to take root.

The project succeeded in creating synergy – involving participation of a range of stakeholders who then utilize project results and outcomes for their own work. Cascading and ripple effects expanded the pool of beneficiaries and entrenched the sense of national ownership and commitment to the effort. Institutionalizing tools and methodologies from this project and adapting them to the needs of the local community also help ensure sustainability beyond the life of the project. For example, project activities included training of teachers and perinatal clinical health workers (pre-service and in-service) at SSMU and nursing students at the SMC. Once trained, these health personnel applied their skills in their respective health care settings while also sharing these with counterparts in other settings (for example, outpatient clinics in rural areas). This synergy was particularly effective with the trainings of Master Trainers. Moreover, each of the SSMU and

<sup>4</sup> UNFPA Evaluation Report, Evaluation of the sexual and reproductive health component of the joint UNFPA/UNICEF/UNDP/UNV project, Enhancing Human Security in the Former Nuclear Test Site of Semipalatinsk, p.12, excerpts (Table 3) “Obstetric Care Quality Indicators, Semey region, 2008-2010)

the SMC, as well as the Medical College in Ust-Kamenogorsk incorporated perinatal protocols into their formal curricula, and is now available to all students in the program.

Similarly, the Semey Pedagogical Institute – a long-standing UNICEF partner which has also been closely involved in many areas of this project, applied knowledge and skills gained to establish a children’s room for CSN and conduct outreach to rural areas. As a result of the project, PI now has a resource center for all dimensions related to the school level and has adopted multi-sectoral approaches to involve local government, NGOs and relevant specialists in discussion, recommendations and implementation. The PI has taken lessons learned from this and earlier projects to formulate plans for its next focus and to engage in careful research and situation analyses of related pressing concerns – most recently that of child abandonment. PI is collaborating with local authorities and other key stakeholders on how to address this phenomenon in their communities – a demonstration of synergy, national ownership and sustainability.

The effectiveness and efficiency of these and other outcomes of the project are mitigated by the lack of systemic monitoring systems by local government and national partners. UNICEF has already initiated a process with the Local Government on establishing - and actively integrating - monitoring systems for the project as an integral part of the Local Territorial Development Programme, as well as respective Health, Education and Social Protection development programmes at the oblast level. While UNICEF itself closely monitors implementation of project activities, monitoring practice and performance instituted as a result of project trainings, as above, are indispensable to quality assurance and quality control. Without these, it is difficult to measure practice, performance, feedback, management, filling gaps, etc – all the elements of an efficient and effective use of project resources at any level (also see Challenges and Recommendations sections below).

- **Impact of the Multi-sectoral approach:** Both UNICEF and its national partners recognize that a multi-sectoral approach involving all key players is central to effective project interventions and successful outcomes.<sup>5</sup> Collaboration by local authorities and institutions in this project fosters national ownership, greater effectiveness, efficiency and sustainability and the potential for long-term development results. For example, the Semey Department of Education, which is involved in supporting ECD for CSN, is acutely aware of the multi-dimensional aspects of total child development; health, wellbeing, education, sports, culture etc – all of which are ingredients of a healthy and productive childhood.

Similarly, Youth Friendly Services (Semey) combine attention to physical, social and psychological elements of wellbeing and involve multiple sectors in the

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<sup>5</sup> The evaluator was informed that the precedent and success of a multi-sectoral approach adopted in the Semipalatinsk region may not be appropriate for other regions in Kazakhstan. Not having visited other regions, the evaluator is not in a position to make any informed claims about this.

effort. The effectiveness of Family Support Centers (Semey and Ust-Kamenogorsk) also rests on multi-sectoral approaches – involving a host of diverse government and non-government agencies helping families in need. In addition to capitalizing on the gains of this project in the short term, the multi-sectoral approach lays important groundwork for the launching of the Child Friendly City Initiative (CFCI) (see below).

Specific interventions demonstrating tangible success include:

- **Child Development room (for CSN) - Semey:** Training, equipping and capacity building for specialists to address CSN resulted in the creation of six CD rooms in Semey under this project (2 kindergartens, the Pedagogical Institute, the Rehabilitation Center, the Pedagogical-Medical-Psychological Commission and at a KG in the Shulbinsk rural area near Semey). These ground-breaking CD rooms for CSN are the only ones of their kind in Kazakhstan and serve as valuable models for emulation elsewhere in the country.

These initiatives are critical to child development in a region where CSN have traditionally been isolated, their families unable to cope and CSN faced a bleak future. At the Rehabilitation Center in Semey, two specialists trained in this project undertook training for approximately 53 CSN specialists. The center accepts children up to age 18 and currently serves some 363 children. In addition to tailoring services to a child's specific needs (for example, toys and activities are selectively allocated), trained staff visit homes, counsel parents and support specialists from rural areas. The center also provides services for severely disabled children who had not received any care. Similarly, KG-based Child Development Rooms are open for families in the community, and their staff work and play with children to help develop their skills and allow their mainstreaming into regular education as feasible, with the goal of inclusive development. Staff also trains teachers to work with CSN and have involved parents in the care of their children.

As with other UNICEF interventions, the focus and beneficiaries expanded over the course of the project as UNICEF and local partners recognized that it was not sufficient to train those directly staffing Child Development Rooms/CSN but that training must encompass teachers and parents who care for these children. A vision of inclusiveness – whereby all children with the potential of being mainstreamed into regular schools would do so is encouraged by the commitment of the GoK and local and regional authorities to long-term development and ensuring citizen wellbeing and participation at all levels.

As an example of synergy with other project interventions, the PI and FSC play a role in assisting families with CSN by referring these families to CD rooms and the Rehabilitation Center in Semey.

- **Family Support Center:** There is currently one such center in each of Semey and Ust-Kamenogorsk. The latter was established in 2007 as an outcome of an earlier UNICEF project and is now fully sustainable and funded through the local budget. The Ust-Kamenogorsk FSC has paid staff, including psychologists, education specialists, lawyers and hotline staff. Since 2008, the FSC in Ust-Kamenogorsk has served a total of about 250 families, and has a regular caseload of approximately 48 families. Priorities in this city are somewhat different than Semey and here the FSC focuses on assisting “dysfunctional families” and promoting healthy lifestyles for youth and assisting them in encounters with the legal system.

Demonstrating synergy with other interventions – this FSC is the coordinating body for the CFCI where it has adopted a regular multi-sectoral approach that also affords the center better access to government departments for effectively supporting families in need.

The Semey FSC was established under the current project in response to perceived and pressing needs. In collaboration with PI, UNICEF trained psychologists and education specialists. Currently staffed by volunteers - psychologists were made available under a 6-month grant with *Istok* (a local NGO concerned with child development and youth lifestyle issues), the center serves approximately 70 families in the area and fields some 30 new applications for assistance per month. According to volunteer staff of the center, the city administration which continues to refer families claims there is no money to fund its operations. UNICEF, however, notes that in recognition of the importance of this intervention, local authorities have pledged to secure funding for the Semey FSC – an important indicator of fostering national ownership and buy-in. In upcoming phases of the project UNICEF will continue to provide the FSC with technical expertise to strengthen its ability to offer quality services to its constituents.

The FSC in Semey addresses myriad problems of families who have no other recourse; such as locating appropriate educational or medical assistance for CSN over the age of 18 who have transitioned out of the Rehabilitation Center; people who cannot afford housing; families who have had their electricity shut off, those who need government documents, and so on. The FSC acts as a vital intermediary between family and government departments and assists families in navigating the system.

Trainings and activities are not limited to staff; the FSC has taken knowledge and skills gained in this project to empower mothers and grandmothers who come searching for assistance. Women (most clients are women) are informed about their rights under the law and about services available in the community. Women have formed their own volunteer Parents Committee to assist and support other mothers, demonstrating the ripple effects of project interventions

- **Youth Friendly Services:** Two YFS centers were established in Semey, housed in each of two clinics (one outpatient and one Student services Clinic). Together these serve a potential population of 28,000 youth between the ages of 10-24 years. An estimated 6,500 youth have participated directly in YFS activities or trainings to date. YFS invite youth to participate in activities – all geared to promote healthy lifestyles in all dimensions. Many of their activities are conducted at schools, involving teachers and students in the exploration of healthy lifestyles. Young people become mentors in their own right – as for example, children from orphanages volunteering at YFS and taking what they learned to share with their peers.

One concrete and successful example of synergy between participating UN agencies under the Joint Programme involves young people trained under the small grants initiative (UNDP) who subsequently drafted a proposal submitted to UNICEF for equipment for their center.

The apparent impact of this intervention at the regional authority level is evidenced by the latter's commitment to budgeting for YFS expansion at all outpatient clinics by 2015 (the Departments of Health and Budgeting are reportedly very receptive to institutionalizing this experience).

- **Maternal and neonatal care health workers and health facilities** Maternal and neonatal health care workers from SSMU and nurses from the SMC (pre service and in training) in addition to practicing health workers at local maternities are a central focus of training and capacity building in this project, especially as it aims to cut infant mortality rates and improve the wellbeing of infants and children aged 0-3 years.

Various SITANS and other assessments (particularly the WHO assessment tool for the quality of hospital care for mothers and newborn babies and conducted by SSMU experts and a UNICEF international consultant<sup>6</sup>) emerged with similar findings: A critical absence of quality care for pregnant women, preventable causes of infant deaths, lack of adequate standards and protocols of care and insufficiently trained nurses, midwives, obstetricians, gynecologists, pediatricians and other neonatal health professionals. An initial cohort of health professionals from each of SSMU and SMC trained in the project and in turn trained other colleagues in effective early child care. Approximately 19 health professionals from SSMU benefited from initial trainings. They were able to utilize knowledge, skills and techniques gained at three critical levels: (a) for in-service training of health professionals at government health facilities; (b) teachers and staff; and (c) pre-service training of student-residents. Altogether some 20 health professionals trained as Master Trainers, 12 teachers were trained, and 80-100 doctors from four regions were also trained in this project. Similarly at the SMC, 4 lecturers

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<sup>6</sup> World Health Organization (WHO), Making Pregnancy Safer, Assessment Tool for the Quality of Hospital Care for Mothers and Newborn Babies, 2009

were trained and obtained certification in ECD and interventions in early childhood diseases. These beneficiaries went on to train some 300 midwives and nurses, primarily those staffing the Healthy Baby Rooms (see below).

Benefits of these trainings are not limited to the clinical setting as these health professionals make a point of counseling parents and involving them in improving health outcomes, from the basics of breast-feeding, to awareness of child development and early identification of potential diseases and delays in child's development.

By providing opportunities for both in-service and pre-service training this project affords health care workers an opportunity to put into practice knowledge, skills and techniques and so contributes to institutionalization new techniques (sustainability) and enhances the potential for long term impact and improvement in health outcomes.

Synergy with other project interventions is demonstrated in the participation of trainees from SSMU and SMC in Healthy Baby Rooms (see below), volunteering with YFS health services, and volunteering with FSC.

In Ust-Kamenogorsk, a multi-disciplinary team from the main MCH Center trained in August 2010 (as the project expanded into this city). Beneficiaries, including obstetricians, gynecologists, nurses, midwives claim they are already perceiving the benefits in improved mother's health, infant care and reduced infant mortality (resuscitation especially). They report basic changes that have notably improved quality: For example, allowing a pregnant woman to choose the most comfortable position for delivery, allowing a family member (spouse for example) to remain with the mother during childbirth, and so on.

Nursing students from the Medical College in Ust-Kamenogorsk have also trained in this project and complete their clinical practice at the MCH Center, putting into practice what they learned. The MCH aspires to become training hub for the entire area by preparing Master Trainers who will then be equipped to train health practitioners in outlying rural areas (a central component of UNICEF's upcoming phase of the project). Health professionals at the MCH Center admitted that they do not yet feel sufficiently qualified to engage in training others.

- **Healthy Baby/BP Rooms:** Another key achievement in this project is strengthening the early child care and patronage system in the region: Two model Healthy Baby Rooms have been set up at two outpatient clinics in Semey.

The purpose is to promote healthy baby development (Objective 1.1) concentrating on the first three critical years of life. Healthy Baby Rooms are staffed by a professional trained in the project. Infants/children are regularly monitored for weight, height, normal development stages, and so on. The Better Parenting (BP) component involves working with mothers in these settings,

sharing information about breastfeeding and appropriate diets and care, teaching mothers how to identify problems early on, provide counseling, etc. Mothers who bring their babies to this unit also watch a video produced by UNICEF that demonstrates care in the categories above.

