



Formative and Summative Evaluation of UNICEFs Rights, Education and Protection (REAP) II

**DFAT-UNICEF programme and partnership to promote inclusive
development approaches which fulfil the rights of children with disabilities**



Formative and Summative Evaluation of UNICEF's Rights, Education and Protection (REAP) II Programme 2015-2019 in the East Asia and the Pacific Region: Final Report

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- 3) A father holding his daughter Flora at Vanuatu Society for People with Disabilities (VSPD), Port Vila, Vanuatu. ©UNICEF/UN0224265/Sokhin

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Formative and Summative Evaluation of UNICEFs Rights, Education and Protection (REAP) II

**DFAT-UNICEF programme and partnership to promote inclusive development
approaches which fulfil the rights of children with disabilities**

2015–2019 in the East Asia and the Pacific Region

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List of Acronyms

ASEAN	Association of South East Asian Nations
AUD	Australian dollar
CBR	community-based rehabilitation
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CO	Country Office
CRC	Convention on the Rights of the Child
CRPD	Convention on the Rights of Persons with Disabilities
CSO	civil society organization
DAC	Development Assistance Committee
DFAT	Department of Foreign Affairs and Trade (Australian Government)
EAP	East Asia and the Pacific
EAPRO	East Asia and the Pacific Regional Office
ECD	early childhood development
ESCAP	Economic and Social Commission for Asia and the Pacific
HQ	headquarters
IE	inclusive education
IECD	integrated early childhood development
KII	key informant interview
MoLISA	Ministry of Labour, Invalids and Social Affairs (Viet Nam)
MORES	Monitoring Results for Equity System
MoET	Ministry of Education and Training (Vanuatu)
NDoE	National Department of Education (Papua New Guinea)
NGO	non-governmental Organization
OECD	Organisation for Economic Co-operation and Development
OPDs	organizations of persons with disabilities
PICTs	Pacific Islands Countries and Territories
PNG	Papua New Guinea
REAP I	Rights, Education and Protection programme, phase 1
REAP II	Rights, Education and Protection programme, phase 2
SDG	Sustainable Development Goal
ToC	theory of change
ToR	terms of reference
TVET	Technical and Vocational Education and Training (Viet Nam)
UN	United Nations
UNDIS	United Nations Disability Inclusion Strategy
UNDP	United Nations Development Programme
UNEG	United Nations Evaluation Group
VSPD	Vanuatu Society for People with Disability
WASH	Water, sanitation and hygiene
WG	Washington Group

Foreword

UNICEF is committed to leaving no one behind, the core promise of the 2030 Agenda. Therefore, UNICEF promotes and mainstreams the attainment of the rights of children with disabilities in our strategies, programmatic approaches and implementation. In line with the Convention on the Rights of Persons with Disabilities UNICEF in general and our offices in East Asia and Pacific Region in particular have supported governments and partners to ensure that rights of children with disability are respected, protected and fulfilled through various programmes. Furthermore, we note the need for meaningful participation of children with disabilities in all of their diversity, to engage with us in planning and implementation of projects and programmes that have an impact on their lives. To attain these ends, the second phase of the Rights, Education and Protection (REAP II) programme was launched in the region of East Asia and the Pacific in 2015. The recent evaluation of REAP II will provide us with an independent assessment of areas that were well implemented and resulted in a positive change in the lives of children with disabilities and their families; areas that need some form of adjustment or course correction; and bottlenecks and barriers that must be overcome or avoided. Thus, the evaluation will help us to improve the relevance, effectiveness, efficiency and sustainability of UNICEF's ongoing and future disability inclusive programming.

I would like to extend my personal thanks to the Reference Group, the Management Team, and the Independent Evaluation Team that supported and undertook this evaluation. The Reference Group had a mixed membership of internal and external colleagues with extensive experience in working on disability inclusion. Specifically, members of the Reference Group were: Rosangela Berman Bieler (Senior Advisor children with disabilities, UNICEF HQ); Robyne Leven (Policy and Programme Officer, Disability Inclusion Section of DFAT); Somchai Rungsilp (Manager Community Development Department, Asia-Pacific Development Centre on Disability) with support from Watcharapol Chuengcharoen (Chief Networking and Collaboration, Asia-Pacific Development Centre on Disability); Rachel Harvey (Regional Adviser Child Protection, East Asia and the Pacific Regional Office); and the EAPRO Regional Adviser-Evaluation (RA-Ev). During the course of the evaluation, RA-Ev incumbent changed from Riccardo Polastro to Koorosh Raffii. The Management Team consisted of Ivan Scott and Lieve Sabbe with support from Hiroaki Yagami, Wassana Kulpisitticharoen and Natcha Chutintharuk. The Independent Evaluation Team consisted of Kristie Druza (Includovate team lead), Karen Andrae, Sisay Mammo and a support team from Includovate.

This evaluation was undertaken from start to finish during the difficult times of the COVID-19 pandemic, thus necessitating the totality of its data gathering, analysis and associated work being done remotely. The remote methodology included the workshops on Theory of Change, Outcome Harvesting, interviews, and assessing the strengths and weaknesses of the programme. I encourage the reader to pay attention to the solutions implemented in overcoming the challenges inherent in an evaluation that depends on remote methodology, and would like to commend the Includovate team for being adaptable and innovative in overcoming the said challenges. I believe that this evaluation will be exemplary in its remote methodology, being adaptive to the conditions created by the global pandemic, and still conforming to the norms of independence, credibility and utility that UNICEF strives for in our evaluations. It is with immense pleasure that I can state this report will be used in our decision making for future efforts relevant to fulfilling the rights of children with disabilities.



Karin Hulshof
Regional Director
UNICEF East Asia and Pacific Regional Office

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Furthermore, we are sincerely grateful to our country researchers for their efforts in supporting us with the data collection and communication in local languages. These researchers were pivotal to shaping the findings and analysis and ensuring a cultural lens. Finally, we thank the extended Includovate team for their help. Particular thanks go to Hanna Lemma for her programme management skills and writing the case studies, and to Sujata Ganguly for the survey analysis.

Note to the Reader

In reviewing this evaluation report, some frontloaded information was deemed relevant by the evaluation team. This section contains information to help the reader understand key terms that have potential to cause confusion and to explain the evaluation context.

The context for evaluating the Rights, Education and Protection (REAP) II Programme 2015–2019 in the East Asia and the Pacific Region (REAP II) is complicated by COVID-19, the geographical region's size and the way UNICEF COs work. Due to COVID-19 the evaluation team was unable to visit countries and project sites. This is a 100% remote evaluation completed via Zoom and telephone. This created more work for the evaluation team in terms of triangulating the findings and collecting enough data to reach saturation. Consequently, the evaluation team chose a mixed methods approach to improve the rigour of the study and to make up for evaluation fatigue by a limited number of respondents. Given the geographical spread and low budget of the programme, there are a limited number of partners and UNICEF staff who are involved in REAP II.

Consequently, quotes taken from the key informant interviews or workshops are made anonymous. With a small number of 'partners' per country, anonymity would be compromised if quotes mentioned the organizations name or even specified if it was a staff or partner. This may be frustrating for the reader who would ideally like to understand the source of certain opinions/quotes better. Meanwhile, survey responses can guarantee anonymity due to the large number sent out and the approximately 50% response rate per category. Therefore, only the survey responses specify the results by partner, government, or staff member.

UNICEF Pacific is the multi-country office covering 14 Pacific Island Countries, of which Vanuatu is one and considered a Field Office by UNICEF. PNG is a PICT but has its own UNICEF CO. When a PICT respondent said 'region' they refer to the PICTs (in contrast when the UNICEF EAPRO mentioned region they meant the whole East Asia and the Pacific region). This can cause confusion.

Another clarification is around the word "partner". In UNICEF terms, the government is a partner – this includes all government ministries, even the ones that do not directly receive funds from UNICEF. "Stakeholders", that is, those organizations consulted and included in discussions but not given funds (e.g., organizations of persons with disabilities), are also considered partners by UNICEF, as are those organizations that do receive funds from UNICEF (the latter being the more traditional understanding of "partner"). Consequently, these groups can be termed differently by UNICEF and partners. As a case in point, when spreadsheets were sent to COs to be completed with separate columns for stakeholders, partners, organizations of persons with disabilities and government ministries, these groups were frequently merged. The exception was government ministries, which were always singled out; however, in these instances no distinction was made between government departments that did and did not receive funding from UNICEF.

Finally, the reader is encouraged to consult the annexes. In order to keep this report to a manageable size the main report sections have been kept as concise as possible, with more detailed content given in the relevant annexes.

Executive Summary

The Rights, Education and Protection (REAP) programme is a two-phase partnership between UNICEF and Australia's Department of Foreign Affairs and Trade. The first phase formally began in April 2011 to support implementation of the Convention on the Rights of Persons with Disabilities (CRPD) with the aim of protecting and fulfilling the rights of children with disabilities. The second phase was the REAP II Programme 2015–2019 focused on the East Asia and the Pacific (EAP) region. The overall vision of REAP II is “to promote inclusive development approaches which fulfil the rights of children with disabilities” in the demonstration countries of Papua New Guinea (PNG), Viet Nam and Pacific Island Countries and Territories (PICTs).¹

REAP II had a budget of ca. AUD 5 million and focused on facilitating inclusion of children with disabilities by removing barriers at a policy and legislative level,² and the programme invested in service coordination and improvement; policy development; and evidence and data collection in collaboration with government and civil society partners. REAP II built on lessons from REAP I by:

- adopting a multi-sectoral approach to disability focused on disability mainstreaming, capacity building and systematic approaches;
- addressing gaps in national policy and legislation with participating countries;
- generating and improving data and evidence on children with disabilities and promising practices in low- and middle-income contexts; and,
- expanding the programme's scope to additional sectors, including health, humanitarian action, and water, sanitation and hygiene (WASH), among others.

The evaluation

The evaluation was commissioned to be a combination of summative and formative processes: summative by assessing the achievements of outcomes that reflect progress at regional and country level; formative by drawing on learning to inform future investment in UNICEF's work with children with disabilities, and to help to shape future programming in the EAP region. The scope of the evaluation focused on PNG, Viet Nam, and PICTs (with focus on Vanuatu), and referred to activities and outputs completed between July 2015 and December 2019. The primary and secondary objectives of this evaluation of the REAP II programme were to:

- Primary: Identify how effectively disability inclusion was implemented and sustained in the EAP region under the previous and current UNICEF strategic plans.
- Primary: Measure the effectiveness of the technical support on disability provided to staff and consultants working on disability- inclusive development in the EAP region.³

1 PICTs includes Fiji (where UNICEF office is located), plus where REAP II activities have been implemented in Vanuatu, the Federated States of Micronesia, Kiribati, Nauru, Palau, Samoa, Tonga and Tuvalu.

2 Systems within scope of the project included social protection, inclusive ECD, education, and in some cases, humanitarian and WASH.

3 Support having been supplied primarily by experts at UNICEF headquarters in New York and EAPRO.

- Primary: Gauge the value added by UNICEF advancing the realization of the rights of children with disabilities, as perceived by partners and stakeholders in the EAP region.
- Secondary: Identify aspects of the work and engagement by UNICEF that could be enhanced, as perceived by partners or by the rights holder, in order to more effectively advance the realization of the rights of children with disabilities in the EAP region in the coming years.
- Secondary: Identify potential key stakeholders for future disability-inclusive work by UNICEF in EAP.

The primary users of the evaluation are the UNICEF East Asia and the Pacific Regional Office (UNICEF EAPRO), the COs of the three demonstration countries, the UNICEF Programme Division (including the Disability Section), and DFAT. However, many respondents from non-demonstration countries and partners expressed interest in learning from the evaluation. The secondary audience comprises UNICEF partners: governments, implementing partners, organizations of persons with disabilities (OPDs) and rights holders. The evaluation may be interesting to other donors considering investing in UNICEF disability-inclusive programming, and stakeholders who mainstream disability across their institutional and strategic functions, along with staff and beneficiaries of the REAP II interventions.

Methodology

The evaluation studied the design and implementation of REAP II as part of fulfilling the objectives, according to the Organisation for Economic Co-operation and Development (OECD) Development Assistance Committee (DAC) criteria. The evaluation examined promising practices and lessons learned to establish the value of the programme and recommend areas of focus for a potential next phase of the REAP programme. The methodological framework was based on the United Nations Evaluation Group (UNEG) Norms and Standards for Evaluation (2016) and informed by UNICEF guidelines. It incorporated the reconstruction of a theory of change (ToC) for the programme, used a simplified outcome harvesting methodology for the formative part of the evaluation, and a mixed methods approach to respond to the evaluation questions.

The whole evaluation was conducted remotely due to COVID-19. This had an impact on the terms of reference (ToR) for the evaluation, the timeline, and on the methods adopted. To ensure participants were not excluded due to language barriers or internet access, an in-country researcher was hired in each country to conduct interviews via the phone and in local languages. Purposive sampling was used. Initially, UNICEF CO staff identified key respondents. The evaluation team then selected multiple representatives of each stakeholder type for interviews and surveys. Snowball sampling was added (where respondents were asked to recommend other knowledgeable to consult) to reduce the influence of UNICEF on the results and increase the methodological rigour.

The methodology drew upon secondary data and documentation analysis; an online survey tailored to government partners, civil society organizations (CSOs), and other partners and stakeholders; UNICEF staff from REAP II countries as well as non-demonstration⁴ countries; and remote key informant interviews. The key

4 A country in the EAPR region that did not receive funding from REAP II but may have received technical assistance.

informants included current and former UNICEF staff from the EAPRO; members of the Evaluation Reference Group; government and CSO partners, parents of children with disabilities and young persons with disabilities. One ToC workshop was held remotely for each demonstration country in addition to one initial workshop with the Evaluation Reference Group.

A documentation analysis of UNICEF internal documents was conducted that included a specific analysis of UNICEF outputs and helped with triangulation of the findings. Case studies that exemplified OECD-DAC criteria and/or where lessons could be drawn that can be applied to future phases of the REAP programme were developed from the interviews. This enabled initial findings to be explored in more depth because the evaluation team was able to investigate the events surrounding the UNICEF case studies through follow-up questions via email and phone.

Main findings

The evaluation captures the many achievements of REAP II in just four years, particularly the generation of new, globally comparable data sets from censuses and other surveys, policy and legislative reform that secure rights for children with disabilities and can effect sustainable change, and increased interest, commitment and engagement in disability inclusion internally and externally. This evaluation also captures valuable lessons learned that can contribute to the shaping of UNICEF's strategic approach to disability inclusion, partnerships and programmes in the future.

Relevance Evaluation Questions
• Are the activities and outputs of the programme as defined by the log-frame consistent with the overall goal and the attainment of its objectives? • To what extent have the REAP objectives proven valid for the work in the region?
Relevance Findings
• REAP II fulfilled its vision – to promote inclusive development approaches that fulfil the rights of children with disabilities. • The sum of national-level projects in demonstration countries has led to the development of a regional approach, with a focus on system change and a multisectoral approach. • Substantial knowledge was generated, and data captured by REAP II. The benefit at country level was evident where knowledge and data was shared as part of a learning agenda. A more systematic and robust learning agenda would be invaluable in revisiting programme design and fully establish regional parameters for UNICEF's approach to disability inclusion. • While the outcomes in REAP II were relevant and consistent with the overall goal and objectives of the programme, particular activities and outputs were not fully consistent. • Strong discriminatory norms around disability inclusion existed within case study countries; which are difficult to change and take time to address but such change is essential for success. • The systems change approach pursued by the programme remains relevant, and UNICEF piloted some good approaches to promote improved coordination (outcome 2) and quality inclusive services (outcome 3), which demonstrated success. A longer programme was needed for achievement of results, and the

Relevance Findings

- logical framework of the programme has to be updated to include indicators that would enable systems change to be effectively measured and monitored.
- To be CRPD-compliant, further consideration is needed by UNICEF as to how to enter into contractual partnerships with OPDs to ensure their meaningful involvement.
 - Ensuring programme design was fully aligned to specific country contexts and wide understanding by staff and partners would have made the programme more locally relevant.

Effectiveness Evaluation Question 1

To what extent has the programme in the demonstration countries helped include boys and girls with different types of disability and children with disabilities furthest left behind, such as the poorest, girls, those with intellectual and psychosocial disabilities, those in remote areas?

Effectiveness findings

- **The REAP II programme worked with a variety of disability groups and severity levels.** Social stigma, early screening, the special education environment, and choice of UNICEF partner played roles in determining the types of disabilities reached by the programme. The evaluation did not find a strong awareness by partners or staff of a tailored approach for different disabilities nor of the unique needs of different impairments.
- There was recognition by participants and in publications of the particular barriers women and girls face in comparison to men and boys. Further efforts to address barriers created by gender need to be pursued during programme design and implementation.
- Barriers related to discriminatory norms were not systematically addressed.
- There was some targeting of marginalised provinces and rural areas; however, it is a challenge to reach children with severe disabilities living in remote areas.
- Greater clarity around which types of disability should be targeted or a clearer explanation of how partners will be able to choose the focus of the programme should be made explicit, along with any urban-rural focus.
- A robust intersectional approach is needed in guidance documents to ensure that disability inclusion is not considered in isolation.

Effectiveness Evaluation Question 2 (Part A)

Which expected results have been achieved through the REAP II?

Effectiveness findings

At global/regional level

- Globally, UNICEF is more comprehensively capturing disability data than ever before.
- **The Regional Programme Specialist (Children with Disabilities) facilitated better alignment with the UNICEF Strategic Plan and increased awareness, interest in and commitment to the inclusion of children with disabilities, both at the CO level and from partners.**
- The Regional Programme Specialist played a key role in the establishment of a Disability Inclusive Education Working Group at the regional level to bring government, OPDs, CSOs and United Nations agencies together to make a bigger impact at a regional level.

Effectiveness findings

At policy/institutional level

- Good progress has been made in revising or passing new legislation and policies that address disability inclusion.
- There has been progress around data and evidence - improvements are evident in the use of the WG Extended Set of disability questions and the UNICEF/WG Child Functioning Module, and with the use of data on children with disabilities for planning and policy reviews. Data and evidence contributed to advocacy efforts and policy and legislative reviews. New social protection programmes were started to cater for people with disabilities, and these are partly attributable to the new data.
- UNICEF staff reported improved capacity of governments across the region to analyse and develop strategies towards disability inclusion. They also noted improvement were needed in coordination around learning and implementation at the CO level.

At service provider level

- There was progress in improving awareness and recognition of the rights of children with disabilities amongst service providers.
- In Early Childhood Development (ECD) and Inclusive Education (IE), elements of system change have been achieved through revisions to teacher training curricula / pre-service training to achieve early screening for children with disabilities. There is evidence of referral systems being put in place.
- There is an increased awareness of the situation of children with disabilities, which has led to an increased commitment to the inclusion of children with disabilities at all levels; however, there is inconsistent clarity of concepts, especially around Inclusive Education.

At child/family level

- **REAP II raised awareness in, and engaged with communities, leading to the commitment of communities to support the participation of children with disabilities in ECD and IE centres.**
- The immediate benefits from REAP II were reported by parents as follows: they were better equipped with knowing how to care for their child because of increased support; their children had more participation in school and family life.
- There has been some progress among children with disabilities on functional improvements, alternative communication, and socializing with peers with and without disabilities.

Effectiveness Evaluation Question 2 (Part B) and Question 3

- **What is the added value of UNICEF work on disability-inclusive development in the countries supported?**
- **What are the internal (to UNICEF) and external factors that contributed to or hindered the achievement of the expected results?**

Effectiveness findings

- **UNICEF is uniquely positioned to effect change working** across sectors and levels. This enhances its ability to influence change more effectively than partners that only work in one sector, a particular country or level.
- The comparative advantage of UNICEF is its ability to collect nationally/globally comparable disability data, its ability to engage in advocacy at the highest level and its convening power.

Effectiveness findings

- While many respondents fed back positively about UNICEF as a partner, some of the hindering factors relate to perceived misalignment over the interpretation of “partnership” by UNICEF and that of external partners, as well as a disconnect between regional and national programming and implementation pace.
- Externally, there tends to be poor coordination between ministries or divisions to enable implementation of policies.
- There are limited public resources for disability and this has de-prioritised disability inclusion activities. Yet the high commitment by individuals and organizations is positive.

The key internal facilitating factors included:

- Engagement in the collection of data, plus connections with high capacity/strategic partners, ability to convene meetings of influential groups, and ability to successfully advocate utilizing data and evidence generated through the programme (outcome 4).
- Credibility through access to a wide knowledge base and provision of capacity support.
- Dedicated staff and their ability to connect with partners and other technical support experts; staff that carried responsibility as disability focal points; UNICEF’s provision of technical support through EAPRO via the Regional Programme Specialist.
- UNICEF capitalizing on opportunities to promote inclusion also helped to amplify partners’ work and profile.

The key internal hindering factors included:

- Disconnect between promising policies versus practices on the ground. Government partners and UNICEF staff still have insufficient understanding of the social/human rights model of disability.
- Tendency to focus on a needs-based solution, rather than systemically removing barriers.
- Many UNICEF staff and Disability Focal Points require more technical support in order to feel confident raising the issue of disability in external meetings.
- There were positive and negative comments about UNICEF as a partner. Negative comments may in part be due to the confusion/misalignment about how UNICEF understand partnerships versus partner’s understanding. UNICEF widely considers stakeholders as partners regardless of whether they are given funding or not. External actors often consider partnerships linked to funding.
- UNICEF tends to plan in a top-down manner that aligns with governance systems. There may be other ways to influence change that could work to strengthen governance systems that are hindered by the inflexibility of (top-down) systems. An important finding was to avoid assumptions that the systems of governance and coordination in place were appropriate, and that partners were already disability aware.

The key external contributing factors included:

In many countries, there was a momentum for change, and increased commitment by individuals and organizations to further disability inclusion, despite small budgets. Strong partnerships between research units and institutes meant timely updates on emerging issues. Funding on disability by DFAT complemented the efforts of UNICEF.

The key external hindering factors included:

Limited resources at government level, cuts in resources, and high staff turnover caused a loss of momentum. Some sectors within countries are weaker than others, and the absence of effective coordination between ministries or divisions can hinder smooth and timely implementation. The absence of consultation mechanisms between OPDs and for OPDs with government resulted in coordination and consultation taking more time than anticipated.

Effectiveness Evaluation Question 4

What are the promising practices from the REAP II experience that UNICEF should build on in future disability programming and why?

Effectiveness findings

- Generating data and evidence with analysis leads to additional government resources/investment at national, regional, and global levels, and could make UNICEF a leader for children with disabilities.
- Supporting and/or commissioning studies, policy reviews and law amendments have been noted by most respondents as indicators of success and are good practices that UNICEF should pursue in the area of disability inclusion
- Efforts made in early screening, referral, and inclusive primary education are noteworthy. Early intervention and referral are strategic entry points for disability inclusion in later life.
- Promising links have been made across health and education sectors and community-based child protection.
- Action learning, or learning by doing, with partners, should be encouraged as an opportunity to build capacity and partnerships.
- Dedicating resources to a Regional Specialist is considered a promising practice that led to all of the above.

Efficiency Evaluation Question

To what extent have objectives been achieved with quality and time?

Summary of findings

- **The general perception is one of good value for money from an input/output point of view**, with many activities arising from the programme, although views varied between countries and between respondents.
- Advocacy and knowledge generation through the use of disaggregated and comparable data offers value for money.
- More coordination around programme implementation and learning would have improved quality, timeliness and efficiency.
- The programme needed two extensions to fully utilise resources to deliver results.

Sustainability Evaluation Question

To what extent are the benefits of the programme likely to be sustained after donor funding ceases and why?

Summary of findings

- Implementation of disability-inclusive measures will be more sustainable in the long-term due to policy revisions and legislative changes resulting either directly or indirectly from REAP II.

Summary of findings

- Networks and collaborations between organizations are likely to continue.
- The development and dissemination of guidelines and tools also have the potential for a lasting effect. The desktop review of a selected list of outputs produced by UNICEF suggests a strong foundation of disability-inclusive principles and commitments that will outlast the programme and enable more stakeholders to become CRPD-compliant. A wind-down phase, along with better communication, was needed to ensure partners, carers, and children were suitably informed and prepared for the programme's end.

Conclusions

REAP II is presented as a systems-change programme that facilitates inclusion by removing barriers, adopting a child-centred approach to tackle the problems faced by children with disabilities. In policy, UNICEF offered technical assistance to help decision makers align their policies and practice with those of international commitments, and it continues to support decision makers use quality evidence to make more informed decisions, especially around budget allocation.

Working with UNICEF partners was key to the successes, although the capacity of some partners was found to be lower than anticipated and it took time to convene and to build trust. Limited OPD consultation mechanisms and government coordination capacity constrained downstream impact.

REAP II hoped to work with a demonstration /role model approach to share with other countries and regional programmes to show what was possible. Although signs are there that this is beginning to happen with great potential, the programme ended before this could be fully harnessed and assessed.

The evaluators have concluded that if a third phase is carried out, it would incorporate learning from REAP I and II, with more emphasis on a child-centred rights-based approach that aims to facilitate systems change by working through OPDs, and empowering children and parents to demand more inclusive services. There is a need to balance different aspects of disability-inclusive development such as: community-based approaches and those of formal institutions; working with governments on the supply side and with OPDs on increasing demand and accountability; short-term technical assistance and longer-term responsive capacity building; and disability mainstreaming and a strategic/twin-track approach.

REAP II started an important journey for UNICEF in the EAP region, especially in the PICTs. In Viet Nam, REAP II was able to trial more inclusive services in comparison to REAP I and work more closely with OPDs and provincial governments. The role of Regional Programme Specialist will be key to establishing the reputation of UNICEF as a disability-inclusive institution and helping COs align with the CRPD.

REAP II laid the foundation for the shape of future disability-inclusive developments in PNG and the PICTs, where a disability-inclusive programme like REAP II has not been attempted before. Early identification is a key entry point for reducing lifelong exclusion, and this area needs to be developed and refined. The reach of inclusive services has improved but still needs improvement to reach more children, especially those who live remotely and have more severe disabilities. Parents and communities have learnt how to interact with and accommodate the rights of children with disabilities, but the magnitude of ignorance and discrimination requires a behaviour change campaign to alter.

REAP II has engendered a growing interest in disability internally and externally and an emerging expertise, and this now needs to be fostered to reach a consistent and shared approach to disability inclusion in the EAP region.

Recommendations

Recommendation 1: UNICEF should design disability programmes differently

With realities of resource limitations, UNICEF should commit to working on issues of concern to children with disabilities. In the short term, momentum should be maintained for disability inclusion while establishing a platform with partnerships for longer term sustainable change. The recommendation has three parts:

1A: UNICEF should frame its future work on disability policy development and legislative change within a wider systems change approach and sustained behaviour change. Whilst concentrating on policy level work, UNICEF can still play a valuable role in analysis of service needs at lower levels, coordinating with partners, and advocating with donors and governments to fund services, and supporting pilots where appropriate.

1B: UNICEF should design its future disability programmes and initiatives with an adaptive management approach. An adaptive management approach is suitable for articulating design and tracking progress in a cross-cutting discipline, and requires an action learning approach to setting goals, taking actions, regular reflection of progress, and using evidence to inform decisions.

1C: UNICEF should discuss, from the planning stage, the sustainability of future initiatives with partners. This requires better articulated exit strategies with a phased winding-down of funding and technical assistance, along with fundraising strategies co-created with partners (including OPDs).

Recommendation 2: UNICEF should develop coordinated, evidence-based approaches that tackle underlying attitudes and barriers that maintain discrimination.

In support of this recommendation, UNICEF should work with partners to generate knowledge and evidence on the negative impact of discriminatory practices, including capacity assessments of partners' understanding of gender and disability and capacity building needs at an early point.

Recommendation 3: UNICEF should invest in quality technical expertise to ensure that no one is left behind in the implementation of UNICEF's next Strategic Plan.

As a minimum, a regional technical adviser/disability expert should be established in each regional office. Ideally, funding should also cover Country Office specialists.

Recommendation 4: Within the development of the next phase of programming, UNICEF should define its partnership models for working with OPDs.

UNICEF should undertake proactive discussions with OPDs to identify potential alternative partnership models that would allow for meaningful engagement as per CRPD principles.

1 ■ Introduction

In its World Report on Disability, the World Health Organization (WHO) estimated that globally over 1 billion people are living with disabilities, representing approximately 15% of the population.¹² Since then, 'UNICEF's work has had a renewed and intensified focus on achieving equity for children, particularly those who are most disadvantaged, including children with disabilities.'¹³ The Rights, Education and Protection (REAP) programme phase one (REAP I) began in 2011 to support implementation of the Convention on the Rights of Persons with Disabilities (CRPD) to fulfil the rights of children with disabilities. In 2013, UNICEF published its flagship report, *The State of the World's Children*, dedicated to generating global awareness and commitment to children with disabilities. The UNICEF 2014–2017 Strategic Plan aimed to address the multitude of structural, cultural, and financial barriers which impede outcomes for all children, including those with disabilities. The United Nations Sustainable Development Goals (SDGs) were endorsed by member states in 2015 and included the commitment to “leave no one behind,” further encouraging inclusive development approaches. This is the same year REAP programme phase 2 (REAP II) began, and the UNICEF 2018–2021 Strategic Plan has explicit content on disability inclusion. The United Nations released a flagship report on disability in 2018 that emphasized the full inclusion and participation of people with disabilities.¹⁴ In 2019, the United Nations Secretary-General launched the United Nations Disability Inclusion Strategy (UNDIS), which commits the United Nations governing bodies and its members to systemic and sustainable change on disability inclusion. As such, the disability inclusion focus of UNICEF in its Strategic Plan is reinforced by global commitments.

¹² World Health Organization, World Report on Disability, WHO, Geneva, 2011. www.who.int/disabilities/world_report/2011/en <Accessed on: 01/07/20>.

¹³ See evaluation ToR Annex Z

¹⁴ United Nations, Department of Economic and Social Affairs, 'Disability and Development Report: Realizing the Sustainable Development Goals by, for and with persons with disabilities', 2018.

1.1 Background to REAP II

The Rights, Education and Protection (REAP) programme is a two-phase partnership between UNICEF and Australia's Department of Foreign Affairs and Trade (DFAT, previously AusAID). The first phase (REAP I) formally began in April 2011. The second REAP programme (REAP II) ran from 2015 to 2019 and focused on the East Asia and the Pacific (EAP) region. The overall vision of REAP II is "to promote inclusive development approaches which fulfil the rights of children with disabilities." Papua New Guinea (PNG), Viet Nam, and the multi-country office covering 14 Pacific Island Countries and Territories (PICTs) were selected as demonstration countries by UNICEF and DFAT based on an assessment of expressions of interest by UNICEF COs in the region.¹⁵ REAP II built on lessons from REAP I by:

- adopting a multi-sectoral approach to disability focused on disability mainstreaming, capacity building, and systematic approaches;
- addressing gaps in national policy and legislation with participating countries;
- generating and improving data and evidence on children with disabilities and promising practices in low- and middle-income contexts; and,
- expanding the programme's scope to additional sectors, including health, humanitarian action, and water, sanitation and hygiene (WASH), among others.

The REAP II budget was AUD \$4.5 million, with one 12-month extension with budget increase of AUS \$493,000 granted till July 2019, and a second, six-month, no-cost extension granted to December 2020. The funding for REAP II covered a new position, Regional Programme Specialist (Children with Disabilities, as well as disability focal point positions in COs.¹⁶

1.2 Regional Policy and Strategic Frameworks

This section will provide an overview of the regional context, followed by summaries of the situation in each of the REAP-II demonstration countries.

Of the 28 countries covered by the UNICEF East Asia and the Pacific Regional Office (EAPRO), all but three (Niue, Timor-Leste, and Tokelau) have signed and/or ratified the Convention on the Rights of Persons with Disabilities (CRPD). Four have signed with the intention to ratify: Federated States of Micronesia, Samoa, Solomon Islands, and Tonga.¹⁷

In 2012, the member states of the Economic and Social Commission for Asia and the Pacific (ESCAP) adopted the *Incheon Strategy to "Make the Right Real"* for Persons with Disabilities to chart the new course of action for the Asian and Pacific Decade of Persons with Disabilities, 2013–2022. The *Incheon Strategy* builds on the CRPD, the *Biwako Millennium Framework for Action* (2002), and *Biwako Plus Five: Further efforts towards an Inclusive, Barrier-free and Rights-based Society for Persons with Disabilities in Asia and the Pacific* (2007).

¹⁵ Includes Fiji where UNICEF office is located, plus countries where REAP activities have been implemented: Vanuatu, the Federated States of Micronesia, Nauru, Tonga, Tuvalu and Samoa.

¹⁶ A program specialist was also funded at the headquarters in New York for a short duration.

¹⁷ Framework for Rights of Persons with Disability, Pacific Islands Forum Secretariat <https://www.forumsec.org/framework-for-rights-of-persons-with-disability/> <Accessed on: 20/06/20>.

During the REAP II implementation period, the region adopted further strategies to realize the rights of people with disabilities. In 2017, ESCAP adopted the *Beijing Declaration, including the Action Plan to Accelerate the Implementation of the Incheon Strategy*. For each of the 10 goals of the *Incheon Strategy*, the *Beijing Declaration* specifies a set of policy actions to be taken by governments, civil society stakeholders, and ESCAP.

In 2018, the Association of South East Asian Nations (ASEAN), adopted the *ASEAN Enabling Masterplan 2025: Mainstreaming the rights of persons with disabilities*, as an instrument to encourage policies and programmes to be more inclusive of people with disabilities. There is also a *Pacific Framework for the Rights of Persons with Disabilities* (2016). REAP II aligns with and reinforces these regional commitments.

Challenges implementing disability-inclusive legislation

A 2016 UNICEF review of the situation of children with disabilities in the EAP region identified the following key challenges across different countries:¹⁸

- Securing government budget allocations to agreed plans and strategies
- Under-estimation of the number of children with disabilities and out-dated definitions and measures of disability
- Lack of capacity for early screening for disability
- Poor access to appropriate and inclusive services for children with disabilities
- Absence of appropriate and inclusive sector plans or social protection schemes
- Inadequate coordination at national and sub-national levels
- Persistent stigmatization of children with disabilities

The sub-sections below summarize the key contextual factors underpinning the need for the REAP II intervention in each country. Further information on the country-specific institutional contexts are in Annex B.

1.3 Viet Nam context

Socio-economic and demographic context

Viet Nam is a lower-middle income country¹⁹ with a median Human Development Index ranking.²⁰ Viet Nam has an estimated population of over 90 million, 24% of whom are under age 15. Viet Nam is one of the fastest aging countries in Asia. As demographics shift and fewer working-age people are supporting a larger cohort of elderly people and children, it will be increasingly important to ensure that the current cohort of young people, including those with disabilities, have opportunities for decent work and full realization of their potential as they move into the workforce.²¹

18 Referenced in UNICEF's proposal: REAP-II: DFAT-UNICEF partnership to accelerate responses to the rights of children with disabilities (with a focus on East Asia and the Pacific Region).

19 The World Bank, (2020), The World Bank in Viet Nam: Overview. <https://www.worldbank.org/en/country/VietNam/overview> <Accessed on: 30/05/20>.

20 UNDP, (2019), Human Development Report 2019: Viet Nam. http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/VNM.pdf <Accessed on: 30/05/20>.

21 UNICEF & MoLISA, 2017.

People with disabilities in Viet Nam have lower literacy rates, higher unemployment rates, and higher levels of poverty than the general population.²² Children with disabilities continue to have limited access to basic services including health-care, education and social assistance, and early detection and intervention services.²³ Child protection services are largely institutionalized, and the Ministry of Labour, Invalids and Social Affairs (MoLISA) estimates that the majority of children living in institutions are children with disabilities.²⁴ Lack of access to services and support is particularly pronounced in rural areas, where the majority of people with disabilities in Viet Nam live.²⁵

Legislative and policy context

Viet Nam ratified the Convention on the Rights of the Child (CRC) in 1990, the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) in 1982, and the CRPD in 2015. At the time REAP II was initiated, key legislative frameworks, including the 2010 Law on Persons with Disabilities, were not consistent with the CRPD and relied on a medical model of disability, which resulted in services for children with disabilities developing as a largely segregated parallel system. Under REAP II, UNICEF provided technical support and policy advice to advance CRPD compliance. Relevant legislation that came into force at the end of REAP II includes:

- *Law on Education (2019)*, which adopts an inclusive education definition in line with international standards and includes policy measures to promote inclusive education;
- *Master Plan on Persons with Disabilities 2021-2030*, developed with input from persons with disabilities, including youth, addresses gaps in disability legal frameworks.