Healthy Baby Rooms demonstrate effectiveness, efficiency, synergy and sustainability:

- Offers a setting for clinical practice for student nurses and pediatricians in Early Childhood Intervention and Management of Early Childhood Diseases
  - Prompts up-stream results by influencing the GoK to issue Order 691 mandating every outpatient clinic in the nation to establish similar special unit or Healthy Baby Room by 2020. This is reportedly already included in the MoH budget and underway in various communities (though outpatient clinics may not yet have the capacity or resources to fully equip these rooms, nor the necessary training for potential staff)
  - Educates, informs and empowers mothers (BP)
  - Offers the potential to strengthen the primary health care system altogether, especially vis-a-vis regionalization of perinatal care – to enhance quality, skills, techniques at the first level (especially in rural areas), to enable early referral if needed (the second level of maternity care which is also targeted in this project), and to promote more effective treatment directly into the rural setting
- **Performance/results-oriented management (RBM) and budgeting (RBB):** The Public Expenditure Review (PER) in the social sector (healthcare, education and social protection) was undertaken under an earlier UNICEF intervention in 2007 to identify gaps and opportunities in the budget process, so as to increase effectiveness and efficiency of public spending for child-focused programmes. This review was later followed with a research exercise to understand how budgeting of the social protection system (with focus on cash transfers/allowances) may be improved; respective mechanisms developed and adapted at the both national and central levels. These efforts have also been supported through capacity building of local authorities and NGOs in RBM and RBB to improve planning, management, and monitoring and evaluations of social programmes and budgets at local level during the current project.
- **Child Friendly City Initiative (CFCI):** Perhaps due to the fact that authorities at the Oblast level are responsible for coordination of all programs in EKO in this regard (as per UNICEF’s MoU on CFCI with EKO). unless questioned directly, Semey-based partners did not generally mention this initiative. Ust-Kamenogorsk partners and stakeholders were more informed and aware of the CFCI, especially as the main coordinating organization of this initiative, the FSC was very active in collaborating with relevant authorities in all aspects of planning and the upcoming

unfolding and implementation of the agreed upon action plan. The FSC has involved children directly into planning for the initiative by launching a study of safe and unsafe areas of the city – as identified by the children themselves. The results were shared with regional authorities and are already being taken into consideration in the designation of parks, playgrounds, safe street crossings, and so on.

#### **4. Analysis of the Findings**

##### **Context and location**

The project initially concentrated on Semey city, where project activities focused on child development, infant and maternal mortality in their respective specialized settings (CD rooms, health facilities etc, as described above). Several rural areas, Abay, Beskaragay, and Kurchatov were included where health workers were trained on ECD/BP. A child development room for CSN was established at a Shulbinsk rural area KG. In response to local demand, the project later expanded certain activities into Ust-Kamenogorsk. While not ignoring the initial focus of the project as developed in collaboration with government authorities and concentrating on health consequences and impact of nuclear testing, or ignoring the lessons learned and incorporated by UNICEF in the course of the project itself (expanding beyond the cities so as to expand the improvements to mother and child care, concentrating on improving medical facilities, etc); interlocutors and stakeholders pointed out that the source of many health and social problems tackled in this project remain located in poverty, conditions in rural areas, dysfunctional families, genetic factors (the legacy of nuclear testing) and other related considerations and that attention to these issues, and in particular to the rural context, is important for any long-term development impact.

##### **Project Design**

As noted in the methodological section (Part 1), short term project objectives aimed at improving the quality of care for newborns, infants and children and long term project objectives to decrease infant mortality and improve wellbeing these same populations are lumped together and presented in both quantitative *and* qualitative terms in project objectives.

Quantitative indicators are based on projections derived from past precedents and rely heavily on local data (how many families utilize services, how many children are born per year in this area, etc) to project what may be achieved over a given year of this project component. This aspect is more appropriately outcomes and may be tracked, indeed achieved, if accurate data is reliable and available.

The other aspect of stated objectives are qualitative, less tangible and more appropriately describe *anticipated impact*, which for reasons outlined earlier and below may be difficult to ascertain in a short project period:

- Impact denotes long term changes which may take time to set in.
- Given the necessary mutuality and close collaboration and contributions of UNFPA in implementing the same objectives (particularly Objective 1.1), it may be difficult to track UNICEF’s “impact” specifically to its own project interventions
- There are clear connections between inputs/activities, outputs and some outcomes (progress) that demonstrate skills/knowledge gained and attitudes may have indeed changed. However, it remains unclear whether practices have sufficiently changed to achieve the intangibles or indeed how to measure changes in practices in the absence of systematic outcome monitoring mechanisms.
- Annual reports are designed such that they describe “progress” by essentially listing outputs (and some outcomes), as consistent with UNICEF’s monitoring of implemented activities, but there is no real evidence of a systematic outcome monitoring mechanism built into the project that would enable such measurement of outcomes *and* reflect on impact.

### **Lessons learned**

UNICEF is clearly intent on learning from its experiences and has immediately integrated lessons learned where feasible without waiting for a future project phase. Several instances of incorporating lessons learned directly into this project include:

- The project was originally designed to be implemented similar to other UNICEF interventions (eg. technical assistance, training health, education and social protection workers, civil servants and other immediate stakeholders). Results and recommendations of the previous joint programme (JP) implemented by WHO, UNICEF and UNFPA in Southern Kazakhstan (2005) and which had already been structured to involve both practicing workers and academicians – formed a precedent for strengthening partnerships and collaboration with local government entities, particularly the local health department in Semey under the current project.
- Reducing infant mortality is central to the entire long-term development plan, and a key lesson learned is that achievement of project objectives may be best served by planning project activities and implementation in collaboration with government departments at the regional level (again, so as to foster national ownership and buy in and ensure sustainability) – especially as concerns training health care workers on early child care during critical first 7 days of life. These lessons are also incorporated into the next phase of the project where specific proposals and plans have been developed in consultation with national stakeholders.
- The project was to have been limited to Semey city and its environs but as noted, UNICEF quickly realized that the seat of the regional government is in

Ust-Kamenogorsk and buy in from regional government departments was critical to providing access, cooperation and participation of local authorities

- In implementing the project, it was soon realized that Ust-Kamenogorsk itself suffers from similar or comparable health issues as in the Semey region (high infant mortality, lack of knowledge, skills, techniques, problems with children in unhealthy lifestyles, environmental pollution, to name a few) and that ignoring these in an area of such need and especially when developments in the Ust-Kamenogorsk area impacted the entire Semipalatinsk region, was unsustainable. Limited project activities were launched in Ust-Kamenogorsk in 2010 with the intention of devoting more focus on this city and surrounding area in the next phase of the project – slated to begin in January 2011.

### **Evidence of scaling up**

This project demonstrates successful piloting and evidence of scaling up; achievements that enhance the potential of long term impact on improving maternal and perinatal health and wellbeing.

Examples cited earlier or encountered in the course of this evaluation include the integration of ECD/BP into the education curriculum for students at SSMU and for certification of in- service health workers; the early child development/BP model used as tool for training health workers, specialists and now teachers, including in rural areas not targeted in this project. Another example is the imminent plan to refurbish and open an unused second level Maternal and Child Health Clinic in Ust-Kamenogorsk (to be staffed in part by health professionals trained under the project from the main Maternal and Child Health Center in the city), and to establish a new second level Maternal and Child Health Center south of Ust-Kamenogorsk to serve the immediate surrounding area and take pressure off MCH centers within the city itself.

One prominent local partner (PI - Semey) noted a significant benefit of this project in opening channels and access to local authorities that had been closed in the past (for information, advocacy and to involve all sectors in a regional effort to address the critical issues at hand).

Such access also enables partners to involve stakeholders in the discussion of prevalence of problems, demonstrate successful interventions at the local level which may be scaled up regionally and nationally and which may eventually be incorporated into national guidelines and regulations concerning, for example, special services, social protection and the like (issues currently being tackled include prevention of child abandonment and de-institutionalization)

The CFCI in particular provides a unique opportunity to build on successes of this project, provide coherence to interventions, link children's rights to implementation mechanisms, and overall, translate the CRC into action.

## **Achievement of Project Objectives**

The evaluation revealed and substantiated effectiveness and general efficiency in design and implementation of project inputs and activities, especially as evidenced in multiple examples of synergy, national ownership and sustainability (PI, SSMU, YFS, FSC, and Healthy Child Rooms etc). These facets of the project's achievements underscore in turn the relevance of project interventions in view of national priorities and needs, specifically in the Semipalatinsk region.

Significantly, the success of Child Development Rooms, for example, is not only valuable in direct benefits to the CSN directly involved, but even more so as introduction to inclusive pre-school education that is now a model for new centers being opened in Astana (by local authorities with the support of the private sector) and poised to scaling up at a national level. Similarly, outcomes such as the establishment of Healthy Baby/BP rooms at two local outpatient clinics provided evidence of successful interventions that prompted the government to issue an order mandating all outpatient clinics around the country to be outfitted with such rooms. Likewise, incorporating maternal and neonatal care into educational curricula and in-service training at prominent institutions such as SSMU, SMC and the Medical College in Ust-Kamenogorsk provides a valuable precedent for other academic institutions.

The short time frame of the project, project reporting formats and other caveats noted above make it difficult to provide definitive evidence of achievement of all project objectives. Though (and perhaps because) UNICEF is the primary agency responsible for and investing its resources into coordination, capacity building and technical assistance – particularly at the government level - it is not easy to tease out which project outcomes and progress toward achieving objectives are a direct result of this individual UNICEF project component and what can be attributed to cumulative successful UNICEF interventions from earlier CPs (including the earlier Joint WHO/UNICEF/UNFPA Programme). Additionally, given both UNFPA and the WHO are concerned with addressing similar issues with regard to health conditions in Kazakhstan, changes demonstrating improvement in health outcomes (including perinatal and maternal health) may to some extent be a culmination and cumulative result of all these efforts.

Annex 1 attempts to chart cumulative results of the UNICEF project component relative to stated project objectives.<sup>7</sup> As is clear from this table, it is difficult to correlate inputs and outputs of this project directly back to stated project objectives or to make assessments based on these outputs regarding achievement of stated objectives.

### **Goal 1: Strengthening Health and Social Services (UNICEF and UNFPA component)**

- 1.1. By end 2010, 50 % of newborn babies of the Semipalatinsk region will receive quality perinatal care support services

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<sup>7</sup> See explanations earlier in this report and Notes to Annex 1

- 1.2 By end 2010, children of 0-3 years of age from 20,000 families living in rural areas of the Semipalatinsk region will benefit from better early childhood development practices
- 1.3 By end 2010, 10,000 young people of the Semipalatinsk region will enjoy youth-friendly psychosocial and health services
- 1.4 By end 2010, at least 5,000 vulnerable families in the Semipalatinsk region will benefit from social counselling and family support services
- 1.5 By end 2010, local Government and NGOs of the Semipalatinsk region will be able to better plan family-based and child-focused social policies at local level

Successful project outputs include numbers and range of health, education and social protection professionals trained, capacity building, technical assistance, and other interventions that culminated in the creation of the YFS, Healthy Child Rooms, FSC, CD/CSN and the staffing of an increased number of outpatient clinics and maternity and child health centers with trained and skilled doctors, midwives and nurses (relevant to the quantitative indicators of Objectives 1.1-1.4)

Outcomes that evaluate progress and the potential for achieving long term impact on mother, infant and child wellbeing as articulated in UNICEF project objectives are not readily measurable. Foundations for these changes and the achievement of long term development objectives are in place; for example, incorporating training and education on Early Child Intervention and Management of Early Childhood Diseases into the curricula at SSMU, SMC and at the Ust-Kamenogorsk Medical College.

Similarly, contributions of the project in securing the commitment and involvement of government authorities (particularly regional authorities) in ongoing phases is a critical step both in institutionalizing knowledge, skills, tools and protocols into maternal and child care (health, social services, social protection, etc) and more importantly, in demonstrating the potential for upstream successes in the form of changes to the regulatory framework at the national level; as evidenced for example, in the GoK Order 691 to establish Healthy Child Rooms in all outpatient clinics by 2020 (relevant to Objective 1.5)

### **PART III CONCLUSIONS**

The evaluator did not have the opportunity to meet with UNDP or UNFPA programme staff in country, and time and language constraints did not allow for assessment of the latter's perspectives on the programme and project interventions. A reading of project documents, including Annual Reports and the final UNFPA evaluation – which focuses mainly inputs and activities - were insufficient for the evaluator to make informed assessments of the entire Joint Programme over the course of its implementation.

Changes and improvement have resulted from the Programme: All advances made in reducing maternal and infant mortality and promoting child development and wellbeing are integrally linked to achievement of MDGs in all respects (contributing to reduced poverty rates, decreased infant mortality, improving maternal health, empowering

women, combating HIV/AIDs, and so on). The firm commitment of the GoK in launching national strategies to develop and reform health care, the educational system, social protection, the economy, and other sectors, and in addressing the health and social conditions of the Semipalatinsk region specifically, all reflect attention to and integration of human rights standards. A prime example of a human rights based approach to child development and child rights in this project is the CFCI.

National stakeholders point to evidence of decreased infant mortality rates in the Semey area (reportedly dropping from 20/1000 live births in 2008 to 17.9/1000 live births in 2010). Some evidence (including from the UNFPA evaluation) also points to other improvements in practice, quality of care and awareness of parents and especially mothers in caring for themselves during pregnancy and caring for their newborns. Maternal mortality rates appear to be dropping though indicators were not as consistent as those provided on reduced infant mortality rates.

The evaluator was informed that on the one hand mothers in rural areas were beginning to trust newly trained health professionals at clinics and consult them more often; but on the other hand was also told that segments of the population, including pregnant women and mothers were still wary of new techniques and complained to health professionals that they preferred the old ways of delivery and child care.

Both these issues as well as other findings in this evaluation point to a critical element repeatedly noted as largely lacking in this project – systematic outcome and performance monitoring mechanisms - both as relates to UNICEF’s assessments of outcomes, and with regards to partners’ capacity and results of institutionalization of new methodologies.

Both challenges and opportunities exist, many of which are already under consideration or already integrated into upcoming phases of UNICEF’s interventions in the Eastern Kazakhstan area.

## **1. Challenges**

- Though significantly strengthened in this project, capacity at the level of local and regional authorities regarding staffing, budgeting, integrating tools and utilizing these effectively, monitoring, evaluating, overall quality assurance and quality still require attention (this will be an issue in implementing any CFCI action plan, for example)
- The GoK is very committed to introducing and integrating systematic quality monitoring mechanisms in this critical health sector (such as internal audits, a national board to monitor maternal and infant mortality rates). Capacity has been strengthened in this project, such as building capacity of health managers in monitoring of perinatal care through application of BABIES methodology - training took place in August 2010 and follow up training will be done in the second half of December 2010. However, monitoring mechanisms by partners are

not generally evident or sufficiently utilized. National partners tend to understand outcomes in terms of numbers (those trained, using services etc), and feedback appears to be elicited as general commentary. Systematic monitoring mechanisms do not appear in place for a reliable feedback loop – to assess and improve quality and performance, address gaps, and assure overall quality control (this was found to be the case with the MCH center in Ust-Kamenogorsk, YFS- Semey, Child Protection Department in Ust-Kamenogorsk to name a few). UNICEF is already incorporating lessons learned in this regard into the next phases of the project.

- A remaining challenge is how to progress (and assess the progression) from K(knowledge)-A(attitudes)-P(practice). Knowledge and skills are clearly improved as a result of the project; for example, UNICEF launched a series of capacity building workshops for health managers and professionals and is collaborating with the EKO health department to develop a plan of action that includes strengthening of IMR and perinatal care monitoring mechanisms. However, it is still too early to ascertain to what extent attitudes have sufficiently changed and more importantly, if knowledge and skills are indeed institutionalized into practice in the long term. (Though anecdotal, the evaluator was informed that managers at some health facilities may be hesitant about integrating new tools and techniques, such as the BABIES monitoring tools – a point that may be worth investigating). Moreover - and related to the point about monitoring - managers reportedly adopt more of a punitive approach to gaps and errors, instead of utilizing monitoring tools as quality control mechanisms.
- Budgetary concerns remain: Budgets are set by the regional authorities in Ust-Kamenogorsk and may not necessarily reflect local needs and priorities in Semey. Moreover, budgetary constraints force regional authorities to focus more on funding interventions with potential regional benefit and impact, to the detriment of purely local initiatives.
- Despite an openness to change, some cultural and systemic resistance persists. Bureaucracies do not readily change unless there is a mandate to do so at the national level. Government orders and other reform initiatives will eventually force adoption of new methodologies. Even when there is a government order mandating certain change, however, local departments may not yet have the capacity or budget to do so effectively.
- There is, as mentioned earlier, anecdotal information about resistance among the general population, for example, in the Ust-Kamenogorsk area, where people may not understand or appreciate the benefits of new techniques. However, exposure to new methodologies apparently makes a difference in changing attitudes and beliefs, for example, among pregnant women who reap the benefits of delivering their babies according to new protocols.

At another front, there may still be resistance to new interventions among key medical sectors not targeted in this project but who may have a sway in affecting patient beliefs and opinions (family doctors and general practitioners regarding adoption of new practices).

- Successful implementation of some project interventions (notably the FSC in Semey) require the services of trained social workers – a profession apparently not well regarded and low paid in the area and where social workers are currently in very short supply.
- Building partnerships and common ground between Semey institutions and local government departments may be constrained when the former are not necessarily accountable to government departments. Although this point was raised in discussions with UNICEF staff, discussions in the field did not suggest this as an issue.
- Challenges of sustainability: Given the commitment of the GoK and local authorities to expand many of the successful interventions demonstrated and achieved in this project, sustainability in the long term appears secure, even for those projects currently run by volunteers (such as the FSC in Semey but which the local authorities have now committed to funding). However some mitigating factors may include the dearth of professional social workers to staff the FSC (particularly in Semey) and general economic conditions – including unpredictable economic downturns -which may or may not affect long term achievements in this regard.
- Rural health issues – UNICEF and the government agreed on the contours and focus of the project as it initially concentrated on the cities, especially Semey and surrounding rural. However, partners point out real poverty and the adverse impact of nuclear testing persists in rural areas where up to 50% of the population resides. These are the vulnerable populations that may not yet benefit directly from new methodologies and whose health and social indicators may otherwise deflect improvements made region-wide, for example, decreases in maternal health and infant mortality rates (this could be also be traced to the fact that referrals to better equipped city-based facilities may often include high risk and complicated cases that cannot be treated in rural MCH facilities). On the other hand, the existence of strengthened medical facilities and related health workers in the cities do benefit the rural populations referred to these facilities and whose own health professionals are trained in turn by those trained in this project.

## **2. Opportunities**

- The UNICEF project allowed partners unprecedented access to local authorities (channels open, more receptiveness etc), affording opportunities to share and

disseminate information about the true nature and causes of ongoing problems and to demonstrate successful strategies and models of intervention. This has been critical in securing local and regional government buy-in and commitment to advancing the goals of the project in the region and beyond.

- Many lessons were learned in this project, some of which were immediately integrated into ongoing interventions, some of which are being incorporated into upcoming phases. As such, the project also formed an ideal demonstration or test case for achieving overall programme goals – enhancing human security and long-term development.
- In keeping with its up-stream efforts, UNICEF is in the position of using successful piloting from this project to intercede with the national government – to incorporate children’s rights and related institutional interventions into government regulations and provisions; to build on the commitment of the national government to long-term development (and its ongoing attention to social service reform – health, education, social protection) and its recognition of the importance of focusing on EKO in development.
- UNICEF can pilot projects in collaboration with local authorities that integrate and demonstrate the effectiveness and successes of *international standards* that can then be presented at the national level to inform future development initiatives.
- The current project ends at an opportune time as the GoK is engaged in drawing up details of the 2020 plan for development: UNICEF and national government and nongovernment partners are in a unique position to work together on formulating 2020 plans at the local level which incorporate children’s rights, child development, CSN, perinatal care, needs of vulnerable families, youth, and not least the CFCI. For example, using the occasion of planning for 2020 to build on UNICEF’s long standing relations with the local DoE in Semey - which had participated in the earlier Child Friendly School initiative and is currently participating in the Child Development Room/CSN at the KG level. The DoE is very much committed to a multi-sectoral approach to child development as total child development (education, sports, culture, psychological, special needs, healthy lifestyle) and inclusive child development.
- Given the important contributions and results of the Joint Programme and its UNICEF component, this project has already paved the way to concerted government buy-in – as evidenced by a soon to be concluded agreement between UNICEF and the GoK on the continuation of work in the Semipalatinsk region - with the GoK pledging 10 million USD over the next five years. This is an important development that will contribute to ensuring sustainability, national ownership and the potential for long-term development successes. Specific

ministries are also reportedly receptive, namely, the Ministry of Economic Development and Trade and others may soon be on board.

- In the project areas, particularly in Semey, NGOs, academic, pedagogical, medical and other institutions are already well placed to participate in long term development. National ownership is already in evidence (eg PI, SSMU) and these can and will be built upon as new phases of the project unfold.
- Regionalization of perinatal care provides an opportunity to highlight and address perinatal issues in totality, and to connect Semey to surrounding rural areas so as to expand impact and change. There is already interest and motivation on the part of local counterparts in each of Ust-Kamenogorsk and Semey to do so.
- Opportunities to scale up have already yielded results, as for example, integrating ECD into education and training at SSMU, SMC, and the Medical College in Ust-Kamenogorsk. Future phases of the project can assess the potential for incorporating these same materials into the curricula of the remaining five medical universities around the country and in other nursing colleges.
- Although this programme provided the first opportunity for UNICEF to intensify its collaboration with UNDP (and UNV), it already enjoys ongoing collaboration with UNFPA, which, together with WHO all share similar mandates and concerns and can be built upon in upcoming phases.
- The precedent afforded in this Joint Programme to collaborate with UNDP can be built on, especially as areas of UNDP comparative advantage – poverty reduction, and governance - are integrally linked to child health and development. Specific venues may include RBM training and capacity building, small grants initiatives linked to specific interests and needs of target groups in this project, such as youth and organizations participating in the CFCI.
- The CFCI offers a significant opportunity for establishing coherence in interventions all connected to and reflected in the effort to translate child rights into concrete results on the ground. The CFCI forms a unique and important entry point for system change (piloting and policy). In this respect, earlier UNICEF interventions, such as supporting the establishment of Child Friendly Schools are also seen as precedents for CFCI (integrating inclusiveness, multi-sectoral approach, and whole child development).

#### **PART IV RECOMMENDATIONS**

- **Project Design:** Consider special attention to incorporating outcome monitoring mechanisms so as to create a more logical loop and linkage between objectives on

the one hand, and inputs/activities and outputs intended to achieve them on the other. This could be accomplished for example, by including an outcome measurement and reporting mechanism in the UNICEF project component itself as well as with the implementing partner. Another possibility is to formulate objectives as more “outcome” oriented, especially when it is difficult to achieve – let alone measure - long term qualitative changes and impact in a short project period. Other creative thinking may be needed to connect this loop more coherently as the project enters its next phase and the goal of “enhancing social security” and long-term development will require assessment of results *and* impact.

- **Linkage to enhance effectiveness:** As the project has currently done, continue to make linkages between training for skills, knowledge, capacity-building with opportunities to put the latter into practice. This entrenches knowledge, enhances skills, reveals gaps and improves performance; as for example in both pre-service and in service training for maternal and neonatal nursing staff, midwives and related health professionals. Consider expanding training for other specialists – such as Family Doctors and General Practitioners. The interdisciplinary approach to training, as with MCH health professionals in Ust-Kamenogorsk is also promising and valuable, as it enables professionals to appreciate each other’s work and areas of responsibility.
- **Results Based Management (RBM) and Budget:** Quality Assurance (QA) and Quality Control (QC) are incorporating child responsive budgets and results based management. Progress in performance/results-based management (RBM) and budgeting (RBB) initiated under earlier UNICEF projects (such as the 2007 Public Expenditure Review (PER) in the social sector, can be built upon to strengthen capacity of local government and partners in planning, management, and monitoring and evaluation of social programmes and budgets in upcoming phases of the project.
- **Gender mainstreaming for Gender Responsive Budget (GRB):** Alongside child responsive management and budgeting, QA and QC should *immediately* incorporate GRB. This is especially critical before the CFCI gets underway and should be incorporated into current plans of action for long term development. Where UNICEF and other UN agencies are able to integrate this they can also model it for other national and local partners and organizations to integrate this in in their own development plans.
- **Partnerships:** It is clear that national ownership is greatly enhanced when proposals and implementation plans are developed in partnership and collaboration with national partners - especially at the regional level. The EKO has capable organizations in place that are knowledgeable about local priorities and needs; local authorities are receptive to consultation and collaboration (even though current budgets may not allow them to take the lead). The importance of

partnerships is obvious in light of local planning for the 2020 national development and an opportunity to incorporate child health and wellbeing (and means of addressing these) into plans being formulated at the local level. Up-scaling to the national level is also very likely as interest and motivation around these interventions spread.