Other important legislative/policy shifts include:

- In 2019, Party Directive No. 39 was issued by the Central Party Committee, signalling a strong political commitment to support persons with disabilities at different levels.
- In 2018 the government issued a decision, numbered 1438, to approve a national programme to facilitate access to community-based services among children with disabilities.
- Circular 23, issued by Ministry of Education and Training in 2018, provides guidance on inclusive education for persons and children with disabilities.
- Circular 01, issued by MoLISA in 2019, built on the amendment of Circular 37 to provide detailed guidance on disability assessment and the incorporation of a social approach (rather than medical approach).

Government policy includes national health programmes to address prevention, early identification, and rehabilitation for children with disabilities, including community-based rehabilitation (CBR). However, coverage remains poor, with extensive unmet needs.²⁶

22 National Coordinating Council on Disability (NCCD) (2010). "2010 Annual Report on Status of People with Disabilities in Viet Nam". Hanoi: Labour-Social Affairs, December 2010, http://nccd.molisa.gov.vn/attachments/221_BC%20thuong%20nien%202010%20tieng%20Anh%20cuoi.pdf <Accessed on: 30/05/20>.

23 UNICEF & MoLISA, 2017.

24 UNICEF Viet Nam, 2016.

25 UNICEF & MoLISA, 2017.

26 Referenced in UNICEF's proposal: REAP-II: DFAT-UNICEF partnership to accelerate responses to the rights of children with disabilities (with a focus on East Asia and the Pacific Region).

1.4 Papua New Guinea context

Socio-economic and demographic context

Papua New Guinea (PNG) consists of a mainland on the eastern half of the island of New Guinea and over 600 islands. Its eight million people are highly diverse in ethnicity, culture, and traditions, with more than 850 indigenous languages. The population is “young and growing,”²⁷ with an estimated 40% below the age of 15.²⁸ PNG is ranked as a low- to middle- income country and has a low Human Development Index ranking of 155 out of 189 countries.²⁹ Over 80% of the population lives in rural areas, many of which are remote and have a limited history of outside contact.³⁰

Legislative and policy context

PNG ratified the CRC in 1993, CEDAW in 1995, and the CRPD in 2008. The national legislative framework is in full compliance with the CRPD. However, implementation lags due to systemic barriers and bottlenecks. Between them the country's policies cover various sectors including the following:

- *The National Policy on Disability 2015–2025* includes provisions addressing health and education, and makes sign language a fourth official national language of PNG. UNICEF supported a thorough review of the Disability Authority Bill (awaiting parliamentary approval), developed based on the National Policy.
- *The National Early Childhood Care and Development Policy of PNG* and the *National Early Childhood Education Policy* both mention children with disabilities, the latter taking a fully inclusive and integrated approach to early childhood care. The *National Education Plan of 2015–2019* was based on an inclusive vision for education. In 2018 UNICEF supported the National Department of Education (NDoE) in drafting the *Inclusive Education Policy*, which is to pave the way for integrating inclusive learning services for children with disabilities in mainstream education.
- *The National Health Plan 2011–2020* and the *National Nutrition Policy* only mention persons and children with disabilities indirectly or in specific areas of rehabilitation. Notably, the Ministry of Health *School Health Policy* advocates acceptance of children with all forms of disabilities, promotes child-friendly environments, and emphasizes access to health services to enable access to school.
- The *WaSH Policy 2015–2030* takes into consideration the needs of persons with disabilities and makes provisions to ensure participatory approaches.
- Regarding the intersection of gender and disability, the National Policy includes a reference to gender equality. However, neither the *PNG 2011-2012 Country Gender Assessment*, CEDAW shadow report, nor the *Gender Audit Report of 2015* make any substantial reference to girls with disabilities.

27 The World Bank, 2020.

28 UNDP, (n.d.). About Papua New Guinea. https://www.pg.undp.org/content/papua_new_guinea/en/home/countryinfo.html <Accessed on: 20/05/20>.

29 UNDP, (2019). Human Development Indicators: Papua New Guinea. <http://hdr.undp.org/en/countries/profiles/PNG> <Accessed on: 20/05/20>.

30 UNICEF Papua New Guinea, (2016), REAP-II – Children with Disabilities: Strategic Planning in Papua New Guinea – Final Desk Review and Mission Report. Unpublished.

1.5 Pacific Islands context – with a focus on Vanuatu

Socio-economic and demographic context

There are more than 30,000 islands in the Pacific Ocean. The UNICEF PICTs office focuses on 14 countries: Cook Islands, Fiji, Federated States of Micronesia, Kiribati, Republic of the Marshall Islands, Nauru, Niue, Palau, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu, and Vanuatu. Of these, Vanuatu was a focus country for REAP II given its recognized leadership on disability, strong UNICEF presence, and positioning for progress and scalability.³¹

Vanuatu is a nation made up of 83 islands, 65 of which are inhabited. It has a small, widely dispersed population of slightly more than 280,000, speaking three official languages (Bislama, English, French) and 115 indigenous languages.³² Geography creates substantial challenges for transportation and service delivery outside the main urban centres. Vanuatu is highly vulnerable to the effects of climate change and natural disasters, and has been hard hit by cyclones, droughts, flooding, and landslides in recent years. The 2019 Human Development Index ranks Vanuatu 141 of 189 countries.³³

Legislative and policy context

Vanuatu ratified the CRC in 1993, CEDAW in 1995, and CRPD in 2008. Vanuatu is recognized in the region as a leader in promoting the rights of persons with disabilities, with a long tradition of involvement in CRPD development and ratification. The UNICEF situation analysis of 2016, however, identified large gaps between positive policy intentions and actual funding and service implementation across child protection, education, health, humanitarian action, and overall social inclusion.

Current relevant legislation in Vanuatu includes the following:

- The *Inclusive Education Policy and Strategic Plan 2010 – 2020*, which sets the framework for an education system that is inclusive of all children, and the National Disability Inclusion Policy for the Technical and Vocational Education and Training (TVET) Sector 2016 – 2020, which promotes disability inclusion within post-secondary education and training.
- The *Vanuatu Mental Health Policy and Strategic Plan 2016 – 2020* specifies actions to improve mental health services and advance the rights of people with mental illness across Vanuatu.
- The *National Community-Based Rehabilitation Action Plan 2014-2024* aims to educate and increase awareness on CBR, and to ensure children with disabilities and their families receive adequate rehabilitation and education services.
- The new *National Disability Inclusive Development Policy 2018-2025* prioritizes disability mainstreaming across different sectors, disability-specific services, leadership and representation across gender and age and impairment groups,

31 UNICEF Pacific, (2016), REAP-II – Children with Disabilities: Strategic Planning in the Pacific Islands with an in-depth Country Focus on Vanuatu. Situation Analysis Final Draft. Unpublished.

32 Vanuatu National Statistics Office: <http://www.vnso.gov.vu/> <Accessed on: 20/05/20>.

33 UNDP, (2019), Human Development Reports: Vanuatu. <http://hdr.undp.org/en/countries/profiles/VUT> <Accessed on: 20/05/20>.



disability statistics, coordination and resourcing, accessibility, awareness, women and girls with disabilities, and alignment with the Incheon Strategy to “Make the Right Real” for Persons with Disabilities.

1.6 Key challenges and barriers across the region

The country-specific situational analyses carried out prior to REAP II highlighted a number of common challenges across the region: lack of solid disaggregated and comparable data on children with disabilities; discriminatory social norms and practices on the basis of disability resulting in lack of quality services accessible to children with disabilities; absence of persons with disabilities in decision-making; challenges with coordination within and between different levels of government and sectors; and gaps in knowledge and evidence on the experiences of children with disabilities and effective approaches to promoting inclusion.

2 ■ REAP II Goals and Outcomes

The UNICEF-DFAT partnership proposal explains the following:

The proposed activities will facilitate the provision of strategic guidance, and support for advocacy, planning, implementation and monitoring of coordinated sectoral services for children with disabilities at all levels and of all types of disabilities through the first two decades of life. Efforts to advance the rights of children with disabilities require a cross-sectoral approach. This will be promoted in REAP II which will bring together data collection and research targeted at influencing policies as well as other sector specific activities in the areas of education, child protection and social protection, both in the context of development and emergencies. Using a human rights-based approach and a strong focus on equity, support will specifically be aimed at enhancing cross-sectoral coordination and coherence to ensure that policies and programmes become more inclusive of children with disabilities. A key focus will be government co-ordination mechanisms and linkages with OPDs and associations of parents and carers of children with disabilities.³⁴

2.1 Hypothesis

During the inception phase of the evaluation a hypothesis behind REAP II was developed:

If progressive policies are promoted and complemented by national and sub national coordination, then this should lead to improved services for boys and girls living with a disability, and reliable data and evidence on children with disabilities that drives future investments to sustain progress for children living with a disability.³⁵

³⁴ UNICEF 2015. "REAP II": DFAT-UNICEF partnership to accelerate responses to the rights of children with disabilities (with a focus on the East Asia and the Pacific Region): PROPOSAL. Unpublished.

³⁵ Includovate Pty Ltd (2020). Rights, Education and Protection (REAP) II evaluation inception report.

This was tested during the theory of change (ToC) reconstruction process. (Box 2 explains a ToC).³⁶

Box 2: What is a Theory of Change?

A ToC is a comprehensive description and illustration of how and why a desired change is expected to happen in a particular context. It is focused in particular on mapping out or “filling in” what has been described as the “missing middle” between what a programme or change initiative does (its activities or interventions) and how these lead to desired goals being achieved.

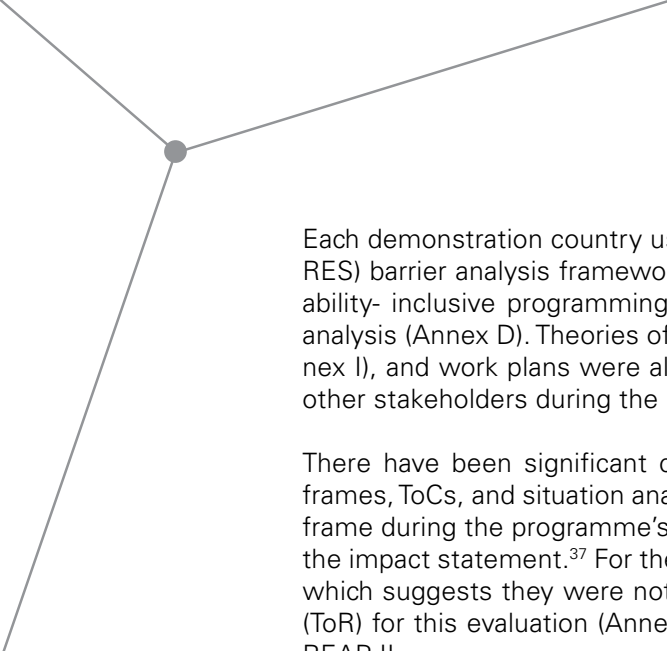
2.2 Logframe and Theory of Change

An overall logframe (logical framework) for REAP II was developed during the proposal phase (Table 1). For details on outputs, indicators, and assumptions, please see Annex C. Each country used the same vision and goal, but the demonstration countries developed their own outcome statements and activities in their individual logframes. Both Viet Nam and Papua New Guinea committed to an adapted version of all four of UNICEF’s REAP II outcomes, whereas Vanuatu and the PICTs chose to not address the first outcome on legislation.

Table 1: REAP II Logframe Goal and Outcomes

Vision	To promote inclusive development approaches which fulfil the rights of children with disabilities			
Impact/ Goal	Enhanced capacity of UNICEF, government counterparts, OPDs, and other partners to realize the rights of children with disabilities through the implementation of the CRC and the CRPD			
REAP II Outcomes	1. Disability-inclusive legislation, policies, and programmes promoted through enhanced advocacy, partnerships and an enabling environment.	2. Improved coordination of sectoral programmes at national and sub-national levels to ensure participation and inclusion of children with disabilities and their caregivers.	3. Quality inclusive services for children with disabilities and their caregivers integrated in sector plans and adequately resourced.	4. Reliable data and evidence on children with disabilities and the barriers they face collected and used to promote inclusive development.

36 Source: The Centre for Theory of Change - [Setting Standards for Theory of Change](#). For more information on UNICEF’s use of Theory of Change see [here](#).



Each demonstration country used the Monitoring Results for Equity System (MORRES) barrier analysis framework to assess supply and demand constraints to disability-inclusive programming and then developed country logframes from this analysis (Annex D). Theories of change (Annex E), situation analysis summary (Annex I), and work plans were also developed in consultation with government and other stakeholders during the nine-month inception phase.

There have been significant changes since 2015 when these country-level logframes, ToCs, and situation analyses were developed. Only PNG updated their logframe during the programme's life (in 2018), which consisted of a slight change to the impact statement.³⁷ For the most part, the logframes and ToCs were not used, which suggests they were not that useful. Consequently, the terms of reference (ToR) for this evaluation (Annex Z) asked the evaluators to reconstruct the ToC for REAP II.

The original ToC for REAP II did not play out quite as expected. There were several reasons for this. It took longer for some countries to mobilize the right partners, for partners to then convene within their respective countries and agree to the way forward; this was made more difficult by the fact that government partners are often forced to change their focus in response to emerging priorities (e.g. floods), and that the disability sector is under-resourced in terms of government personnel and programme funding. Mechanisms to enable efficient and effective consultation between government and OPDs were not in place or were too weak to begin working with immediately. Some of the results from the demonstration countries have not yet eventuated and so have not been used to advocate for change. Similarly, some of the activities originally planned were not needed or were changed to remain effective. These changes were not reflected in the logframes because an adaptive management approach was not used.³⁸

The country-level logframes were not used much throughout the programme. There was no baseline study and the indicators from the logframe were unhelpful for assessing performance (see Annex H for suggested improvements). To remain relevant to reality and changing socio-political contexts, REAP II demonstration countries should have adapted the logframe and underlying assumptions as new knowledge was gained with partners. To some degree this adaptation occurred during country strategy development, but not specifically to REAP II, and not specifically with partners. Although a review occurred in PNG that revised the logframe in 2018, reflective learning was not a strong part of REAP II. Partners should be complicit in revising their own country's logframe and reflecting upon new knowledge gained from the program.

While some REAP II activities were generated/designed from the bottom up, for the most part it was a top-down programme. At the level of children with disabilities, the programme was able to develop a better understanding of what makes boys and girls with disabilities excluded and vulnerable. The programme would have been more CRPD-compliant if it enhanced the participation of children with disabilities more during the programme's design and if it was implemented with participation in mind (it was found to be lacking in this regard). Moreover, it is the

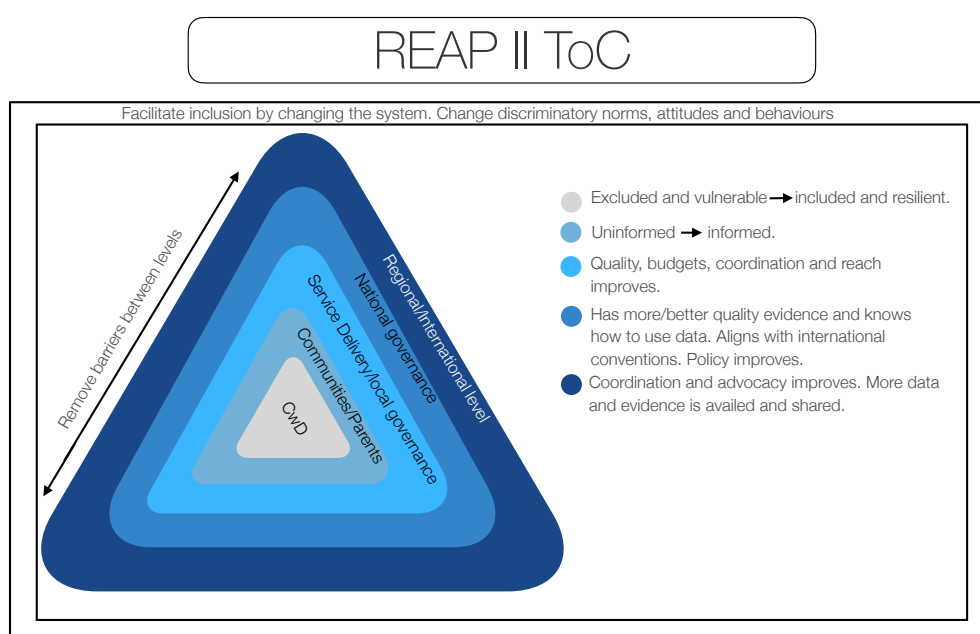
37 PNG's updated logframe says the goal is: "Enhanced capacity of UNICEF, government counterparts, DPOs and other partners to reduce the multiple vulnerabilities of children with disabilities and ensure they are healthy, ready to learn, and thrive."

38 For more information on adaptive management see: Rogers, P. and Macfarlan, A. (2020). What is adaptive management and how does it work? Monitoring and Evaluation for Adaptive Management Working Paper Series, Number 2, September; and Rogers, P. and Macfarlan, A. (2020). An overview of monitoring and evaluation for adaptive management. Monitoring and Evaluation for Adaptive Management Working Paper Series, Number 1, September.

responsibility of governance structures to guarantee this, one, as part of their obligations per the CRPD and, two, because a rights-based approach specifies it is the primary duty of governance structures to ensure the rights of all its citizens are realized.

A *social ecological model*³⁹ (Fig 1) was found to be useful by the reference group and UNICEF respondents to illustrate what REAP II was trying to achieve and at which level. The white outcome boxes in Figure 1 represent the levels where each REAP II outcome was focused and shows where the outcomes overlap to influence/effect change at different levels. This figure represents the “ripple” effect that REAP II hoped to achieve. As the evaluation analysis was completed this ToC was further revised to reflect what actually happened.

Figure 1: Initial Reconstructed Theory of Change



The evaluation found that UNICEF now has a better idea of the gaps and bottlenecks at various levels and knows that the sub-national level is where many bottlenecks remain. It was between the sub-national and community coordination level where the causal chain broke. Sub-national and community engagement appears particularly difficult for disability inclusion because there are not many partners that operate strategically at this level. Another weakness is around building demand and accountability. Governments need to be accountable to their citizens for the policies, legislation, and funding allocations made (government accountability for all three things cannot be assumed to be in place).

In REAP II there was a need to hold duty bearers to account in line with a rights-based approach and to ensure strong and sustainable mechanisms remain in place

³⁹ A social ecological model aims to incorporate environmental factors with social and cultural factors. It seeks to understand how these factors interact and intertwine at different levels, to the extent that an individual may subscribe to or embody practices and beliefs that work against their own emancipation.

after the programme ended. Most ToC workshops also had a discussion around the need to focus more on changing attitudes and discriminatory norms because they remain a strong barrier to achieving outcomes. This theme was repeated in key informant interviews and the surveys.

2.3 Reconstructed Theory of Change

Annex F reconstructs the ToC based upon the triangulated evidence and an analysis of the usefulness of certain approaches that led to change. While each country learnt different lessons and trialled different approaches, a universal ToC did emerge. The final reconstructed ToC represents how the evaluation team understands the programme should have worked according to respondents, and the good practices and gaps identified during the evaluation (see Annex F, Fig 19).

Figure 19 could serve as the logframe for REAP III, which the evaluation team strongly supports. Outputs and activities are not listed in Figure 19 because each country needs to choose suitable partners and activities depending on their needs and desired outcomes. This is where local context plays a major role in success. A country needs to be able to choose each partner for each outcome/activity and match the resource allocation according to its needs and ambitions. Sequencing was not adequately discussed during planning for REAP II, nor was there enough 'convening' and partnership building time embedded in the design's timeline. Annex F discusses REAP II sequencing, strategies and assumptions in more detail.

The evaluation team feels that the balance between demand for, and supply of, service provision and between push-pull in REAP II requires tweaking. Instead of perceiving children with disabilities as needing assistance, the reconstructed ToC enables people and children with disabilities to be at the centre of driving their own agenda. Consequently, the reconstructed ToC emphasizes that governance should be subjected to accountability by rights holders and for this to occur rights-holders need to be empowered so they can hold duty bearers accountable. The reconstructed ToC also includes awareness raising and behaviour change as a pathway.

The final outcomes presented in the reconstructed ToC are not substantially different from REAP II. However, the evaluation team listed intermediate outcomes in the reconstructed ToC as these would help lead to the final outcomes. This change reflects, and hopes to overcome, the fact that some of these outcomes were not fully met in REAP II.

2.4 Revised hypothesis

During the reconstructed ToC process, a new hypothesis was developed by the evaluation team:

If behaviour change is achieved along with government compliance in delivering quality inclusive services, and children with disabilities and their carers (along with OPDs) are empowered through action learning approaches, then disability inclusion mechanisms will be strengthened. If the multiple vulnerabilities facing children with disabilities are also removed then children with disabilities will be healthy, ready to learn, and able to thrive.

2.5 Beneficiaries Targeted by REAP II

REAP II focused on facilitating inclusion of children with disabilities by removing barriers at a systems level. To this end, the programme invested in service coordination and improvement, policy development, and data collection in collaboration with government and civil society partners. Direct beneficiaries of the programme included national and sub-national government partners, OPDs and CSOs, and UNICEF staff who benefited from REAP II technical assistance. Children with disabilities and their families were generally indirect beneficiaries, except for some programme components involving service provision in the demonstration countries. The programme focused on advancing progressive policies and systems change and did not specify a precise number or profile of intended beneficiaries at the level of individuals.

2.6 Stakeholders

As a regional initiative aligned with global UNICEF priorities and implemented at regional, national, and local levels, REAP II involved a wide range of stakeholders across demonstration and non-demonstration countries in the EAP region. Stakeholders included both rights holders (individuals and groups with a claim to human rights) and duty-bearers (state and non-state actors, groups, and individuals with obligations to fulfil human rights). In principle, the two categories are not mutually exclusive: all people are rights holders and all peoples, groups, and organizations in society have a role to play as duty-bearers.⁴⁰ In the context of REAP II, the rights holders of primary concern were children and young people with disabilities. Governments in the EAP region were the primary duty bearers in relation to these children and young people, and CSOs, international organizations, and individuals also had roles to play as secondary duty bearers in the context of the programme. DFAT provided the financial support and this was, at times, combined with programs outside of REAP II to increase the effectiveness that REAP II could achieve independently.

Key stakeholder groups for REAP II included the following:

- Government education departments, statistics bureaus, health departments and other relevant departments in PNG, Viet Nam, Vanuatu, and Fiji
- Education institutions and practitioners engaged in teaching children with disabilities or training teachers
- Implementing partners at regional and national levels
- Health and rehabilitation practitioners engaged in supporting children with disabilities and their families
- Representatives of National Committees on Persons with Disabilities
- Representatives from key OPDs, ensuring a broad representation of impairments and other identities
- Representatives of the ASEAN Intergovernmental Commission on Human Rights
- UNICEF staff in each country engaged with disability inclusion work
- Representatives of project beneficiary groups specific to each country
- Children and young people with disabilities and/or their parents or caretakers

A complete list outlining key stakeholders across the demonstration countries can be found in Annex J. A Reference Group governed the evaluation. Section 4.1, "Evaluation management and Reference Group" provides details on Reference Group members.

⁴⁰ Götzmann, N and O'Brien, C.M 2013. Business and human rights a guidebook for national human rights institutions, International Coordinating Committee of National Human Rights Institutions (ICC) and Danish Institute for Human Rights (DIHR). Retrieved from https://www.humanrights.dk/files/media/dokumenter/udgivelser/bhr_guidebook_for_nhris_2013_eng.pdf <Accessed on: 15/05/20>.

3 ■ Evaluation Purpose, Audience, Objectives, Scope, Analytical Framework, and Key Questions

3.1 Purpose

This evaluation is a combination of formative and summative approaches: summative by assessing the achievements of outcomes that reflect progress at regional and country level; formative by drawing on learning from the assessment, to inform future investment in the work of UNICEF with children with disabilities, and to shape more disability-inclusive programming in the EAP region in the future and at the global level.

3.2 Intended audience

The intended audience for the evaluation is, primarily, the UNICEF EAPRO and the COs of the three demonstration countries; UNICEF Programme Division, including the Disability Section at HQ; and DFAT. However, during the evaluation, many respondents from non-demonstration countries and partners expressed interest in learning from the evaluation. This secondary audience comprises UNICEF implementing partners, governments, OPDs, and rights holders. In addition, the evaluation may be of interest to other donors who are considering investing in UNICEF disability-inclusive programming. It may also interest stakeholders who mainstream disability across their institutional and strategic functions, along with staff and beneficiaries of the REAP II interventions. The evaluators hope that the results can help shape certain global debates around the inclusion of children with disabilities.

3.3 Evaluation objectives

The **primary** objectives of this evaluation were to:

- identify how effectively disability inclusion was implemented and sustained in the EAP region under the previous and current UNICEF Strategic Plans;

- measure the effectiveness of technical support on disability provided to staff and consultants working on disability-inclusive development in the EAP region, primarily by experts at UNICEF HQ and EAPRO; and
- gauge the added value by UNICEF to the realization of the rights of children with disabilities, as perceived by partners and stakeholders in the EAP region.

The **secondary** objectives of this evaluation were to:

- identify aspects of work and engagement by UNICEF that could be enhanced, as perceived by partners and rights holders, in order to more effectively advance the realization of the rights of children with disabilities in the EAP region in future; and
- identify potential key stakeholders for future disability-inclusive work by UNICEF in the EAP region.

3.4 Evaluation scope

Table 2 outlines the scope of the evaluation in terms of timeframe, organizational level, geography, and intervention type. The evaluation inclusions and exclusions were set in collaboration with UNICEF and DFAT.

Table 2: Evaluation scope

Category	Scope	Rationale
Timeframe	July 01, 2015 to December 31, 2019	All REAP II activities and outputs were completed during this timeframe. The no-cost extension into 2020 is not included because it was used for evaluation and administrative wrap-up.
Organizational level	UNICEF COs and EAPRO	UNICEF staff from demonstration and non-demonstration countries were included in the evaluation but only partners/ stakeholders in the demonstration countries were included. However, a Reference Group for the evaluation was established that included a mix of UNICEF and external global stakeholders.
Geography	PNG, Viet Nam, PICT s (with focus on Vanuatu), and non-demonstration countries in the EAP region	The evaluation aimed to assess progress and draw lessons from the program at a regional and country level. Non-demonstration countries were included because, while they did not receive funds from REAP II, they could benefit through knowledge sharing, outputs, and technical assistance. One of the REAP II strategies was to use evidence from demonstration countries to influence broader change in the region.

Category	Scope	Rationale
Types of intervention	Disability-inclusive development to advance rights of children with disabilities in the areas of programming and policy work, including policy development, sectoral coordination, services, data, and evidence	REAP II included various types of intervention at country and regional levels; to the extent possible, these diverse interventions (e.g. cross-sectoral coordination) were addressed in the evaluation. Policies and interventions to make UNICEF a more disability inclusive workplace were out of scope. The evaluation did not cover the work supported by REAP II at UNICEF HQ level to improve disability inclusion within the organization, as this work fell outside the evaluation purpose of shaping future disability- inclusive programming in the EAP region.

3.5 Key evaluation questions

The evaluation is built around the four OECD DAC criteria of relevance, effectiveness, efficiency, and sustainability as set out in the original evaluation terms of reference (ToR; see Annex Z). The OECD DAC criteria were used to frame the findings and the recommendations.

Once the reality of COVID-19 became evident, the ToR was revised and its questions reduced to compensate for the changed circumstances and revised timeline. Two OECD DAC criteria have not been included: impact and coherence. These were omitted when the ToR was first drafted, which implies that a prioritization was done by UNICEF internally. The key evaluation questions are outlined in Table 3.

Table 3: OECD DAC evaluation questions

Organisation for Economic Co-operation and Development (OECD) Development Assistance Committee (DAC) criteria	
Relevance	- To what extent have the REAP II programme objectives proven valid for the work in the region? - Are the activities and outputs of the programme consistent with the overall goal and the attainment of its objectives?
Effectiveness	- To what extent has the programme in the demonstration countries helped include boys and girls with different types of disability, and children with disabilities left furthest behind, such as the poorest, girls, those with intellectual and psychosocial disabilities, and those in remote areas ? - Which expected results have been achieved through REAP II? What are the internal (to UNICEF) and external factors that contributed to or hindered the achievement of the expected results? - What are promising practices from the REAP II experience that UNICEF should build on in future disability programming and why? - What is the added value of UNICEF work on disability-inclusive development in the countries supported?

Efficiency

- To what extent have objectives been achieved with quality and on time?

Sustainability

- To what extent are the benefits of the programme likely to be sustained after donor funding ceases and why?
- What are the major factors that influence the achievement or non-achievement of sustainability of the REAP programme?

The full evaluation matrix which includes a larger break-down of sub-questions can be found in Annex K.

3.6 Analytical framework

The evaluation uses a rights-based framework of participation, inclusion, equity, and non-discrimination. Given the overarching impact of REAP II relates to two international rights-based conventions – the CRC and CRPD – it is logical that the evaluation has a rights-based approach.

Principles of a Human Rights-Based Approach⁴¹

A human rights-based approach requires that the following principles be taken into account:

Bottom- Up and Top- Down: *Outcomes and processes at both the community and the program level need to be evaluated.*

Equality and Non-Discrimination: It is important that evaluations can demonstrate and account for the impact of programmes on the most disadvantaged. Where possible, data specifically needs to capture this impact and disadvantaged groups and individuals need to be able to participate in the evaluation fully without discrimination or violation of their rights. The evaluation design should be cognizant of the needs, capacities, and power imbalances that may affect these groups.

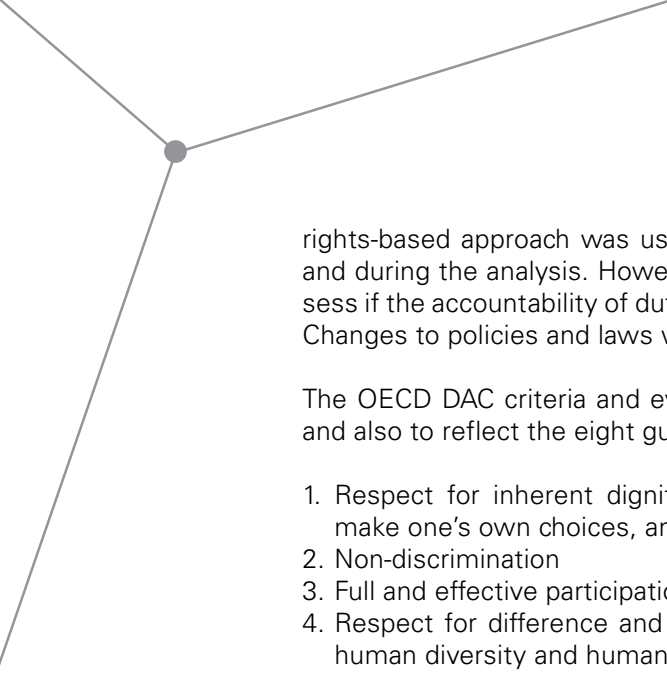
Participation and Accountability: Representatives of all relevant stakeholders should be included in the evaluation. Findings, outcomes, and discussions of changes to the project will need to be discussed and shared with relevant project group representatives.

Linkages to Human Rights Instruments: Outcomes should evidence the realization of human rights, or at least identify the means by which the project will contribute to the future realization of rights. Identifying how the outcomes and activities relate to CRC and CRPD standards and recommendations should also be an integral part of the evaluation.

A human rights-based approach has an explicit focus on the state as the primary duty bearer and on measuring changes in rights holders' lives.⁴² The human

⁴¹ Berman, Gabrielle (2008). Undertaking a Human Rights-Based Approach: A Guide for Basic Programming – Documenting Lessons Learned for Human Rights-Based Programming: An Asia-Pacific Perspective – Implications for Policy, Planning and Programming. Bangkok: UNESCO Bangkok. P 29.

⁴² Gosling, L.; Abraham, T.; Fuller, R.; Latorre, C. (2019). SDG progress by making water rights real in-service delivery. Available online: <https://www.thesourcemagazine.org/sdg-progress-by-making-water-rights-real-in-service-delivery/> <Accessed on: 8/05/20>.



rights-based approach was used to frame/phrase some of the survey questions and during the analysis. However, it was difficult for this remote evaluation to assess if the accountability of duty bearers or their attitudes and values had changed. Changes to policies and laws were easier to measure and verify.⁴³

The OECD DAC criteria and evaluation questions are used to frame the findings and also to reflect the eight guiding principles that underlie the CRPD:

1. Respect for inherent dignity, individual autonomy, including the freedom to make one's own choices, and independence of persons
2. Non-discrimination
3. Full and effective participation and inclusion in society
4. Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity
5. Equality of opportunity
6. Accessibility
7. Equality between men and women
8. Respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities

43 Schmitz, H. (2012). A Human Rights-Based Approach (HRBA) in Practice: Evaluating NGO Development Efforts. *Polity* 44, 523–541 <https://doi.org/10.1057/pol.2012.18> <Accessed on: 10/05/20>.

4 ■ Evaluation Methodology

This evaluation combined summative and formative aspects, in order to give both an account of the performance of REAP II and to identify promising practices, areas for improvement, and insights into the programme process that can inform future investments in promoting the rights of children with disabilities.

The evaluation is grounded in a theory-based, utilization-focused approach.⁴⁴ As far as possible, the evaluation design incorporated opportunities for programme stakeholders to reflect on and express their own perceptions about what has changed and what might have contributed to that change.

4.1 Evaluation management and Reference Group

Support to day-to-day managers and overseers of the evaluation, and guidance to the evaluation team was provided by the EAPRO Evaluation Consultant and the Regional Programme Specialist (Children with Disabilities). The budget rested with the Regional Programme Specialist. The Evaluation Consultant and the Programme Regional Specialist will also contribute to the dissemination of the evaluation once it is published. The EAP Regional Evaluation Advisor, the EAP Regional Advisor on Child Protection, and the Global Senior Advisor on Disability will support the evaluation along with respective CO staff: the respective deputy representatives for programming, the disability focal points, and the planning, monitoring and evaluation staff.

This evaluation was also guided by a reference group (Table 4). The reference group had the following roles:

⁴⁴ A Utilization Focused Evaluation is the facilitation of the evaluation process to ensure those who will use the results are involved in the evaluation to ensure the usefulness of the evaluation results to its intended users. According to Patton (2008) "Intended users are more likely to use evaluations if they understand and feel ownership of the evaluation process and findings. They are more likely to understand and feel ownership if they've been actively involved. By actively involving primary intended users, the evaluator is preparing the groundwork for use." Patton, Michael Quinn (2008). Utilization-Focused Evaluation: 4th edition. Thousand Oaks, Ca: Sage Publications.

- Generally, to advise the evaluation management team on various aspects of the evaluation and help the team make decisions
- Contribute to the preparation and design of the evaluation
- Assist in identifying internal and external stakeholders to be consulted during the evaluation process
- Participate in review meetings organized by the evaluation management team
- Provide comments and substantive feedback from a technical point of view to ensure the quality of the second draft and final evaluation reports
- Propose improvements/inputs to the preliminary recommendations
- Play a key role in learning and knowledge sharing from the evaluation results
- Contribute to disseminating the findings of the evaluation
- Advise on the management response to the evaluation and follow up when appropriate

Table 4: Reference Group evaluation members

Organization	Position	Location
UNICEF	Global Senior Advisor: children with disabilities	HQ
DFAT	Policy & Programme Officer Disability Inclusion Section	HQ Canberra
Asia-Pacific Development Centre on Disability	Manager, Community Development Department	Bangkok
UNICEF	Regional Advisor on Child Protection	EAPRO
UNICEF	Regional Advisor on Evaluation	EAPRO
Asia-Pacific Development Centre on Disability	Chief, Networking and Collaboration. APCD Staff living with a disability	Bangkok

The Regional Evaluation Advisor has additional responsibility for ensuring the overall quality assurance for the evaluation and formal sign-off on all evaluation deliverables.