- **Synergy with projects of other UN agencies:** Results are enhanced and entrenched, and outcomes are most visible and effective when partner UN agencies compliment UNICEF work toward the same long-term development goals: In this case, ongoing collaboration is a logical outcome of common priorities and mission. Ongoing collaboration with UNDP, for example, can offer benefits in view of the latter's area of expertise in poverty reduction, small business capacity building, governance etc. The evaluator learned how UNDP interventions mutually reinforce UNICEF interventions (eg youth of YFS submitting their own grant proposal to request equipment for their center).
- **Private sector:** UNICEF already works with the private sector over such issues as more transparent and responsible budgeting and cooperates with it at both the EKO and national level. In EKO, however, UNICEF is restricted in receiving funds for its programming from the local private sector in the mining industry but does leverage resources of local private companies to ensure that they also buy-in to the reform initiatives. Indeed, many services, including health and education, are consistently covered by the private sector in this area. UNICEF may consider means of expanding support to national partners in their efforts to engage and involve private sector enterprises. This is pertinent to long-term development, CFCI and the overall goal of enhancing human security in the Semipalatinsk region. One avenue is to consult/seek support of the Economic Commission for Western Asia (ESCWA) which has done considerable work in the area of social protection and socially responsible development involving all social sectors.
- **National Partners:** Consider opportunities to map other local NGOs and institutions (for example, of the 100 organizations in Semey, 30 reportedly have the capacity to participate). Expanding the pool of national organizations will foster more national ownership– especially as the CFCI gets underway
- **Local Government:** Continue building on successful efforts working with local government departments to streamline and add coherence to activities and standards to further improve outcomes – especially in light of implementation of the CFCI. Successful UNICEF precedents include collaboration with the Emergency and Defense Department on disaster risk reduction programs in education.. Multi-sectoral efforts are already contributing to achieving greater coherence in government interventions also provide ways of translating and linking the CRC with implementation at the local level (again a consideration in the implementation of the CFCI)

- **Monitoring and follow up:** Follow up with those trained is critical, especially with those trained as “master trainers” and responsible for training other health workers. It is not known if these trainees continue to apply skills and knowledge learned and/or whether they change in any respect over time. It is not known what gaps may exist in their skills and knowledge. These considerations are closely related to putting in place and using systematic monitoring mechanisms to assess and improve performance, quality assurance and control noted earlier.
- **Rural areas:** As envisioned in upcoming phases of the project, expanding initiatives and interventions into rural areas and tackling vulnerabilities in these settings is important. Partners are already building on achievements of this project to conduct their own trainings and activities in rural areas not covered in this project.
- **Upstream efforts:** UNICEF has demonstrated strategies and successes at the local level (in these projects) for use in advocacy at the national policy level. Continuing these efforts is important as the GoK undertakes reform - in health care, child protection, education, special services, etc. The same strategy is useful with respect to local and regional authorities. Local and regional departments of health and local non-government partners are already committed stakeholders in this mutually beneficial effort to revise laws and regulations in line with international standards and which are more conducive to child development.
- **Public awareness campaigns:** Consider support to public awareness campaigns coinciding with the unfolding and implementation of CFCI. Public awareness campaigns are also important in outreach to the general population, to disseminate information on perinatal health issues and the benefits of new techniques and approaches to improving mother and infant care.
- **Renewed Child Rights Focus:** UNICEF has been working closely with national counterparts to incorporate provisions of the CRC directly into relevant sectors, for example, a joint five-year plan for deinstitutionalization and development of alternative services for children. UNICEF is actively supporting the Child Protection Department in Ust-Kamenogorsk on creating new child protection and family support centers. However, the Child Protection Department states it is still in need of more information on international experiences with deinstitutionalization and establishing alternatives (eg foster families); Similarly, there are opportunities for the FSC in each of Semey and Ust-Kamenogorsk to benefit from other’s experiences (especially for Semey) and for UNICEF to continue its work with national counterparts to plan for the incorporation of child rights directly into the mandate and operation of relevant sectors as this CFCI unfolds.



**ANNEX 1: UNICEF PROJECT OUTPUTS AND OUTCOMES (2008-2010)**

<b>Objective 1.1: By end 2010, 50 % of newborn babies of the Semipalatinsk region will receive quality perinatal care support services</b>			
<b>Outputs</b>	<b>Inputs/Activities</b> <sup>1</sup>	<b>Objectively Verifiable Indicators (OVI)</b> <sup>2</sup>	<b>Outcomes/Results (mainly Outputs)</b> <sup>3</sup>
1.1.1 A core of obstetricians, gynecologists, midwives, neonatologists and respective health managers (at least 64 %) are enabled to provide quality perinatal services.	<p>Establishing two training centers (SSMU and SSMC) in the Semipalatinsk region to provide quality training for health workers, managers and decision makers.</p> <p>28 national obstetricians-gynecologists, 15 neonatologists and midwives trained at the UNICEF and UNFPA supported ten day workshop on the implementation of WHO advocated effective perinatal technologies (EPC) for those in Semey city and neighboring facilities</p> <p>Conducting training courses on Essential Newborn Care and Breastfeeding and adjust on-job training for health personnel and managers of all maternity houses of the Semipalatinsk region.</p> <p>National and local health workers and academicians capacitated in monitoring and evaluating progress of the implementation of effective perinatal technologies – in the application of the BABIES methodology as a total quality management tool</p>	<p>Increased number of newborn babies of the Semipalatinsk region receiving quality perinatal care support services</p>	<p>2008</p> <ul style="list-style-type: none"> <li>▪ 2 resource centers established at SSMU and SSMC to provide trainings for health workers</li> <li>▪ Equipment for resuscitation of newborns provided</li> <li>▪ Health professionals strengthened knowledge and skills on perinatal care</li> <li>▪ Capacity-building of national and local health workers in M&amp;E of effective perinatal care (on BABIES instrument)</li> </ul> <p>2009</p> <ul style="list-style-type: none"> <li>▪ Training curricula for future neonatologists, neonatal nurses and related in-service health workers in blocks of effective perinatal technologies and essential newborn care and resuscitation (SSMU and SSMC, Ust-Kamenogorsk Med. College)</li> <li>▪ 28 national obstetricians-gynecologists and 17 women neonatologists trained on EPC</li> </ul> <p>2010</p> <ul style="list-style-type: none"> <li>• Capacity building seminar on improvement effective perinatal</li> </ul>

	<p>Follow up training on EPC jointly with UNFPA for 25 obstetricians-gynecologists, 17 neonatologists from four rural districts of the region.</p> <p>Capacity building seminar on improvement of effective perinatal technologies at the MCH Center in Ust-Kamenogorsk city</p> <p>Inclusion of blocks on effective perinatal technologies and essential newborn care and resuscitation into training curricula for future neonatologists and practicing ones</p>		<p>technologies has been organized at the Center of Maternal and Child health of Ust-Kamenogorsk city. 24 obstetricians and 15 neonatologists from Semey and Ust-Kamenogorsk maternities.</p> <p>Other/cumulative</p> <ul style="list-style-type: none"> <li>▪ Six-bed neonatal intensive care unit and 8 beds special care unit for preterm newborns organized in Semey Perinatal Centre</li> <li>▪ Special care neonatal unit with additional beds available for sick newborns established at the Regional Hospital (Semey)</li> <li>▪ Capacity building in improvement of effective perinatal technologies for 24 obstetricians and 15 neonatologists from Semey and Ust-Kamenogorsk maternities took part.</li> </ul>
<p>1.1.2 Sustainable regulatory framework for provision of quality perinatal services is in place.</p>	<p>Development of monitoring and evaluation mechanisms to track implementation of Safe Motherhood Initiative.</p> <p>The technical work was conducted by UNICEF in order to review the national protocols and orders</p> <p>Establishing monitoring system for utilization of obtained skills and knowledge in all maternity houses of the Semipalatinsk region.</p>	<p>Increased number of newborn babies of the Semipalatinsk region receiving quality perinatal care support services</p>	<p>2008</p> <ul style="list-style-type: none"> <li>▪ Recommendations by health professionals on improving regulatory framework submitted to the national decision-makers</li> </ul> <p>2009</p> <ul style="list-style-type: none"> <li>▪ Quality of perinatal care provided in 10 maternities of EKO assessed by SSMU experts and UNICEF international consultant; recommendations submitted to</li> </ul>

	<p>Development, review and endorsement of normative-legislative basis for provision of quality perinatal medical services.</p>		<p>the local and national health authorities</p> <ul style="list-style-type: none"> <li>Other/cumulative <ul style="list-style-type: none"> <li>▪ 200 health workers and academicians capacitated in: (i) WHO advocated effective perinatal technologies, (ii) M&amp;E of the implementation of effective perinatal technologies; application of BABIES methodology as a total quality management tool</li> <li>▪ Model of regionalization of perinatal care in EKO developed, proposed and discussed at the local level and in the Ministry of Health; the second level maternity being established on the South of the region (Ayaguz rural area)</li> <li>▪ Technical support provided to the regional Health department in the area of development plan of actions aimed at improvement of perinatal care quality</li> </ul> </li> </ul>
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**Objective 1.2: By end 2010, children of 0-3 years of age from 20,000 families living in rural areas of the Semipalatinsk region will benefit from better early childhood development practices**

<b>Outputs</b>	<b>Inputs/Activities</b> <sup>1</sup>	<b>OVI</b> <sup>2</sup>	<b>Outcomes/Results (mainly Outputs)</b> <sup>3</sup>
1.2.1 At least 900 primary health care workers (doctors and home visiting nurses) are able to counsel families	Establishing pool of master trainers on early childhood development (Better Parenting) and conducting two	Number of families with children of 0-3 age living in rural areas of the Semipalatinsk region benefiting from	2008 <ul style="list-style-type: none"> <li>▪ 2 Healthy child rooms fitted with equipment (for improved</li> </ul>

<p>with children at 0-3 in respect to early childhood development</p>	<p>trainings for them.</p> <p>Conducting 50 trainings of primary health care workers in early childhood development (Better Parenting)</p> <p>Printing, delivery and distribution of training materials and job aids for primary health care workers on early childhood development.</p> <p>Printing, delivery and distribution of Better Parenting Communication package for families on childrearing.</p> <p>Follow-up to training and advocacy workshops for adjusting training curricula for current needs, ensure smooth implementation of the programme and its sustainability.</p>	<p>better early childhood development practices</p>	<p>screening (child growth and development monitoring) of children 0-3 years (Semey outpatient clinics); counsel parents on child care and development</p> <ul style="list-style-type: none"> <li>▪ 41 Master trainers can train and consult on ECD/BP</li> <li>▪ ECD model incorporated in medical college curriculum and pre-service training at medical university</li> <li>▪ 189 health workers capacitated at cascade trainings for primary care workers in ECD/BP (Semey and 3 rural districts)</li> <li>▪ 65,000 informational materials on ECD/BP distributed to health workers</li> <li>▪ ECD/BP training modules developed</li> <li>▪ ECD/BP chart booklet for trainers and drs</li> <li>▪ MOH Order 691 on strengthening early patronage system endorsed at the national level</li> <li>▪ Video in 2 languages on breast feeding and C4D</li> <li>▪ Better Communication pkg for parents and families (distributed to parents w/children under 3yrs)</li> </ul> <p>2009</p> <ul style="list-style-type: none"> <li>▪ 240 pediatricians and patronage nurses from (4) districts and 2 cities got knowledge and</li> </ul>
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<p>1.2.2 Enabling regulatory environment for strengthening existing home visiting system for families with children at 0-3 is established.</p>			<ul style="list-style-type: none"> <li>▪ materials on ECD etc</li> <li>▪ Exchange of good practices between SKO/EKO on coordination models for ECD/BP programmes, structure of training centers and functions of trainers</li> <li>▪ Working with academia to incorporate international standards into curriculum</li> </ul> <p>Other/cumulative</p> <ul style="list-style-type: none"> <li>▪ 1,500 health professionals, social and educational workers know how to provide Early Intervention and Development techniques for infants and CSN</li> <li>▪ Exchange of good practices between South Kazakhstan and Semey on ECD/BP established</li> <li>▪ Knowledge and skills on early children care and development of rural health specialists and parents improved by 40%</li> </ul>
<p>1.2.2 Enabling regulatory environment for strengthening existing home visiting system for families with children at 0-3 is established.</p>	<p>Introducing revised regulations on quality counseling health care services for children under 3 and pregnant women (including printing and distribution of revised records and monitoring forms)</p>	<p>Number of families with children of 0-3 age living in rural areas of the Semipalatinsk region benefiting from better early childhood development practices</p>	<p>2008</p> <ul style="list-style-type: none"> <li>▪ A technical working group (TWG) on revision of normative and legislation on delivery of health care services for children under 3 was established</li> <li>▪ Revision of 16 edicts on health services provision to children at primary health care level (PHC) in accordance with WHO and national policies</li> <li>▪ Rec's of TWG to be shared with leading research centres and</li> </ul>