4.2 Data collection methods

This evaluation uses a remote mixed methods data collection and analysis approach that is guided by various United Nations policies for evaluations (see the evaluation ToR at Annex X for details). Given the rapidly changing situation due to the COVID-19 pandemic, the evaluation methodology had to pivot on more than one occasion given travel restrictions and social distancing measures. Consequently, the data collection methods were primarily online/remote, and the sample size was low.

The evaluation followed a mixed methods approach to address the key evaluation questions. To ensure as much rigour as possible under the circumstances, the evaluation sought to offset the weaknesses inherent to using any single approach by employing a variety of quantitative and qualitative methods. The following tools were used to collect data and reflect the mix of methods employed.

Desk review and Documentation Analysis: A desk review of internal (UNICEF) documents provided by the UNICEF EAPRO enabled the evaluators to familiarize themselves with the aspects of REAP II (and REAP I as background information) in demonstration and non-demonstration countries. The documents included annual progress reports, CO Annual Reports and a variety of general and country-specific documents from PNG, Viet Nam, and Vanuatu. In addition, a selection of UNICEF products were reviewed, such as newsletters, guidelines, webinars, and slide-shows and presentations. A total of 52 documents were reviewed, of which 35 were selected as most relevant to the evaluation and analyzed in more depth according to set criteria (see Annex L for the document analysis results).

Online survey: A short online survey (using SoGo Survey) was used to collect data from key stakeholders. The survey included Likert scales and ranking questions to help the evaluation team with prioritization. The survey was adapted for four respondent groups:

- UNICEF staff in demonstration countries as well as former and current regional staff
- UNICEF staff in non-demonstration countries
- Government partners and duty bearers
- UNICEF Partners, including implementing non-governmental Organizations (NGO) faith-based organizations, OPDs, and institutions (e.g. universities)⁴⁵

Key Informant Interviews: Semi-structured, in-depth key informant interviews (KIIs) were conducted via video conferencing (using Zoom). The interview guides included open-ended questions exploring topics relevant to the evaluation questions and areas of interest identified in the document analysis. Four variations of the KII guide were developed for government/duty bearers, UNICEF staff, parents with children with a disability, and youth with disabilities. Where necessary, in-country researchers conducted the interviews in local languages in Vanuatu, Viet Nam, and PNG via telephone or Zoom.

Case study documentation: several case studies, two per country, were developed to highlight specific examples of good practices and/or interesting developments and to show what has worked in more detail.

Theory of change (ToC) workshops: The evaluation team put a ToC together based upon a review of the programme's literature and preliminary interviews with Reference Group members. The ToC was then tested with the Reference Group during an online workshop. Further ToC workshops were completed with UNICEF staff and partners/stakeholders in each CO (i.e., the UNICEF Pacific Multi-Country Office based in Fiji, and offices in PNG, Vanuatu and Viet Nam). These workshops helped to refine the ToC at the demonstration country level, including clarifying the strategies used and highlighting where assumptions or causal logic did not match realities in the field. One ToC workshop was held with partners in each of Viet Nam, PNG, Vanuatu, and the PICTs Multi-Country Office to contribute to the reconstructed ToC for REAP II.

⁴⁵ During the evaluation, in consultation with in-country researchers, it was determined that an online survey for parents and youth would not be appropriate due to lack of internet connectivity and computer access.

Originally, the evaluation plan included small, online focus group discussions (FGDs) to more deeply explore the survey findings with partners and stakeholders. During the data collection phase, evaluators anticipated respondent fatigue because some of the respondents would have already participated in interviews and/or surveys. The evaluation team, therefore, decided to include additional case studies instead of FGDs.

In-country data collection was completed by three national academics/researchers based in Vanuatu, Viet Nam, and PNG who were each partnered with an Include-ate team member for support and follow-up. Interviews were conducted remotely through Zoom (if the respondent spoke English), via telephone in a relevant local language, or an online survey. The online survey was translated into local languages before dissemination in Viet Nam. The in-country researchers in PNG and Vanuatu felt that an English survey would be sufficient, but translated the KII guide into local languages.

4.3 Sampling approach

The researchers employed a maximum variation purposive sampling approach. The evaluators considered a form of proportional sampling to seek representative coverage of UNICEF staff, but it was determined that such an approach would be neither feasible nor well-suited to the evaluation context, particularly given the added challenges of COVID-19 and accessibility barriers. Purposive sampling was appropriate given the short time frame of the evaluation and relatively small sample size. It was sought to augment purposive sampling by snowball sampling, with each informant being asked to recommend other informed individuals for interview.

UNICEF COs played a key role in identifying possible participants and assessing their language and accessibility for interviews. The evaluation team put together a spreadsheet with stakeholder categories and asked COs to complete the spreadsheet by answering the following question: can the respondent be contacted in English or the local language; which outcome did the respondent have experience with; and whether the respondent would be better suited for a KII, survey, ToC workshop, or mini-FGD. From this list the evaluation team made a random selection of respondents for interviews. Selection was informed by the goal of engaging a mix of primary and secondary duty bearers, civil society actors, and UNICEF-defined partners.⁴⁶ Those who spoke local languages were contacted by in-country researchers via telephone.

Any remaining names were sent surveys. An additional survey was sent to non-demonstration countries. This list was provided by EAPRO and included two names per country. At the end of all surveys each respondent was offered the opportunity to explain their answers or add more information via a telephone call with a member of the evaluation team. There were approximately 6 instances of

⁴⁶ The COs completed the spreadsheets with the following number of potential respondents: Viet Nam 31; PNG 25; PICTs 14; Vanuatu 19. Out of these lists, one-third were approached for a KII from the following categories: partners, government, UNICEF staff. If a respondent who was approached for the KII did not feel they were able to be interviewed or did not want to do the interview, then the evaluation team selected the next name listed on the spreadsheet from the same organization/partner type. The remaining names on the list were sent surveys appropriate to their organization type. Each survey had a question asking who else was knowledgeable on the topic that should be interviewed. All these snowball recommendations were contacted for KIIs, if they were not already on the UNICEF approved list. All Viet Nam and Vanuatu snowball recommendations were already on the UNICEF approved list and some of the names from PNG and PICTs were also already on the list. The final number of respondents is mentioned in section 4.3.

these. Some had participated in the ToC workshops, so by the time they were contacted they had little else to add. Also, at the end of each interview and survey, respondents were asked to nominate other people to be interviewed. Out of the final number of respondents, 11 % of interviewees in PNG and 6 % of interviewees from PICTs were appointed through snowball recommendation.

Names of people who have direct experience with a disability as a primary caregiver or a young person living with disabilities were also requested. For confidentiality purposes, UNICEF asked its partners to speak with the in-country researcher directly for these names. For safeguarding reasons, children under 18 were not contacted directly during the evaluation. The reliance on COs and their partners for recruitment of parents and youths meant that it was the partners who determined what types of disability were represented among the participants, rather than the evaluators.

The samples were clustered by type (individual, community, institution); by characteristic (youth with a disability and parents/care givers of children with disabilities, UNICEF staff, Partners/government (includes: duty bearers/government partners, other development partners, CSO, NGO, and forums/associations); and by location, age, and sex. Table 5 outlines the planned and actual sample sizes for KIIs and ToC workshops; Table 6 breaks down the sample sizes by country, sex, and disability.

ToC workshop participants were selected by the COs. In some instances, the participants were also survey/interview respondents, because the COs did not know who the evaluation team had already contacted or interviewed. A ToC workshop was held with the Reference Group (6 participants) Viet Nam (6, all UNICEF staff); Pacific Multi-Country Office (8, a mix of UNICEF and partners); PNG (7, a mix of UNICEF and partners); Vanuatu (15, a mix of UNICEF and partners).

Table 5: Key informant interview and ToC workshop sample sizes

	EAPRO/ Reference Group members	Viet Nam	Pacific Multi- Country Office	Vanuatu	Papua New Guinea	Non- demon- stration countries	Total respond- ents
Key Informant Interviews							
Staff	7 (6)	3 (5)	5 (5)	2 (5)	5 (5)	2 (2)	24 (30+)
Partners/ government	1 (0)	7 (5)	3 (2)	4 (4)	6a (5)	N/A	21 (16)
Parents/ youth	N/A	4 (3)	N/A	4 (3)	3 (3)	N/A	11 (9+)
ToC workshops = 1 per country	6	6	8	15	7	N/A	42b
Total	14	20	16	25	21	2	98c

Note: The red colour represents the planned numbers and the black colour represents actual respondent numbers.

a Despite efforts by the in-country researcher, only two interviews with government were possible and no PNG government completed the online survey. This is a weakness in the sample.

b 5 ToC workshops were held with a total of 42 participants.

c Please note that some interview respondents may have participated in the KIIs or Surveys and the ToC workshops.

Table 6: KII interview respondents by sex and disability

PICTs AND VANUATU			
	Women	Men	Unidentified
With disability	-	-	2
Without disability	10	6	
PAPUA NEW GUINEA			
	Women	Men	Unidentified
With disability	-	-	2
Without disability	6	6	
VIET NAM			
	Women	Men	Unidentified
With disability	1	2	2
Without disability	6	3	

Survey distribution was guided by the goal of reaching a minimum distribution of no less than twice the target number of respondents, anticipating a 50% response rate. Evaluators worked to maximize response rates in two ways. The first was requesting COs provide email addresses to help with spam filters and to send personalized reminder emails to non-respondents. The second was having in-country researchers call duty bearers and rights holders to help them answer the online survey via telephone if internet connectivity was an issue. While a 55% response rate was achieved, a number of surveys were incomplete and thus removed from the analysis. This dropped the overall response rate to 34% (Table 7).

The evaluation team did not have any influence over the gender, age, or disability representation of the partner, government, and UNICEF respondents for either survey or interviews. Figure 2 demonstrates the gender and disability distribution among survey respondent groups across all countries; Figure 3 represents these demographics by country.

Table 7: Number of surveys sent and completed by respondent group

Respondent category	Response rate				Respondents by location				Respondents by sex		Respondents by disability
	Surveys Sent	Total Responses	Incomplete Responses	Total Complete Responses	Viet Nam	Vanuatu	PICTs	PNG	Male	Female	
Partners	38	25	17 ^a	8 (21%)	1	3	1	3	6	2	1 (some)
Non-demo	26	16	1 ^b	15 (58%)					5	10	1 (lot)
Staff	30	16	4 ^c	12 (40%)	4	3	0	5	6	6	3 (some)
Gov	44	19	7 ^d	12 (27%)	5	5	2	0	6	6	4 (some)
Total	138	76 (55%)	29	47 (34%)	10	11	3	8	23	24	9

a 9 out of 17 did not answer any question; 4 answered demographic questions only; one answered till Q21 out of 46 questions (but in a scattered way); 2 answered till Q8; 1 answered till Q9.

b 1 respondent did not answer any question.

c 2 out of 4 did not answer any question; 1 answered demographics; another till Q21 (out of 37 questions).

d 5 out of 7 did not answer any question; 1 answered only demographics; another only answered till Q.14 (out of 37 questions).

Figure 2: Gender and disability distribution among respondents

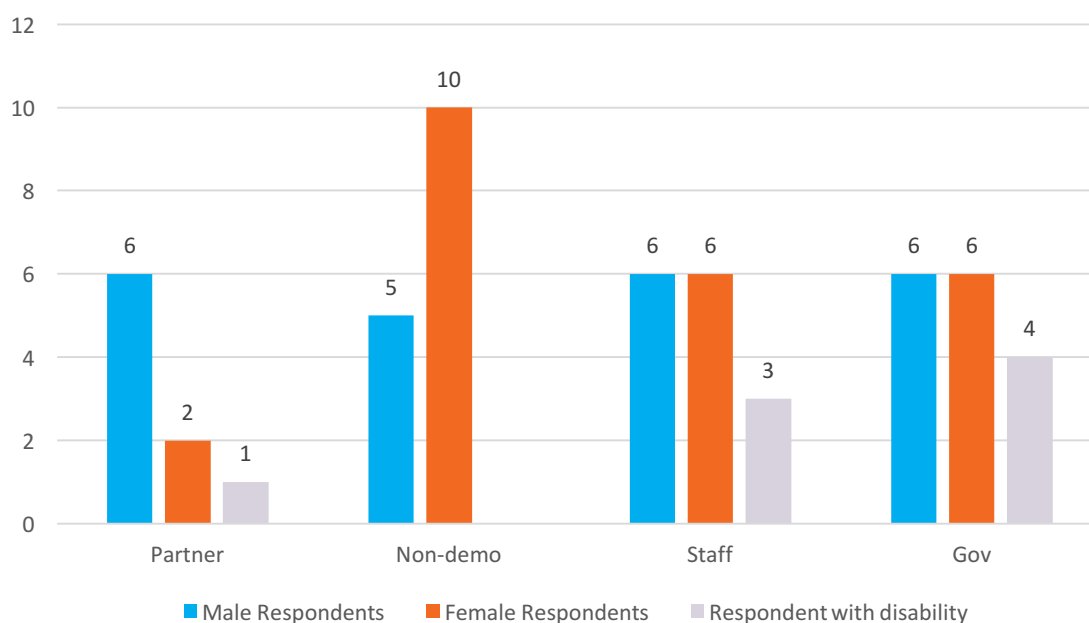
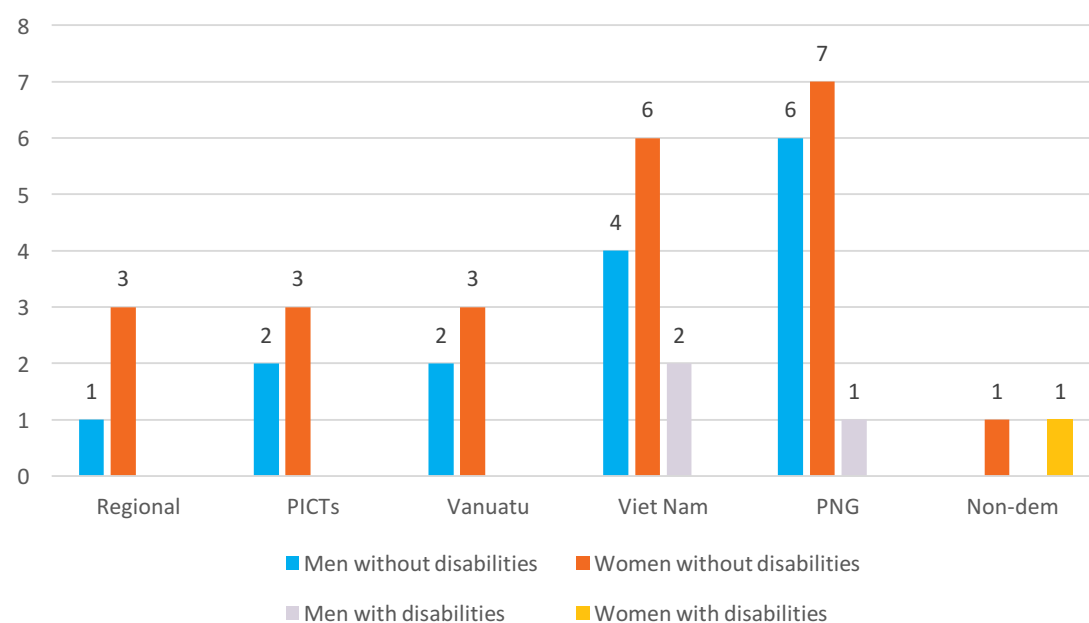


Figure 3: Overall gender and disability distribution among respondents by country



4.4 Methods of analysis

This section includes a description of the methods of analysis, including triangulation.

Key informant interviews

Interviews were recorded and then translated and/or transcribed. Based on the evaluation matrix (Annex K), a master spreadsheet was developed; each transcript was coded according to the questions in the evaluation matrix and entered into the master spreadsheet. Each country was assigned an evaluation team member to code all interviews coming from the allocated country. In addition, interviews with regional staff were divided up between team members. The responses were anonymized and only specified by location and respondent group, e.g. government, UNICEF staff, partners. Therefore, the analysis for each main evaluation question included responses from different countries and stakeholders and could be triangulated and compared against location and/or respondent group. Additionally, the evaluation team met weekly with the in-country researchers and bi-weekly with the core evaluation team to discuss and interpret the emerging findings collectively. This served to reduce biases of individual analysts and also helped with triangulation and interpretation of the findings with a cultural lens.

Most of the coders were based in Ethiopia. A month-long internet and telecommunications shutdown by the Government of Ethiopia meant one evaluation team member had to re-read all available transcripts. Eventually, the team was able to send the coded transcripts from Ethiopia using other means, but many transcripts had to be checked and re-coded based on the main analyst's judgment because discussions and clarifications with the broader team was not possible. This meant that context or explanation about why text was coded to a certain evaluation sub-question was not available. Moreover, there were too many sub-questions with overlapping meaning that could be interpreted in more than one way. Therefore, coded bits from interviews were assigned to cells in the master matrix depending on the coder's interpretation. This made the process somewhat subjective.

To balance the risk due these assumptions and bias, and to compensate for the internet shutdown, some respondents were contacted again for clarification. This was time-consuming and the evaluation team is still awaiting some replies at the time of writing. The validation workshop is expected to confirm or correct any remaining inaccuracies/biases.

Surveys

The online survey analysis included the following steps:

Step 1: The incomplete interviews in the data set were deleted.

Step 2: Univariate analysis for each data set was done to understand the data and what differences/similarities it has across respondent categories (i.e. across the data set) in terms of:

1. UNICEF supported assistance/REAP II (asked to government and partners)
2. Change and processes (asked to government, partners, and UNICEF staff)

3. UNICEF focused technical support (asked to government, partners, and UNICEF staff)
4. UNICEF area of work (asked to UNICEF staff in demonstration and non-demonstration countries)
5. Technical assistance and advice (asked to non-demonstration countries)
6. Results (asked to non-demonstration countries)

Step 3: Bivariate analysis was done by country to understand differences/similarities in the outcome variables across government, partner/stakeholder organizations, and UNICEF staff in each country, namely, Viet Nam, Vanuatu, Pacific Multi-Country Office, and PNG. See Annex O for the outcome variables.

Step 4: Bivariate analysis was done by respondents' sex, ability/disability, and the duration of the position in the current role to understand differences/similarities in the outcome variables (mentioned above) across government, partner/stakeholder organizations, and UNICEF staff. (See Annex O for more details on how the variables were defined.)

Documentation analysis

The REAP II programme has produced a number of outputs and knowledge products, for example, publications on specific thematic areas, newsletters, webinars, reports for cross-office sharing, and training events between mid-2015 and 2019. Relevant outputs were identified in collaboration with UNICEF staff, and a subset were selected for review covering webinars and trainings, communications materials such as newsletters and programming overviews, and guidance documents and toolkits. The evaluation team reviewed 52 country-specific documents provided by UNICEF, with the majority coming from the Pacific Multi-Country Office, two from PNG, and seven from Viet Nam. Two further documents (external evaluations) were included with limited geographical relevance for REAP II. The selected outputs include both regional and global UNICEF publications and those produced by partners. The documentation analysis assessed:

- to what extent and in what form UNICEF contributed to these products and applied quality control;
- the extent to which they aligned with and promoted principles and practices of disability inclusiveness, gender equality, intersectionality, and empowerment and participation;
- awareness of, and the useability and uptake of, the products/outputs.

The evaluation approached the document/output analysis from three perspectives. The **first** perspective included:

1. *Publications and knowledge products produced by UNICEF staff or consultants, including training curricula and reports.*

The focus of the publication and documentation review was to determine the quality of the outputs, and how they may have contributed to REAP II outcomes and relate to the evaluation criteria.

Many of the UNICEF outputs associated with REAP II are designed to inform or support stakeholders and duty bearers within and external to UNICEF to advance the rights of children with disabilities.

The **second** strand of the document review relates to:

2. *Publications and tools that partners, including governments, produced with technical support and/or substantial funding by UNICEF.*

Feedback from end users was considered to more fully assess how the outputs contributed to REAP II programme objectives.

The **third** strand related to knowledge of and usability of the outputs:

3. *To what extent COs were/still are familiar with the products and to what extent and with what results have COs and partners used/ applied the product to advance the work by COs and partners on inclusion of children with disabilities (uptake).*

This information came from the surveys.

The documentation analysis was used as triangulation points for interviews, and during the outcome harvesting to test and support (or discount) outcome statements and processes.

Case studies

During weekly progress meetings, in-country researchers were asked to suggest potential case studies. Case studies identified as suitable were discussed with the core evaluation team and followed up on. The approved case study topics were mined from interviews as well as workshop transcripts and survey outputs. Case studies were chosen that emphasise the OECD DAC criteria. Once developed, the case studies were peer reviewed by supervisors, and additional telephone calls and/or emails made by the researcher to follow up on details prior to finalization. See Annex P for the case studies.

Reconstructed ToC

The very different focus of the programmes in the demonstration countries was addressed through ToC workshops and outcome harvesting to understand what was important to each CO and how change happened. At the foundation of the evaluation process was a reconstruction of a theory of change (ToC) for REAP II. This was formed from reading various programme documents and mapping out key commonalities. This was tested during a Reference Group workshop and throughout the evaluation. ToC workshops were held with COs to understand more about outcome priorities and what assumptions did or did not play out as planned during the life of the programme. These workshops were recorded and transcribed and then shared with COs for clarification/ triangulation.⁴⁷ The assumptions were put into a spreadsheet for collating what was common across countries and within countries. Then a reconstructed ToC was formed to show how change happened at different levels and which strategies were used (Annex Q).

⁴⁷ In the case of the Viet Nam ToC workshop, the recording did not work. Thus, a transcript was developed from the notes taken by the lead evaluator and cross-checked with the in-country researcher who participated and then with the CO.

Outcome Harvesting

Given the low sample sizes, and the fact that advocacy and policy work were part of REAP II, outcome harvesting was undertaken to triangulate and categorise the outcomes found during the evaluation of the programme. Outcome harvesting is useful when evaluators want to understand how individual outcomes contribute to broader system-wide changes.⁴⁸ Most of the data for the outcome harvesting came from the ToC workshops, which were cross-checked with the evaluation team and interview transcriptions to understand which outcomes could be triangulated. The steps in outcome harvesting were:

Step 1: Questions/instruments to answer the prioritized evaluation questions were identified. After in-depth consultations with harvesters (Includovate) and users (UNICEF/DFAT) via online workshops, discussions, and one-to-one interviews, agreement was reached on what data to collect, and what outcome or changes in the social actors (programme beneficiaries) were to be gathered and how the change agent (UNICEF) influenced them.

Step 2: Includovate gathered information about changes that had occurred in the programme beneficiaries and how UNICEF contributed to these changes. This information about outcomes was gathered from documents, ToC workshops, and collected through interviews and surveys. Preliminary outcome descriptions with questions for review and clarification by UNICEF staff at the regional and national level were then written by Includovate.

Step 3: Includovate engaged directly with UNICEF and the reference group to review the draft outcome descriptions, identify and formulate additional outcomes, and classify all outcomes. This was done during an online workshop using Zoom and Mentimeter.

Step 4: Includovate obtained the views of independent individuals knowledgeable about the outcome(s) and how they were achieved through well-developed qualitative and/or quantitative tools; this validated and enhanced the credibility of the findings.

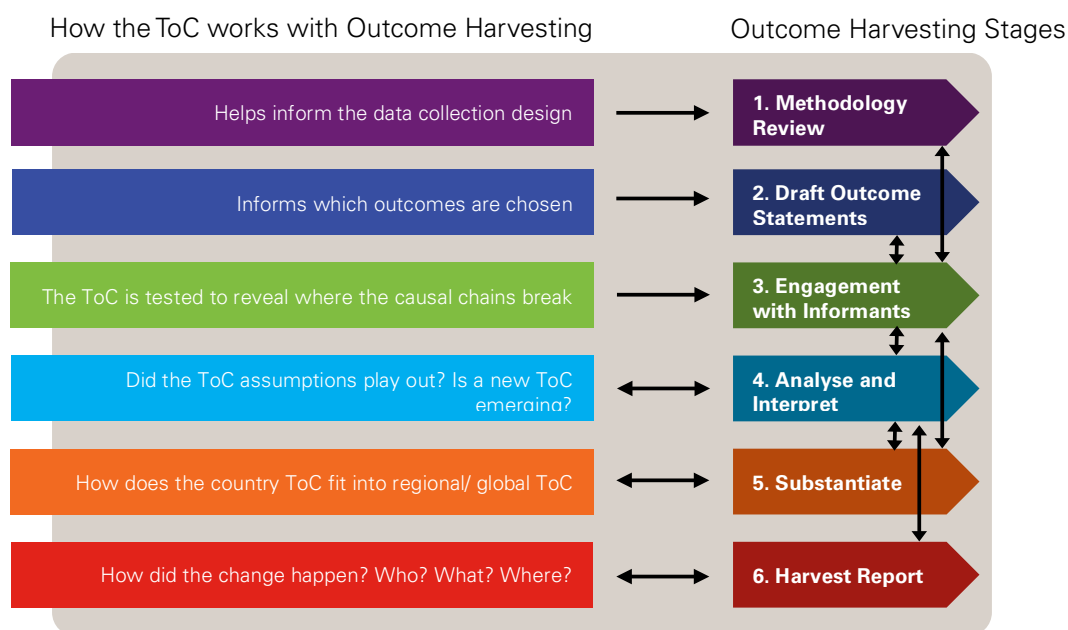
Step 5: Includovate organized outcome descriptions through a database and shared this with evaluation team to rank their agreement with the findings.

Step 6: Includovate produced a report that proposed points for discussion to outcome harvest users, including how UNICEF might make use of findings.

Outcome harvesting and the reconstructed ToC work closely together (Figure 4).

48 Wilson-Grau, R and Britt, H (2012). Outcome Harvesting, Ford Foundation. Retrieved from: http://www.managingforimpact.org/sites/default/files/resource/wilsongrau_en_outcome_harvesting_brief_revised_nov_2013.pdf <Accessed on: 21/04/20>.

Figure 4: Outcome Harvesting and Theory of Change Reconstruction



Triangulation

The multiple lines and levels of evidence were used to triangulate the results. Group calls were had with all researchers, as well as a separate weekly call between the core evaluation team (these served an analytical purpose as well as a quality control). Survey responses were compared with KIIs and to UNICEF documents to triangulate findings across data sources. Preliminary findings were presented to the UNICEF evaluation team and disseminated among the Reference Group for first-round feedback. Following the submission of the first draft report and feedback from the evaluation management, two online validation meetings were held with the Pacific Multi-country office and PNG, and with Viet Nam (in Vietnamese) to further confirm or refine findings, conclusions, and recommendations. Annex Q presents the results of these validation workshops.

4.5 Data reliability steps and management

The evaluation team put a series of processes in place to ensure data reliability despite remote data collection. Measures to ensure data collection reliability included the following:

- The evaluation team worked with in-country researchers who speak the local language to collect data and make local phone calls where poor internet access or language barriers prevented the international researcher from conducting an online interview (this also meant those without internet connection were not excluded from the study).
- Each country was assigned to a core evaluation team member who was responsible for supervising their in-country researcher and ensuring the tools and questions were understood to make sure the meaning was consistently conveyed.

- The evaluation team trained in-country researchers in the basics of disability models and barriers to inclusion, ethics, and the difference between probing and leading questions.
- Each evaluation team supervisor contacted their in-country researcher weekly to ensure progress and quality control.
- The evaluation team checked the tool translation, and asked in-country researchers to keep field diaries and to take notes verbatim and/or record interviews.
- Evaluation team members regularly made contact with the in-country researchers and compared field notes.
- The evaluation team Checked all transcriptions for inaccuracies and meaning, and sought clarification from the data collectors where necessary prior to coding and analysis.
- The evaluation team integrated measures to ensure rigorous analysis and reliability of findings (see section 4.2–4.4).

4.6 Ethical considerations

Gender equality and research ethics were considered at every stage of the evaluation:

- The lead evaluator, disability adviser, and programme manager all have CITI human subjects ethics certificates.⁴⁹
- All researchers signed Includovate's Prevention of Sexual Abuse and Exploitation Policy and Child Protection Policy; the core evaluation team also signed UNICEF ethical compliance forms.
- Details on ethical safeguards for participants (respect for dignity and diversity, right to self-determination, fair representation, and compliance with codes for anonymity, confidentiality, and avoidance of harm) were explained to all members of the research team during enumerator training.
- In line with UNICEF policies and with Includovate's own ethics policy, the obligations of researchers/evaluators (independence, impartiality, credibility, conflicts of interest, accountability) were also explained to the team during training, and discussed during data collection and during analysis.
- It was particularly emphasized during the training on interviewing people with a disability for the need of evaluators to be aware of their power and proper conduct, including remaining impartial in order to collect and record data in a fair and credible manner.
- The evaluation plan was reviewed and approved by Includovate's independent ethics review board made up of professionals from a mix of disciplines, genders, and nationalities. The ethics review board considered the research design and methodology, risks to participants, consent process, safeguards against coercion, and protection of privacy and confidentiality, and data management practices. The ethical review board clearance letter is at Annex R.
- The evaluation team had to make a second submission to the ethical review board for the non-demonstration country interview guide. The evaluation team, realizing this oversight, sent the guide for ethical approval before asking any questions of non-demonstration country respondents. After being

⁴⁹ For more information on the CITI program see: <https://about.citiprogram.org/en/series/human-subjects-research-hsr/>

checked by the ethics board members, additional approval to use this guide was given via email.

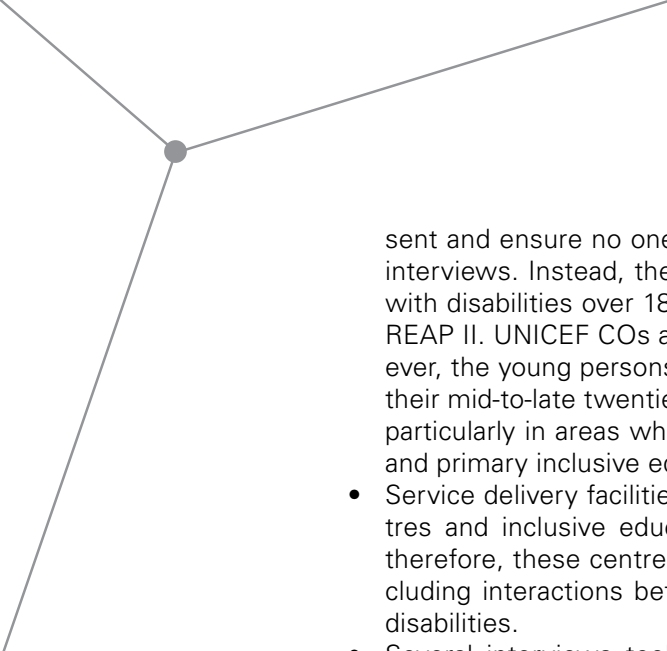
- An informed consent statement was given to all respondents at the beginning of the interview process. See Annex S for an example of the online survey informed consent that appeared on the first page of the survey. Respondents had to acknowledge this before moving into the questions.
- Consent requirements were presented in a language or form of communication appropriate to the participant to ensure full comprehension (informed consent) and to mitigate any chance of misunderstandings around the role of the participant. In many cases the informed consent statement was sent in advance to the respondent and read out at the beginning of the interview. Informed consent was usually recorded and permission to record was also recorded to ensure everyone knew the interview was to be recorded and later transcribed.
- Without any exceptions, the evaluation upheld the rights of women and children and the rights of self-determination, meaning participants were free to make the choice to participate in the project or not. Respondents were also informed that they could drop out of the interview at any time.
- Children under 18 years of age were not interviewed.
- Data collection methods were designed to ensure a high level of confidentiality to avoid any discriminatory actions or repercussions for the participants.
- The evaluation approach ensured that beliefs, manners, and customs were respected to maintain a good relationship with the stakeholders. The evaluation team leveraged previous experience in the EAP region to consider and respect the specific needs of participants.

4.7 Limitations

The Inception Report⁵⁰ highlighted a number of anticipated limitations relating primarily to COVID-19, which changed the methodology from participatory and face-to-face design to a largely desk-based and remote approach. Therefore, completion of the evaluation was subject to several challenges and limitations that are important to note.

- Participation was biased towards those with better internet or telephone connections.
- The overall sample size of respondents was small and based on recommendations from the region and COs. Even with the snowballing approach, the number remained small. This also induced a certain respondent fatigue, which was the reason for not undertaking FGDs.
- UNICEF did not nominate any regional partners for interview and none arose from snowballing. Therefore, the sources of evidence on the quality of technical assistance to staff and consultants working on disability-inclusive development were KIs, survey responses from CO staff, and the document analysis.
- Children with disabilities were not included in the evaluation even though they were the secondary beneficiaries of the REAP II interventions. Safeguarding remote communication platforms was identified as an issue by the lead evaluator; for example, it would be difficult to guarantee informed con-

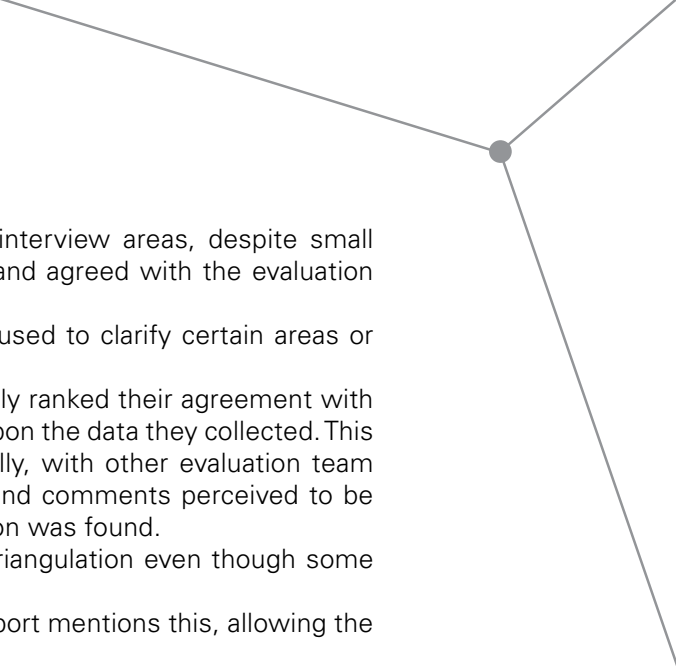
50 To receive a copy of the evaluation's inception report please contact UNICEF EAPRO.



sent and ensure no one else was in the room during phone calls or Zoom interviews. Instead, the evaluation team attempted to find young persons with disabilities over 18 years who may have been former beneficiaries of REAP II. UNICEF COs and partners were contacted for this purpose. However, the young persons with disabilities who were interviewed were all in their mid-to-late twenties and unlikely to have been participants in REAP II, particularly in areas where the focus was on early childhood interventions and primary inclusive education.