			<p>medical universities for strengthening interagency collaboration.</p> <ul style="list-style-type: none"> <li>▪ Practical guidelines on child growth and development developed w/ national ECD/BP consultant and SSMU</li> <li>▪ Representative of SSMU trained on child growth and development assessment at WHO training of trainers workshop.</li> </ul> <p>2009</p> <ul style="list-style-type: none"> <li>▪ WHO CD standard adapted for Kazakhstan, sent to MOH for approval (before distributing to h workers)</li> <li>▪ C4d evaluation contributed to assessment of capacity of pediatricians, nurses (beneficiaries of prior UNICEF interventions); for better data collection, evaluation, identifying gaps, etc</li> <li>▪ Rec's shared, Care for Development Strategy</li> </ul> <p>Other/cumulative</p> <ul style="list-style-type: none"> <li>▪ Improved and introduced at national level guidelines and standards for intervention and continuum of services for early children and for those having special needs and on multidisciplinary approaches in service delivery</li> <li>▪ Order 691 approved at national</li> </ul>
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					level according to which healthy baby rooms are to be established throughout the country
<b>Objective 1.3: By end 2010, 10,000 young people of the Semipalatinsk region will enjoy youth-friendly psychosocial and health services</b>					
<b>Outputs</b>	<b>Inputs/Activities</b> <sup>1</sup>	<b>OVI</b> <sup>2</sup>	<b>Outcomes/Results (mainly outputs)</b> <sup>3</sup>		
1.3.1 Managers and staff of youth-friendly psychosocial and health services are able to provide quality counseling in respect to young people's sexual, reproductive and psychosocial issues.	<p>Establishing at least three youth-friendly psychosocial and health services in Semipalatinsk region (including supply component).</p> <p>Conducting four trainings of youth-friendly services and NGO staff on youth friendly targeted interventions and outreach work.</p> <p>Conducting three trainings of youth-friendly services providers and NGOs in family planning.</p> <p>Conducting four trainings of social workers and school psychologists on counseling of young people at risk.</p> <p>Conducting eight trainings for peer educators and four advocacy meetings with participation of young people, decision makers, mass media</p>	<p>Number of young people of the Semipalatinsk region enjoying youth-friendly psychosocial and health services</p>	<p>2008</p> <ul style="list-style-type: none"> <li>▪ Refurbished 2 YFS clinics</li> <li>▪ Representatives of local authorities and YFS staff participated in national training/planning workshops</li> <li>▪ 6 local experts in TOT for “Counseling Young People on Reproductive Health”</li> </ul> <p>2009</p> <ul style="list-style-type: none"> <li>▪ Managers at 2 YFS centers raised their knowledge and familiarized with international experience on services for young people at St Petersburg Summer Camp (YES services, HIV/AIDS, healthy lifestyles etc</li> <li>▪ Capacity-building exercise for YFS centers’ staff (38 staff, med. college professors, social workers, etc)</li> <li>▪ Rec’s and ideas to launch training of trainers</li> </ul> <p>Other/cumulative</p> <ul style="list-style-type: none"> <li>▪ 2 YFS centers -Semey provided</li> </ul>		

			<p>medical and psycho-social services tailored to the needs of young people for approx 28,000 potential beneficiaries (6,500 direct beneficiaries to date)</p> <ul style="list-style-type: none"> <li>▪ Staff of Semey YFSs increased their knowledge on development &amp; implementation of YFS strategy involving volunteers</li> <li>▪ YFS in Ust-Kamenogorsk established, staffed and funded by Istok, the regional Healthy Life style promotion center</li> <li>▪ Specialists of Semey YFS funded by Regional healthy life style center</li> <li>▪ More than 6,500 young people counseled on reproductive health and healthy life style habits</li> </ul>
<p>1.3.2 Regulatory framework for provision of quality youth-friendly psychosocial and health services is in place.</p>	<p>Development and pre-testing youth-friendly services norms and standards with the involvement of young people.</p> <p>Development and printing communication and advocacy materials.</p>	<p>Number of young people of the Semipalatinsk region enjoying youth-friendly psychosocial and health services</p>	<p>2008</p> <ul style="list-style-type: none"> <li>▪ Review and pretesting of YFS standards at national level</li> <li>▪ Prepared communication and advocacy materials</li> </ul> <p>2009</p> <ul style="list-style-type: none"> <li>▪ Increased Capacity-building of 37 social workers, psychologists, Drs, teachers of SMUS, SMC and SSPI contribute to enhanced implementation of law on special social services</li> <li>▪ Lessons learned &amp; recommendations from trainings shared</li> </ul>

<p>1.3.3 The results of piloting in the Semipalatinsk region are used as evidence-based advocacy for nationwide replication of youth-friendly services.</p>	<p>Conducting two sub-national and national workshops to advocate for inclusion of youth-friendly services into the agenda of the health reform and nation-wide introduction of youth-friendly services based on the results of piloting in Semipalatinsk and other regions.</p>	<p>Number of young people of the Semipalatinsk region enjoying youth-friendly psychosocial and health services</p>	<p>2008</p> <ul style="list-style-type: none"> <li>▪ National workshop held on advocating for YFS in health reform</li> </ul> <p>2009</p> <ul style="list-style-type: none"> <li>▪ Training of youth facilitators (from all Kazakhstan), in turn they conducted focus groups in oblast (Youth Forum planned)</li> </ul> <p>Other/cumulative</p> <ul style="list-style-type: none"> <li>▪ Focus-groups discussions on vital youth problems conducted by trained young facilitators; recommendations presented at the Youth Forum</li> </ul>
<p><b>Objective 1.4: By end 2010, at least 5,000 vulnerable families in the Semipalatinsk region will benefit from social counselling and family support services</b></p>			
<p><b>Outputs</b></p>	<p><b>Inputs/Activities</b><sup>1</sup></p>	<p><b>OVI<sup>2</sup></b></p>	<p><b>Outcomes/Results (mainly outputs)</b><sup>3</sup></p>
<p>1.4.1 Service providers/social workers effectively support families and enable children to grow up in the family environment.</p>	<p>Establishment of two family support centers (including supply and development of materials). Conducting one training of master trainers on Social Work. Conducting four training sessions on Social Work.</p>	<p>Number of vulnerable families in the Semipalatinsk region benefiting from social counselling and family support services</p>	<p>2008</p> <ul style="list-style-type: none"> <li>▪ Draft regional plan of action prepared; Joint Plan of Action (UNICEF/WHO finalized)</li> <li>▪ Review of system and services for prevention of child institutionalization</li> <li>▪ 5 meetings of the working group on streamlining the social services system for CSN held - a) agreed on TOR and issues to</li> </ul>

		<p>be addressed; b) services for CSN mapped out (informed by results of social services needs assessments); c) results of Semey review of social services for families of CSN and early identifications and referral system presented; d) assessed progress in piloting early intervention programmes for CSN and family support services in Semey e) helped streamline understanding of implementing social services standards recently developed as a part of the Law on Social Services and try out a multi-sectoral approach to meet the needs of CSN</p> <ul style="list-style-type: none"> <li>▪ Under guidance of the Semey pre-school center, first family support center provided; discussion of establishing second family support center</li> <li>▪ 30 representatives of intersectoral group trained on the common understanding of the social services/family support standards</li> <li>▪ 57 participants in workshop on early intervention and modern understanding of early childhood development w/ the help of Saint Petersburg Institute of Early Interventions and UNV on new approaches in dealing with CSN and family support services</li> <li>▪ First workshop on Healthy Athlete Fun/Fitness for students</li> </ul>
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		<ul style="list-style-type: none"> <li>▪ at SSMU, SSPI</li> <li>▪ Press conference to ensure sport as effective tool to help achieve goals in health, education, gender equality, HIV/AIDS, child protection and child development.</li> <li>▪ UNICEF launching initiatives in Semey on including CSN in pre-school education</li> </ul> <p>2009</p> <ul style="list-style-type: none"> <li>▪ Enhanced inclusion of children with SN in pre-school by establishing (4) CD rooms, counseling in SSPI</li> <li>▪ Gate-keeping practices mission to EKO led to draft rec's for improving gate-keeping, individual care plans and needs assessment; 2 EKO reps participated in social services standards workshop</li> <li>▪ Rec's made to improve Pedagogy-Med-Psych Commission</li> <li>▪ Social work faculty (SSPI) launched initiatives to train social workers</li> <li>▪ Evaluation of budget findings on formal care in Kazakhstan shared with local authorities and Inter'L Child Care Forum</li> <li>▪ SSPI participants in conference on inclusion of children with SP – rec's for national plan</li> <li>▪ 120 children with special needs</li> </ul>
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		<p>consulted on participation in sports activities</p> <ul style="list-style-type: none"> <li>▪ 20 SMUS and SMC are able to counsel children w/SN</li> <li>▪ Planned est. of 3 additional CD rooms w/SSPI, (in addition to CD rooms set up in this project at PMPC, Rehabilitation Center, KG in Shulbinsk, PI and 2 KGs in Semey)</li> </ul> <p>Other/cumulative</p> <ul style="list-style-type: none"> <li>▪ Psychologists and social workers in FSC (Semey) provide counseling services for families in difficult life situations</li> <li>▪ System for early identification and social services for prevention of child institutionalization reviewed (see above)</li> <li>▪ Students of SSMU and PI capacitated in identifying fitness level of children with mental disabilities</li> <li>▪ 200 children w/special needs and their parents got advice on involvement in fitness</li> <li>▪ Inclusion of Semey city and Shulbinsk rural area CSN into pre-school education increased by establishing total of 6 child development rooms at kindergartens, Semey PI, Rehabilitation Center and PMPC (see above)</li> <li>▪ Recommendations on the improvement of gate-keeping</li> </ul>
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			<p>functions at the local level and for improvement of Pedagogical-Medical-Psychological Commission made</p> <ul style="list-style-type: none"> <li>▪ Experts of the PI took part in the Conference on Inclusion; Semey experience in running inclusive child development rooms presented</li> <li>▪ Family-support models/social services analyzed and documented, training needs assessed; experience and methods summarized and exchanged; recommendations on improvement made</li> <li>▪ Main causes of child abandonment in EKO identified; the outcomes and recommendation on its prevention made at the local level</li> </ul>
<p>1.4.2 Local government are able to effectively apply Human Rights Based Approach and Results-Based Management in assessment, planning and delivery of social services, taking into account special needs of vulnerable families.</p>	<p>Development of standards and progress indicators for family support service.</p> <p>Evaluation of trainers' activities, family support centers and social workers' performance, development of recommendations for scaling up.</p>	<p>Number of vulnerable families in the Semipalatinsk region benefiting from social counselling and family support services</p>	<p>2008</p> <ul style="list-style-type: none"> <li>▪ Review of assistance to CSN and families in EKO, recommendations offered</li> <li>▪ Seminar on improvement of social services standards provided to children at local level in Ust-Kamenogorsk (with participation of UNICEF consultant on social standards).</li> </ul> <p>2009</p> <ul style="list-style-type: none"> <li>▪ Training guide drafted by SSPI on multi-sectoral approach to inclusion of CSN</li> <li>▪ Inventory of CB services</li> </ul>

			<p>development planned (Dec 09?)</p> <ul style="list-style-type: none"> <li>▪ 2 Family support centers established</li> <li>▪ Planned UNICEF consultant to evaluate centers-support</li> </ul> <p>Other/cumulative</p> <ul style="list-style-type: none"> <li>▪ Services for children with special needs mapped out and presented at the local level; piloting early intervention programmes for children with special needs and family support in Semey assessed</li> <li>▪ Intersectoral group of 30 representatives from government structures and NGOs trained on the common understanding of the social services/family support standards</li> <li>▪ Child protection system at the local level mapped, recommendations on its enhancement presented and discussed</li> <li>▪ Data on institutionalized children collected; concept on deinstitutionalization developed at the local level</li> </ul>
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**Objective 1.5: By end 2010, local Government and NGOs of the Semipalatinsk region will be able to better plan family-based and child-focused social policies at local level**

<b>Outputs</b>	<b>Inputs/Activities</b> <sup>1</sup>	<b>OVI</b> <sup>2</sup>	<b>Outcomes/Results (mainly outputs)</b> <sup>3</sup>
1.5.1 Local government will have	Conducting three trainings for local	Local Government and NGOs of the	2008

<p>knowledge and instruments on the management of effective approaches to convergent services improvement (health, social protection and education) and monitoring of the Convention on the Rights of Child.</p>	<p>government and NGOs, including training on Results-based management in social sphere.</p>	<p>Semipalatinsk region is able to better plan family-based and child-focused social policies at local level</p>	<ul style="list-style-type: none"> <li>▪ Joint training in capacity building. for approx 30 representatives from local authorities, NGOs from EKO w/Agency for Public Administration of the Republic of Kazakhstan, National Commission for Gender and Family and Demographic Policy under the President of the RK and UNICEF (Semey, Kurchatov, Ridder and of other sub-regions of oblast) on planning, implementation, M&amp;E of social and economic programmes for children and families in Semey (RBM, HRBA, and RBB approaches).</li> <li>▪ UNICEF w/GOK conducted 2 other similar trainings for civil servants from EKO (Semey and other sub-regions).</li> <li>▪ SITAN finalized and CFC action plan being developed for planned CFCI in Semey</li> <li>▪ CFC Round Table in Ust-Kamenogorsk, the SitAn on children and young people in Ust-Kamenogorsk and EKO presented and discussed for CFCI in Semey region as a whole</li> </ul> <p>2009</p> <ul style="list-style-type: none"> <li>▪ CFCI planned in cooperation w/Semey Akimat following SITAN; action plan to be developed</li> </ul>
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<p>1.5.2 NGOs are able to monitor the quality of service delivery and advocate equity access.</p>	<p>Elaboration/ development of strategy/ instruments on applying HRBA to Programming in planning and delivery of social sector services.</p>	<p>Local Government and NGOs of the Semipalatinsk region is able to better plan family-based and child-focused social policies at local level</p>	<p>Other/cumulative</p> <ul style="list-style-type: none"> <li>▪ 30 local civil servants and NGOs have increased knowledge and skills on planning family-based and child-focused social policies at local level in 2010</li> <li>▪ SitAN on child wellbeing in the region conducted and presented at local level</li> <li>▪ A set of social services standards being piloted in the region as a part of the overall social services reform currently underway</li> <li>▪ MoU and Action Plan on CFCI implementing in 2009-2010 signed</li> <li>▪ Implementation of CFCI assessed in Semey and Ust-Kamenogorsk; recommendations made</li> <li>▪ 5-year territorial development programmes of Semey, Ust-Kamenogorsk cities and Beskaragai district analyzed on ensuring effective budget expenditures at local level in the best interests of children, youth and women</li> <li>▪ CFCI EKO experience presented at the national CFC workshop in Pavlodar; many local Akimats are interested to visit EKO to exchange the experience</li> </ul>
<p>1.5.2 NGOs are able to monitor the quality of service delivery and advocate equity access.</p>			<p>2008</p> <ul style="list-style-type: none"> <li>▪ NGOs trained in RBM, HRBA for tools in services and advocacy for equity access</li> </ul>

<p>1.5.3 Local authorities will ensure the delivery of social sector services according to the developed standards</p>			<p>2009</p> <ul style="list-style-type: none"> <li>▪ NGOs at national level provided with tools for RBM, HRBA</li> </ul> <p>Other/cumulative</p> <ul style="list-style-type: none"> <li>▪ Children's and young people's opinions took into consideration when mapping child-friendly/unfriendly city environment (FSC – Ust-Kamenogorsk)</li> </ul>
<p>1.5.3 Local authorities will ensure the delivery of social sector services according to the developed standards</p>	<p>Elaborating the local Plan of Action for Children and Family based on Child-Friendly City Concept for the Semipalatinsk region.</p> <p>Evidence-based advocacy on the local, regional and national levels to ensure sustainability and replication of child-focused planning initiatives to be promoted and recommended for adoption throughout the country.</p>	<p>Local Government and NGOs of the Semipalatinsk region is able to better plan family-based and child-focused social policies at local level</p>	<p>2008</p> <ul style="list-style-type: none"> <li>▪ Social services standards development underway, to be piloted as part of overall social services reform</li> </ul> <p>2009</p> <ul style="list-style-type: none"> <li>▪ Law on specialized social services (2008) to pilot in EKO</li> <li>▪ Social services standards (2008) are being piloted as part of overall social services reform</li> <li>▪ UNICEF consultant met w/EKO authorities, project partners, stakeholders to discuss CFCI SITAN – resulted in rec to pilot this in Semey</li> </ul> <p>Other/cumulative</p> <ul style="list-style-type: none"> <li>▪ Capacity building seminar on CFCI organized for all key departments of EKO, Ust-Kamenogorsk and Semey cities; international experience of building the child-friendly cities</li> </ul>

			shared; CFC Action Plan for 2011-2015 developed and being finalized
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**Notes:** As noted earlier, even though a category of OVI (column 3) was built into the original project design, successive project reports document results mainly in the form of implemented activities and “outputs”. Information and data for this table are derived from the Project Document, project reports; and sources below; <sup>1</sup>Edited to reflect changes adopted in the course of the project as per UNICEF edits of draft report; <sup>2</sup> OVI in original project design essentially restate main objectives; detailed performance indicators listed in the initial project workplan are not clearly reflected in outputs and progress reports (also see earlier notes on project design); <sup>3</sup>2008 and 2009 data from Annual Reports, other/cumulative data derived mainly from Power Point Presentation, “UNICEF Project Results” (November 2010) (The PowerPoint presentation does not disaggregate “outputs” by the original sub-objectives - also stated as “progress” or “outputs” in project documents). Data in this column were also edited by UNICEF to reflect updates and changes. The table benefitted from these UNICEF edits and updates but this changed somewhat the original intent of this Annex, which was to demonstrate *achieved* outputs (and outcomes) (column four) against *planned* inputs and activities (column two). Due to extreme time constraints, the evaluator accepted UNICEF edits made to draft report entries even though these edits now conflate and mix entries in the second column with those in the last column. Results in this table underscore the evaluator’s general assessment that missing clear outcome monitoring and reporting mechanisms it is difficult to assess the OVI, and outputs in themselves do not automatically by themselves correlate with progress in achieving objectives.

## ANNEX 2: REFERENCES

### Programme and Project Documents:

- UNTFHS, Project Document, Enhancing Human Security in the Former Nuclear Test Site of Semipalatinsk, January 7, 2006
- ANNEX 1, Initial Work Plan, Results Framework, Indicators 2007=2009
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- Joint Programme, Enhancing Human Security in the Former Nuclear Test Site of Semipalatinsk, Minutes of the Project Board Meeting, June 21, 2010
- Mid-Term Review of UNICEF Components of the Project,, Project for Enhancing Human Security in the Former Nuclear Test Site of Semipalatinsk, (for the period January 2008 – September 2009, Second Draft, Raymond Lorenzo, UNICEF International Consultant
- ANNEX, MTR, Progress Matrix and Recommendations as of September 7, 2009
- Towards a Child Friendly City Initiative (CFCI) in Kazakhstan. Situation Analysis and Development of a CFCI Strategy and Preliminary Action Plan for Astana, Semey and Ust-Kamenogorsk cities. Raymond Lorenzo, UNICEF International Consultant September – November, 2009
- APPENDIX 1 – Characteristics and Foundations of (Lorenzo2)
- APPENDIX 1 – Characteristics and Foundations of (Lorenzo)
- Joint Programme, Enhancing Human Security in the Former Nuclear Test Site of Semipalatinsk, Annual Progress Report #1, Covering the period of 1 January 2008 – 31 December 2008
- Joint Programme, Enhancing Human Security in the Former Nuclear Test Site of Semipalatinsk, Annual Progress Report #2, Covering the period of 1 January 2009 – 31 December 2009
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- UNFPA Evaluation Report, Evaluation of the sexual and reproductive health component of the joint UNFPA/UNICEF/UNDP/UNV project, Enhancing Human Security in the Former Nuclear Test Site of Semipalatinsk
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- Log Frame for Joint Agency Project: Increasing regional competitiveness through innovative approaches to regional planning and providing public services: the example of Semipalatinsk Region (2010-2015)

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- Training Report, Introduction of Effective Perinatal Assistance Techniques, Including HIV/AIDS and STI Interventions, 24-28 August, 2009, City Clinical Maternity Hospital, Semey, Submitted for UNICEF by Dmytro Dobryansky, MD, PhD
- Situation Analysis of Service System for Children with Special Needs in Eastern Kazakhstan Oblast, Prepared by I. Zinchenko for UNICEF in Kazakhstan, 2008
- Results of the Quality Assessment of Institutional Medical Care for Mothers and Children in East Kazakhstan Oblast and General Recommendations for Improving the Quality of Perinatal Care, State Medical University, Semey, Dmytro Dobryansky, M.D.
- Child Protection System in Kazakhstan, Draft Initial Report, Essex University, Children's Legal Center

#### **Other UNICEF:**

- UNICEF Draft Country Programme Document, Kazakhstan, E/ICEF/2004/P/L.13, March 26, 2004
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- UNICEF Draft Country Programme Document, Kazakhstan, E/ICEF/2009/P/L.8, April 7, 2009
- UNICEF, Country Programme Action Plan (CPAP) 2010-2015, Between the Government of Kazakhstan and United Nations Children's Fund, 2010
- UNICEF, Attachment 1, Main outcomes, indicators and activities of cooperation for 2009-2010 between UNICEF and Akimat of East Kazakhstan Region

#### **Other Documents Related to Project:**

- Memorandum of Understanding between the Akimat of East Kazakhstan Oblast (EKO) and United Nations Children's Fund (UNICEF), September 7, 2009
- Main Conclusions on the Draft State Program of Education Development in Kazakhstan for 2020 (hereinafter referred to as the Draft), Draft Action Plan for 2011-2015 on Implementing State Program of Education Development in Kazakhstan for 2011-2020 (Kovalevsky's comments)
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## **ANNEX 3: PERSONS MET**

### **UNICEF Kazakhstan**

- Hanaa Singer, UNICEF Representative (by phone, Astana)
- Alena Sialchonak, Deputy Representative (Astana)
- Raimbek Sissemaliev, Monitoring and Evaluation Officer (Astana)
- Anna Stativkina, Emergency Officer, Semipalatinsk Programme Coordinator (Astana)
- Aigul Kadirova, Head of Section, Health, HIV and Young People Development (Astana)
- Aigul Nurgabilova, Nutrition Officer (Astana)
- Faniya Mussayeva, Social Policy Development and Participatory Governance Officer (Astana)
- Zhanar Zhumabekova, Admin/HR Assistant (Astana)
- Radoslaw Rzehak – Chief, Child Protection (Astana)
- Tatiana Aderikhina, Education and Child Protection Officer (Astana)
- Ana Gabriela Guerrero Serdan - Social and Economic Policy Specialist (Astana)
- Violetta Krasnikova - Child Protection Programme Assistant (Astana)
- Sultanbek Khudaibergenov, Communications Officer (Astana)
- Lyailya Mukazhanova, EKO UNICEF Consultant (Ust-Kamenogorsk)

### **LOCAL GOVERNMENT AUTHORITIES - SEMEY**

- Zhanna, Zhibrayeva, National Project Director, Head of International Cooperation Department, Mayor's Office (Akimat), Semey
- Nikolay Pivkin, Deputy Director of Education Sector of Semey City, EKO Education Department
- Gulmajal Suleimenova, Chief Specialist, Pre-School Education Sector, EKO Education Department
- Roza Omarova, Head of Tutelage and Guardianship Section, EKO Education Department
- Bakyt Kasymova, Chief Specialist, Secondary and Vocational Training, EKO Education Department
- Hadisha Zhunuckhanova, Methodologist, Library Resources, EKO Education Department
- Sarkyt Shabdanova, Chief Pediatrician, Health Section, EKO Health Department
- 

### **REGIONAL GOVERNMENT AUTHORITIES – UST-KAMENOGORSK**

- Gulnar Tynybayeva, Chief Pediatrician, EKO, MCH Section, Regional Health Department
- Aizhan Komshabayeva, Chief Specialist, MCH Section, Regional Health Department
- Almira Torktarbenkova, Deputy Director, EKO Child Protection Department

### **NATIONAL PARTNERS - SEMEY**

- Flyura Smashnikova, Deputy Director, Semey Rehabilitation Center
- Sanya Zhumagulova, Methodical Specialist, KG Child Development Room
- Tatiana Drygyna, Leading Specialist, Semey Pre-School Center
- Aigul Zhunussova, Head, Educational Methodical Center, SSMU and Coordinator, UNICEF Project, 2008-2010
- Kulyash Jaksalykova, Chair, Child Illnesses Department, SSMU and Neonatologist, Department of Newborn Pathology, Medical Center