- Service delivery facilities, such as early childhood development (ECD) centres and inclusive education (IE) resource centres could not be visited; therefore, these centres were not observed for their quality of service, including interactions between service providers, carers, and children with disabilities.
- Several interviews took a very long time to complete because of poor connectivity or temporary internet breakdowns. Even when connections worked fairly well, interviews across extended time-zones posed the risk of both interviewer and interviewee exhibiting a lack of concentration due to a very early or very late times of day. Additional challenges to maintaining concentration are associated with the online modality. Respondents in the Pacific region were time-bound because of the availability of public transport to get home safely.
- The dependency on remote interaction also meant that several stakeholders remained unavailable. For example, the evaluation team was not able to interview a PNG government representative or encourage one to complete the online survey – this was despite multiple attempts, including in-person visits to government departments and the involvement of the UNICEF CO. Some PNG government officials participated in the ToC workshop, however. Across all countries, both in-country and remote researchers experienced postponements and cancellations, which may not have occurred as frequently if interviews could have been done face-to-face.
- In-country researchers were responsible for translating, where necessary, and transcribing interviews, which presented challenges regarding timing and quality. The translation/transcriptions took much longer than anticipated and many transcriptions had to be redone (even though transcription guidelines were provided). Coupled with repeated re-scheduling of interviews, the time allocated to coding and analysis was consequently shortened.
- An additional challenge to the timeline was the unfortunate timing of the internet shutdown by the Government of Ethiopia, which affected the majority of the evaluation team. This hampered timely transfer of data and significantly reduced the number of available staff who could participate in coding and analysis.
- Several respondents were not familiar with REAP II as a distinct programme, or were not sure which elements and activities, if any, related to REAP. Therefore, a clear link between expressed outcomes and REAP was not always possible to establish.
- There were some cases where a finding came from an individual or very limited number of informants. This rendered it difficult to be sure if this finding was valid to other respondents or only confined to the views of small number of people. Where possible additional information was gathered through case studies, subsequent interviews, cross-checking with the documentation analysis or surveys, through outcome harvesting, and discussions between researchers.

Some of these limitations affected triangulation. Moreover, some statements and perceptions were difficult to verify. The evaluation team made its best effort to mitigate these limitations in the following ways:

- 
- Saturation was achieved on a number of interview areas, despite small sample size. These areas were discussed and agreed with the evaluation team.
 - Follow- up emails or telephone calls were used to clarify certain areas or investigate discrepancies.
 - Each evaluation team member independently ranked their agreement with the findings and recommendations based upon the data they collected. This was then compared and discussed internally, with other evaluation team members. Where discrepancies arose around comments perceived to be subjective, a debate ensued until a resolution was found.
 - General themes were confirmed through triangulation even though some specific statements were hard to verify.
 - Where the evidence is less concrete the report mentions this, allowing the reader to draw their own conclusions.

** Please see section 4.5 for a commentary relating to limitations and measures taken to cope with/overcome these limitations.*

5 ■ Findings

5.1 Relevance

Relevance Evaluation Questions

- **Are the activities and outputs of the programme consistent with the overall goal⁵¹ and the attainment of its objectives?**
- **To what extent have the REAP objectives⁵² proven valid for the work in the region?**

Relevance Findings

- **REAP II fulfilled its vision – to promote inclusive development approaches that fulfil the rights of children with disabilities.**
- The sum of national-level projects in demonstration countries has led to the development of a regional approach, with a focus on system change and a multisectoral approach.
- Substantial knowledge was generated, and data captured by REAP II. The benefit at country level was evident where knowledge and data was shared as part of a learning agenda. A more systematic and robust learning agenda would be invaluable in revisiting programme design and fully establish regional parameters for UNICEF's approach to disability inclusion.
- While the outcomes in REAP II were relevant and consistent with the overall goal and objectives of the programme, particular activities and outputs were not fully consistent.
- Strong discriminatory norms around disability inclusion existed within case study countries; which are difficult to change and take time to address but such change is essential for success.
- The systems change approach pursued by the programme remains relevant, and UNICEF piloted some good approaches to promote improved coordination (outcome 2) and quality inclusive services (outcome 3), which demonstrated success. A longer programme was needed for achievement of results, and the logical framework of the programme has to be updated to include indicators that would enable systems change to be effectively measured and monitored.
- To be CRPD-compliant, further consideration is needed by UNICEF as to how to enter into contractual partnerships with OPDs to ensure their meaningful involvement.

51 REAP II had a vision and impact. These are interpreted in this section to be the program's overall goal.

52 In the logframe (Annex C and D) the term 'objectives' is not used but instead the term 'outcomes' is used.

Relevance Findings

- Ensuring programme design was fully aligned to specific country contexts and wide understanding by staff and partners would have made the programme more locally relevant.

REAP II Vision	To promote inclusive development approaches that fulfil the rights of children with disabilities
Impact	Enhanced capacity of UNICEF, government counterparts, OPDs, and other partners to realize the rights of children with disabilities through the implementation of the CRC and the CRPD ⁵⁴

REAP II did promote inclusive development approaches that fulfil the rights of children with disabilities. REAP II began as a systems change programme that would support champions (government or partners) who were highly effective and motivated or willing to trial new approaches. The programme had demonstration and non-demonstration countries. Demonstration countries received REAP II funding, whereas non-demonstration countries received technical support from the EAPRO so they could learn from, and emulate, the work of demonstration countries. The direction set by the EAPRO centred around the need for a multi-sectoral approach.

Usually, a systems change programme works at multiple levels simultaneously, tackling explicit, semi-explicit, and implicit biases that hold the problem in place.⁵⁵ Over time, sequencing of opportunities leads to systems change, as this quote reflects:

Parents need to realise that the impairment isn't the problem. It's knowing how to accommodate the impairment that needs to change. So, it's that social model where the society isn't adapting or including the children adequately.⁵⁶

This quote illustrates that new inclusive services and or policies will not be enough to address the barriers facing children with disabilities, if parents and the community do not also change. This type of systemic change, whereby multiple levels need to be affected simultaneously, requires strong coordination and reflection in order to shift the behaviours and assumptions that hold the problem in place. This holistic systems change approach was not well-articulated by COs. Staff at the regional level and some senior staff in COs were able to articulate the magnitude of change required to achieve disability inclusion. But many programme implementers were only able to express a limited understanding.

Without strong coordination and without implicit biases being directly addressed through behaviour change approaches, the systems change approach of REAP II was not strong enough. The systems change approach is still relevant but requires strong facilitation and coordination to effect change.⁵⁷ Moreover, there are questionable indicators in the logframe that do not link to the desired results and cannot be considered indicators of systems change.⁵⁸ Annex G discusses systems change, which should be consulted alongside Annex F on the reconstructed ToC. This is one area where the disconnect between local staff and partners/stakeholders and the EAPRO/HQ is evident.

⁵³ This vision and impact are taken from the REAP II logframe.

⁵⁴ The evaluation team have found that the CRPD is more relevant than CRC to this program.

⁵⁵ Kania, J., Kramer, M., and Senge, P. 2018. The Water of Systems Change, FSG.

⁵⁶ Vanuatu ToC workshop, 18th June via Zoom.

⁵⁷ More details can be found in Annex F on the reconstructed ToC.

⁵⁸ Annex G discusses system change indicators.

REAP II trialled new inclusive approaches but learning around these demonstrations was not optimally shared. As an example, a few respondents mentioned that identifying children with a disability had improved, particularly in Vanuatu, where teachers capture this data as a part of the information management system. However, the referral system and services to address these needs are not yet in place – as this lack of service provision is an impediment to systems change, this should have been raised through advocacy outputs and addressed during the program and should also be a priority for any future program.

To remain relevant to reality and changing socio-political contexts, REAP II demonstration countries should have adapted the logframe and underlying assumptions as new knowledge was gained through a reflective learning process with partners. To some degree this adaptation occurred: In the case of PNG, the logframe was revised slightly and during CO strategy development processes as UNICEF consolidate all their programs into one strategy but any adaptations that were made to the REAP II CO approach through these processes were not well articulated to EA-PRO, and a regular partnership reflection workshop for REAP II did not occur. Reflective learning was not a strong part of REAP II, and this reduced the relevance.

Although some OPDs were consulted during the design and invited to programme events, the programme missed opportunities to systematically engage meaningfully with OPDs and children with disabilities. There was also a failure to address gaps in the clarity of concepts around disability-inclusive education and the application of the human rights model, and, thus, align with the programme's outcomes. A criticism heard from PNG is that OPDs are informants rather than partners. Similar sentiments were heard by respondents in Vanuatu, where some OPDs even missed out on being consulted. Moreover, NGOs working with persons with disabilities were mistaken for OPDs in Vanuatu. Viet Nam did include OPDs more frequently throughout the design and implementation of REAP II. However, having an OPD as a financial partner, and as a partner that meaningfully participated, was not common across countries. Respondents flagged that many OPDs have weak organizational structures that may not match the expectations of UNICEF and score low on UNICEF assessment tools. Consequently, in most cases, OPDs were consulted but not given any funding. While UNICEF staff may have considered OPDs as partners regardless of financing, for OPDs an agreement about financing was needed to feel a sense of partnership rather than one of being an informant.

Two CRPD articles that specifically mention OPDs:

- Article 4.3: In the development and implementation of legislation and policies to implement the present Convention, and in other decision-making processes concerning issues relating to persons with disabilities, State Parties shall closely consult with and actively involve persons with disabilities, including children with disabilities, through their representative organizations.⁵⁹
- Article 33.3: Civil society, in particular persons with disabilities and their representative organizations, shall be involved and participate fully in the monitoring process.⁶⁰

59 <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/article-4-general-obligations.html> <Accessed on: 03/08/20>.

60 <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/article-33-national-implementation-and-monitoring.html> <Accessed on: 03/08/20>.

Out of those respondents who suggested the need to more meaningfully engage with OPDs, all of them justified their arguments by stating the need to empower, network, and elevate people with disabilities. This requires duty bearers to develop a more inquisitive learning style and an attitude of inquiry rather than that of “expert.” This type of capacity building did not occur. Some evidence of consultations and interactions between duty bearers and children with disabilities was found as evidence of an inquisitive and consultative approach, but it was not frequent enough to convince the evaluation team that this was a deliberate approach of REAP II.

Capacity building is a goal of the programme but one that was narrowly understood in the design to mean technical assistance and training. Some respondents were able to articulate the need to build capacity by being a trusted friend, being responsive to needs as they arose, and helping to trouble shoot problems. For example, a PICTs respondent highlighted the need to consistently undertake a capacity gap analysis to gauge, particularly at government level, what support and resources would be necessary and at what time to facilitate project implementation.⁶¹ Others mentioned a learning by doing approach,

*We start to work with NSO, the National Statistics Office, to build that capacity to understand the issues and work on how to collect the data and do analysis on reporting. But there's still a lot of work to be done on building capacity of the other ministries. I think the area that we have a way to go is capacity building.*⁶²

However, for many respondents, capacity building involved training and guidelines. While building capacity is a never ending task in the disability sector, a systemic, ripple effect approach to capacity development was expected by the evaluation team, but evidence of this understanding was rarely articulated. Learning with government through joint monitoring trips and learning forums, and empowering the government to make sense of the emerging results and compare these to global best practices, could have been a better way to build government capacity and meet the demand for services, fill knowledge gaps, and re-correct the programme to make it more relevant to an evolving local context. There is some evidence of this occurring (see case study 7) but more evidence of learning by reflecting is expected in a regional systems change program like REAP II.

Some respondents more senior in UNICEF felt that knowledge management and coordination was a programme strength, whereas other locally engaged or junior staff and partners felt that learning and coordination was weak, as these survey respondents suggest:

- *The in-country management team and the programme head should lead disability programming to ensure integration and inclusive programming. A strong follow-up and monitoring mechanisms should be in place for quality assurance and monitoring. Lack of systematic database has been a barrier to better plan and monitor. (Respondent #4)*
- *Limited exchange among those countries that are engaged in REAP (Respondent #3)*
- *Support provided by UNICEF regional office including training to the Pacific Islands sometimes only ends in Fiji and hence there is very little or no support at all that reach the field office. (Respondent #9)*

61 Regional interview, 15th June, via Zoom.

62 Fiji interview 9th June, via Zoom.

In addition to these survey responses, some KILs were unaware of REAP II outputs, suggesting the need for greater reflective learning and coordination.⁶³ During KILs, some partners said that they had never seen the logframe and were unsure of the programme's purpose aside from including children with disabilities in policies and education. The surveys also revealed that many programme outputs (see Fig 67-70) were not widely known (but this does not mean that they were not shared, just that the learning from these outputs was not well promoted).

A lot of knowledge was generated and a lot of data was captured by REAP II, but efforts to connect countries across the region to this knowledge and help them make sense of the emerging evidence were not strong enough. Where it did happen the benefit of such an approach was evident (see case study 7 in Annex P). This suggests a greater focus on learning and knowledge management and increased coordination was needed. Senior staff in UNICEF and at the EAPRO have a good strategic understand of cause and effect and systems change, but this sense of understanding was diluted when interviewing more junior staff and partners/stakeholders.

The outcomes in REAP II (Fig. 5) were relevant and consistent with the overall goal and objectives of the programme. However, outcomes 2 (improved coordination) and 3 (quality inclusive services integrated into sector plans and adequately resourced) had assumptions that needed to be more closely scrutinized. As an example, the coordination mechanisms required for outcome 2 needed to be strengthened before they could be used; thus, the assumptions related to this outcome did not hold true, which is an important learning.⁶⁴ UNICEF piloted some good approaches with outcomes 2 and 3 but the systems and partners at that level were at a different starting point than anticipated and consequently results were slower to materialize than expected. The outcome harvesting annex (Annex A) discusses all outcomes in more detail.

Figure 5: REAP II outcomes and the levels at which they operate



⁶³ Perhaps as a means of triangulation, it took the evaluation team over 4 weeks to gather a list of outputs produced during REAP II, because there has been a significant turnover of staff working on REAP and outputs from the last 6 months of the program are not, as yet, recorded in the annual reports.

⁶⁴ For more information on the assumptions, please see Annex F on the reconstructed theory of change.

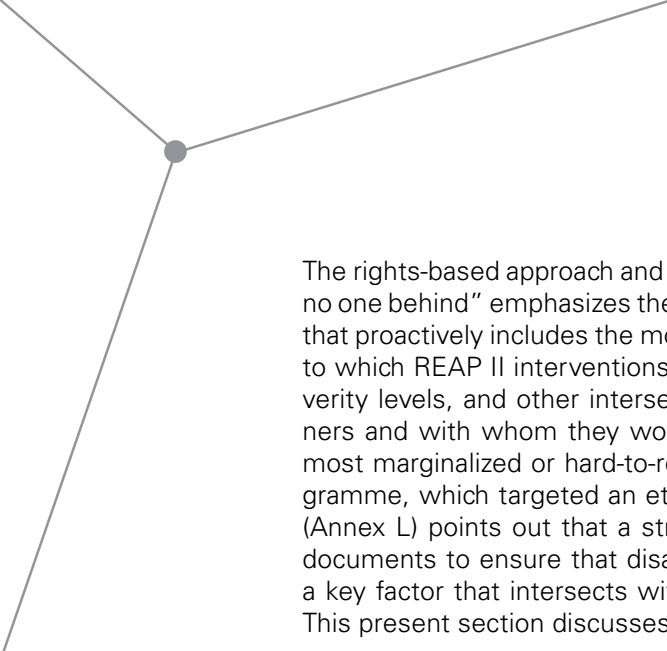
After demonstrating the success of inclusive services, these services were meant to be integrated into sector plans so they could be resourced. Some promising signs that this was beginning to happen were heard during the ToC workshops. However, evidence of inclusive and adequately resourced sector plans is weak. This is unlikely to mean that the outcomes were not relevant, and instead is likely to illustrate the way REAP II was a foundational and unique program that identified a lot of issues that require further attention.

Moreover, some respondents felt that the programme duration was too short. The programme was 4.5 years overall, but implementation by COs was sometimes only 2–3 years. During the validation workshop opinions differed widely – some participants felt that changing behaviours of discrimination and removing service delivery bottlenecks can take 5–10 years, whereas some other respondents felt 1–2 years would be enough. The evaluation team agrees that 5 + years of implementation is required to achieve the system changes aimed for during REAP II.

From the triangulated evidence presented in this section, there was a disconnect between local staff and partner/stakeholders' understanding of the programme and that of REAP II management and EAPRO/HQ respondents. There was also a disconnect between the local context and the program's design (see Annex F and G). This made the programme less relevant locally. When combined with the lack of reflective learning across the demonstration countries, REAP II was more of a multi-country program, rather than a regional program. The sum of national-level projects in demonstration countries bears some semblance of a regional approach, which has been applied through the technical assistance offered by the regional programme specialist to non-demonstration countries, but further learning and documentation is required to establish regional parameters.

5.2 Effectiveness

Effectiveness Evaluation Question 1
To what extent has the programme in the demonstration countries helped include boys and girls with different types of disability, and children with disabilities furthest left behind, such as the poorest, girls, those with intellectual and psychosocial disabilities, and those in remote areas?
Summary of findings
• The REAP II programme worked with a variety of disability groups and severity levels. Social stigma, early screening, the special education environment, and choice of UNICEF partner played roles in determining the types of disabilities reached by the programme. The evaluation did not find a strong awareness by partners or staff of a tailored approach for different disabilities nor of the unique needs of different impairments. • There was recognition by participants and in publications of the particular barriers women and girls face in comparison to men and boys. Further efforts to address barriers created by gender need to be pursued during programme design and implementation. • Barriers related to discriminatory norms were not systematically addressed. • There was some targeting of marginalised provinces and rural areas; however, it is a challenge to reach children with severe disabilities living in remote areas. • Greater clarity around which types of disability should be targeted or a clearer explanation of how partners will be able to choose the focus of the programme should be made explicit, along with any urban-rural focus. • A robust intersectional approach is needed in guidance documents to ensure that disability inclusion is not considered in isolation.



The rights-based approach and the Sustainable Development Goal agenda of “leave no one behind” emphasizes the importance of adopting an intersectional approach⁶⁵ that proactively includes the most marginalized or hard-to-reach children. The extent to which REAP II interventions helped boys and girls with different disabilities, severity levels, and other intersecting factors is largely dependent on UNICEF partners and with whom they work, rather than by design to proactively include the most marginalized or hard-to-reach children. The exception was the Viet Nam programme, which targeted an ethnic minority province. The documentation analysis (Annex L) points out that a strong intersectional approach is needed in guidance documents to ensure that disability inclusion is not considered in isolation but as a key factor that intersects with other thematic and demographic considerations. This present section discusses impairment types, gender, and regional exclusion.

Impairment types

The survey responses by all respondent groups (UNICEF staff, partners, and government) indicate that they work with a variety of disability groups and severity. This is likely in connection with the early screening and contexts of special education environments. A UNICEF employee mused that other groups were difficult to bring in:

*We have always advocated for different groups, but I think there are some issues or maybe some social stigma-related issues or some behavioural-related issues that might have caused people with extreme disabilities or maybe intellectual impairments and other disabilities to not be heavily involved.*⁶⁶

A few respondents in PNG and Viet Nam also expressed that a lack of know-how and/or social stereotyping makes it more challenging to include intellectual and psychosocial disabilities.⁶⁷ The remote nature of this evaluation makes these types of statements hard to triangulate. In contrast, government respondents felt there was a greater focus on severe impairments (Fig 33) and other partners/stakeholders felt there was more of a moderate impairment focus (Fig 41 for partners/stakeholders).

The evaluation team found that it was the choice of partner that dictated the impairment focus. UNICEF partners in PNG focus on visual and hearing impairment, addressing mainly sensory and physical impairments. One of the partners is a network of 19 IE resource centres spread out over 19 provinces to support teachers from mainstream schools and parents of children with disabilities.⁶⁸ Meanwhile, two respite day care centres for children in Viet Nam cater to all types and severities of disabilities (one in Da Nang and one in Kon Tum) and The Social Work Service Centre in Viet Nam focuses on intellectual disabilities. Overall, it seems that beyond screening and identification, services tend to specialize or develop expertise on specific impairment groups.

65 An intersectional approach (to disability) aims to understand and respond to the way different factors such as gender, age, location, ethnicity, sexual orientation and others intersect to shape the identity of persons with disabilities. This information will help in targeting policies and programmes to reach the most disadvantaged. Intersectionality offers an enhanced awareness of people’s needs, capacities, experiences, and interests, drawing attention to the root causes of oppression, power inequities, and resilience. Chaplin, Twigg, Lovell (2019) Intersectional approaches to vulnerability reduction and resilience-building, ODI, Issue no 12; <https://www.odi.org/sites/odi.org.uk/files/resource-documents/12651.pdf> <Accessed on: 09/08/20>.

66 Interview PNG, 17th June, via Zoom.

67 Interview PNG, 17th June, via Zoom.

68 Centres may have training and information sessions on various disabilities, but there is particular attention to visual and hearing impairment

The KIIs and ToC workshops also showed that staff and partners feel more can be done to promote inclusion of children with different types of disabilities across outcome areas. A PICTs ToC workshop participant remarked on this issue:

I think the database needs to go deeper than just describing children with disabilities ... to segregate and separate out what are the types of disabilities and how to address each of their unique needs. I think that is the most important thing.⁶⁹

The evaluation team did not hear about a strong awareness of a tailored approach for different disabilities, nor of the unique needs of different impairments. A Viet Nam respondent emphasised that they wished to have more balance between different types of disabilities and pay more attention to persons with “rare” disabilities like autism, intellectual disabilities, and mental disabilities.⁷⁰ While it can be argued that intellectual disabilities and psychosocial disabilities are not necessarily considered “rare”, the choice of words here reflects that more understanding of different disability types and severity levels is needed among partners and staff to comprehensively address different types of disability. This is a broader issue in the disability sector, where it is hard to find experts across disability types. It is particularly hard to address all disability types with only one programme specialist.

Gender

The UNICEF Strategic Plan explicitly commits to gender-responsive programming through standardization of tools, capacity building, and guidance to undertake robust gender analyses. The depth of analysis on gender inequality and its intersections with disability inclusion in REAP II varies significantly.

Some evidence of integrating gender equality and understanding how it intersects with disability to create deeper exclusion was found. The document review of selected resource outputs found a balanced depiction of girls and boys, and women and men in photos and examples.⁷¹ It was also acknowledged in UNICEF publications that girls and women with disabilities face additional and distinct barriers relative to boys and men. While the UNICEF communications department understands gender-balanced publications, there is inconsistent promotion and use of sex-disaggregated data in REAP II materials. The exceptions were outputs that focused specifically on gender (webinars) or have sections dedicated to gender. Generally, the outputs discuss the importance of considering gender but fail to provide solutions or approaches to correct this imbalance.

In surveys, around half of respondents from partners and UNICEF staff say they focus significantly on gender and/or develop projects based on gender analysis. In non-demonstration countries, only two out of 15 respondents say they used gender analysis in planning. Both civil society and government partners rated as significant how effectively gender equality was considered during the design and implementation of the programme.⁷² Partners and stakeholders emphasized during the survey and in KIIs that boys and girls are treated equally in the programs, and that gender is a prominent consideration in all programs.

69 PICTs ToC workshop, 17th June, via Zoom.

70 Interview Viet Nam, 8th June, via Zoom.

71 A more detailed analysis of UNICEF's REAP II outputs can be found in Annex L.

72 See Fig 34 - 35 for government responses; Fig 42 – 43 for partner/stakeholder responses.

However, concrete examples about the promotion of gender equality or tackling intersecting gender norms beyond parity was not found. The following survey respondent emphasizes a focus on parity:

We have teachers that are male and female, of the 4 teachers, 3 are females and 1 male. There is almost an equal number of boys and girls attending the play sessions (Respondent #13, Vanuatu).

During KIIs the evaluation team probed for examples of gender integration. A few UNICEF staff explained that female staff employed in large numbers by UNICEF represent role models for girls. Moreover, one respondent felt that female staff had more success convincing parents to send both girls and boys to school or early childhood education.⁷³ This suggests a lack of understanding around gender mainstreaming/transformation and the need for a more strategic approach.

Based on the interviews with partners, especially in the area of education and ECD, the approach to gender appears to be gender-neutral where everyone is treated the same without necessarily identifying or taking into account gender-specific barriers that may influence not only enrolment, but also attendance, retainment, and learning outcomes; not to mention risks of violence in and around school, the community, and the home. The dominant attitude that came across in many interviews with partners and surveys is: “We don’t differentiate between male and female; we treat everyone the same.”

Despite this, there is a general acknowledgment by respondents that the situation for girls with disabilities may be more difficult than for boys with disabilities, and that girls with (and without) disabilities are at greater risk of child protection issues. A couple of respondents discussed Pacific-wide stories about the rape of women with cognitive disabilities, how some girls with mental illnesses are kept at home as the house girl who does the domestic chores instead of going to school, and other forms of discrimination that disproportionately affect girls with disabilities. As an example:

It’s a really extreme case but the Vanuatu Daily posted something about a child in Tanna, a girl, who was born severely disabled and the family just kept her in a separate sort of shed at the back and she was out with live-stock.⁷⁴

The idea of keeping girls at home and out of site if they have a disability was raised a number of times by respondents across all surveys and interview formats. It was also acknowledged that mothers face more stigma than fathers do if they have a child with disabilities as expressed by this quote:

I know for sure in Marshalls, Vanuatu, Samoa and Tonga, if a woman has a baby with disability or with birth defects or whatever, the customary belief is that she has not been faithful to her husband and she has been an adulteress and God is punishing her. This leads to other forms of exclusion for the mother as well as the child.⁷⁵

Similar comments were heard during the ToC workshops in PNG and Vanuatu.

⁷³ Interview, PNG, 10th June, via Zoom.

⁷⁴ Interview PICTs, June 26th June, via Zoom.

⁷⁵ Interview with Pacific regional adviser, June 26th June, via Zoom.

During these workshops, it was agreed by ToC participants that changing behaviours and these types of discriminatory norms needed to accompany disability programs.

The concept of gender equality requires clarification. There is room for a more strategic and consistent approach to gender and other factors that intersect with disability beyond numbers, as this respondent explains:

We always emphasize addressing gender, but I would say that's an area that we need to improve. A very strategic kind of focus should be there.⁷⁶

Progressing from gender-neutral to at least gender-sensitive approaches (but ideally aiming for gender-transformation) throughout the project cycle is needed. The evaluation team finds REAP could do more to improve the gender focus of the programme.

Geographic reach

Both in Viet Nam and PNG, some interventions were deliberately set up in disadvantaged provinces to provide much needed support in rural areas. However, many ToC workshops discussed the challenges in reaching children with disabilities in more rural and remote areas:

Simply the fact that our Inclusive Education Resource Centres wherever they are active, their limit is they can only extend their programmes out to a 15-kilometre radius. And how about all the others out of that 15-kilometre radius? This is still a challenge that we've seen.⁷⁷

Not only are there fewer services available in health, education and ECD in remote areas, but the flow of information about policies and disability rights and the availability of points of referral for therapy and assistive devices are more limited. As explained by one respondent during the Pacific ToC discussion:

To be honest, I feel like a lot of these strategies they didn't really reach the people in really remote places who do not have access to internet and network, whose children are being kept home.⁷⁸

Respondents from all countries mentioned challenges reaching more remote and poorer children living with disabilities.

There will always be challenges in achieving adequate reach in a low budget regional programme. The SDG mandate to “leave no one behind” requires more thought during programme design. It is one thing to incorporate these kinds of aspirations and goals in high-level strategizing, but it's often difficult to translate them into effective programmes that work across macro/subnational/micro levels. More deliberate, and balanced planning between different types of disabilities, a full gender focus, and reaching remote areas is needed, if service delivery is part of the program.

⁷⁶ Interview, PNG, 17th June, via Zoom.

⁷⁷ PNG ToC workshop, 19th June via Zoom.

⁷⁸ PICTs ToC workshop, 17th June via Zoom.

Effectiveness Evaluation Question 2 (Part A)

Which expected results have been achieved through the REAP II?

Effectiveness findings

At global/regional level

- Globally, UNICEF is more comprehensively capturing disability data than ever before.
- **The Regional Programme Specialist (Children with Disabilities) facilitated better alignment with the UNICEF Strategic Plan and increased awareness, interest in and commitment to the inclusion of children with disabilities, both at the CO level and from partners.**
- The Regional Programme Specialist played a key role in the establishment of a Disability Inclusive Education Working Group at the regional level to bring government, OPDs, CSOs and United Nations agencies together to make a bigger impact at a regional level.

At policy/institutional level

- Good progress has been made in revising or passing new legislation and policies that address disability inclusion.
- There has been progress around data and evidence - improvements are evident in the use of the WG Extended Set of disability questions and the UNICEF/WG Child Functioning Module, and with the use of data on children with disabilities for planning and policy reviews. Data and evidence contributed to advocacy efforts and policy and legislative reviews. New social protection programmes were started to cater for people with disabilities, and these are partly attributable to the new data.
- UNICEF staff reported improved capacity of governments across the region to analyse and develop strategies towards disability inclusion. They also noted improvement were needed in coordination around learning and implementation at the CO level.

At service provider level

- There was progress in improving awareness and recognition of the rights of children with disabilities amongst service providers.
- In Early Childhood Development (ECD) and Inclusive Education (IE), elements of system change have been achieved through revisions to teacher training curricula / pre-service training to achieve early screening for children with disabilities. There is evidence of referral systems being put in place.
- There is an increased awareness of the situation of children with disabilities, which has led to an increased commitment to the inclusion of children with disabilities at all levels; however, there is inconsistent clarity of concepts, especially around Inclusive Education.

At child/family level

- **REAP II raised awareness in, and engaged with communities, leading to the commitment of communities to support the participation of children with disabilities in ECD and IE centres.**
- The immediate benefits from REAP II were reported by parents as follows: they were better equipped with knowing how to care for their child because of increased support; their children had more participation in school and family life.
- There has been some progress among children with disabilities on functional improvements, alternative communication, and socializing with peers with and without disabilities.

Part A: Which expected results have been achieved through the REAP II?

Following the social ecological model applied to the reconstructed ToC (see Annex F), the results presented here are linked to the levels in the model.

Global/UNICEF headquarter level

At the commencement of the programme, REAP II funding was used to create the role of Regional Programme Specialist (Children with Disabilities) at UNICEF headquarters and at the EAPRO. This specialist helped develop the UNICEF 2018–21 Strategic Plan, which has a specific output statement on disability and a commitment to disability disaggregation.⁷⁹ Also in 2018, standard monitoring questions and a programme implementation database were developed with expenditure codes linked to disability. This enabled disability data to be captured more comprehensively than ever before. This reporting system still requires fine-tuning in order to get the necessary granularity to inform resource allocations.

A hard-to-measure outcome repeatedly heard during the evaluation is that “REAP has actually led to other rippling effects.”⁸⁰ An example from the survey explains:

The strategic plan provided a direction to UNICEF-PNG for disability-inclusive programming. (Respondent #6, Papua New Guinea)

UNICEF headquarters also chairs the Global Action on Disability and UNICEF had a major role in the establishment of United Nations Disability Inclusion Strategy (UNDIS). However, it is challenging for the evaluation team to attribute global level impacts to REAP II funding. The evaluation's scope did not include REAP II impacts at the global HQ level, so these findings from the evaluation are speculative.

Regional

As part of REAP II, the UNICEF EAPRO played a centralized role, advocating for children with disabilities and disability-inclusive education, and providing technical assistance to CO staff for related sectoral work.⁸¹ The Regional Programme Specialist (Children with Disabilities) helped ensure the UNICEF Strategic Plan was implemented across the region in a disability-inclusive manner. This finding is the result of triangulating, administrative data, KIIs, and surveys (see Table 19, Fig 59 and Annex W, section III).

During KIIs, many UNICEF staff described a higher level of awareness of the situation of children with disabilities across country programmes:

*[B]oth in terms of accountability, in terms of the content of our activities, in terms of our priorities ... we have new staff working just on children with disabilities now. We have work plans in the Country Offices and the EAPRO that include activities with children with disabilities. When we have our programme planning meetings, we always have a session specifically on how to advance the rights of children with disabilities. We have new publications, we have progress ...*⁸²

Staff were able to link this higher level of awareness of the situation of children with disabilities to the Regional Programme Specialist (Children with Disabilities) role that was funded through REAP II.

79 See Output statement 5.e: Countries have implemented inclusive programmes and services to promote participation of children with disabilities in society, P 103 in: Data companion & scorecard to the report on the midterm review of the UNICEF Strategic Plan, 2018–2021 and annual report of the Executive Director, 2019. <https://www.unicef.org/reports/global-annual-results-2019> <Accessed on: 18/07/20>.

80 Fiji interview 7th July, via Zoom.

81 UNICEF (2019), Formative Evaluation of Inclusive Education for Children with Disabilities - Final Report, New York. Interviews with UNICEF regional staff between 15th and 19th June via Zoom.

82 Regional interview, Bangkok, 16th June, via Zoom.

The disability specialist helps me better position my advocacy and mainstream disability knowledge into my other programme areas, which I think has been really, really useful.⁸³

At the regional level, UNICEF, via the REAP II Regional Programme Specialist, was involved in:

- the Association of Southeast Asian Nations (ASEAN) Intergovernmental Commission on Human Rights Conference on Education Access for Children with Disabilities, which was held in Da Nang, Viet Nam;
- the consultation process towards development of ASEAN Enabling Masterplan 2025: Mainstreaming the Rights of Persons with Disabilities, which was launched in December 2018. This plan aims to mainstream the rights of persons with disabilities by assisting ASEAN Member States to harmonise local laws and policies.⁸⁴

The Regional Programme Specialist (Children with Disabilities) appointee has changed since these outputs, but UNICEF has maintained its alliance with the ASEAN Intergovernmental Commission on Human Rights, particularly with regard to the launch of the ASEAN Enabling Masterplan 2025. Moreover, the current REAP II Regional Programme Specialist (Children with Disabilities) played a key role in the establishment of a Disability Inclusive Education Working Group at the regional level to bring government, OPDs, CSOs and United Nations agencies together to make a bigger impact at a regional level.

UNICEF staff respondents reported that showcasing REAP activities at the regional level highlighted the gravity of the situation, but it also illustrated what progress can be made when a concerted effort is made to focus on children with disabilities:

[The launch of a mapping study to] take stock of where we are in the region in terms of the CRPD has been a catalyst for showing how far behind we really are in this region, and for really boosting our Country Offices, and partners at the regional level to take action.⁸⁵

Having a regional-level presence and a country-level presence was seen to enable “positive spillover effects”, namely, the REAP programme “was kind of a catalyst fund to enhance disability inclusion in programming in the region overall.”⁸⁶ Examples of non-demonstration countries in the region enquiring about REAP II activities as a learning opportunity were recorded and triangulated. Some UNICEF staff reported significantly increased interest in and commitment to the inclusion of children with disabilities, both at the level of their own COs and from partners across the region. These respondents attributed this to the “two-tiered approach” of REAP II.

Other respondents were not sure about the regional impact:

At the regional level, I don't think there's been so much interaction with partners around REAP ... the main impact has been at the country level, both national and school level.⁸⁷

83 Regional interview, Bangkok, 16th June, via Zoom.

84 Donor report 2019.

85 Regional Interview 29th June via Zoom.

86 Regional interview, Bangkok, 19th June, via Zoom.

87 Regional Interview, 25th June via Zoom.

However, it should be noted that the EAPRO and non-demonstration country participants constitute a small sample when compared to COs.⁸⁸ Another point to note is that the Regional Programme Specialist (Children with Disabilities) started one year after the programme commenced; furthermore, the post became vacant for an 8-month period during the programme's lifetime. This may have reduced achievements at the regional level.

National level

At the national level across demonstration countries, there have been several results that show concrete improvements. The outcome harvesting report in Annex A lists all the outcomes heard during the evaluation and the degree of confidence in the evidence gathered. To give a synopsis, UNICEF staff reported improved capacity of governments across the region to analyze and develop strategies towards disability inclusion, new policies, and legislation. Several outputs and statistical monographs were produced across the REAP countries, especially Vanuatu and the PICTs, and a knowledge, attitudes, and practice survey in Viet Nam. In the demonstration countries (and several non-demonstration countries), these outputs contributed to more data on the situation of children with disabilities and identified gaps at the policy level and service provision level, particularly around ECD and inclusive education. New social protection programmes were started to cater for people with disabilities, and these are partly attributable to the new data.

Annex L completed a quality check of several documents and outputs such as situation and secondary census analyses, thematic work plans across regions, and national development programmes to which UNICEF contributed through direct input, financial/logistical support, or by contracting external specialists. The majority of thematic work plans across the PICTs Islands, for example on WASH, education, and child protection, do not include any targets or indicators on children with disabilities. Likewise, many national development programmes may refer to disability in goals and strategies, however, no indicators are included, and strategies may be loosely phrased as “strengthening” or “improving” without further detail. Children with disabilities may be assumed to be included in the more general expression of “vulnerable children/people”.

The majority of disability-focused situation and secondary census analysis documents are comprehensive in disaggregating by disability types, gender, and, to some degree, other identity factors such as location. The reports are made up of both qualitative and quantitative measurements that tell the severity of the situation for women and children very well, as the indicators are well detailed and adjusted to the SDGs. From interviews with UNICEF staff, there is clear confirmation that various analysis documents (especially the disability monographs, Knowledge, Attitude and Practice surveys and the National Disability Survey in Viet Nam) have contributed to advocacy efforts and policy and legislative reviews (Box 3). However, some reviews only happened at the end of the REAP programme, once all data was analysed and published. Some are still in parliamentary process, and therefore the extent of uptake and/or implementation could not be assessed in this evaluation.

Service provider level

At the service provider level, progress has been identified in capacity improvements in the areas of awareness and recognition of child rights in general, and for children with disabilities in particular. The focus across countries has been on

⁸⁸ Annex W presents the results from the non-demonstration country survey.

Box 3: Viet Nam National Disability Survey

The Viet Nam National Disability Survey is one of the first national disability surveys in the world that utilized the WG Extended Set of disability questions and the UNICEF/WG Child Functioning Module for the identification of adults and children with disabilities respectively. This is an important achievement on several levels. Globally, it contributes to much needed socio-economic data on women, men, girls, and boys with disabilities in a way that is comparable across countries and regions and therefore helps to better understand the situation of children and adults with disabilities. At the national level, the survey provides the prevalence rate of children with disabilities with full disaggregation, key data on access to basic services and social assistance, and data on social attitudes towards disability. The data is crucial to inform evidence-based planning, policies, and programming to consequently improve the lives of women, men, girls, and boys with disabilities. Close collaboration between ministries, including the General Statistics Office, the Washington Group on Disability Statistics, and UNICEF (with support from DFAT), provided for high-quality data and instilled a sense of national ownership of the survey, which is crucial for long-term sustainable outcomes.

improving service quality and capacity for inclusive ECD and IE, as well as social protection. For example, in PNG, Callan Services, a church-based organization and UNICEF partner working with persons with disabilities, has transformed their former Special Education units into Inclusive Education Resource Centres and incorporated community-based rehabilitation and ECD interventions.⁸⁹ Callan Services received staff funding from the government, while UNICEF provided equipment for their Braille units, and partnered in training:⁹⁰

The Braille Units [at Callan IERCs] produce and supply Braille resource materials to students with visual impairments in the provinces. It also provides teachers with new knowledge and skills to help them support their students and develop Individual Education Plans. The IERCs have helped improve learning outcomes for students who were then able to join mainstream schools. Some continued to study at the University of Goroka and returned to the IERC. The university now also engages with the resource centres around Braille material production for some of their courses.⁹¹

Callan Services also send its staff to support particular teachers in mainstream schools, for example, to help with a hearing-impaired child, and invites teachers for training on sign language and inclusive pedagogy.

UNICEF funded another partner in PNG, Cheshire Homes, which does not receive the same level of financial support from the government. Cheshire Homes contributes to community-based rehabilitation and teacher aids in the organization's classrooms. However, there is still a capacity gap in mainstream schools when children transfer from the partners' inclusive settings:

The child can be fully supported with hearing aids in the centre, with sign language, but the real challenge will come when the child is transferred to

89 Interview PNG, 22nd June, via Zoom; 3rd/4th Progress report.

90 Interview PNG, 25th June, via Zoom.

91 Interview PNG, 25th June, via Zoom.

*the mainstream school where the skills set around this area may not be possible or access may not be possible. So yes, that is where the challenge is. There really needs to be a continuous work on closing the gap between resource centres into the mainstream schools, that transition.*⁹²

One interview with a teacher from PNG also commented on the lack of tools or methodologies to monitor the progress of children with disabilities. The interviewee explained that teachers had not been formally trained in disability-inclusive education. Some have asked for training support from Callan Services on their own initiative.⁹³

Also, in PNG UNICEF supported the development of Operational Guidelines on Health Screening and Early Intervention Services for the early identification and referral of infants and young children with disabilities. In addition, UNICEF provided technical support to roll out retinopathy of prematurity (ROP) screening and treatment training for the prevention of childhood blindness, building the capacity of trainers and mentors (doctors and nurses) to screen, identify, and manage ROP in premature babies (see case study 8 in Annex P).

In Vanuatu, UNICEF funded the Early Intervention programme of the Vanuatu Society for Disabled Persons (VSDP), which focused on inclusive learning opportunities for children with disabilities, provided assistive devices to support mobility, posture, and communication, and worked closely with parents to continue the play and learn programme at home.⁹⁴

The work in PNG around inclusive education centres and outreach has been particularly effective. However, some gaps remain regarding clarity of concepts, for example, around IE in the Pacific Islands and (to some degree) in Viet Nam. Attention will need to be given to tackling these gaps when policies and future programmes are implemented.

In Viet Nam, UNICEF supported the promotion of the UN's CRPD at university level and provided capacity support to universities and schools in the form of guidelines, tools for inclusive education, and through the development and operationalization of Regional Resource Centres for provincial support. UNICEF also supported several interventions implemented by the Social Work Service Centre in Da Nang, which address early screening, rehabilitation, and support to children with intellectual disabilities (see case study 3 in Annex P).

Also in Viet Nam, a UNICEF supported respite day care for children with disability run by the Viet Nam Association for Victims of Agent Orange/Dioxin (VAVA), is a combination of rehabilitation and school. In that programme, children can follow a traditional training curriculum, vocational training and can play with each other. Carers who enrolled their children in the respite day centre described improved physical functions and that their children were more engaged in family activities including household chores:

*Since he has attended the centre, he can play, met his friends, he felt more grown up. He looked smarter. He spoke much more and was more intelligent.*⁹⁵

⁹² Interview PNG, 22nd June, via Zoom.

⁹³ Interview with mainstream teacher, PNG, 20th June via phone.

⁹⁴ Interviews Vanuatu and Fiji, 19th June via Zoom.

⁹⁵ Interview with carer of child with disabilities, Viet Nam, 7th June via phone.

The rehabilitation being offered at the centres was seen by carers to be very beneficial.

However, carers also said that teachers “pay only general attention,” and when the rehabilitation session is over children often sit around without anything to do. Teachers and therapists lock away toys or do not have enough equipment and material to keep the children occupied for the rest of the day.⁹⁶ The lack of equipment was confirmed by interviews with centre staff. One carer also mentioned that the children may go without water for a long time if they do not have the mobility and independence to get water themselves, and may stay in soiled clothes if they were unable to go to the bathroom on their own. It was covertly mentioned that perhaps physical discipline was being administered.⁹⁷ According to the in-country enumerator, this is a remnant of traditional methods of disciplining children (independent of disability) and has been reported as a problem in national newspapers. The parent was very concerned about reporting this and further investigation to triangulate the evidence is ongoing. According to interviews with staff at both centres, staff have been appropriately trained in physical punishment. However, some children with severe cognitive dysfunction who are difficult to control may be subject to more physical disciplinary measures, or may also be the source of such reports.

Meanwhile, at least one other UNICEF staff member is unsure whether the respite day care model in Viet Nam leads to the desired outcome:

The idea was that the experience of the residential day care centres would feed into a national policy to then establish more of these centres elsewhere ... but this policy hasn't been developed. So, that aspect of the investment of budgeting to the respite day care centre didn't lead fully to that outcome.⁹⁸

While the idea of giving parents a break and allowing them to engage in livelihood activities is valid, and day care is certainly a necessary part of this, at least one of the supported centres has children stay overnight and, thus, appears to function as a residential institutional care centre. However, the evaluation team notes that, because the respite day care centre is co-located with the residential care service, the nature of the day care arrangements may have been misunderstood by some respondents. Moreover, only a small number of parents of children who attend the day care were interviewed. Nevertheless, this model requires further thought. Annex M discusses alternative respite care models that are more in line with the CRPD.

One CRPD article mentions living in the community:

- Article 19 – Living independently and being included in the community⁹⁹ is also supported by the United Nations Resolution on the Promotion and Protection of the Rights of Children (2019).¹⁰⁰

⁹⁶ Triangulated from a programme post report.

⁹⁷ Interview with carer of child with disabilities, Viet Nam, 7th June, via phone.

⁹⁸ Regional interview, Bangkok 19th June.

⁹⁹ Article 19 - Living independently and being included in the community <https://www.ohchr.org/EN/HR-Bodies/CRPD/Pages/ConventionRightsPersonsWithDisabilities.aspx#19> <Accessed on: 03/08/20>.

¹⁰⁰ Promotion and protection of the rights of children - Report of the Third Committee. Seventy-fourth session, Agenda item 66. <https://undocs.org/A/74/395> <Accessed on: 03/08/20>.

Another idea offered by respondents while discussing the program's effectiveness, concerned community-based rehabilitation. The statement "Community-based rehabilitation leads to school enrolment for children with disabilities" was discussed during the PNG ToC workshop.¹⁰¹ The evaluation did not gather evidence to support this statement due to the timeframe for data collection, and the lack of baseline, so this is hypothetical. However, it would be worth exploring such a hypothesis in future programs.

Annual reports list the numbers of teachers trained, number of children receiving services in respite care homes or ECD centres, and health personnel trained in screening and referral.¹⁰² However, there are no specific indicators or information about how many service providers and children were anticipated to receive training or services. Furthermore, no baseline data exists, which makes it impossible for the evaluators to say to what extent the provision of training and services to children, carers, teachers, and other service providers has been effective. Based upon the outcome harvesting report, results at this level has been more difficult to witness and prove.

Community and family level

At the community and family level, REAP II raised awareness in and engaged with communities, leading to the commitment of communities to support the participation of children with disabilities in ECD and IE centres. For example, in PNG, some ECD centres applied a "buddy system" for enrolled children, encouraging parents who have children without disabilities to find parents who have children with disabilities. Feedback from parents about this scheme was positive in that parents of children without disabilities stated they had a better understanding of disabilities and child rights. It also helped parents of children with disabilities to understand and support the rights of their children to early development support and education.¹⁰³

In Vanuatu, UNICEF supported the Vanuatu Society for People with Disability (VSPD) to work with parents and communities on child protection. Parents were allowed to nominate someone they trusted who would attend a training workshop on child protection and be the liaison between parents, community and parents' networks, child desks, and community engagement officers. The engagement with parents about the rights of children reportedly empowered parents to ensure the protection of their children because they began to recognize when their rights were violated and knew where and how to report it.¹⁰⁴ The discussion in the Vanuatu ToC on the Parenting Support Programme also confirmed other benefits from this approach:

*The Parenting Support Programme includes nine modules for children up to 5 years of age, one of which involves children with disabilities. These modules include healthy brain development, hygiene, parent-child interaction, Emerging Literacy, positive discipline, nutrition, importance of play, home safety and other subjects. It has been seen as a very good preparatory process to engage parents in the learning of their children with a strong focus on children with disabilities, helping parents to gain skills and the capacity to support their children before they enter primary education.*¹⁰⁵

101 PNG ToC workshop, 19th June.

102 CO Annual Reports 2016-2019; 1st to 4th Progress Reports 2016-2019.

102 Interviews PNG 11th June, 15th June, via Zoom.

104 Interview Vanuatu, 19th June, via telephone.

105 Interview Suva 7th July, via Zoom.

The short-term benefits from REAP II were that parents felt they were more knowledgeable about how to care for their child because of increased support and because their children were participating more in school and family life.

Some parents have become very active in supporting children with disabilities beyond their own (see case study 2 and 4 in Annex P). They have taken the initiative to find a teacher who would educate their children and, in the process, were encouraged to find and support other children (see case study 1, 6 in Annex P). Often mothers are targeted by these initiatives to volunteer. While they may well enjoy it and thrive in doing so, care has to be taken that these expectations do not unduly increase women's work loads, adding more unpaid work to their home responsibilities. Meanwhile, in interviews with parents/carers in Viet Nam and PNG, respondents expressed relief at receiving support from the programme. According to them, the support helped "ease the burden" of continuously looking after the children and also enabled carers to look for and find employment or other livelihood opportunities.¹⁰⁶

At the child level, carers confirmed that joining a rehabilitation programme, ECD centre, or school funded by or supported by UNICEF and partners allowed their children to enjoy meeting other children with and without disabilities. Their children appreciated an environment in which they can learn in a group, sometimes with the practical help of their non-disabled peers or siblings. Carers also commented that their children often felt happier. Progress among children with disabilities in regard to functional improvements, alternative communication, and socializing with peers with and without disabilities was reported.

In several cases, parents/carers and teachers perceived their children to be "doing very well" in mainstream school. Case study 1 in Annex P highlights the story of one boy with disabilities who very clearly expressed his wish to stay in mainstream school and who managed to rally support to be able to do so. However, it is not always clear if the doing well part goes beyond socially interacting and feeling happier to have friends, or also includes actual learning outcomes.¹⁰⁷ The gap in reporting on educational outcomes is not limited to the REAP demonstration countries. The recent formative global evaluation of UNICEF IE interventions highlighted the lack of data beyond enrolment, and drew attention to the narrow policy focus of getting children into schools without addressing their day-to-day discriminatory experiences and the educational requirements to ensure adequate outcomes. In the formative global evaluation, it was suggested that data about children's outcomes in disability-inclusive education settings should be a focal area for future programming, and the current evaluation team agrees with this view.¹⁰⁸

What is the added-value of UNICEF work on disability-inclusive development in the countries supported? What are the internal (to UNICEF) factors that contribute to the achievement of the expected results?

What seemed to be the most powerful factor stimulating structural change was collection of data by UNICEF, its connections with good (high-capacity/strategic) partners, and its ability to advocate with that data (outcome 4). Through the process of collecting the data with partners, UNICEF partners realized the need for

106 Interview with carer of child with disabilities in Viet Nam, 7th June via phone; interview with parent of child with disabilities, PNG, 20th June, in person.

107 Interviews with carers of children with disabilities across countries, June and July via phone.

108 UNICEF (2019) Formative Evaluation of Inclusive Education for Children with Disabilities - Final report, New York.

Effectiveness Evaluation Question 2 (Part B) and Question 3¹⁰⁹

- **What is the added value of UNICEF work on disability-inclusive development in the countries supported?**
- **What are the internal (to UNICEF) and external factors that contributed to or hindered the achievement of the expected results?**

Effectiveness findings

- **UNICEF is uniquely positioned to effect change working** across sectors and levels. This enhances its ability to influence change more effectively than partners that only work in one sector, a particular country or level.
- The comparative advantage of UNICEF is its ability to collect nationally/globally comparable disability data, its ability to engage in advocacy at the highest level and its convening power.
- While many respondents fed back positively about UNICEF as a partner, some of the hindering factors relate to perceived misalignment over the interpretation of “partnership” by UNICEF and that of external partners, as well as a disconnect between regional and national programming and implementation pace.
- Externally, there tends to be poor coordination between ministries or divisions to enable implementation of policies.
- There are limited public resources for disability and this has de-prioritised disability inclusion activities. Yet the high commitment by individuals and organizations is positive.

change. The idea of “learning by doing with partners” was raised a few times as something UNICEF did well and should do more of. In total, the involvement of UNICEF in supporting the collection of disability data to positively influence the programme’s efforts at the national level was mentioned during the outcome harvest 24 times. Moreover, the policy and legislative changes brought about, in part, because of this data, was mentioned in the outcome harvest 17 times.

Partners emphasized the status of UNICEF with governments and its influencing power as a positive attribute. As an example, an informal briefing (on the edges of a regional conference) to the Deputy Minister of Statistics from PNG on Washington Group (WG) Extended Set and other disability statistical tools helped get the WG Extended Set of Questions included in the PNG census.¹¹⁰ UNICEF is good at taking advantage of opportunities to promote inclusion, and its level of credibility means it can effectively wield influence in both formal and informal settings.

The ability of UNICEF to convene and organize meetings at all levels encourages participation of a wide range of influential groups. In Viet Nam, staff and partners highlight UNICEF’s ability to work at national level and influence cooperation between government departments and service providers. UNICEF is the coordinating agency of the education development partners and also co-chair of the local education group in PNG, namely, “When UNICEF calls, people will come.”¹¹¹ As a participant remarked, “[UNICEF has] their hands and arms everywhere.” UNICEF is well placed to move issues forward.

As a child-focused organization, UNICEF is almost automatically seen as an expert on everything related to children, and therefore has the weight behind it to be a

109 These questions are similar and have been combined in this section.

110 Interview regional, 15th June, via Zoom.

111 Interviews regional and PNG 10th, 11th, 17th June, via Zoom.

trusted partner and advisor. UNICEF staff highlight their mandate to work with and influence governments to take leadership and drive policy change and implementation at the country level as an added value.

Our comparative advantage is our mandate because we are really focused on advancing the rights of children. We have a very focused agenda. And that allows us to be very effective and efficient in the way that we spend resources and the way that we leverage change.¹¹²

UNICEF has also been praised by partners for providing oversight and resources to ensure an inclusive and accessible environment at national or regional conferences and for sourcing appropriate experts when there is a gap in knowledge or expertise.¹¹³

Partners emphasized the status UNICEF holds with governments and its vantage point as a United Nations agency as something that made it an attractive partner. A PNG partner referred to the opportunity given by UNICEF to be a player in the review of the National IE Policy as an important contributor to building their profile:

*[It] gave us that recognition or lifted up our profile in the country as an effort towards getting the message out that we have been here since 1991 and if you want to draw back on expertise, come back to us.*¹¹⁴

In Vanuatu it was also observed that UNICEF helped amplify partners' work and profiles. A respondent explained the benefits from a partner perspective:

*They don't see UNICEF as a kind of implementing agency but see them as their good friend. So, that position helps us to advocate and also to make sure that there is some good reform in the policies and that there is an inclusive plan and also inclusive legislation that creates a good enabling environment.*¹¹⁵

Less commonly heard, but worth mentioning, were the few partners who explained UNICEF was attractive as a source of non-partisan expertise and support. Working through partners with experience and with community-level networks helps to reach children living with a disability and delivers change at the community level for UNICEF. This underscores the importance of UNICEF partnerships and the selection of appropriate partners.

Despite some missed opportunities for adaptation to the context and to capture lessons learned, there were additional outcomes recorded that were outside the logframe. These outcomes happened because of dedicated UNICEF staff who took advantage of certain opportunities when they presented themselves and used their influencing power to advocate for change:

*UNICEF approached my faculty with the activity to turn inclusive education curriculum into a subject that is recommended by the department of Higher Education to be taught at all universities and colleges of pedagogy. This changed the behaviour of teachers.*¹¹⁶

112 Interview Fiji 7th July, via Zoom.

113 Interviews Viet Nam via telephone and zoom respectively on 1st, 12th, 13th, 19th, 23rd of June and 20th, 24th July 2020.

114 Interview PNG, 22nd June, via Zoom.

115 Interview PNG, 17th June, via Zoom.

116 Interview Viet Nam, 13th June 2020, via Zoom.

Since I came, we organized training for regional office staff on disability inclusive programming, introducing cross-sectoral programming, what are the ins and outs, how to make sure that each and every sector really makes sure that they are disability sensitive and visible...We had a few consultations with their Ministry of Social Welfare and with directors in some institutions for children with disabilities and we identified some highly sensitive and horrible cases of violence, sexual violence against children including boys. So, we came up with a programme for those institutions like training for reproductive health and some recommendations for directors in institutions.¹¹⁷

UNICEF staff were able to reflect upon taking advantage of opportunities, indicating an adaptive approach:

It was me pushing them to start with early intervention programmes because I mean they had a very strong focus on health activities and I thought that's a good opportunity for us also to make sure that they have disability mainstreamed through their health programme.¹¹⁸

Unfortunately, this adaptive approach was not documented, nor do these activities appear in the logframe for REAP II.

The presence of the Regional Programme Specialist (Children with Disabilities) was cited as being immensely helpful and sometimes pivotal. Staff capacities were developed internally to put programmes in place that could analyze issues around inclusion and develop strategies to improve partner country governance arrangements. The survey¹¹⁹ with UNICEF staff from non-demonstration countries clearly shows a high level of use and satisfaction with, the technical assistance provided by the EAPRO. The Regional Programme Specialist started a Community of Practice with disability focal points and other people interested in disability. The knowledge sharing opportunities initiated by the Regional Programme Specialist in the form of webinars and training mini-sessions did not only help with the content matter itself, but also served as "a constant reminder that there are things we don't know ... how to do."¹²⁰ UNICEF has access to a wide knowledge base and their provision of capacity support adds to their credibility.

Internal hindering factors

Despite the presence of the Regional Programme Specialist (Children with Disabilities), based upon comments in surveys and interviews there was an inconsistent understanding of the concept of inclusive education among government partners (and some UNICEF staff). As an example, some respondents call for more special schools or separate classes, rather than "inclusive education."¹²¹ The call for more special schools, separate classes, and support for (semi-)institutional care suggests that many partners and some UNICEF staff are not clear on how to implement truly inclusive practices that incorporate the right balance of medical, social, and welfare/protection approaches. There was a tendency to focus on a needs-based solution, rather than systemically removing barriers.

117 Interview Regional, June 16th 2020, via Zoom.

118 Interview Regional, June 16th 2020, via Zoom.

119 Full survey report for UNICEF staff in non-demonstration countries available in Annex W.

120 Interview non-demonstration country 17th June, via Zoom.

121 Interview Vanuatu, 7th July via zoom; UNICEF staff survey.

There is still a disconnection between promising policies and practices on the ground. To implement policies effectively, policymakers require a certain level of capacity for disability inclusion. However, many government partners and UNICEF staff have an insufficient understanding of the social/human rights model of disability beyond an appreciation that children with disabilities have rights.

*I think tackling that social dimension of seeing disability as a barrier that can be overcome is the most contributing factor to creating sustainable change right now, especially with policymakers who don't understand the concept.*¹²²

Without champions for disability inclusion in the government or in UNICEF, some of the policy outcomes from REAP II may never be implemented. It is important for UNICEF to keep disability inclusion going and this will require a clearer understanding of and approach to what disability inclusion means in practice.

Until recently, disability has not been given sufficient attention. Consequently, many UNICEF experts require support in order to feel confident raising the issue of disability.

*"More work now is required in terms of how to translate that evidence into the actual programmes and services and responses for persons with disabilities."*¹²³

Respondents mentioned that, despite technical support and timely responses from the EAPRO, there was not enough technical support. UNICEF employs experts who have years of experience in a sector. As one respondent articulated:

*"[G]ive them a new topic and they know they are not experts so they don't want to raise it until they know more."*¹²⁴

In addition, UNICEF has part-time disability focal points working from COs. These disability focal points are not experts in disability and have many more responsibilities in their area of expertise beside their disability focal point responsibilities. Expecting them to champion and build the capacity of UNICEF CO staff and partners for disability inclusion may be expecting too much from the disability focal points.

Locally engaged staff and CO-level partners were more likely to ask for more learning and knowledge sharing opportunities, as this survey comment illustrates:

[I]t'd be good if annual reports are shared with all members of the Local Education Group to get an insight of the work REAP is doing/has done. (Respondent #8, Vanuatu)

Having only one regional specialist who helps UNICEF is insufficient to help all staff, partners, and government adequately.

Partnerships are a strength of UNICEF and yet, a range of positive and negative comments were heard about UNICEF as a partner. Government partners felt the following areas could be improved upon: open communication, training and technical assistance, shared decision-making, inception phase, and planning (Fig 38,

122 PNG ToC workshop, 19th June via Zoom.

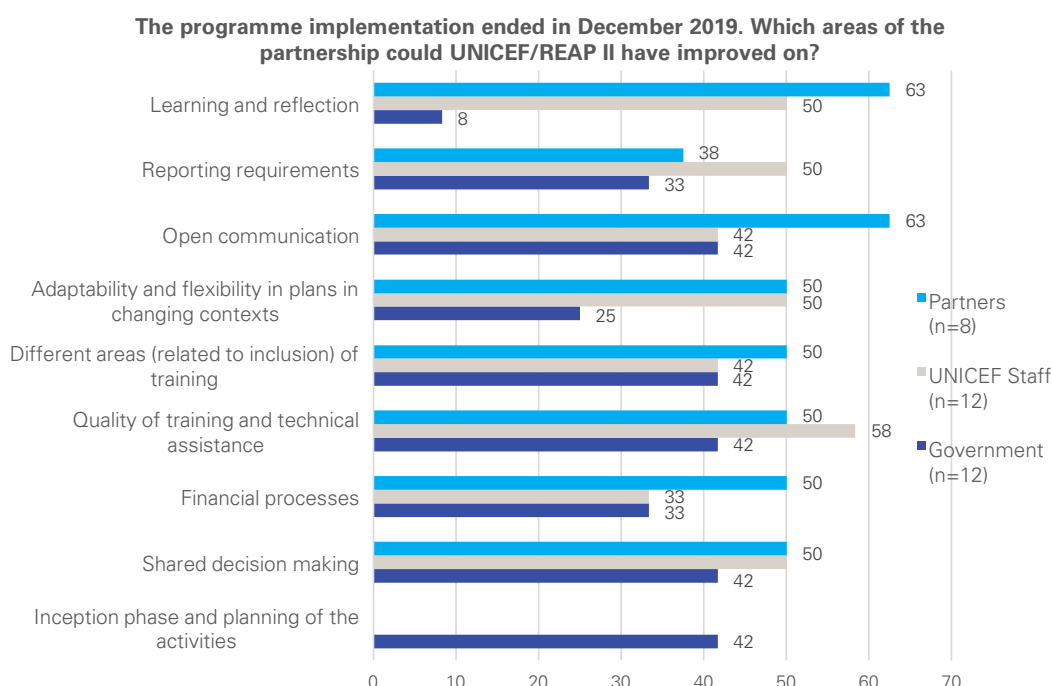
123 Interview via zoom 29th June 2020.

124 Interview via zoom 29th June 2020.

and partners commented that learning and reflection and open communication (Fig 47, could improve. Figure 6 summarizes the areas requiring improvement, and yet, the extent to which these can be described as “hindering factors” is unclear. As an example, only 8% of government partners felt that learning and reflection should improve, whereas 63% of other partners and 50% of UNICEF respondents felt that learning and reflection should improve. Other areas of the REAP II partnerships that could have been improved, according to more than half of the UNICEF respondents, include: learning and reflection, reporting requirements, adaptability and flexibility in plans, quality of training and technical assistance, and shared decision-making.

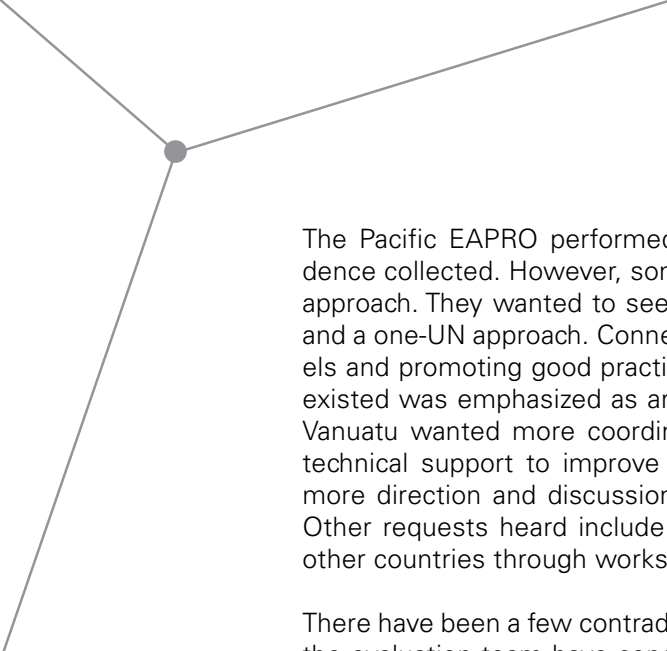
However, some COs do not differentiate between government partners, non-government partners, and stakeholders (i.e. those who do not receive funds but are consulted or kept informed about the program; see “Note to the reader” on p. X. All can be considered “partners” by UNICEF. UNICEF considers the entire government a partner regardless of whether a certain ministry is given funding or not. Complaints by OPDs about being consulted but not receiving funds, and other survey comments expressing dissatisfaction,¹²⁵ there appears to be some confusion/misalignment about what constitutes UNICEF “partnerships”.

Figure 6: Survey participants (by types of organization) reporting partnership areas that UNICEF/REAP II could have improved on (%)



N.B. more than one option could be chosen in this survey question

¹²⁵ A survey comment was “We were not invited and did not partner with UNICEF. Considering that we are the largest provider of inclusive education to children in Vanuatu maybe that was an oversight?” (Respondent #2, Vanuatu). This is a response that indicates stakeholders were listed as partners by some COs.



The Pacific EAPRO performed well according to government staff and the evidence collected. However, some partners/ stakeholders were critical of UNICEF's approach. They wanted to see more Pacific-led, culturally sensitive programming and a one-UN approach. Connecting to organizations working at lower (village) levels and promoting good practices to government and building upon what already existed was emphasized as areas to improve. A few respondents from PNG and Vanuatu wanted more coordination around programme management and more technical support to improve quality and cohesion. They expressed a need for more direction and discussion of the merits and risks around different models. Other requests heard include more sharing of best practices and learning from other countries through workshops, webinars or study tours.

There have been a few contradictory statements throughout this evaluation, which the evaluation team have concluded reflect the top down nature of the program. Survey comments suggestive of this fact include: "Allow the communities to voice their concern" (Respondent #3, Vanuatu); "Need to inform the Local partners maybe 2 or 3 years before the project to ensure that the local budget will integrate with the donor budget and that enough time is made to consolidate possible partners when the project takes place" (Respondent #1, Samoa); "Timely communication on queries raised or observations made" (Respondent #16, Papua New Guinea). The evaluation team feel that collectively the evidence suggests that the programme was more top down than bottom up and this can be seen as a hindering factor to achieving the CRPD implementation.

External contributing factors

Respondents mentioned the advantage of DFAT funding on disability which complemented UNICEF's efforts on disability through other partners, especially organizations working on disabilities such as CBM. In many countries, there was a momentum for change; e.g. data collection through upcoming census and household surveys. Complementary to those were commissions of additional surveys and analyses to inform policy change. Moreover, UNICEF partnered with organizations that were already having an impact which helped to amplify the use of REAP II funds.

Respondents in Viet Nam praised the high commitment of individuals and organizations despite their small budgets to further disability inclusion, and they also highlighted good partnerships with research units and institutes which provided timely updates on technical issues, changes and emerging issues. This was also true for other countries where parents and teachers took the initiative to ensure the children in their care received the best possible support for rehabilitation or education. Some positive results were also heard in terms of disaster management for PNG (e.g. newly established mechanisms for coordination), and coordination with the disability desk in the Ministry of Justice and Community Services in Vanuatu.

External hindering factors

Limited resources at government level and cuts in resource allocation, for example a health crisis, or in PNG in the aftermath of the earthquake, have de-prioritized disability inclusion activities. Staff turnover in partner governments was considered by many UNICEF staff to cause a loss of momentum.

Some sectors within countries are weaker than others with poor coordination between ministries or divisions to complement policies and action. This was men-

tioned in relation to the national, sub national and service delivery level and is also reflected in the reconstructed ToC annex F and the outcome harvesting annex A.

UNICEF staff also mentioned unclear authority and power levels between provincial and national authorities to coordinate effectively.¹²⁶ This then affects the flow of information about national disability-related policies as the following case study reveals: *a young person with disabilities in Viet Nam struggled to pay his tuition fees. When he suggested during a consultation event that tuition fees should not be expected from children and youth with disabilities, he was told that this has been regulated a long time ago. Neither he nor his school knew anything about it. The young person used this as an example to highlight the importance of access to information in an appropriate format.*¹²⁷

There is still room for improvement in all demonstration countries in terms of collaboration and coordination. This probably also impacted the lower results of outcome 2.

UNICEF tends to plan in a top down manner that aligns with governance systems. While commendable and necessary to a point, there may be other ways to think about influencing change that could work to strengthen governance systems without a programme getting stuck because of government systems. Avoiding assumptions that the right governance and coordination system is in place and that partners were sensitized and disability aware is an important finding from the reconstructed ToC process (Annex F) and also reflects the findings from this section. More information on some of the other hindering factors can be found in the assumption section of Annex F.

Effectiveness Evaluation Question 4

What are the promising practices from the REAP II experience that UNICEF should build on in future disability programming and why?

Effectiveness findings

- Generating data and evidence with analysis leads to additional government resources/investment at national, regional, and global levels, and could make UNICEF a leader for children with disabilities.
- Supporting and/or commissioning studies, policy reviews and law amendments have been noted by most respondents as indicators of success and are good practices that UNICEF should pursue in the area of disability inclusion
- Efforts made in early screening, referral, and inclusive primary education are noteworthy. Early intervention and referral are strategic entry points for disability inclusion in later life.
- Promising links have been made across health and education sectors and community-based child protection.
- Action learning, or learning by doing, with partners, should be encouraged as an opportunity to build capacity and partnerships.
- Dedicating resources to a Regional Specialist is considered a promising practice that led to all of the above.

¹²⁶ Interview PNG 10th June, via Zoom.

¹²⁷ Interview with young person with disability, Viet Nam 7th June, via phone.

Complementary resources and cross sectoral engagement has helped to enhance the effectiveness and the impact of any single resource/programme. It was mentioned that UNICEF helped the PNG National Disaster Management Office to locate persons with disabilities and plan for disaster preparedness plans.¹²⁸ This quote provides a snapshot of what is possible when UNICEF works cross-sectorally:

I would like to see the inclusion mapped out in the sector plans. I think the National Education Sector Plan is coming up now in PNG so likewise in other sectors also in Child Protection and associate services and also in emergency response. If we map out or we could map out the inclusive aspect, levels of inclusion that could be one area that will help us to further analyse the budget as well as the sector plans and book it for educational allocation.¹²⁹

Cross-sectoral coordination of this nature is unique in disability programming and the lessons learnt around this aspect will help to shape future programme design. The Parenting Module within the Parenting Support Programme in Vanuatu is another case study that exemplifies cross-sectoral coordination (case study 4 Annex P).

Supporting and/or commissioning studies, policy reviews, law amendments and budgetary allocations have been noted by most respondents as indicators of success. For example, accompanying the IE policy with a costing analysis and a 5-year strategic action plan, as in the case of PNG, significantly increases the chances that the policy will be implemented. Viet Nam is also anticipating a significant reform on the law on persons with disabilities in the next two-three years and results of REAP I and II are particularly relevant to this reform process.¹³⁰ As another example:

We supported Ministry of Education and Training in Vanuatu to adopt the Washington Group's question into their OpenVEMIS so they can do some early detection. Almost 80 or 90% of the schools have already done that type of survey. When the data is analyzed we will know what type of disability exists among children from which school. This will help to further our strategy and intervention.¹³¹

Additionally, secondary analysis from census in the Pacific was translated into monographs as a baseline to monitor the situation in early childhood interventions and education and has been used to advocate for additional resources for children with disabilities. Despite these successes, the evaluation team found missed opportunities for UNICEF to use the REAP II demonstrations to inform global debates.

The partnership between three Suva-based regional organizations on statistics is a good example of a strategic alliance. This alliance has enabled SPC, PDF and UNICEF to amplify children's rights at various fora and regional events:

Partnerships are really critical to what we do. We know that our government partners appreciate it when we come in as one, UNICEF together with SPC and PDF. Moving forward this is really a model that we have to continue so that we don't overburden our partners; we don't overwhelm them, because as I said earlier, the social ministries in the region are very understaffed.¹³²

128 Interview Fiji, 1st July via Zoom.

129 PNG ToC workshop, 19th June via Zoom.

130 Comment received during the evaluation review and also heard during the ToC workshop.

131 Interview, Fiji 9th June via Zoom.

132 Vanuatu ToC workshop.

This partnership coordination reduced the burden on government and resulted in greater impact (see case study 5 – 7 Annex P).