- Almagul Mukhamedkhanova, Researcher, Sociology and History, Center of Humanities and Historical Research, Semey Pedagogical Institute and Director, Resource Center on Implementation of UNICEF Project, SPI
- Nina Tatourova, Lecturer and Psychologist and Director, Pre-School Education Center, SPI
- Saule Smakova, Deputy Director, Teaching Pedagogical Processes, Semey Medical College
- Aida Ulbaova, Lecturer on Pediatric Care. SMC
- Yuliya Semenova, Head of Ophthalmology Department, SSMU
- Asyl Suleimenova, Nurse, Healthy Baby Room, Polyclinic #1
- Gulnar Sharipova, Director, Youth Friendly Services Center, Polyclinic #2
- Roza Junuspaeva, Social Worker, YFS, Polyclinic #2
- Ainur Zorpasova, Nurse, YFS, Polyclinic #2
- Marina Sapargalieva, Psychologist, YFS, Polyclinic #2
- Aigul Rakhiamova, Volunteer from Orphanage, YFS, Polyclinic #2
- Vlad Terechov, Volunteer from Orphanage, YFS, Polyclinic #2
- Galiya Boltacheva, Psychologist, YFS, Student's Outpatient Clinic, Polyclinic #5
- Anna Sudareva, Social Worker, YFS, Polyclinic #5
- Saule Abdrakhmanova, Psychologist (volunteer), Family Support Center
- Nurgul Khasenova, Psychologist (volunteer), FSC
- Saule Esterova, Psychologist (volunteer), FSC
- Lyubov Samoylova, Grandparent (beneficiary), FSC
- Natalia Matishkina and daughter Sasha, Beneficiaries, FSC
- Kaliya Dyusembaeva, Grandparent (beneficiary), FSC

#### **NATIONAL PARTNERS –UST KAMENOGORSK**

- Svetlana Ivanenko, Director, Family Support Center
- Raya Rahimova, Director, Maternal and Child Health Center and Chief Pediatric Surgeon, Department of Health
- Marzhan Saylauva, Deputy Director, Ob/Gyn, MCH
- Aleksey Antufriev, Physician (Ob/Gyn), MCH
- Sergey Vorotinsev, Head, Neonatal Intensive Care Unit, MCH
- Viktoriya Mostovaya, Ob/Gyn (physician), MCH
- Dana Abilova, Ob/Gyn (physician), MCH
- Zhuldyz Zhumadilova, Ob/Gyn (physician), MCH
- Galina Ustimenko, Neonatologist, Neonatal ICU, MCH
- Marina Markechova, Head of Ob/Gyn, MCH
- Ainash Samenova, Chief Nurse, Neonatal ICU, MCH
- Natalya Mashveeva, Nurse, Neonatal ICU, MCH
- Marfuza Subebaeva, Chief Midwife, MCH
- Svetlana Yasko, Midwife, MCH
- Gulzira Lukpanova, Midwife, MCH
- Akerke Eshenova, Midwife, MCH

## ANNEX 4. TERMS OF REFERENCE

### **Final evaluation of 2008-2010 UNICEF part of the component aimed at strengthening health and social services within the joint UNFPA/UNICEF/UNDP/UNV project on Enhancing Human Security in the Former Nuclear Test Site of Semipalatinsk, Kazakhstan**

#### **Background**

The Semipalatinsk test site is a 19,000 km<sup>2</sup> zone in the northeast of Kazakhstan. The test site was named after Semipalatinsk city, which in former time was a centre of historical administrative region of Kazakhstan covering 180,000 km<sup>2</sup>. During the period 1949-89 the former Soviet Union performed about 460 nuclear weapons tests within the polygon. In 1991, soon after the independence of Kazakhstan, President Nazarbayev took leadership by closing the Semipalatinsk nuclear test site and banished all nuclear weapons.

The situation in Semipalatinsk region remains to be serious since the population still suffers from the tests that continued for 40 years: earth, rivers and lakes in the former nuclear test site are poisoned. At the same time the external radiation dose rates and soil activity outside the test site are the same, or close to typical levels in other regions and countries, where no nuclear-weapons testing had been carried out. Some areas show small increases but these are not significant in terms of the exposure to the local population. However, for decades the infrastructure of the whole Semipalatinsk region was subordinated to needs of nuclear tests. The total number of the population having suffered from nuclear tests directly or indirectly is estimated to more than 1 million. Semipalatinsk region still faces economic stagnation and high poverty.

Within the funding (USD 1,832,128) from the Government of Japan through UN Human Security Trust Fund (UNHSTF) in 2008 the UN agencies - UNDP, UNICEF, UNV and UNFPA in partnership with Local Government (Akimat) of Semipalatinsk City started a Joint three-year (2008-2010) programme "Enhancing Human Security in the Former Nuclear Test Site of Semipalatinsk". The project was designed as a support to the Government of Kazakhstan in its efforts in recovery and development of the Semipalatinsk region.

The overall objective of the Joint UN Programme is to improve well-being of vulnerable population in Semipalatinsk region and economic, ecological situation and perfection of social and medical help and all of that should strengthen the social security and prevent the social conflict.

The UN agencies involved have divided the areas of responsibility according to their mandates, specific comparative advantages, and have ensured compatibility and coordination in a common effort to face the multi-sectoral nature of the challenges in the region. UNICEF and UNFPA are responsible for:

- Goal 1 - Health and social services: ensuring quality basic health services, targeting vulnerable groups (women, children and youth), to decrease the high infant and maternal mortality rates;

UNDP and UNV strive to address the following challenges:

- Goal 2 – Economic development: to build capacities for entrepreneurship and business skills, and to provide modalities for generating economic and employment opportunities.

- Goal 3. – Social infrastructure: mobilizing and empowering communities, promoting volunteerism and supporting NGOs/CBOs in providing community services and in acting as agents of change within society.

Five project objectives were identified by UNICEF:

By end 2010, 50 % of newborn babies of the Semipalatinsk region will receive quality perinatal care support services;

By end 2010, children of 0-3 years of age from 20,000 families living in rural areas of the Semipalatinsk region will benefit from better early childhood development practices;

By end 2010, 10,000 young people of the Semipalatinsk region will enjoy youth-friendly psychosocial and health services;

By end 2010, at least 5,000 vulnerable families in the Semipalatinsk region will benefit from social counselling and family support services; and

By end 2010, local Government and NGOs of the Semipalatinsk region will be able to better plan family-based and child-focused social policies at local level

UNFPA main focus within the joint goal includes:

By end 2010, 50 % of women of reproductive age of the Semipalatinsk region will receive quality perinatal care support services;

By end 2010, 10,000 young people of the Semipalatinsk region will enjoy youth-friendly psychosocial and health services; and

By end 2010, at least 5,000 vulnerable families in the Semipalatinsk region will benefit from social counseling and family support services

The outputs and activities could be found in the project document (will be provided by the office).

In accordance to the Project Document final outcome evaluations including a survey for comparing baseline data, mid-term evaluation and final evaluation and terminal report should be executed by independent consultants. The evaluation will include recommendations for future actions in the region. The final evaluation will be done by each agency separately, but at the same timeframes in order consultants could discuss the evaluation methodology and content of the final report, which as it was agreed will be consolidated by UNDP evaluator.

The UN Agencies, including UNICEF, in partnership with the Government of Kazakhstan, are planning to embark on a new joint 5-year programme (2011-2015) to support development of Semipalatinsk region, therefore, the current evaluation would be essential for identifying lessons learnt from the project interventions with a view to ascertaining suitability of such interventions for continuation, discontinuation, refining and adoption in future work.

### **Purpose and objectives of the evaluation**

The purpose of final evaluation is to inform UNICEF, Kazakhstan government, authority bodies of Eastern Kazakhstan and other Kazakhstan stakeholders about relevancy, effectiveness, efficiency, sustainability and impact of the project and to guide a way forward based on remaining gaps and emerging good practice.

The objectives of the Evaluation are the following:

1. To evaluate relevancy, effectiveness, efficiency, sustainability and impact of the project in overall and, specifically of UNICEF component;

2. To provide appraisal on the relevance of the objectives of the UNICEF-assisted component of the project and to what extent the above enumerated outputs have been achieved;
3. To assess the level of relevance of the assisted interventions vis-à-vis the state programmes and strategies in particular;
4. To identify gaps and weaknesses in the project's strategies, and what could be recommended regarding the achievement of the envisaged outcomes;
5. To identify lessons learnt from the project interventions with a view to ascertaining suitability of such interventions for continuation, discontinuation, refining and adoption in future work.
6. To review the partnerships between the main stakeholders implementing the project.
7. To contribute to the overall evaluation of the project.

The main users of the evaluation will be the following stakeholders:

- Central and local government and its institutions: Ministries of Health, Education and Science, Labor and Social Protection, Akimats of East-Kazakhstan Oblast and Semey,
- Medical University of Semey and Medical College of Semey (partners in improvement the quality of newborn, child and maternal health care, training of health staff on child care and development, early identification for developmental concerns, establishment of youth-friendly medical and psycho-social services),
- Pedagogical Institute of Semey (establishment of integrated services to support families in difficult circumstances, provision of children with special needs with access to pre-school inclusive development programmes)
- Civil society (undertaking the situation analysis of children's status in Semey within the framework of the Child friendly city initiative)
- UNICEF
- other UN agencies

The evaluation will be guided with due regard to the UNICEF evaluation standards as the basis for its objectives, criteria and key questions. The evaluation will focus on issues related to the following criteria:

- Relevance,
- Effectiveness,
- Efficiency,
- Sustainability
- Impact

### **Scope and Focus**

The Evaluation will focus on UNICEF implemented part of the Component 1 of the Joint Project, and evaluate whether UNICEF supported activities lead to achievement of the Goal 1 and defined outcomes of the Joint Programme. The evaluation will cover the period of 2008-2010 with the consideration of the results of mid-term evaluation carried out in September 2009. The evaluation will, to the greatest possible extent, be participatory but seek to be independent, credible and useful and adhere to the highest possible professional standards in evaluation. It will be responsive to the needs and priorities of the region and serve as accountability and learning mechanism for UNICEF. The evaluation will be consultative and engage the participation of a broad range of stakeholders. The consultant will be expected to work independently on the evaluation although organizational support will be available from the Country Office.

The evaluation will cover the following key areas; in addition, partnership is included as another criterion. Below are indicative questions for each criterion:

**Relevance:** *the extent to which the project work is suited to the priorities and policies of the country at the time of formulation:*

- Did the project design properly address the issues eminent in 2006-2010?
- Did the project objective remain relevant throughout the project implementation phase, where a number of changes took place in the development of Kazakhstan?

**Effectiveness:** *the extent to which project activities attain its objectives*

- How many and which of the projects outputs were delivered as planned?
- To what extent has the project contributed towards quality of basic health and social services in the Semipalatinsk region?

**Efficiency:** *measurement of the outputs in relation to the inputs.*

- Was the project management structure appropriate to the objective and activities of the project?
- Could a different type of intervention lead to similar results at a lower cost?

**Sustainability:** *the benefits of the project related activities that are likely to continue after the project fund has been exhausted*

- Will the outputs delivered through the projects be sustained by national capacities, after the end of the project duration?
- To what extent did the progress had catalytic effects on the national actors to engage in further aid effectiveness activities and donor support?
- Have the follow up support after the project duration been discussed and formalized?

**Impact:** *the extent to which the project activities and initiatives contribute to enhancement of the national health, child protection and social systems*

- Whether there was any impact of the project to revision of national norms, standards and legislation?

**Partnerships:** *the extent to which the project brings together the relevant stakeholders to achieve the project objectives*

- How the project brought together the stakeholders, how effective partnership was during the project implementation between the stakeholders and whether the project established sustainable partnership in promotion the recovery and development of the Semipalatinsk region?

It is expected that the evaluation results will be used in future for the new joint five-year UN Agencies programme co-financed by the Government of Kazakhstan to support the development of Semipalatinsk region during 2011-2015.

### **Methodology**

Generally, the exercise will be wide-ranging and participatory, entailing a combination of comprehensive desk reviews, face-to-face interviews with stakeholders and beneficiaries, and document analysis. Based on the objectives and scope mentioned above, the consultant/s identified will further elaborate a methodology and plan for this assignment, which will be approved by UNICEF Senior Management. Based on the evaluation methodology agreed, the timeframe for the Evaluation, including in-country working days, would be adjusted.

Bearing in mind the purpose of the evaluation it is intended that the methodology will take into account the following, namely;

- Undertake a desk review of existing studies, surveys and evaluations conducted or commissioned by UNICEF and their partners during the project cycle, as well as documents from the government on national policies and strategies;
- Conduct face-to-face interviews with key stakeholders, respective UNICEF staff, and respective government and NGO officials at central and local levels as well as with beneficiaries.

A diagram of the project institutional arrangements is attached to the TOR in Annex 1.

With the aim of verifying findings of the Evaluation, the evaluator will have to present and discuss the findings with UNICEF Management both intermediate and final results.