Consulting children and giving persons with disabilities a voice is an important element of UNICEF's aim to be child-centred and promote the participation of children and young persons (as well as their carers). While many respondents mentioned this aspect as a weakness, especially around the meaningful engagement of OPDs, there are positive examples worth replicating:

What I did very much appreciate about the Inclusive Education Policy was that there was a very wide consultation supported to Callan Services with the NDoE and really listening to the voices of the children and the parents and the caregivers living with disabilities. And I think that really has helped to strengthen the policy.¹³³

In Viet Nam this improved advocacy efforts:

In Viet Nam, the National Coordination Committee on Disability is under the Ministry of Labour and Social Affairs and meets twice a year. UNICEF had tried many times to have them invite a person with disabilities to speak about their life. It took many attempts and some influencing work but finally, UNICEF was allowed to bring a young man with disabilities who – with some preparatory mentoring by UNICEF – would make a speech right after the Minister. He made such an impression that in the closing remarks of the conference, the Minister emphasized the need for the government to be more pro-active in listening to the experiences of persons with disabilities. Following this successful presentation, UNICEF was asked to invite another person with disability for the next meeting.¹³⁴

Learning from these promising practices is a must, given UNICEF's aim to be child-centred.

Not every staff member is an expert in cross-cutting or cross-sectoral issues but where there is a Programme Specialist on children with disabilities and/or a deliberate effort to link sectors and look for overlaps and intersectional approaches, it strengthens the transformation into a holistic implementation of rights-based inclusion. As an example, a regional UNICEF staff mentioned discussing the hidden problems of early marriage and early pregnancy among girls with disabilities with the Child Protection team and encouraged them to start looking for gender and disability disaggregation in their activities and in the area of prevention.¹³⁵ While this is still work in progress, these secondary analyses have inspired some government partners into specific action (e.g. the Kiribati Ministry of Youth and Women Affairs submitting a policy paper in the context of a Disability Social Protection Program). Cross sector programming and coordinating with different organizations (and internally) builds trust, increases impact and delivers more holistic solutions.

Where there have been Working Groups to discuss barriers and suggest solutions, it seems to have worked well as a capacity and momentum building approach. Working groups in Fiji and PNG were successful at building capacity when they adopted an Action Learning Approach that provided opportunities for reflection (Box 4). UNICEF's role then is less about giving direction and more about providing an

133 PNG ToC workshop, 19th June via Zoom.

134 Interview Viet Nam, 10th June via Zoom.

135 Interview regional, 15th June via Zoom.

enabling and supportive environment through access to its wide knowledge base, resources and facilitation and/or mentoring on specific issues and events. UNICEF would also have a greater role in the follow-up and monitoring of any solutions generated by the working groups and partners.

Box 4: Working Groups

Working groups in Fiji and PNG were successful at building capacity when they adopted an Action Learning Approach that provided opportunities for reflection. Discussing real case scenarios with a more diverse group of stakeholders, potentially facilitated by UNICEF staff or rotating facilitators from different stakeholder groups and finding collaborative solutions would be a more innovative and empowering way to build capacity than mere training.

UNICEF colleagues in child protection, education, social policy and health sectors now have a better understanding of how to align with the CRPD because of the regional programme specialist on children with disabilities. Having a regional programme specialist for children with disabilities has also led to technical assistance being offered to regional evaluations on disability. For example, the Formative Evaluation of Inclusive Education for Children with Disabilities in 2019, which included Viet Nam and a couple of non-demonstration countries, and the Formative Evaluation of UNICEF's #ThisAbility Flagship Initiative 2017-2019 in Malaysia. Even though both evaluations include criticisms, they are considered pivotal tools that can be leveraged for more resources and support.¹³⁶ Additionally, the regional programme specialist on children with disabilities is able to help COs implement the evaluation findings in a technically robust manner. A few respondents from PNG and Viet Nam mentioned the benefit of the quarterly global disability newsletters developed with contributions from the regional programme specialist on children with disabilities, as a tool to facilitate cross-country exchange. Consequently, dedicating resources to a regional adviser is considered a promising practice.

5.3 Efficiency

Efficiency Evaluation Question
To what extent have objectives been achieved with quality and time?
Summary of Findings
• The general perception is one of good value for money from an input/output point of view, with many activities arising from the programme, although views varied between countries and between respondents. • Advocacy and knowledge generation through the use of disaggregated and comparable data offers value for money. • More coordination around programme implementation and learning would have improved quality, timeliness and efficiency. • The programme needed two extensions to fully utilise resources to deliver results.

¹³⁶ Interview non-demonstration country 17th June, via Zoom.

Considering the small budgets, there have been a lot of activities and the perception is good value for money from an input/output point of view. However, the evaluation team would like to note that as the evaluation was done remotely, the quality of the translation of inputs into outputs came from secondary sources, and a cost-benefit analysis of REAP II was not completed for this evaluation. A value for money assessment was completed during REAP I which revealed good value for money. The evaluation team believes that if a value for money or cost-benefit assessment was done of REAP II, it would show favourable results. As an example,

REAP /UNICEF gave US\$50,000 in November last year to Solomon Islands to include Washington Group questions in the census. We are still waiting for clean data so that we can do a monograph for the Solomons as well. But I heard in a discussion on Tuesday with a counterpart from PDF that Solomon Islands is ready to ratify CRPD.¹³⁷

Very little evidence of wastage was given and instead information such as the above quote suggests a good return on the investment.

UNICEF frequently pools funds to maximise impact. For example, in PNG the work on the IE Policy used funds from other donors.¹³⁸ This is efficient and strategic, as explained by a ToC workshop participant:

If we just treat intervention from different partners separately, I don't think that the results could have been maximized. But the good use of complementary resources has helped to enhance the effectiveness and the impact of any single resource that we have had ... and even adds value to what we could have achieved from REAP.¹³⁹

However, the pooling of funds led to some government partners being confused about what part of their funding was REAP II related as opposed to some other UNICEF programme funding. It also meant some (government) partners were unsure when the programme would end. Further, it made it difficult for the evaluators to interview rights holders about REAP II – they did not know if they were a beneficiary of “REAP II.” To maintain the efficiency and counteract the confusion, more coordination around the program’s implementation was needed.

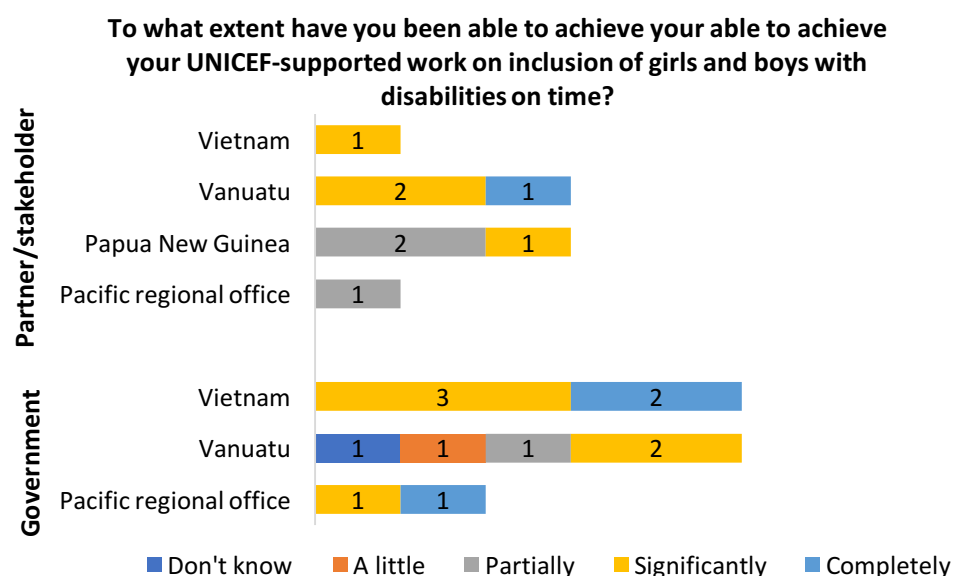
Performance varies by country and the respondent category (Fig. 7). According to the partners, Vanuatu performed well but needed to do more outside of the main island and more in terms of community behaviour change. PNG struggles with absorptive capacity on many issues and disability is no exception. Viet Nam has been able to achieve their UNICEF-supported work on inclusion of girls and boys with disabilities on time, although the programmed legislative changes will take longer to eventuate. In addition, natural disasters such as the cyclone in Vanuatu and the earthquake in PNG have disrupted programme continuity. The survey with UNICEF staff highlights some of the external challenges related to weak government capacity and coordination that make efficient implementation all the more challenging.

137 Interview Fiji, 25th June, via Zoom.

138 Interview PNG, 17th June via Zoom.

139 PNG ToC workshop, 19th June, via Zoom.

Figure 7: Partner/stakeholder and government perspectives on delivering on time by country



Sample size (Government): Pacific regional office=2; Vanuatu=5; Viet Nam=5.

No PNG government answered the survey despite invitation.

Sample size (Partner/stakeholder): Pacific EAPRO=1; Vanuatu=3; Viet Nam=1; Papua New Guinea=3.¹⁴⁰

A number of respondents discussed the length of time required to convene partners as something that slowed down the programme implementation at the start and resulted in a rushed end. Bringing new partners together on a topic that has not experienced strong coordination takes many meetings and trust building to occur before agreement on workplans and roles can be reached. This quote from Viet Nam indicates this point:

In Viet Nam, I believe it's 14 different ministries that have a say in a National Action Plan on disability. I mean, bringing 14 different ministries together is not an easy task. It takes a lot of time. What could have been done differently from the UNICEF side is to have had a dedicated post on disability in the Country Offices.¹⁴¹

Similar sentiments were heard in the Pacific ToC workshops. Having a part time disability focal point in the COs was insufficient for such an ambitious program.

The programme required two extensions to finish, indicating poor planning and/or implementation coordination. Many respondents were not involved during the programme's design so lacked an understanding of why certain activities were programmed. This lack of understanding might be why most UNICEF staff interviewed said that the activities were well planned and efficiently conducted, despite delays and two extensions. However, the surveys and government KIIs highlight the lack of strong follow-up and monitoring processes with insufficient funding as a drawback to quality assurance. Given the wide geographic challenge

¹⁴⁰ A Likert scale was given to respondents: don't know, a little, partially, significantly, completely. With completely being the highest rank possible.

¹⁴¹ Regional interview, 19th June, via Zoom.

of the Pacific Islands, the reach of the regional programme specialist on children with disabilities was not always sufficient.

Moreover, situation (and other) analyses happened after the design of the programme. The use of one-off consultants for discrete pieces of work (such as the MORES barrier analysis and logframe development) was less helpful. A consistent consultant who intermittently helped the programme with different inputs, especially diagnostic, learning and reflection activities and had deep country knowledge was requested by a couple of CO UNICEF respondents and was considered as a way to be more efficient. The fact that the Regional Programme Specialist on children with disabilities started 12 months after the programme and that the position was later vacant for 8 months is likely to have contributed to delays and is why different consultants were used during the inception phase. These delays and gaps in the programme specialist role may also have contributed to the two extensions.

Some strategies used by UNICEF are more important than others and there is a time and combination aspect to implementation (Fig 17). This recommendation came from the survey:

“Implement the project in phases where best lessons learnt from ph-1 are replicated in other areas. What does not work is given time to be reviewed and customized to individual environment with its unique settings; carry out periodical review/ evaluation of the project annually to identify best practices; include basic infrastructure components to assist children with disabilities with mobility problems in accessing learning institutions; invest more in CBR activities which is the basis of supporting children with their health and milestones development to be able to transit to early childhood and IE” (Respondent #16, Papua New Guinea).

This is akin to an adaptive management approach and accentuates the importance of designing disability programmes differently. Lessons learnt around sequencing were not captured but are further explored in the reconstructed ToC (Annex F). There was a missed opportunity to shape global debates around caring for children with disabilities by comparing REAP II country “demonstrations” with global practices and trends.

5.4 Sustainability

Sustainability Evaluation Question
To what extent are the benefits of the programme likely to be sustained after donor funding ceases and why?
Summary of Findings
• Implementation of disability-inclusive measures will be more sustainable in the long-term due to policy revisions and legislative changes resulting either directly or indirectly from REAP II. • Networks and collaborations between organizations are likely to continue. • The development and dissemination of guidelines and tools also have the potential for a lasting effect. The desktop review of a selected list of outputs produced by UNICEF suggests a strong foundation of disability-inclusive principles and commitments that will outlast the programme and enable more stakeholders to become CRPD-compliant. A wind-down phase, along with better communication, was needed to ensure partners, carers, and children were suitably informed and prepared for the programme’s end.



Impressively, 17 harvested outcomes demonstrated changes in policy or legislation—a criteria that indicates a likelihood for sustainability. These outcomes relate to policy changes such as the Inclusive Education Policy in PNG, and to the collection and analysis of disaggregated data and evidence through the use of the WG Extended Set of disability questions and the UNICEF/WG Child Functioning Module to further disability inclusive amendments to laws and policies across sectors. These evidence-based, data-rich outputs will be sustainable after donor funding ends and can be used for future funding proposals and advocacy efforts at the global, regional, or country level. Policy and legislative changes are the result of a huge investment of time and demonstrate UNICEF's effective advocacy and comparative advantage. There are outcomes that look promising in terms of retaining a longer-term effect because they are placed at a policy or legislative level.

Harder to measure behaviour changes are likely to go with policy changes. This quote from a government partner illustrates the point:

To a large degree, UNICEF helped to educate us at the policy level. UNICEF helped us look at or actually relook at the way we do things here. This focus on inclusive education has enabled us to provide scholarships for students undertaking Inclusive education studies at USP [University of the South Pacific]. Few years back, we thought it was a waste of time and resources to do this but now it is becoming an important measure for us.¹⁴²

By working with government partners, UNICEF provides policymakers with the necessary evidence to change their mindsets, and this outlasts the program's life.

The development and dissemination of guidelines and tools also have the potential for a lasting effect. The desktop review of a selected list of outputs produced by the EAPRO suggests a strong foundation of disability-inclusive principles and commitments that will outlast the programme and enable more stakeholders to become CRPD-compliant. The Parenting Module in the Pacific Islands (case study 4 Annex P) and the Retinopathy Programme in PNG (case study 8 Annex P) are other examples of networking and partnerships that are likely to remain intact after the end of the REAP II programme.

In addition to service delivery sustainability, there is a need to think about creating the demand for services as a means toward sustainability. One UNICEF staff rightly raised the issue of needing to extend IE capacity to school inspectors, not only teachers and principals. If school inspectors aren't trained in inclusive education, they are unlikely to know what to look for or how to assess the quality of inclusive teaching.¹⁴³ On the other hand, if school inspectors are trained at the same time or even before teachers, they would be able to point out ineffective teaching methods and establish the demand for better quality training, leading to greater sustainability in the education system. This type of approach is in line with a systems change approach to development which has sustainability at its core.

UNICEF staff and partners point out that the changes to teacher training curricula is sustainable (case study 5, Annex P). Training teachers and teaching aids in inclusive education methods are important for the education of children with disabilities.

¹⁴² Interview Vanuatu, 25th June, in person.

¹⁴³ Interview PNG, 11th June, via Zoom.

However, some teacher aides were made redundant when the programme ended. The teachers remaining at the schools were expected to continue with the “routine” even though they did not participate in any UNICEF-arranged training. They told of chaotic classroom scenarios in which they felt completely overwhelmed and unable to deliver the education that they had earlier been able to provide with the help of the teacher aides.¹⁴⁴ Only two teachers from this programme were interviewed, and thus, the evidence on this particular finding is light.

In Vanuatu and in PNG, partners expressed surprised when the REAP II programme ended, leaving implementing partners without financial means to continue, and subsequently parents and children were left without services. Partners interviewed in Vanuatu expressed their lack of preparedness for the programme ending,

*When you come to the end of their programme you need to notify Government to prepare.... this programme should continue, I have not seen its fullness yet, the parents are still coming but this programme stopped.*¹⁴⁵

For parents in PNG, the programme’s end was unexpected and meant that their children did not receive further rehabilitation services such as physiotherapy sessions or assistive devices. Rehabilitation is often a long-term need, and while parents may receive some basic training on how to do exercises with their children, it often doesn’t adequately substitute a trained rehabilitation professional. The types of exercises as well as assistive devices may need to be adapted and replaced as the child makes progress and grows. Another partner/stakeholder from PNG who provided inclusive education services raised school fees tenfold when the programme ended. It made it unaffordable for many families, especially for families with children with disabilities, according to the respondent and resulted in a high number of drop-outs.

The lack of continuation can potentially be more damaging than no service at all because the raised and unfulfilled expectations may have psychological consequences. A Vanuatu partner/stakeholder explains;

*The parents are continuously asking when the early intervention programme is coming back. The programme moves them, uplifts their morals and motivates them. It helps remove their fears and they bring their disabled children out from the dark to the light and expose them...*¹⁴⁶

According to an informant in Vanuatu, the Parent Support Programme has not ended with REAPII funding.

*The first cycle of implementation is complete, and the programme is being reviewed, so it is possible that some parents think it is “over,” but the continuation of this in the workplan for 2021 is evidence of its future.*¹⁴⁷

This is again evidence of the communication disconnect found by the evaluation.

Greater communication and coordination between RO and CO and between CO and partners and between partners and rights holders and carers would have in-

144 Interview PNG, 20th June, in person.

145 Interview Vanuatu, 24th June, in person.

146 Interview Vanuatu, 25th June, in person.

147 Written feedback received on the evaluation draft.

creased sustainability. Children and parents are impacted negatively when communication of the end of a programme does not give them time to prepare.

*We did not prepare for this. Everything just stopped. We had plans on what to do better. It was very hard for us to communicate this to the parents. Many parents and children felt sad.*¹⁴⁸

Noteworthy were reports from respite care centres in Viet Nam that UNICEF had assisted them with fundraising.

UNICEF had always envisaged a continuation of the partnership with DFAT. As of February 2020, DFAT was not in a position to extend any funding beyond REAP II. Partners and stakeholders have expressed a need for more funding:

*[We] asked [UNICEF] if we could extend the programme and we also requested Technical Support. All we heard from UNICEF is that there is no more funding. If this grant can be extended, then we will also wish to have a TA to assist us with programme management and reporting.*¹⁴⁹

There is a demand for the REAP II programme to continue, suggesting that UNICEF should continue to invest in children with disabilities to ensure the momentum is maintained in the short term while securing funds for longer term programs.

UNICEF respondents felt they had properly prepared partners for the programme ending through field visits and discussion with partners and by including exit clauses in their contracts and Memorandum of Understanding (MoU). The evaluation team had the opportunity to review one MoU. Given the way UNICEF operate, this MoU was in line with the multi-country programme (2018-2022) and signed with the government. REAP II activities were included in the agreement and it mentioned the end date of 2020. However, given the way the country programme was packaged together under a MoU that will end in 2022, this could cause some confusion for government partners. UNICEF understandably do not want to overburden the government with new contracts and paperwork with every new program. Nevertheless, the information presented in this section suggests exit clauses and strategies for sustainability require review. The evaluation team would like it noted that some of the confusion around the exit concerns the way UNICEF combine programme funds and the way broad agreements are signed at a country level that incorporate several programme funds.

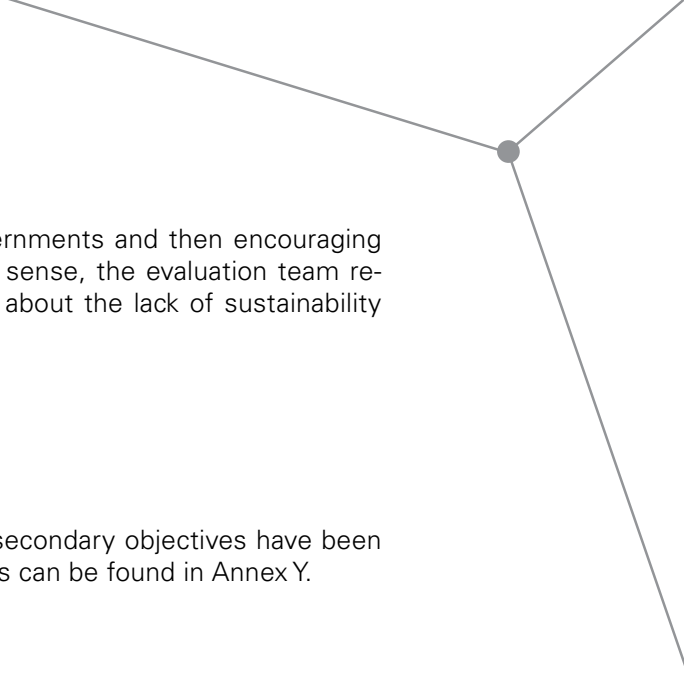
A variety of respondents explained the need to think about sustainability in disability programmes from the outset. This was expressed in a number of ways as this quote from a Viet Nam partner/stakeholder illustrates:

*It is a phenomenon, but some projects are completely gone after they end...They need some methods to keep monitoring going...What I mean is that, if there is something after REAP II, it should include maintenance in a certain form.*¹⁵⁰

148 Interview Vanuatu, 19th June, in person.

149 Interview Vanuatu, 19th June, in person.

150 Interview Viet Nam, 12th June, on phone.



While trialling different models with partner governments and then encouraging the government to fund successful pilots makes sense, the evaluation team repeatedly heard across countries concerns raised about the lack of sustainability and planning for the programme's end.

5.5 Objective findings

Most of the findings relating to the primary and secondary objectives have been merged into the above findings. Additional analysis can be found in Annex Y.

6 ■ Conclusions

REAP II is presented as a systems change programme that facilitates inclusion by removing barriers. It puts children with disabilities at the centre of tackling or addressing the problem and looks to create an enabling environment so that children with disabilities move from being excluded and vulnerable to included and resilient. Working at the policy making level, UNICEF offers technical assistance to help decision makers align with international commitments, UNICEF is helping decision makers use quality evidence and make more informed decisions, especially around budget allocation. This will lead to more resources allocated to local service provision for children with disabilities, leading in turn to better service delivery and support for parents and children with disabilities. REAP II hoped to work with a demonstration type/role model approach whereby the success from REAP II would be shared with other countries and programmes in the region to show what was possible. Signs of this are there but the programme ended before this could be fully harnessed.

REAP II achieved a lot, particularly as a result of generating new globally comparable data sets through the census and other surveys. This did lead to policy and legislative changes that secured more rights for children with a disability. Working with partners was key, but the time it takes to convene new partners, build trust and the capacity of some partners took longer than anticipated. Additionally, all demonstration countries mentioned the mechanisms for consultations and reducing the gaps between levels were not strong or not in place. This limited the participatory nature of the programme and what it was able to achieve.

REAP II has been a foundational programme in PNG and the PICTs. It uncovered many challenges, filled certain gaps, collected important data and advocated for new policies, services and legislation. In Viet Nam, REAP II was in its second phase and was able to trial more inclusive services and work more closely with OPDs and provincial governments. The reach of inclusive services has improved but still has a long way to go to reach remote children with more severe disabilities. Moreover, there is a lot of work to do in terms of early identification because this seems to be a key entry point for reducing lifelong exclusion. The social model of disability whereby parents and the community learn how to interact with and accommodate the rights of children with disability has begun but the magnitude of the discrimination requires a behaviour change campaign to alter.

Despite a number of positive examples, some respondents saw the programme as too top down and not consultative enough. The preferred approach of the disability movement is for “nothing about us without us”. This is why a CRPD-compliant approach to disability-inclusive programming clearly stipulates the meaningful engagement and participation of persons with disabilities and OPDs. The best OPD example is the partnership UNICEF has with the Pacific Disability Forum. More financial partnerships and meaningful engagement and participation like this with OPDs would also aid sustainability.

UNICEF have limited resources to invest in disability inclusion and this is likely to shrink with the post COVID-19 economic downturn and with the ending of REAP II. REAP II was too ambitious for the resources allocated despite the good value for money. Given UNICEF’s mandate and global commitments, the reputational risk of not investing in children with disabilities will be high, especially in the EAP region after REAP II where there is still much to do and interest has been stimulated. This suggests the need to focus and prioritize against a range of possibilities and competing priorities. UNICEF will need to be strategic and make some difficult choices, but should continue to invest in children with disabilities.

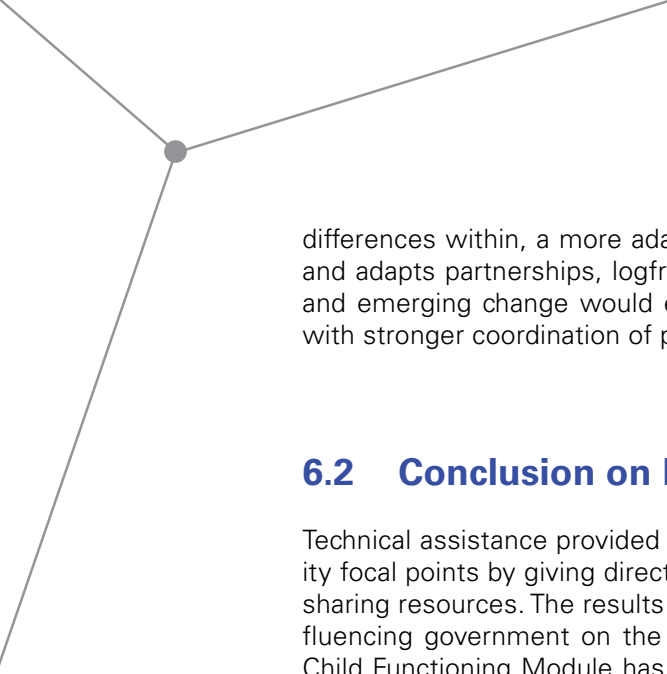
6.1 Conclusion on Relevance

REAP II did promote inclusive development approaches which fulfil the rights of children with disabilities. In several countries, REAP II coincided with national policy reviews and a heightened interest in disability-related data and evidence. The programme contained a mix of system change approaches and direct implementation of services which correlates with the ambition to work across social ecological spheres. The timeframe for such an extensive and complex programme was too short¹⁵¹ to be able to see how achievements in system change impacted children with disabilities and their careers.

The outcomes in REAP II were relevant and consistent with the overall goal and objectives of the programme. However, outcome 2 (improved coordination) and 3 (quality inclusive services integrated into sector plans and adequately resourced) had too many assumptions. There was a disconnect between how local staff based in COs and their in-country partners/ stakeholders described the programme and the way respondents from the RO and HQ described the vision of the program. This disconnect made the programme less locally relevant. Knowledge management, learning and coordination are other areas where that disconnect is demonstrated. Consequently, REAP II was more of a multi-country program, rather than a regional program. Further learning and documentation is required to establish regional parameters.

Definitional issues such as ‘OPD’, ‘inclusive education’, ‘systems change’, ‘partner’ need to be better communicated and this would have come with better planning and intermittent programme reviews/learning events. Although some OPDs were consulted during the design and invited to programme events, the programme missed opportunities to systematically engage meaningfully with OPDs. Given the vast region of East Asia and the Pacific covered by the programme and the cultural

¹⁵¹ Although the programme was 4.5 years overall, implementation in COs was sometimes only 2-3 years. This is not enough time to change systems.



differences within, a more adaptive management approach that annually reviews and adapts partnerships, logframes and indicators in order to monitor qualitative and emerging change would enable the programme to be more relevant, along with stronger coordination of programme activities with staff and partners.

6.2 Conclusion on Effectiveness

Technical assistance provided by EAPRO has been effective in supporting disability focal points by giving direction, offering input to policy briefs and reviews, and sharing resources. The results around policy and legislation are commendable. Influencing government on the use of the WG Extended Set or the UNICEF/WG Child Functioning Module has paved the way for more accurate data on persons and children with disabilities and helped to make a case for revising or amending legislation and policies across several sectors and not just limited to the focus areas of inclusive early childhood development, inclusive education and child protection. UNICEF is at its best when using its convening power to bring experts and groups together. UNICEF's credibility as a child-focused and knowledgeable resource makes it a strong partner with influencing abilities. These strengths need to be built on and refined.

Service delivery level findings require more consideration and reflection by UNICEF. The efforts made in early screening, referral and inclusive primary education are noteworthy. The links across health and education sectors and community-based child protection are similarly promising. However, it is not quite clear yet what the impact has been on children in the long-term. In part, this is due to the fact that several outcomes were only achieved towards the end of the programme and the effect and learning are only now coming out. In part, the monitoring and documentation focused on reporting activities such as number of teacher trainings or awareness campaigns held, or conferences and events hosted. In regard to children, it remains at the level of enrolment or referrals and assistive devices or therapy provided. Measuring learning outcomes and social skills, etcetera would have revealed more about the programme's effectiveness.

Gender equality and other intersectional categories require more comprehensive and consistent application. The tendency to associate gender with parity is insubstantial, especially given the additional discriminatory challenges and burdens faced by girls with disabilities and mothers of children with disabilities. While the SDGs aim to leave no one behind is commendable, a regional programme with limited budget cannot reach everyone. Greater clarity around which types of disability will be targeted or a clearer explanation of why partners will be able to choose the focus of the programme should be made explicit, along with any urban-rural focus. This will avoid disappointment and will help UNICEF to gain clarity over some important terms.

UNICEF works cross sectorally which is a distinct advantage when trying to change systems of exclusion and discrimination. UNICEF generated a lot of data products, which involved a tremendous amount of work. However, UNICEF should focus on bottom up learning around factors for success, plus cross country and within country learning opportunities. As an example, lessons learnt around community based rehabilitation, respite care and physiotherapy should be compared and framed within global best practices and shared with government. This is where REAP II missed an opportunity to shape global debates around best practices for care for children living with disabilities and missed an opportunity to showcase

REAP II countries at the forefront of these experiments/ demonstrations. There is still time for UNICEF to capture and shape those debates. The evaluation team would also like to see more learning around consultation mechanisms to include/ consult children with disabilities.

While UNICEF usually works at the policy making level, it is the meso level of regional governance and service delivery where the causal chain broke. This suggests that in the disability sector, there is rationale for UNICEF to support the local service delivery level, and to disseminate lessons learnt from this level to policymakers. The disability sector is nascent compared to the education or health sector and thus warrants a different way of working. The evaluation team conclude that UNICEF has a unique vantage point of looking from the rights holder up and the state viewpoint down, however UNICEF needs to embrace this uniqueness and the responsibility this bestows upon them as the only United Nations agency with a clear mandate to protect and promote the rights of children with disabilities.

There is a limit to how much in-depth technical assistance one Regional Programme Specialist on children with disabilities can give when the majority of disability focal points have no prior experience with disability and a lot of other responsibilities on top of the disability mandate across several sectors. The call for more special schools, separate classes and the support for (semi-)institutional care suggests that many partners and some UNICEF staff are not clear on how to implement truly inclusive practices that incorporate the right balance of medical, social and welfare/ protection approaches. The CRPD only promotes social/Human rights model for real inclusion. There is a tendency for UNICEF staff to focus on a needs-based solution, rather than systemically removing barriers. The growing interest in disability and emerging expertise needs to be taken advantage of and fostered by a regional specialist to get to a consistent and shared approach to disability inclusion.

The efforts made in early screening, referral and inclusive primary education are noteworthy. The links across health and education sectors and community-based child protection are similarly promising. However, it is not quite clear yet what the impact has been on children in the long-term. In part, this is due to the fact that several outcomes were only achieved towards the end of the programme and the effect and learning are only now coming out. In part, the monitoring and documentation focused on reporting activities such as number of teacher trainings or awareness campaigns held, or conferences and events hosted. In regard to children, it remains at the level of enrolment or referrals and assistive devices or therapy provided. Measuring learning outcomes etcetera would have revealed more about the programme's effectiveness.

6.3 Conclusion on Efficiency

REAP II has made the most of a limited budget by pooling funding. This pooling of funds made it difficult to determine where REAP II started or ended in terms of funding and achievements. Time delays due to natural disasters, staff turnover and the time it takes to convene partners and to develop a shared understanding of key definitions were not well planned and this reduced efficiency.

Gaps between regional level understanding of the programme and what existed at the country level, along with suggestions that the pace of implementation was inappropriate in some PICTs implies that the programme was too top down. Planning and programme design was more ambitious than realistic. This could



have been picked up and amended throughout the programme if an adaptive management approach was in place, along with stronger monitoring and reflection processes.

UNICEF is well placed to provide experts and deliver strong technical support. Given the high expectations and the complexity of the programme, the availability of one technical specialist was probably a stretch to cater to all CO needs to the level of depth they required. This is magnified when this crucial role began one year after the programme started and was vacant for 8 months during the programme. This is possibly why the programme required two extensions.

6.4 Conclusion on Sustainability

Good foundations have been laid in all countries that have the potential to contribute to changes in regard to social protection, inclusive early childhood development and education, if the momentum is maintained. Policy amendments, new data and evidence provide a basis from which to make a case for removing barriers and fostering inclusion for children with disabilities at all levels. UNICEF's engagement and convening strength have made it possible for new collaborations and networks to emerge that have the potential to advance the rights of children with disabilities. UNICEF has chosen to partner with organizations and institutions who already have experience and the motivation to work for and with children with disabilities, and have the respect of communities. However, UNICEF limits its sustainability by finding it challenging to meaningfully engage and contract OPDs.

Moreover, some achievements are unlikely to sustain because of the programme ending prematurely for partners. This is particularly serious for children and their carers who enjoyed initial benefits that suddenly stopped. While teacher training has been somewhat addressed in curricula adaptations, as long as there is no clear responsibility over who is paying salaries, there will be a remaining doubt about the sustainability of the capacity for integrated early childhood development (IECD) and IE. Respondents talked about change and success but there is not enough evidence that suggest how behaviour change has taken concrete and sufficient hold. If UNICEF is committed to working to protect the rights of children with disabilities, then a regional post should be a minimum standard.

7. ■ Lessons learned

Programme lessons:

Lesson learned 1

Strike a balance between ‘anyone can mainstream’ and ‘disability is a technical area requiring expert advice.’ There is a balance to be struck between encouraging UNICEF staff and disability focal points that there are simple ways to achieve disability inclusion that can be done without being an expert (e.g. mainstreaming), and making the point that true inclusion requires a more in-depth understanding. If UNICEF wants the later (which involves a quality technical approach) then more programme specialists/disability advisers will be required.

Lesson Learned 2

A large geographical region with very different cultural contexts requires a more context-specific approach. It also requires more space to regularly reflect on what works where and under what circumstances? What strategies or practices should be built on, and what strategies should be discontinued? How can experience sharing between different groups of people (including women, men, girls and boys with disabilities) be convened in a way that respects their multiple identity factors? These reflections and discussions must be documented in a structured manner that demonstrates to government and service providers how inclusion can be achieved in practice and in explicitly rights-based ways.

Lesson Learned 3

Capacity building should be more broadly understood by all UNICEF staff. This requires a stronger emphasis on learning by doing and time for reflection. Adopting a “facilitation role” such as through Working groups, joint monitoring, action learning approaches and other on-the-job capacity building opportunities are a good approach to capacity building for different stakeholders at different levels of implementation, as well as a strategy to enhance coordination and partnerships. UNICEF’s role should be to give less direction and instead to provide the enabling and supportive environment. Cross program/country/region reflection, review and learning should be programmed from the outset.

Evaluation lessons

Lesson Learned 4

This has been a challenging programme to evaluate. There was no baseline study and the indicators from the logframe are unhelpful for assessing performance. Moreover, there are a limited number of partners involved who could be interviewed. This led to respondent fatigue, limited sample size and challenges with anonymity. It also created challenges for the evaluation team in terms of weighting certain responses. This was made harder due to the remote nature of the evaluation. There are forward-looking lessons that could be articulated out of these challenges – for a complex regional programme that is trialling a new approach, it is important to develop an appropriate, well-designed, learning-focused, performance management framework. This should be established at programme inception and revisited and revised regularly to ensure continued relevance and learning.

Lesson Learned 5

Design and deliver programmes differently in the Pacific Islands (including PNG). An interesting finding occurred when exploring survey disaggregation, survey respondents with more than four years in their role voted differently to those under four years in the role. The evaluation team are not sure how to interpret this. Given UNICEF staff must move every 3-4 years, it could reflect the views of locally engaged staff and partners more than expats and international experts. At least in the Pacific, there does appear to be a cultural aspect that has not been as well programmed as desired by Pacific Islanders. Given this was also heard through KIIs, it suggests the need to design and deliver programmes differently in the Pacific Islands (including PNG).