#### **Documents for desk review**

Relevant background documentation will be provided by UNICEF Country Office to the consultant at the beginning of the work. The documentation will include:

- CP and CPAP (both former and current ones);
- Project document;
- Mid-term Evaluation Report on the project;
- Documents and Minutes of the Steering committee meetings;
- Surveys conducted in Semipalatinsk region within the framework of the project implementation/monitoring;
- Relevant legislation and policies (Country Health Programme, Education Development programme, Eastern Kazakhstan territorial development plan and programme);
- Memorandum of Understanding between Eastern Kazakhstan Akimat and UNICEF for 2009-2010;
- Available country situation analysis and publications
- The Semipalatinsk project logistical frame is attached to the Tor as Annex 2;

Documents other than those identified above may emerge during the evaluation and these documents would also have to be reviewed.

#### **Contact duration and tentative**

The contract will commence on 1 November 2010 and terminate 20 November 2010 with 1 week in Kazakhstan.

#### **Time frame and work plan**

It is envisaged that the evaluation will take place in November 2010. The evaluation process will take 16 full working days of them 8 days in Kazakhstan, including meetings with all concerned stakeholders to discuss the preliminary findings of evaluation (3 in Astana, 5 in Semey) and 8 working days home-based.

- An inception report should be prepared by the evaluator before going into the full fledged evaluation exercise. The inception report should outline the evaluator's understanding of what is being evaluated and why, explain the proposed methodology and approach – in the beginning of the mission. Development of the inception report should be conducted in close collaboration with UNICEF Representative and respective UNICEF Programme Officers.

- Draft evaluation report for the review of UNICEF and respective stakeholders - 10<sup>th</sup> day of the mission
- Final evaluation report - 16<sup>th</sup> day

### **Deliverables**

1. Inception report will outline the proposed approach, methodology and detailed workplan for the Evaluation and should be agreed and approved by UNICEF Deputy Representative;
2. The draft Evaluation Report and Power Point Presentation with the preliminary main findings and recommendations of the evaluation at the debriefing session at the end of the in-country mission phase;
3. The final Evaluation Report that highlights the findings, recommendations and lessons learnt, and a rating of performance.

The report should include the following sections:

- a. Summary including Action List
- b. Background Information
- c. Description of Approach/Methodology.
- d. Results achieved with regard to goal (outcome), outputs, resources, partnerships, management and working methods and rating on programme
- e. Relevance, sustainability, and capitalization on interventions. Opportunities, constraints, and challenges
- f) Recommendations including those related to:
  - i. Strategies for continuing/concluding assistance towards the outcome
  - ii. Lessons learned – good practices in producing outputs, and linking them to outcomes and using partnerships strategically, as well as suggested action plan for follow-up.

The final evaluation will be done by one consultant per each agency separately.

### **Qualification requirements**

- Advanced university degree in social sciences, such as social policy or any other related discipline - health, development studies;

### **Skills and Attributes**

- Understanding of human rights-based approaches to programming, gender considerations;
- Understanding of results-based management principles, logic modeling/logical framework analysis;
- Specific monitoring and evaluation skills;
- Experience with quantitative and qualitative data collection and analysis; participatory approaches;
- Awareness and sensitivity to enable working with people of various cultural backgrounds;
- Strong knowledge of the social and political situation in CIS countries. Knowledge of the context of Kazakhstan is an advantage;
- Understanding and ability to abide by the values of the United Nations;
- Excellent reports writing skills as well as communication and interviewing skills;
- Excellent written and spoken English, knowledge of Russian is a strong asset;
- Familiarity with UNICEF's mandate and goals; working experience is advantage.

### **Background and experience**

- Excellent knowledge of the UNICEF programming principles and procedures, the UN system and the UN common country programming processes;
- Specialized experience and/or methodological/technical knowledge in health, social sciences, such as social policy or any other related discipline;
- 8-10 years of relevant professional experience is highly desirable, including previous substantive involvement in evaluations and/or reviews.

### **Supervision and logistics**

The Consultant will work under the overall supervision of the UNICEF Deputy Representative in Kazakhstan and in collaboration with Programme Officers involved. Access to project areas and appointments for the meeting with key stakeholders at national and regional level would be ensured by respective UNICEF Programme Officers.

When working in Kazakhstan, the Consultant will be provided with a working place in the UNICEF Office. UNICEF will provide local transportation to meetings.

### **Payment schedule**

The Consultancy fee would be paid as following

- 30 % of the total value of the contract will be paid upon completion of inception Evaluation Report;
- 30 % of the total value will be paid upon submission and presentation the Draft Evaluation Report at the de-briefing meeting;
- 40 % of the contract will be paid upon satisfactory completion of the final Evaluation Report.

### **Travel**

UNICEF will pay for the expert's travel from place of residence to country destination and back. Travel will be undertaken only upon receiving an approved Travel Authorization from UNICEF. Based on mutual convenience, UNICEF will either purchase and send the ticket to the consultant or transfer funds to the consultant's account to purchase the ticket locally. Tickets must only be purchased by the expert after communicating the cost to UNICEF and receiving written approval. Air travel will be as per UNICEF rules: the most direct, most economical route.

Upon reaching agreement on travel itinerary UNICEF will issue a travel authorization, indicating total DSA, terminals and transportation costs. 80% of the Daily Subsistence allowance (DSA) will be transferred to the expert before the start of the travel. DSA is to cover expenses associated with the expert's boarding, lodging and for travel days as per UNICEF rules. In the case that the expert incurs approved travel-related costs, such as for air travel, visas, etc., final settlements of these expenses will be made upon submission of all required travel related documents (including completed F-10 form, trip report, tickets and boarding passes, and any other invoices, e.g. for visas, etc.)

### **Reservations**

UNICEF reserves the right to withhold all or a portion of payment if performance is unsatisfactory, if work/outputs is incomplete, not delivered or for failure to meet deadlines. All materials developed will remain the copyright of UNICEF and that UNICEF will be free to adapt and modify them in the future.

## **ANNEX 5. DISCUSSION/INTERVIEW GUIDE**

### **INTERVIEW GUIDE FOR PROGRAMME/PROJECT STAFF (UNICEF)**

#### **Relevance**

##### **1. Overview of Kazakhstan context specific to health and social services, situation of children**

- Main issues, national and EKO (Semey region) 2006-2010
- National priorities at time of formulation and government efforts
- Why issue of “vulnerable children” in Kazakhstan?
- Laws and implementation – any gaps?
- (Get accurate statistical data – infant and maternal mortality, etc)
- Changes in context and conditions since programme?
- General challenges and opportunities (eg decentralization, long-term development and sustainable development)?
- Opportunities and plans to scale up – eg. CFI, CSN?

##### **2. Overview of programme and specific UNICEF component**

- Strategic positioning (country programme, other agencies – esp UNFPA etc)
- Fit with UNICEF mandate and national priorities, meets identifiable needs, activities, outputs congruent with these
- How did earlier CPAPs contribute to this programme/project (design, outcomes etc)
- Briefing on UNICEF emphasis on synergy and/or different focus between policy/advocacy (CPAP) and services (this project) – how is that working out?
- Value added (synergy with other programmes, projects – GOK, UN agencies, non-UN etc)
- Their assessment of how this programme/project translated ‘human security’ concept into concrete and relevant interventions?

#### **Effectiveness**

##### **3. Questions about Partnership Strategy**

- Assessment of structure, management, division of roles and responsibilities (among participating UN agencies and non-UN implementing partners)
- ‘Ownership’ in project design and implementation
- M&E
- Assessment of capacity, structure, resources, budget for all project partners (including assessment of trainings, technical assistance, capacity building etc)
- Overall partnership strategy for enhancing human security
- What would partner do differently?

##### **4. Briefing about programme and UNICEF project component**

- What considerations informed the project design so as to arrive at the five specified objectives and specific percentages for proposed outputs etc?)
- Input of other evaluation reports? (eg C4D?)
- How has the project changed since formulated? In response to what conditions/developments? (eg timeframe, impact of delays, recommendations of MTR re long-term development and CFCI? Other?)

## **5. Questions about the activities to achieve objectives**

- Which inputs/activities most effective in achieving objectives and why? (Trainings, technical assistance, capacity building, advocacy for regulatory framework, disseminating information, funding, etc)
- Assessment of pilot site – eg, CD rooms, maternity center?
- Which project outputs achieved as planned? (Note confusing programme reports)
- About challenges, how overcome
- Best practices and lessons learned (eg partnership, involvement of youth, local authorities, NGOs. advocacy needed, etc)
- What would do differently? What is needed for more effective project?
- Did the programme/project do what it was designed to do, utilize resources including partnership strategy, capacity, achieved outputs, progress toward outcomes, etc?

## **Efficiency**

### **6. Questions about overall cost/benefit**

- How to ascertain causal relationship between project outputs and progress toward objectives?
- Cost/benefit of outputs relative to progress toward outcomes, appropriate budgeting; which most effective and why? Cost/benefits of project activities and inputs
- Efficiency and appropriateness of management and partnership structure
- Overall assessment cost/benefit of interventions – at project and programme level (role of government, UN, NGOs and other partners and stakeholders)

## **Sustainability**

### **7. Questions about national ownership and sustainability of activities and progress toward results and objectives**

- Assessment of continued benefits, can it be replicated, what's needed, who should be responsible?
- Are there concrete plans to follow up? How and by whom?
- System for M&E in place to track outcomes, impact?
- Does programme, project or specific components continue to meet actual needs and priorities in the Semey area?
- Specific assessments: What are prerequisites before expanding this type of project? Training? Capacity building? UN community? Advocacy? Resources? Involving youth? More studies and evaluations?
- Responsiveness of Government and national counterparts, catalytic effects on ongoing or future interventions?
- Assessment of potential of Child Friendly City Initiative and anticipated outcomes?
- Other – specific non-UN partners

## **Outcomes, results, impact**

**8. Specific questions about progress toward intended outcomes (if not addressed before), especially any lasting results, impact on health, social and development conditions**

- Details on progress/results specific to each of the (5) UNICEF project component objectives (consultant will create preliminary table)
- How do they see link between specified outputs and desired outcomes?
- Discuss overlap with UNFPA especially and how assess respective activities, outputs, and any measurable results and impact
- Specific and general changes and improvement in health and social conditions in Semey area (including comparative information and data on outputs, outcomes and impact in all districts targeted in the project; any rural/urban differences?)
- Specific and general changes in practices (regarding infants, CSN, youth, mothers, families etc) that demonstrate ‘impact’
- Progress and results in each objective to date? (and overall improvement re decrease in maternal and infant mortality, protection of vulnerable children, etc)
- Capacity of local health providers strengthened?
- Local community (especially mothers and families) empowered?
- Changes or revisions to national legislation, standards?
- Children and youth involved?
- Better Parenting Initiative?
- Basic package of health services for children in place?

**9. How evaluate opportunities and challenges now?**

- Common understanding and commitment by partners (general and specific issues)?
- National context?
- Any benefit of regional collaboration/cooperation? (Any success stores in surrounding countries?)
- Progress toward decentralization?
- Concept of long-term/sustainable development?
- Funding issues?
- Regulatory and/or local government issues?
- NGO and other partner capacity
- Etc

## **INTERVIEW GUIDE FOR USE WITH NON-UN PARTNERS. STAKEHOLDERS, BENEFICIARIES**

1. Understanding of role and responsibility in recovery and development
2. Assessment of qualifications, capacity and what's needed
3. Assessment of participation and contributions – eg participate in trainings, contribute resources, train/inform others etc
4. Assessment and opinion of programme/project objectives in terms of national priorities and local priorities
  - How do they children's rights (health, education, wellbeing, etc)
  - How do they understand gender equality, contributions to local and national wellbeing
  - How do they understand human rights and who is responsible for their realization
  - How do they understand state obligations
  - How do they understand their role vis-à-vis meeting MDGs
5. Specific assessment of the project:
  - General understanding, appreciation, concerns, challenges, expectations
  - What is their view of the pilot project (as relevant)
  - Impressions of the trainings, seminars, overall programme and project interventions (general and specific)
    - o Effectiveness of the trainers
    - o Do they feel some ownership and real participants in being informed beforehand about the workshops, their design, decision making, topics conduct of workshops, taking into account their needs and concerns?
    - o Content – concepts, topics (relevance, importance, usefulness)
    - o Has the training made any difference, led to any changes? (in how they do their work, relations with beneficiaries, youth, children, local authorities, etc?)
    - o Do they use any of the material for their work outside of this programme/project?
    - o Has there been any follow up (by project staff) to increase success and impact?
    - o What do they make of other – parallel – efforts (advocacy, media campaigns); have these helped in any way?
    - o What do they make of any other awareness raising efforts in local communities?
    - o Their opinion as to if and how the project should be replicated, specific needs?
    - o What do they need most now – to improve health and social services and make progress toward long-term development and security?