UNICEF needs to constantly invest in capacity building in the PICTs and to adopt a programme model that has learning, and reflection built into it. This way the mechanism of local ownership and co-creation exists outside of the government or UNICEF focal point. A different pace/timeline and with more emphasis on relationships and amplifying the work that has already been started locally, rather than beginning something new, seems to resonate across sources, but the evaluation team feels a greater understanding of this point is needed.

Lesson Learned 6

This evaluation took longer than budgeted for in the original ToC and proposal. Firstly, remote data collection actually takes longer than visiting the country (people find it easier to cancel online appointments than they do face-to-face, and with internet disturbance, collecting the data took longer than anticipated) plus triangulation takes longer if the evaluation is carried out largely or fully remotely, under COVID-19 restrictions. Secondly, the inception report and alignment with UNICEF's many evaluation guidelines took twice as many days as allocated. There has to be a way to condense these for the inception phase. Thirdly, scope creep around the ToR was common, for example the outcome harvesting methodology was added in by UNICEF during the inception phase. Additionally, the level of English language in Viet Nam warranted additional days of the in-country researcher there plus an additional validation workshop to ensure comprehension of respondents, all outside of budget and scope. UNICEF management is advised to consider these issues when planning and budgeting for the next evaluation.

8

■ Recommendations

Recommendation 1: UNICEF should design disability programmes differently

Level: CO/Regional/Global

Time: In the next 6 months

UNICEF has limited resources, and some difficult choices will need to be made in order to prioritize against a range of uncertainties, not least those due to COVID-19, such as a global economic downturn with shrinking aid envelopes. UNICEF should commit to working on issues of concern to children with disabilities. In the short term, momentum should be maintained for disability inclusion while establishing a platform with partnerships for longer term sustainable change. This recommendation is broken into three parts that relate to the way programmes are designed.

1A: UNICEF should frame its future work on disability policy development and legislative change within a wider systems change approach and sustained behaviour change.

Annex G is the best illustration of systems change, which involves a strategic approach to changing incentives and behaviours beyond policy development. This will capitalize on the distinctive competence and role of UNICEF as a leading United Nations actor in this sector. Given the nascent state of disability inclusion, addressing the necessary systems changes will require multiple actors working at different levels. In concentrating on policy level work, UNICEF can still play a valuable role in analysis on service needs at lower levels, and advocate with donors and governments to fund such services. However, UNICEF will need to facilitate coordination and work with partners across levels to ensure the system of exclusion can change. UNICEF should only be engaged in implementing services at a lower level when a specific pilot project is designed that is aimed at influencing policy and budget allocations, or requires stimulating demand for better inclusive services so that duty-bearers are held accountable to rights-holders.

1B: UNICEF should design its future disability programmes and initiatives with an adaptive management approach.¹⁵²

An adaptive management approach is suitable for articulating design and tracking progress in a cross-cutting discipline (compared to more traditional results-chain programming). It is akin to an action learning approach and requires setting goals, taking actions, reflecting regularly on what went well and what needs to change with partners, and using evidence to inform decisions. Iterations are informed by indicative theories of change. An adaptive management approach contributes to revising the ToCs and carefully documents decision-making, reflection, and learning. Such an approach should allow for the identification of innovation and the development of more flexible programming. For the evaluation team, an adaptive management approach is akin to an action learning approach, in that it requires setting goals, taking actions, reflecting on what went well and what needs to change with partners, and using evidence to inform decisions. The difference in an adaptive approach is that iterations are “informed by indicative theories of change.” An adaptive management approach contributes to the revising of ToCs, and carefully documents the processes of decision-making, reflection, and learning. Underpinning this would be regular and proactive engagement with children living with disabilities and disability specialists; promoting data and evidence collection that allows for capturing intersectionality (e.g. gender, remote, ethnic minority); and appropriate indicators to track progress and monitor contributions to longer term sustainability.

1C: UNICEF should discuss, from the planning stage, the sustainability of future initiatives with partners.

This is particularly important for programming and policy work that relies heavily on UNICEF support, or where there are risks that UNICEF unwittingly adds to the dependency / welfare model in the sector, given the limitations of funding in disability inclusion. This requires better articulated exit strategies with a phased winding-down of funding and technical assistance, along with fundraising strategies co-created with partners (including OPDs).

Recommendation 2: UNICEF should develop coordinated, evidence-based approaches that tackle underlying attitudes and barriers that maintain discrimination.

Level: CO/Regional/Global

Time: In the next 6 months

Social norms around disability and other intersecting biases, such as gender inequality, are deep-rooted and notoriously slow to change. UNICEF should work with partners to generate knowledge and evidence on the negative impact of discriminatory practices. This should include capacity assessments of key partners’ understanding of gender and disability in the inception phase and capacity building needs at an early point. This knowledge and evidence should inform improved policy and practice on addressing discrimination, leading to more effective results.

152 See: Rogers, P and Macfarlan, A. (2020). What is adaptive management and how does it work? Monitoring and Evaluation for Adaptive Management Working Paper Series, Number 2, September.

Recommendation 3: UNICEF should invest in quality technical expertise to ensure that no one is left behind in the implementation of UNICEF's next Strategic Plan.

Level: Global

Time: Before the next strategic plan is finalized, late 2021

UNICEF should commit to working with children with disabilities. At a minimum, UNICEF should commit to funding regional technical advisers; ideally, funding should cover Country Office advisers, resources permitting. Building on the experience in EAPRO, a disability expert should be established in each regional office. The main priorities for these roles should be to consistently champion the implementation of the CRPD in policy and programming, and to support regional and country teams to accelerate disability mainstreaming through capacity building, knowledge management, resource mobilization, and networking.

A consistent expert who intermittently helps the programme with different inputs (especially diagnostic), learning and reflection activities, and with deep knowledge of countries in the EAP region is needed. It is also necessary to improve dissemination of program reports and outputs across the region. A needs assessments should be conducted on where knowledge gaps still exist, and then capacity building should occur to fill those gaps using different formats (not just webinars). The current approach to gender equality in REAP II was insufficient and yet stakeholders/partners' seem satisfied, illustrating the need to include a gender sensitive and intersectional approach in any capacity building efforts.

There has been a significant turnover of staff working on REAP II from June 2019 to June 2020 (the last year the program), with the risk that institutional knowledge on the REAP programme in staff members' own and other countries will be lost. REAP II ended before the lessons from COs could be captured and processed. There is a role for UNICEF to complete a review of the multi-country pilots and some of the models trialled and compare these to global best practices to see how REAP II/UNICEF can contribute to shaping global debates on the protection and development of children with disabilities. This capturing of learning should be led by the regional adviser – not only would this help with future sustainability, it will help to keep the momentum going in the short-term while further funding is being sought.

Recommendation 4: Within the development of the next phase of programming, UNICEF should define its partnership models for working with OPDs.

Level: Global (especially PICTs)

Time: Before the next strategic plan is finalized late 2021

The majority of OPDs and organizations of youth with disabilities in the region are small and have weak organizational structures. Consequently, these organizations cannot meet the formal partner criteria of UNICEF. UNICEF should undertake proactive discussions with OPDs to explore potential alternative partnership models that would allow for meaningful engagement as per the principles of the CRPD.

9 ■ Annexes

Annex A: Outcome harvesting

This outcome harvesting annex more closely explores the outcomes/results of REAP II. REAP II is a complex programme operating across the EAP region and within demonstration countries. Identifying the connection between the REAP II and changes observed, along with UNICEF's specific contribution to these changes is important.

Methodology

After the document review, UNICEF outcome statements and assumptions were explored by the evaluation's Reference Group and in some preliminary interviews. A workshop with the Reference Group was held and they decided it would be useful to use the outcome statements from the country logframes and explore them further during demonstration country level workshops.

These workshops helped determine whether the planned programme was enacted, any underlying assumptions that prevented planned implementation and the relevance of the outcome statements. During the survey, respondents were asked to rank the importance of outcomes and the importance of the strategies used and KIIs were asked to identify observable results from REAP II.

Each KII and ToC transcript was re-read, along with survey comments. Any observable result was mapped on separate excel sheets according to the regional ToC's outcome statements (different sheets for each of the 4 main outcomes. Results statements that did not directly relate to the 4 main outcomes were placed on a separate tab and further analyzed to reveal a fifth outcome area). The source of each observable result (KII or ToC workshops) was classified.

Once each observable result was categorized under outcome statements, a cleaning process occurred. Each observable result was sorted by country and if they were repeated then they were merged (this weighting was represented). Each observable result was then substantiated by those who completed the documentation analysis. They commented if they had also read about the result during the documentation analysis and noted down anything different (e.g. if read about according to a different country, or if mentioned slightly differently in a document).

Survey participants were asked to rank on a Likert scale the results (this list was developed with UNICEF). However, these result statements do not directly translate to the main 4 logframe outcome statements. The evaluation team rectified this by allowing those that matched to add weight to the outcome harvest count and those that didn't directly match but seemed important were reflected in the reconstructed theory of change. Only the result statements that were ranked somewhat/substantial were included in the outcome harvest.

Then each result was counted by outcome type and by country and by the level where the result was observed, e.g. regional, national, sub-national, community, parent, child. Each result was further mapped according to the strategy used: partnership; advocacy; capacity building.

Findings

Some of the outcome statements were double barrelled in a way that did not reflect the way the results were achieved. For example, in outcome three quality inclusive services for children with disabilities and their caregivers was piloted through partnerships but the second part of the outcome statement integrated in sector plans and adequately resourced did not happen much. Similar with outcome two Improved coordination of sectoral programmes at national and sub-national levels did not happen much but the second part of the outcome statement did happen – the participation and inclusion of children with disabilities and their care-givers increased. Similarly, advocacy and partnerships were used to reach many outcomes - not just outcome one, and so should have been considered a strategy. Moreover, the cross-sectoral nature of this programme was frequently mentioned by respondents as unique and important but this was not reflected in the four outcome statements. The results of these findings are reflected in the reconstructed ToC.

Figure 8 reveals the ranking of outcomes in order of importance according to the ToC workshops held. Please note Vanuatu did not aim for outcome 1 on legislation.

Figure 8: Outcomes in order of importance to the vision

Outcomes in Order of Importance to the Vision						
	Viet Nam	PIC	Vanuatu	PNG	RG	Overall Rank
Disability inclusive legislation, policies and programmes promoted through enhance advocacy, partnerships and an enabling environment	1	4		1	1	1st
Improved coordination of sectoral programmes at national and subnational levels to ensure participation and inclusion of children with disabilities and their care-givers	3	3	2	3	3	3rd
Quality inclusive services for children with disabilities and their care-givers integrated in sector plans and adequately resourced	4	2	1	4	4	4th
Reliable data and evidence on children with disabilities and the barriers they face collected and used to promote inclusive development	2	1	3	2	2	2nd

Outcome harvest

In terms of the 17 mapped results relating to outcome 1 - *Disability inclusive legislation, policies and programmes promoted through enhanced advocacy, partnerships and an enabling environment* - the team identified 7 outcomes to legislative changes, 5 to advocacy, 4 to policy, 4 to programme changes, and 2 were related to UNICEF's partnerships with non-government. Some outcomes included legislation and policy or policy and programmes which is why this disaggregation has a higher count. Advocacy is critical at this level. See table 8 for country comparison.

Out of the 11 outcomes relating to outcome 2 - *Improved coordination of sectoral programmes at national and sub-national levels to ensure participation and inclusion of children with disabilities and their care-givers* - 4 were from PNG, 3 from Viet Nam, 2 from Vanuatu and 2 from PICTs. Out of these, 8 were at the sub-national level and 6 were at the national level. Partnerships and capacity building is crucial at this level. Three outcomes were seen to be a result of advocacy; 8 from partnerships and 8 from capacity building.

Out of the 21 outcomes listed for outcome 3 - *Quality inclusive services for children with disabilities and their care-givers integrated in sector plans and adequately resourced* - the bulk came from the quality inclusive services that were funded. 9 came from PNG (the bulk of which were associated with the partnership with Callan services); 5 from Vanuatu; 4 from Viet Nam; and 3 from PICTs. 15 outcomes were the result of partnerships and 9 from capacity building. 10 at the community level, 5 at the individual level, 4 at sub national and 3 at the national level. There were only a few examples of integration into sector plans and adequate resources. Partnerships are crucial to operating at this level but some partners need extensive capacity building and others, like Callan Services, only require funding.

In terms of outcome 4 - *support the collection of disability data to positively influence the program's efforts at national level* - UNICEF is very successful listing 24 outcomes. The process involves an action-learning cycle whereby UNICEF works with partners to collect data and builds their capacity throughout the process. This process has an added advantage of helping the government understand the topic and the reason evidence matters. Partnerships (12) and capacity building (15) are key for this outcome. The majority happened at the national level (15) some of which also included the sub national level (2) and a few at the community (3).

In terms of the new outcome area that emerged from the outcome harvesting - *Outcome 5 behaviour change to protect, promote and include* - 4 examples were from Viet Nam, 2 from Vanuatu and 2 from PNG. In *efforts to protect/promote the rights of disadvantaged groups and overcome their exclusion*, the team identified 4 outcomes reflecting changes at the individual level (3 related to parents, teachers and children; 3 of these also included community level changes, 2 related to teachers and children). Most of these included CRPD training or the evidence that a discriminatory attitude, norm or behaviour had changed. The outcome harvesting report (Table 8) records the number of times results relating to the 4 outcome areas were triangulated.

Survey outcome results

One question from the survey - To what extent have you observed changes to any of the following - is presented here as a way of triangulating the outcomes (Fig 9). Looking at the survey data by organization reveals differences in observable changes.

Table 8: Outcome Harvesting Report

Please note that the PICTs did not actually have outcome 1 in their logframe and yet, have recorded results at this level. These results came about as a result of the data collection efforts. Also, outcome 5 has been added in by the evaluators. There was not an explicit outcome statement on this topic and yet, many UNICEF staff felt the need to discuss discrimination and what they were trying to do to change attitudes. It seems that UNICEF have a better story to sell in these regards than what the logframe approach enabled.

Confidence in the evidence scale

1	No confidence
2	Could have some doubts
3	A little confidence
4	Confident
5	Very confident

Outcome 1 Disability inclusive legislation, policies and programmes promoted through enhanced advocacy, partnerships and an enabling environment (17)		Outcome 2 Improved coordination of sectoral programmes at national and sub-national levels to ensure participation and inclusion of children with disabilities and their care-givers (11)		Outcome 3 Quality inclusive services for children with disabilities and their care-givers integrated in sector plans and adequately resourced (21)		Outcome 4 Reliable data and evidence on children with disabilities and the barriers they face collected and used to promote inclusive development (24)		Outcome 5 behavior change to protect, promote, and include (8)	
At a Pacific level, UNICEF's effort to improve upon policies and legislations, and get international conventions signed is mentioned 5 times and 4 more times in Vanuatu specifically.	5	At Pacific regional level (including Vanuatu), UNICEF's efforts to improve coordination of sectoral programmes at national and sub-national levels is mentioned 4 times-2 in Vanuatu and 2 in Pacific	3	At Pacific regional level Quality inclusive services for children with disabilities and their care-givers integrated in sector plans and adequately resourced (3 examples) and 5 specifically for Vanuatu.	3	At PIC level, UNICEF's involvement to support the collection of disability data to positively influence the program's efforts is mentioned 8 times and 7 times in Vanuatu.	5	Two examples given in Vanuatu where efforts to change discriminatory norms and teacher attitudes were explained.	2
PNG UNICEF's effort to improve upon policies and legislations, and get international conventions signed in mentioned 4 times.	4	PNG Improved coordination of sectoral programmes at sub-national levels is mentioned 4 times.	2	c PNG Quality inclusive services for children with disabilities and their care-givers integrated in sector plans and adequately resourced (9)	4	UNICEF's involvement to support the collection of disability data to positively influence the program's efforts in PNG is mentioned 5 times.	4	Two examples of changing discriminatory attitudes for parents/carers, teachers and children.	3
Viet Nam level, UNICEF's effort to improve upon policies and legislations, and get international conventions signed is mentioned 4 times.	5	At Viet Nam national level, UNICEF's efforts to improve coordination of sectoral programmes at nation and sub-national levels is mentioned 3 times.	3	Viet Nam Quality inclusive services for children with disabilities and their care-givers integrated in sector plans and adequately sector plans and adequately resourced (4 examples).	4	UNICEF's involvement to support the collection of disability data to positively influence the program's efforts in Viet Nam is mentioned 4 times.	4	4 examples of Viet Nam actively trying to change discriminatory attitudes and behaviours.	3

For government five changes ranked equal highest:

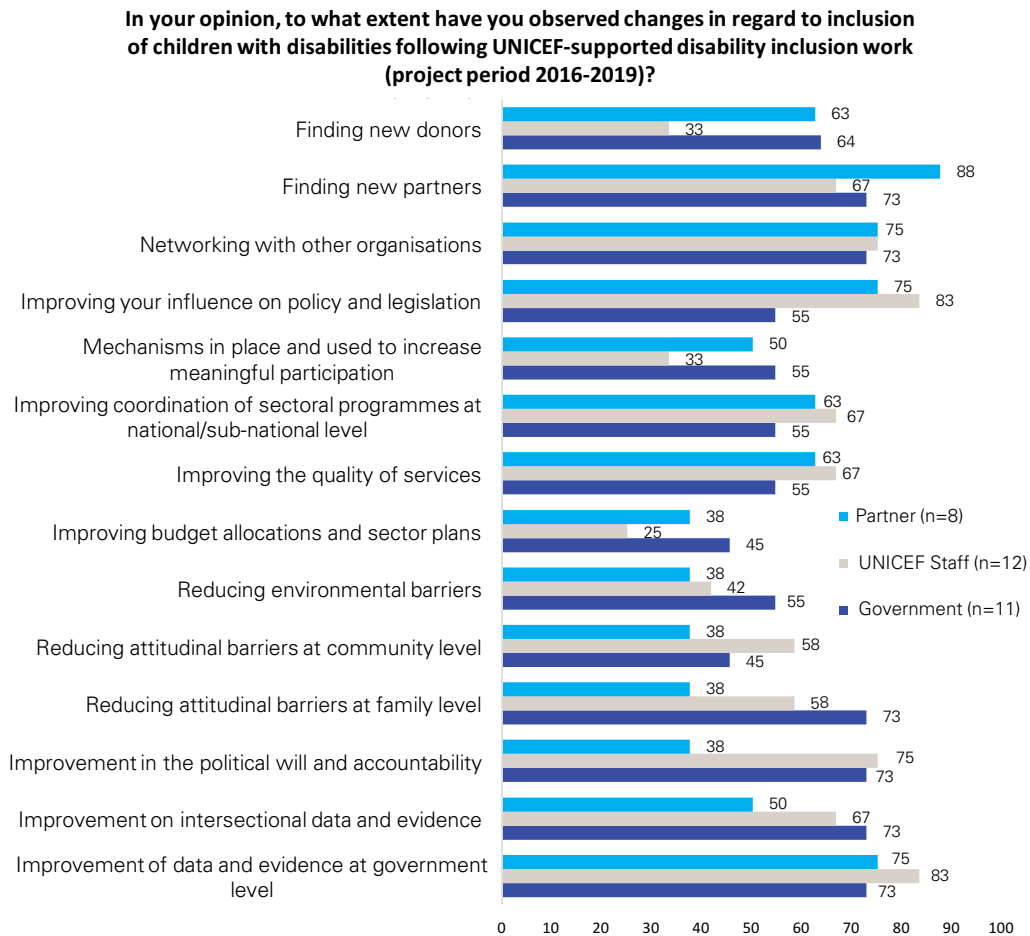
- Improvement of data and evidence at government level;
- Improvement on intersectional data and evidence;
- Improvement in the political will and accountability;
- Reducing attitudinal barriers at family level; and
- Networking with other organizations.

Interestingly reducing attitudinal barriers at community level scored the lowest. It isn't clear why the government feel more changes have happened at the household level instead of the community.

For non-gov partners the clear favourite was finding new partners. The least was equally reducing attitudinal barriers at family level and at community level. This also aligns with comments heard from the KILs.

For UNICEF staff improving your influence on policy and legislation was first, closely followed by improvement of data and evidence at government level. The least was improving budget allocations and sector plans.

Figure 9: Survey participants reporting somewhat/substantial changes by types of organization (%)



Given that increasing accountability was raised as an issue to address during the KIs by a few partners and the government, and as well, a few UNICEF staff raised political will during ToC workshops, the evaluation team notes that political will and accountability are very different and should have been separated in the survey question.

Discussion

In the beginning, the evaluation team thought that data on outcome 1, 2 and 4 would be the easiest to gather because most partners and staff are based in capital cities and work with government and sub-national government and thus could speak with more confidence about changes at this level than they could at the community/individual level. However, outcome 2 proved difficult because improving coordination and capacity are difficult to assess and take time. Putting disability inclusion into existing strong processes seemed to work well but where mechanisms/process were weak or non-existent (or the partner/stakeholder was weak), then there was insufficient time and budget to deliver results. During the ToC workshops, a number of assumptions were discussed about why changes did not work as planned (including new relationships/new partners, resource-poor sub-national governments, fragmented or duplicate coordination bodies/ mechanisms).

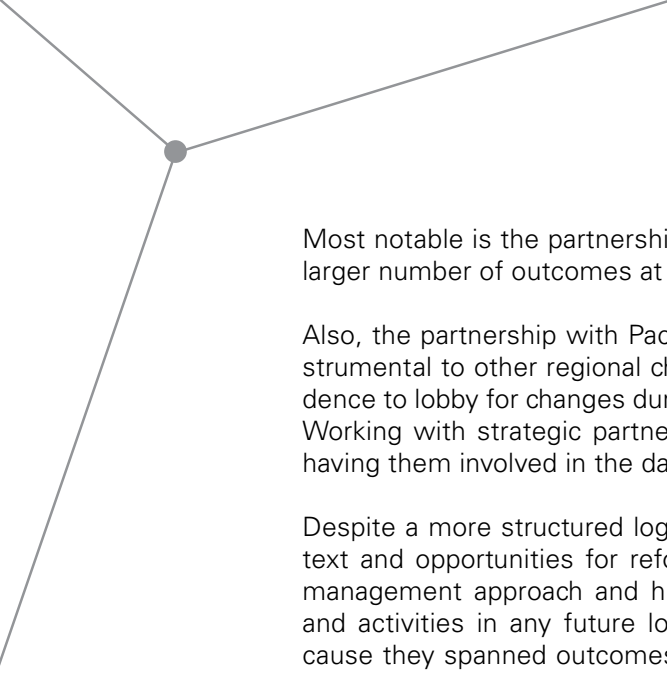
Meanwhile outcome 3 scored second highest, which was higher than what the evaluation team predicted after reading project reports. The evaluation team would like it noted that there are some overlaps with the outcomes reported for 2 and 3. Moreover, the quality of services under outcome 3 was not measured. There was an assumption in the programme design that if UNICEF was involved in the service delivery then the quality would improve. This should be measured next programme by assessing learning outcomes and how physiotherapy has improved quality of life, for example.

UNICEF staff and partners work where there is appetite and opportunity but this is not always documented, and is not always planned. Taking advantage of the opportunities that arise adds to the value of REAP II but many lessons were learned that were not captured and shared. This represents a missed opportunity for learning. This finding adds weight to recommendation 1b for an adaptive management approach that embraces learning and reflection.

It seems to the evaluation team that improved coordination of sectoral programmes was less effective at the sub-national level and more effective at the community level. Ideally these community level successes ('pilots') would be discussed and compared and then used to leverage change at the sub-national level. Meanwhile, UNICEF was working effectively at the national level to prepare the government to accept these recommendations. This approach is strategic and makes sense, however, there was not enough time in the program, to work at the community level with new partners, prove results and disseminate them in order to influence sector plans and budgets. The implementation of the programme was delayed for a few reasons such as the time it takes to build relationships, but also by the one year delay in recruiting the programme specialist and the subsequent 8 month gap in the programme specialist position. In the future, UNICEF should look to recruit programme specialists to help with programme design and inception, as well as implementation.

Good practices

The good practices that Outcome Harvesting exposed were around supporting high performing and like-minded partners to continue and intensify their work.



Most notable is the partnership with Callan services in PNG that contributed to a larger number of outcomes at the community level.

Also, the partnership with Pacific Disability Forum (an OPD) for statistics was instrumental to other regional changes. It gave the Pacific Disability Forum the evidence to lobby for changes during the various regional body meetings they attend. Working with strategic partners and giving them the evidence for advocacy (by having them involved in the data collection) is a clear advantage.

Despite a more structured logframe approach, UNICEF adapted to the local context and opportunities for reform on the ground. This calls for a more adaptive management approach and higher level steering with less prescriptive outputs and activities in any future logframe. A few outcomes are double counted because they spanned outcomes. This could mean that the logframe was vague or that these outcomes were instrumental at amplifying change. The outcomes were double-barrelled in an unhelpful way in terms of identifying the pathways towards change. This should be rectified in the next programme design.

Summary

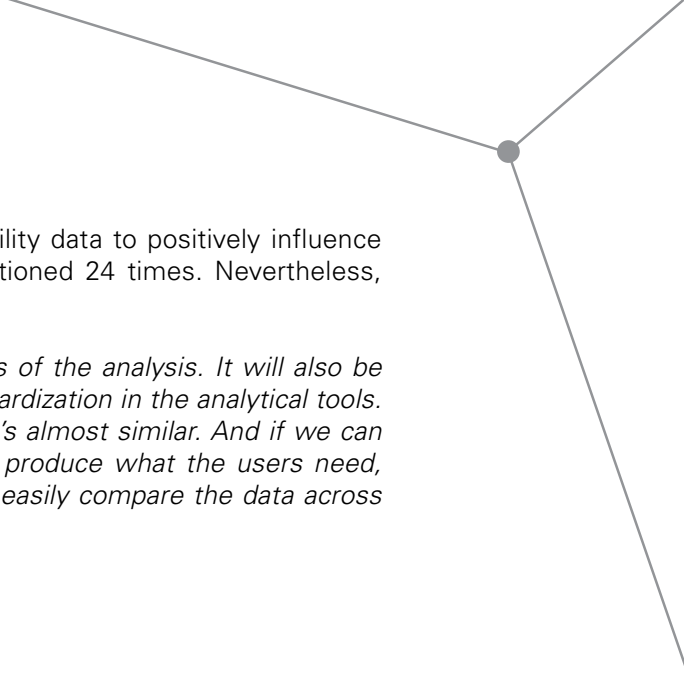
Despite focusing on the limitations during this evaluation, REAP II achieved a lot. The evaluation team were particularly inspired by the legislative changes (outcome 1). There were 17 outcomes harvested and 9 of these were in the PICTs which did not have outcome 1 in their logframe.

There was a gap at the Sub National level (outcome 2). There were community-level and service delivery approaches that did not always influence the Sub National level. Possibly because UNICEF's implementing partners at this level are practitioners, rather than policy influencers. It is also possible that the policy and legislative changes take time to reach/influence the Sub National level. Outcome 2 appears to be more of a strategy than an outcome, or at the least an intermediate outcome. The Sub National level is where the causal pathway broke.

Outcome 2, Improved coordination of sectoral programmes at National and Sub National levels to ensure participation and inclusion of children with disabilities and their caregivers was limited to 11 cases however the evidence around these cases is more dubious than the other outcome areas (because triangulation was limited and attribution to REAP II limited). Outcome 2 appears to be more of a strategy than an outcome, or at the least an intermediate outcome. Moreover, it was at this level that the causal chain broke.

In terms of outcome 3, (quality inclusive services for children with disabilities and their caregivers integrated in sector plans and adequately resourced), there was some double counting between outcome 2 and 3. This suggests thinking in terms of pathways for change might be warranted. Outcome statements 2 and 3 were double-barrelled in an unhelpful way in terms of identifying the pathways towards change. Inclusive services were easy to count but their quality was harder to evaluate. Proving sector plan integration was easier than proving adequate resources. 'Adequate resources' is a subjective term given the low-middle income country status of the demonstration countries. Adequate resources should be more clearly defined in the next programme and agreed to with government.

What seemed to be the most influential in stimulating structural change was UNICEF's collection of data, their connections with good (high capacity/strategic) partners and their ability to advocate with that data (outcome 4). In total, UNICEF's



involvement in supporting the collection of disability data to positively influence the program's efforts at National level was mentioned 24 times. Nevertheless, there is still room for improvement:

In terms of the capacity building in terms of the analysis. It will also be good to come up with some sort of standardization in the analytical tools. Because the data that we're collecting, it's almost similar. And if we can have standard analytical tools which can produce what the users need, that will be good so that at least we can easily compare the data across the big countries in the region.¹⁵³

¹⁵³ PICTs ToC workshop, June 17th.

Annex B: Institutional Contexts of Countries

Viet Nam

Responsibility for implementation of children's rights in Viet Nam is spread across a range of institutional players. The Viet Nam Community Party issues general policy directives; the National Assembly approves specific laws, plans and budgets; the government and its ministries implement those policies, laws and programmes; and line ministries are responsible for implementation at provincial and local levels.¹⁵⁴ Specifically, the Ministry of Labour, Invalids and Social Affairs (MoLISA) is responsible for the National Plan for Implementation of the CRPD. The National Committee on Persons with Disabilities (NCD) was established in 2015 and reports directly to the Minister of MoLISA. UNICEF Viet Nam noted in 2016 that the country's decentralization of governance and lack of both vertical and horizontal coordination make it challenging to ensure consistent implementation of the CRPD. The lack of coordination extended to all partners, including international organizations that do not consistently work in alignment.¹⁵⁵

Papua New Guinea

Responsibility for implementation of the CRPD and the National Disability Action Plan is shared across the Department for Community Development and Religion (DfCDR), the National Board for Disabled Persons (NBDR) and the PNG Assembly of Disabled Persons. The National Advisory Committee on Disability (NACD) is mandated to monitor and oversee sector performance. At the time of REAP-II's initiation, the NACD had yet to confirm Terms of Reference or have its first working meetings.

There is strong momentum and commitment to improve the lives of children with disabilities in PNG, as evidenced by a strong national legislative framework. Despite this commitment, key sectors suffer from systemic barriers and bottlenecks that prevent realization of full inclusion of children with disabilities. UNICEF's 2016 situation analysis notes that challenges with capacity, knowledge, infrastructure, data, resources and coordination undermine the delivery of appropriate, quality, accessible and inclusive services.¹⁵⁶

Pacific Island focus Vanuatu

In line with its National Disability Strategy, Vanuatu created a Disability Desk in the Ministry of Justice and Community Services to monitor the implementation of disability-related policies, strategic plans in coordination with government institutions, civil society and development partners.¹⁵⁷ Government commitment on disability rights varies across the Pacific Island countries. However, at the very minimum, all Pacific countries now have focal points for disability, although the institutional arrangements of each post, and their capacity to work cross-sectorally, are unclear.¹⁵⁸

154 UNICEF & MoLISA, 2017.

155 UNICEF Viet Nam, 2016, REAP-II Children with Disabilities Strategic Planning in Viet Nam: Situation Analysis Final Draft. Unpublished.

156 UNICEF PNG, 2016.

157 UNICEF Pacific, 2016.

158 UNICEF Pacific, 2016.

Annex C: Draft logframe for the DFAT proposal for joint programme on children with disabilities

Figure 10: Draft logframe for DFAT Proposal for Joint Programme on Children with Disabilities¹⁵⁹

Programme Impact	Enhanced capacity of UNICEF, government counterparts, OPDs and other partners to realise the rights of children with disabilities through the implementation of the CRC and the CRPD period		
Programme Outcome 1	Disability inclusive legislation, policies and programmes promoted through enhanced advocacy, partnerships and an enabling environment		
Outputs		Indicator	Assumptions
Enhanced Capacity of Disabled People's Organizations and parents/carer groups to engage with governments and advocate for the rights of children with disabilities		Number of planning, coordination and review meetings held with partners, sectoral service providers and Parents/Carers' organizations	Disability organizations and CSOs able to engage actively with governments and each other
Joint government/civil society policy gap analysis on inclusion		South-south learning exchanges between government and other partners	
Effective knowledge management processes which allow disability networks to disseminate inclusive policies			
Programme Outcome 2	Improved coordination of sectoral programmes at national and sub-national levels to ensure participation and inclusion of children with disabilities and their care-givers		
Outputs		Indicator	Assumptions
Enhanced coordination and planning of interventions for children with disabilities at all levels with participation of parents/carer organizations		Indicators used for monitoring rights of children with disabilities use globally agreed definitions	Management capacity is sufficient at local and national planning levels to facilitate stronger coordination and integration
		National/District co-ordination mechanism functioning to agreed standards.	Enhanced coordination can be achieved through reallocation rather than adding staff or res
		Multi sector Provider Forums functioning and interacting with govt. as per TORs at national and district levels	
		Children with disabilities forums provide quality reports specifying progress on inclusion of children with disabilities in programmes and services	Resource allocation by government sufficient to ensure capacity development and on-going service provisions for children with disabilities
		Joint children with disabilities action plan updated annually	

¹⁵⁹ This logframe was developed in the second quarter of 2015.

Programme Outcome 3	Quality inclusive services for children with disabilities and their care-givers integrated in sector plans and adequately resourced		
Outputs		Indicator	Assumptions
Levels of inclusion mapped in sector plans (e.g. Education, Child Protection, Social Services and Emergency Response)		Policy Gap Analysis Report	Sufficient political will and investment for children with disabilities by government and other stakeholders
Budget analysis of sector plans and adequate resource allocations for children with disabilities		National and district level budget analysis reports	
Standards of service established in sector plans for children with disabilities		Reports of advocacy meetings	Timetable for re-writing sector plans fit with programme cycle
		National and local sector plans include children with disabilities	
Programme Outcome 4	Reliable data and evidence on children with disabilities and the barriers they face collected and used to promote inclusive development		
Outputs		Indicator	Assumptions
Comprehensive and comparable data on children with disability available disaggregated by age, gender and types of disability		Revized MICS criteria for capturing information on children with disability	Timetable for national data collection activities (e.g. MICS, census etc) fit with programme cycle
		Baseline and impact studies	
		Community-Based Management Information Systems (CBMIS) reports	Improved evidence base strengthens policy and strategy formulation, programme planning, and programme management
		Early Childhood development index for early identification of developmental delays	

Annex D: REAP II Country level Logframes

Figure 11: REAP II Country Level Logframes¹⁶⁰

Vision	To promote inclusive development approaches which fulfil the rights of children with disabilities			
Impact	Enhanced capacity of UNICEF, government counterparts, Organizations of Persons with Disabilities (OPDs) and other partners to realise the rights of children with disabilities through the implementation of the CRC and the CRPD ¹⁶¹			
REAP II Outcomes	1. Disability inclusive legislation, policies and programmes promoted through enhanced advocacy, partnerships and an enabling environment.	2. Improved coordination of sectoral programmes at national and sub-national levels to ensure participation and inclusion of children with disabilities and their caregivers.	3. Quality inclusive services for children with disabilities and their caregivers integrated in sector plans and adequately resourced.	4. Reliable data and evidence on children with disabilities and the barriers they face collected and used to promote inclusive development.
Viet Nam outcomes	Disability inclusive and protective legal and policy environment for the realization of child rights is supported through increased accountability of legislators and policy makers.	Enhanced coordination and planning of interventions for children with disabilities with participation of OPDs and Parents' organizations (National and Provincial Levels).	Education and social protection measures are equitable and inclusive for children with disabilities in Kon Tum Province.	Comprehensive and comparable data and information on children with disabilities available and disaggregated by age, gender and types of disability.
Viet Nam - outputs	1.1 Legislative frameworks and policies guarantee inclusive services to all children, including children with disabilities, and national legislation is consistent with the international legal frameworks.	2.1 National and Provincial coordination mechanisms (at least in 1-2 targeted provinces) functioning with participation of OPDs and Parents' Organizations. 2.2 Technical capacity for improved coordination of inclusive sectoral programmes at provincial level (Kon Tum Province) enhanced.	3.1 Levels of inclusion mapped in sector plans 3.2 Quality inclusive models for children with disabilities introduced 3.3 Technical capacity for identification and referral of children with disabilities to inclusive services (commune level) enhanced.	4.1 Disability data collection and analysis using the Disability Assessment and Child Functioning Assessment Module by UNICEF and the Washington Group (WG) introduced 4.2 Baseline information on knowledge, attitude and practices towards children with disabilities in Kon Tum Province available and used for a C4D plan.

¹⁶⁰ Country level logframes were developed in the third quarter of 2016.

¹⁶¹ The logframes for COs were for specific time 2016-2018. Some had the following impact statement: 'Enhanced capacity of UNICEF, government counterparts, DPOs and other partners to reduce the multiple vulnerabilities of children with disabilities and ensure they are healthy, ready to learn, and thrive.' UNICEF advised to keep the impact statement in the original logframe. PNG updated their logframe in 2018 and the above diagram reflects the updated logframe. The evaluation team have found that the CRPD is more relevant than CRC to this program.

PNG - outcomes	Disability inclusive and protective legal and policy environment for the realization of child rights is supported through increased accountability of legislators and policy makers.	Enhanced coordination and planning of interventions for children with disabilities with participation of OPDs and Parents' organizations (National, provincial, district and local levels).	Inclusive ECD and other services available for children with disabilities at least in 4 districts.	Comprehensive and comparable data and information on children with disabilities available.
PNG - outputs	1.1 Legislative frameworks and policies guarantee inclusive services to all children, including children with disabilities, and national legislation is consistent with the international legal frameworks.	2.1 National and Provincial coordination mechanisms (at least in 1-2 targeted provinces) functioning with participation of OPDs and Parents' Organizations 2.2 Enhanced coordination and planning of interventions for children with disabilities at district/community level with participation of children with disabilities and their families.	Inclusive ECD and other services available for children with disabilities at least in 4 districts. 3.1 A model of identification and referral for children with disabilities introduced 3.2 Technical capacity for identification and referral of children with disabilities to inclusive services (commune level) enhanced 3.3 Parents and care givers are aware of the rights and needs of children with disabilities and refer them to inclusive ECD services.	4.1. Comprehensive mapping on services for children with disabilities available.
Vanuatu/ PICTs - outcomes	Did not choose this outcomes	Enhanced coordination and planning of interventions for children with disabilities in two provinces of Vanuatu (with participation of OPDs and Parents' Organizations – if available).	Communities are addressing the needs of young children with disabilities and their families (selected villages/ communities in 2 provinces in Vanuatu).	Comprehensive and comparable data and information on children with disabilities collected, disaggregated by age, gender and types of disability and used for inclusive development.

Vanuatu/ PICTs - outputs	Did not choose this outcomes	1.1 Capacity of existing coordination mechanism to effectively coordinate and plan programmes for children with disabilities.	2. 1 Improved evidence base to inform sector planning and targeted interventions. 2.2 Existing early intervention model for children with disabilities strengthened and expanded. 2.3 Professionals and parents have information to support healthy child development of children with disabilities.	3.1 Disability data collection and analysis using the Disability Assessment and Child Functioning Assessment Module by UNICEF and the Washington Group (WG) introduced. 3.2 Improved evidence base to inform sector planning and targeted interventions in Vanuatu.
Strategies	Strengthening national systems and capacity on disability-inclusive programming.	Establishing partnerships and alliances.	Integrating quality inclusive services for children with disabilities and their caregivers.	Generating, disseminating and using disability data, evidence and knowledge.
Assumptions and enablers	Governments are willing to engage in legal and policy analysis of disability and will utilize the findings to advance revisions of legislation and policies that are child centred. Government is receptive to the concluding observations and recommendations of the CRPD Committee.	Management capacity is sufficient and willing to engage on disability issues. There are organizations willing and able to partner on Children with disabilities.	Professionals are willing to engage in learning opportunities related to the social model of disability. The budget is available to improve service delivery. Parents are willing and able to attend programme activities. Authorities are receptive to the needs and understand the rights of children with disabilities and their caregivers. Services already exist.	Evidence is sufficient to influence change. WG tools are used in national data collections. Evidence is analyzed appropriately and disseminated widely.

The strategies, assumptions and enablers were amalgamated from all logframes by the evaluation team.

Annex E: Theory of change from REAP II demonstration countries

These are taken from the REAP II country level strategic plans

Viet Nam ToC

REAP II activities related to promoting and fulfilling the rights of children with disabilities in Viet Nam address unfinished business from the UNICEF 2011-2016 Country Program and are solidly set within the new UNICEF Country Program Document (CPD) for 2017-2022. UNICEF's **Vision**¹⁶² for the next 5 years is to:

Reduce the multiple vulnerabilities of children and ensure they are healthy, ready to learn, and thrive.

To achieve the Vision, UNICEF will pursue the following **Goals**¹⁶³ (impact):

- Existence of inclusive and protective legal and policy environment for the realization of child rights and increased accountability of legislators and policy makers;
- Social protection measures are equitable and inclusive and there is a functioning child protection system;
- In one province, increased availability and use of high quality inclusive IECD services and support;
- Concrete actions are taken by civil society, the corporate sector, and public for social changes that address critical child rights concerns.

To achieve its goals, UNICEF will contribute to a number of system level changes (**outcomes**).

While UNICEF recognizes that a number of system level changes are required to achieve its goals, it will focus on a few system changes where it believes it can make a difference due to its capacity, expertise and comparative advantage. Thus, UNICEF Viet Nam will actively contribute to the following system changes:

- Enabling environment – Social norms of professionals who are first-line respondents to children with disabilities and their families are respectful of children's rights
- Enabling environment – Legislative frameworks and policies guarantee inclusive services to all children, including children with disabilities and national legislation is consistent with international legal frameworks and agreements (CRC, CEDAW, CRPD, SDGs, Incheon, etc.). Design and implementation of policies is child-centred, and data is available for decision-making purposes. Action plans ensure access to services for children with disabilities.
- Enabling environment – Management and coordination mechanisms exist to ensure implementation of policies for children with disabilities and government bodies are coordinated to identify, refer and address the issues related to children with disabilities.
- Supply - Early identification of developmental delays/disability takes place, and classification and tracking of children with disability is done based on

¹⁶² Draft CPD 2017-2022 on May 8, 2016.

¹⁶³ IBID.

the bio-psycho-social model of disability; There are alternative care models for children with disabilities who are in the care of the State as well as Inclusive Kindergartens and pre-primary schools. IERCs support children with disabilities in inclusive settings and rehabilitation centres and/or providers support inclusive practices;

- Demand – Mechanisms exist for children with disabilities and parents to report on existence and/or delivery of services for children with disabilities.
- Quality - Children and youth with disabilities participate in policy making and reforms. Existing standards for quality inclusive settings exist and are in line with international standards.

A series of **assumptions** are made in the chain of events below, describing the Theory of Change for UNICEF's work related to children with disabilities, as UNICEF Viet Nam's contribution to the DFAT Joint Program on Children with Disabilities. In order to contribute to the reduction of the multiple vulnerabilities of children with disabilities and ensure they are healthy, ready to learn, and thrive, a chain of activities has been envisioned:

Assumption 1

IF.....at the national level, UNICEF supports the improvement of evidence generation on children with disability by engaging in (concurrently):

A) supporting data collection and analysis using Social Model of disability definition (bio-psycho-social model) – to include ICF-CY	B) supporting a legal analysis of the existing legislative framework, against international standards
--	---

Then..... UNICEF can advocate for a review of the existing legal framework to ensure the rights of children with disabilities are taken into full consideration.

Assumption 2

If in one province, UNICEF can improve access to quality inclusive services for children with disabilities by supporting the modelling of integrated services, by:

1. Providing technical capacity for improved coordination of services (provincial level),
2. Increase capacity for identification and referral of children with disabilities to adequate quality inclusive services (commune level), and
3. Increase capacity of service providers (teachers, social workers, health care workers, etc.) to work in inter-disciplinary teams,

Then UNICEF can demonstrate (and advocate for) the methods and resources needed to ensure children with disabilities have access to integrated services that support their full development.

PICTs ToC

The Pacific Islands and Territories Multi-Country Office represents many countries across the Pacific and chose to have a country focus on Vanuatu. Their theory of change was pictorial as shown in the following two diagrams.

Figure 12: Pacific Islands Countries and Territories ToC Pictorial Diagram 1

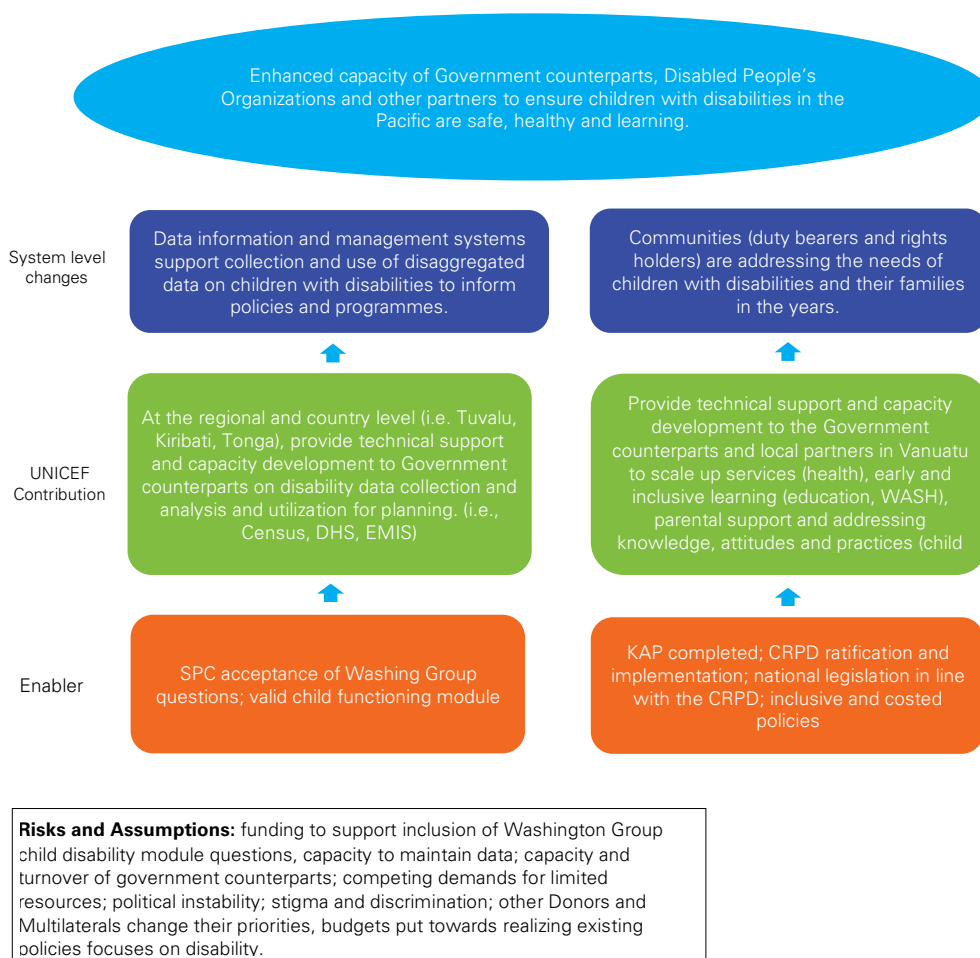
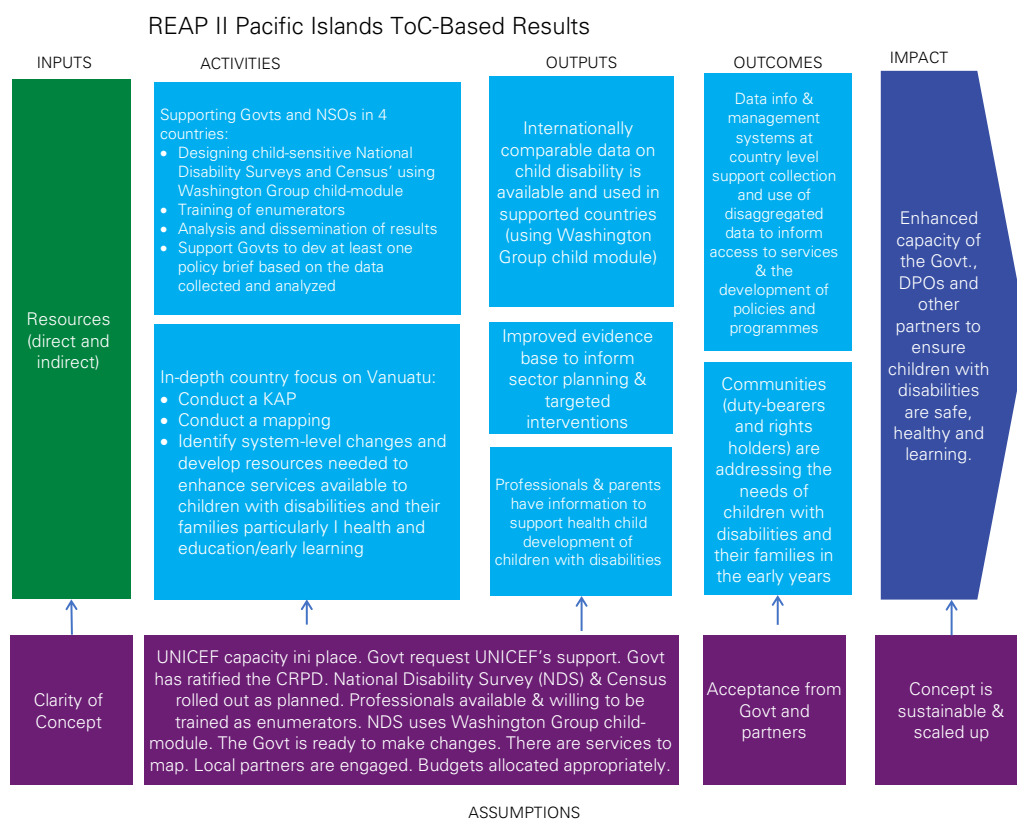


Figure 13: Pacific Islands Countries and Territories ToC Pictorial Diagram 2



PNG Theory of Change (and chain of events)

The below *Theory of Change* was completed based on the PNG Common Country Programme Document 2012-2015, and the Government of PNG-UNICEF Informal Country Programme Action Plan 2012-2015(CPAP).

According to the CPAP **Vision**, "UNICEF will continue working with all other United Nations agencies in the 'Delivering as One' modality, to **advocate for and deliver programme interventions for children**". To achieve the above Vision, UNICEF committed to five associated "Country Programme Strategic Priorities" (**Goals**):

1. "By 2015, the capacity of the government and relevant stakeholders is strengthened to improve quality, access and utilization of maternal, newborn, child and adolescent health services, including sexual and reproductive health";
2. "By 2015, sufficient capacity exists within the DOE and DCD, together with cognate departments and provincial divisions of education and community development, to formulate and implement policies and programmes to achieve inclusive universal basic education, holistic ECCD and alternative pathways to learning";
3. "By 2015, the government has strengthened national capacity to deliver on the goals and strategic priorities of the National HIV and AIDS Strategy";

4. "By 2015, children at risk of violence, exploitation and abuse will have increased access to prevention and intervention services for protection and justice to allow them to access their rights and to be supported by protective legislation and policy frameworks";
5. "Relevant government bodies undertake participatory evidence-based and equity-sensitive policy-making, planning and budgeting to achieve the Millennium Development Goals".

To achieve its goals, UNICEF will contribute to a number of system level changes (outcomes). While UNICEF recognizes that a number of system level changes are required to achieve its goals, it will focus on a few system changes where it believes it can make a difference due to its capacity, expertise and comparative advantage. Thus, UNICEF PNG will actively contribute to the following system changes:

- Enabling Environment – Legislative frameworks and policies guarantee inclusive services to all children, including children with disabilities and national legislation is consistent with international legal frameworks and agreements (CRC, CEDAW, CRPD, SDGs, Incheon, etc.). Design and implementation of policies is child-centred, and data is available for decision-making purposes. Action plans ensure access to services for children with disabilities.
- Enabling environment – Management and coordination mechanisms exist to ensure implementation of policies for children with disabilities and government bodies are coordinated to identify, refer and address the issues related to children with disabilities.
- Enabling environment – Social norms of professionals who are first-line respondents to children with disabilities and their families are respectful of children's rights.
- Supply – Access to adequately staffed services, facilities and information ensures that health workers and Early Childhood Education facilitators/teachers can identify children with delays and/or disabilities at a young age and provide intervention and referral services as needed.

A series of assumptions are made in the chain of events below, describing the Theory of Change for UNICEF's work related to children with disabilities, as UNICEF PNG's contribution to the DFAT Joint Program on Children with Disabilities. The identified activities being proposed as the UNICEF PNG contribution to the DFAT Joint Program on Children with Disabilities should not be considered in isolation, but rather as part of an office-wide agenda. In order to be able to "advocate for and deliver programme interventions for children", a chain of events has been assumed:

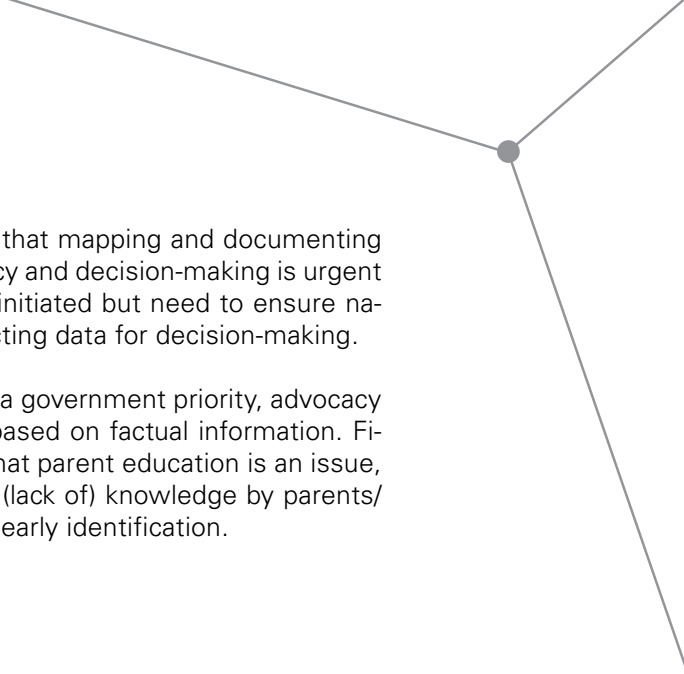
Assumption 1:

IF....

Evidence is generated to better understand the situation of children with disabilities,

THEN....

"Relevant government bodies undertake participatory evidence-based and equity-sensitive policy-making, planning and budgeting" (Goal 5 above).



All partners and stakeholders were in agreement that mapping and documenting existing services and gaps for purposes of advocacy and decision-making is urgent and critical. Some mapping exercises have been initiated but need to ensure national coverage and promote the practice of collecting data for decision-making.

In addition, to ensure children with disabilities are a government priority, advocacy at the highest level of government needs to be based on factual information. Finally, while there is a general acknowledgement that parent education is an issue, no baseline has ever been taken of the extent of (lack of) knowledge by parents/caregivers and professionals regarding ECCD and early identification.

Annex F: Reconstructed theory of change

At the foundation of the evaluation process was a reconstruction of a Theory of Change (ToC) for REAP II. Understanding the context and what led to change aligns well with the evaluation objectives and the nature of REAP II as a devolved regional programme. Beginning with the programme outcomes and logframe for each country, the outcome statements are refined by testing assumptions and logic. This section discusses how change happened in REAP II and how the ToC was reconstructed during the evaluation; how assumptions played out and what additional assumptions needed to be made explicit. The outcome harvesting Annex A more closely explores the outcomes of REAP II.

A theory of change explains how the activities undertaken by an intervention (such as a project, programme or policy) contribute to a chain of results that lead to the intended or observed impacts.¹⁶⁴

An issue raised during the inception phase concerned the relationship between country and region. In the original REAP II proposal, there was mention that “Individual countries/sub-regions will develop their own theory of change, workplans and results framework during the inception phase of the programme, in consultation with government and other stakeholders and these will feed into the finalization of the detailed logframe and monitoring framework for the programme.” There was an overall broad logframe developed during the proposal phase with the intention that demonstration countries would develop their own logframes to suit their context during the inception period. Then these desired changes would be put into country level annual plans and reconciled at the regional level. Aside from PNG, additional revisions around the logframe and collaboration with partners did not occur as much as partners would have liked (according to KIIs, ToC workshops and validation workshops). Moreover, the logframes were not used as frequently as expected and some of the activities and outputs did not lead to the outcome but other things were done instead, that did lead to the outcome.

Why a reconstructed ToC?

The theory of change was revised in this evaluation because REAP II’s ToC and logframe had gaps and discrepancies. Moreover, the way demonstration country level efforts added up to a regional theory of change was not made explicit. Consequently, there was little evidence to support a theory of change. During the evaluation the fact that the logframes were only reviewed once during the programme by PNG and were not used after development, but that many other outcomes outside the logframe were achieved suggests that a theory based approach to REAP II was needed. The final reconstructed ToC represents the way that the evaluation team understands the project or programme should have worked according to respondents and the good practices and the gaps identified.

¹⁶⁴ See the Better Evaluation website: <https://www.betterevaluation.org/en/node/5280> <Accessed on: 11/08/20>.

Methodology

The evaluation team put a ToC together based upon a review of the program's literature and preliminary interviews with reference group members. The ToC was then tested with the Reference Group during an online workshop. The reference group voted unanimously for a theory of change workshop to be conducted at the CO level because the causal pathways toward change could look different for different stakeholders.

Further ToC workshops were completed with UNICEF staff and partners/stakeholders per CO (UNICEF Pacific Multi-Country Office (based in Fiji), PNG, Vanuatu, Viet Nam). These workshops helped to refine the Theory of Change, including clarifying the strategies used and assumptions or the causal logic that did not play out as planned. While each country learnt different lessons and trialled different approaches, a universal ToC did emerge. The evaluation team used Excel to record key messages and assumptions and then compared the country results to understand the more common issues (gaps, assumptions, challenges faced). These were grouped by outcome areas and revealed patterns.

Findings

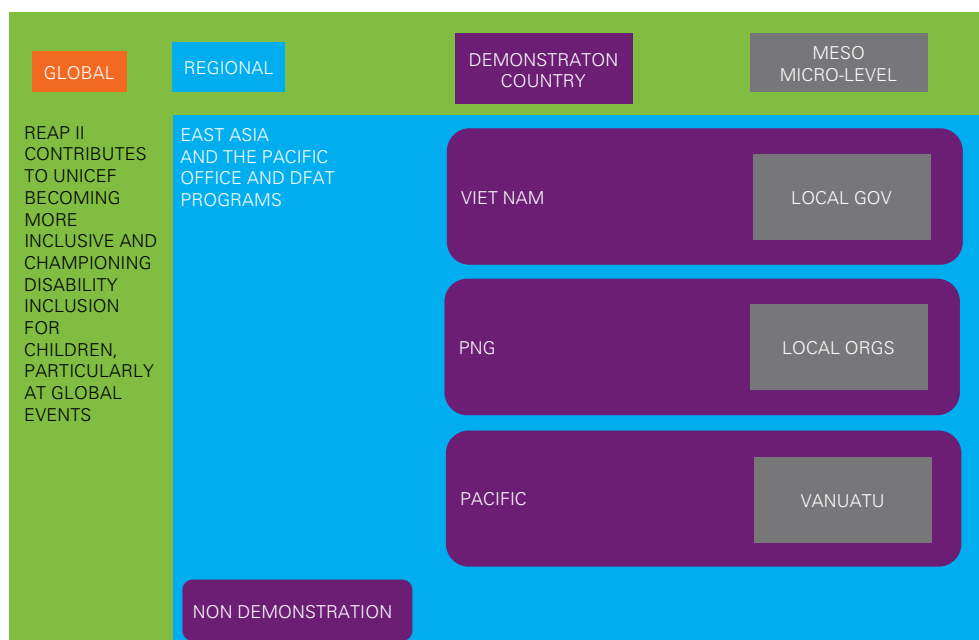
The original Theory of Change did not play out quite as expected. The reasons for this included: it took longer for some countries to mobilise the right partners, to convene and agree to the way forward since partner governments are often pulled in different directions depending on emerging priorities (e.g. floods), and, disability is under resourced in terms of personnel within the government and in terms of programme funding. Some of the mechanisms necessary for consultation and the procedures to work effectively with OPDs were not in place or were too weak to begin working with immediately. Some of the results from the pilots and the results from the data collection have not yet eventuated and so have not been used to advocate for change. Similarly, some of the activities originally planned were not needed or changed to remain effective.

Based upon the preliminary literature review, REAP II is a Systems Change programme that facilitates inclusion by removing barriers. It puts children with disabilities at the centre of tackling or addressing the problem and looks to create an enabling environment so that children with disabilities move from being excluded and vulnerable to included and resilient. It helps parents and communities move from being uninformed about disability inclusion to informed. As UNICEF works at the policy making level it offers technical assistance to help decision makers align with international commitments, uses quality evidence and makes more informed decisions, especially around budgets. This leads to more resources allocated to local service provision for children with disabilities and both better service delivery and support for parents and children with disabilities. Meanwhile, UNICEF will advocate at the regional and global level for disability inclusion by sharing evidence. By working across levels and removing the barriers children with a disability face, systems of exclusion and discriminatory attitudes and behaviours will begin to change.

The first attempt to map the theory of the programme occurred during the inception phase and was presented pictorially with three different images. One image showed the strategies used and the other explained the demonstration country/role model approach (Fig 14) and how it would lead to systems change by amplifying the impact. The role model/ demonstration idea was that lessons would be learnt and strategies trialled in the demonstration countries that could be replicated in the non-demonstration countries. The EAP region would then influence other regions and a global approach to children with disabilities. Similarly, experience

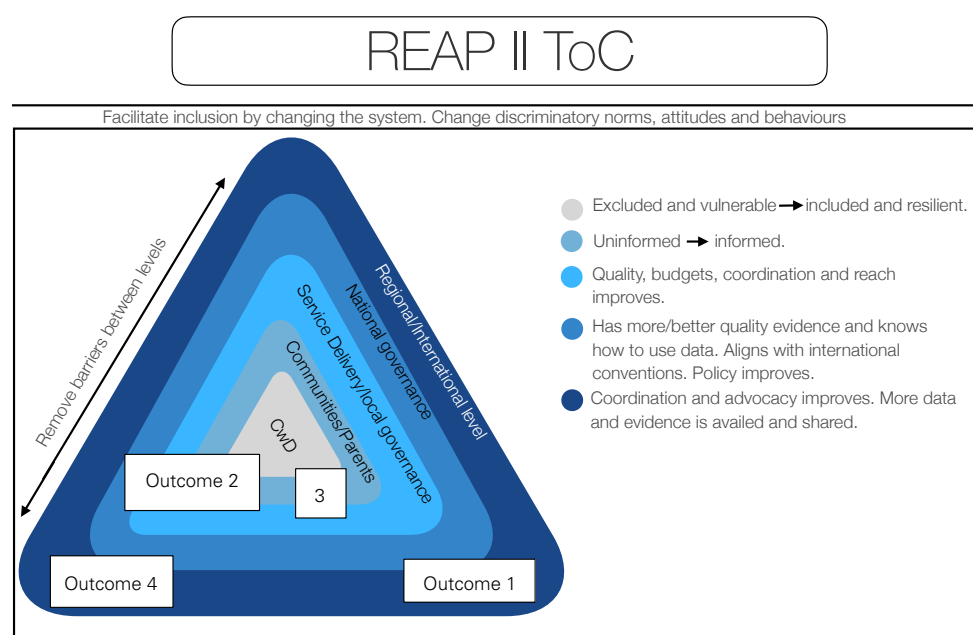
from the meso level would influence at the country level so that the learnings could be applied countrywide.

Figure 14: Role model and demonstrations encourage change



REAP II hoped to work with a demonstration type/role model approach whereby the success from REAP II would be shared with other countries and programmes in the region to show what was possible. Signs of this are visible but the programme ended before this could be fully harnessed.

Figure 15: REAP II Reconstructed Theory of Change – Initial

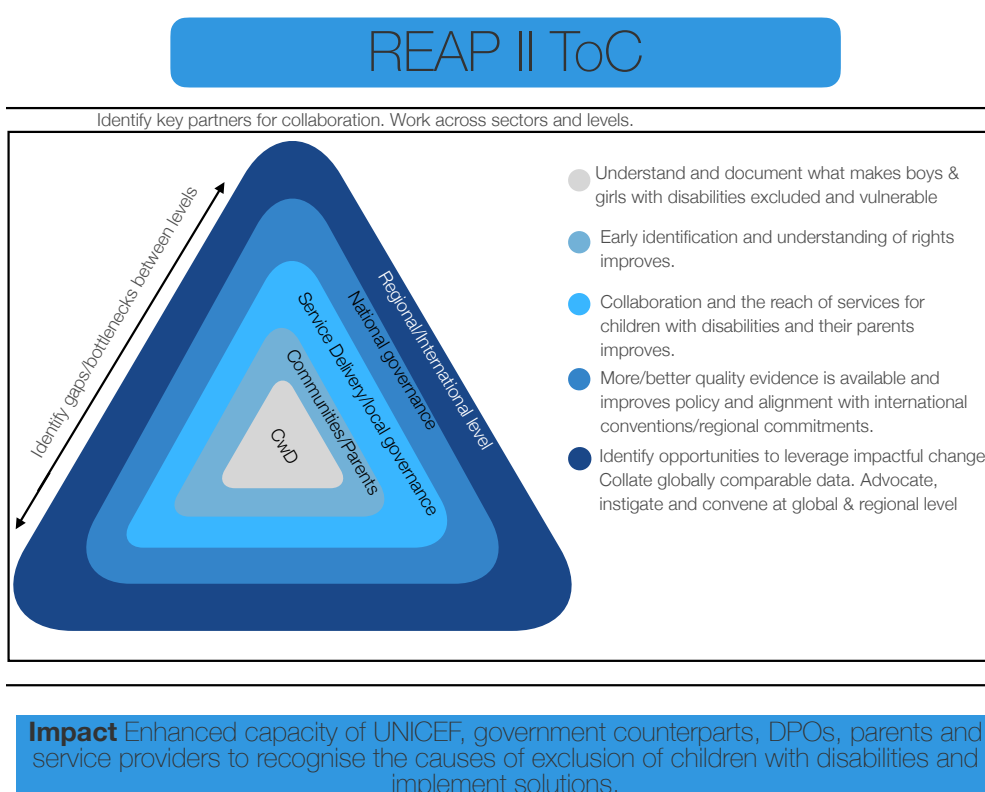


Meanwhile, Figure 15 applied a social ecological model to represent the different levels of the enabling environment that can help to more fully include children with a disability. The white outcome boxes represent the level where the REAP II outcomes focused. Figures 15 and 16 represent the “ripple” effect that REAP II hoped to achieve and thus the theory of change.

The diagram shows where the outcomes overlap to influence/affect change at different levels. This social-ecological diagram was found to be useful by the reference group and could illustrate either a top down or bottom up approach. As the evaluation analysis was completed this theory of change was further revised to reflect what actually happened (fig 16).

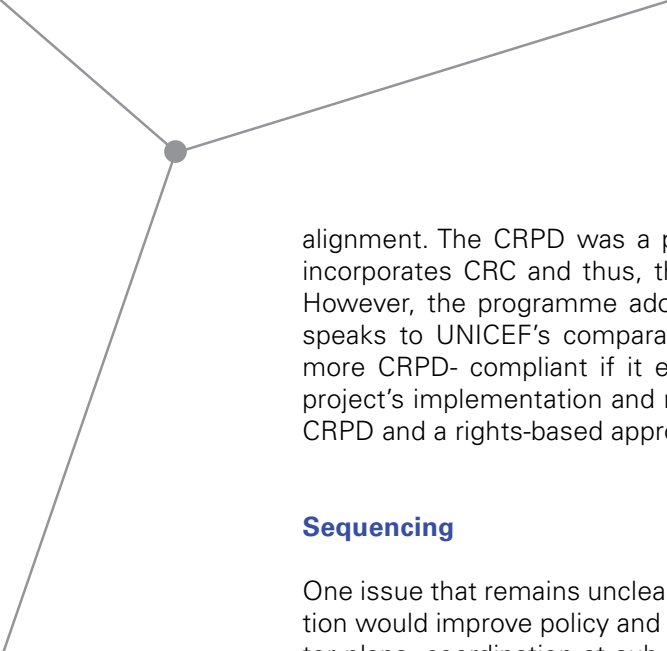
Vision	To promote inclusive development approaches which fulfil the rights of children with disabilities.
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Figure 16: REAP II Reconstructed Theory of Change – revised



At the level of children with a disability the programme was able to develop a better understanding of what makes boys and girls with disabilities excluded and vulnerable. Some of this was documented and shared with the government and other partners. Communities and parents gained a greater understanding of disability rights. Sub National collaboration and the reach of some services improved. Better quality evidence was collected, and used to influence policy, legislation and programmes at the, regional and global level. UNICEF now have a better idea of the gaps and bottlenecks at various levels and know that the sub-national level is where many bottlenecks remain.

The impact statement was changed slightly to be more about understanding the causes of exclusion and ways to implement solutions, rather than CRPD and CRC



alignment. The CRPD was a priority in policy reform and in many ways already incorporates CRC and thus, the emphasis in REAP II was rightly on the CRPD. However, the programme adopted a state-centric or top down view. While this speaks to UNICEF's comparative advantage, the programme would have been more CRPD-compliant if it enhanced the participation of children more in the project's implementation and monitoring and in governance structures as per the CRPD and a rights-based approach.

Sequencing

One issue that remains unclear concerns sequencing. It was assumed that legislation would improve policy and the data collected. If policy was improved then sector plans, coordination at sub-national level and resource allocation would follow, leading to improved services. However, services improved because of UNICEF's NGO partners. Legislation improved because of advocacy and improved data. Some coordination improved due to partnerships and UNICEF being in the right room/meeting. Some sub-national planning improved because of the service delivery occurring at the local level. Missing was increased accountability, resources and demand for improved services. Some behaviour change occurred but this is difficult to prove as it was more indirect and often not captured rigorously. Changes also happened for UNICEF as an organization.

A range of different activities led to different outcomes in each country. This made it hard to learn sequencing lessons. The government not having adequate resources available, or being too busy to pass legislation, policy, was a key barrier across outcomes. PNG had the biggest challenges with on time delivery. It is also possible that lessons on the pace of change were missed. For example, things seem to move more slowly in Vanuatu and PNG. This suggests that programme designs should reflect upon a locally accepted pace of change.

Strategies

ToC workshop respondents ranked the importance of the strategies used (Table 9). Advocacy is the most commonly used strategy, followed by partnerships and then technical assistance and capacity building. Next was increase evidence and then being participatory and locally led, followed by inclusive services. The role model/early adopter approach tied with being child focused. The last ranking strategy was convening and facilitating. There were some country differences and some commonalities, revealing why countries need to work in their own context specific way.

Some respondents commented that they answered the role model question as if it related to individuals, e.g. a child with disabilities who won a scholarship and went to school influencing others; or a government official/village leader doing a good job and showcasing this to others to entice them to copy. The other part of the role model approach related to influencing non-demonstration countries in the region. Non-demonstration countries were influenced (see Annex W on the survey responses from non-demonstration countries). However, they were more likely influenced by the programme specialist than by specific models occurring in the demonstration countries.

Table 9: Importance of the strategies used by country¹⁶⁵

Rank, strategy, (score)	Viet Nam	PICTs	Vanuatu	PNG	RG ¹⁶⁶
1 st Advocacy, (9)	1	6	1	1	
2 nd Partnerships, (13)	4	3	3	2	1
3 rd Technical Assistance to build capacity/ strengthening national systems, (17)	3	1	5	5	3
4 th Increase evidence, (19)	2	4	4	6	3
5 th Participatory and locally-led, (22)	7	2	2	7	4
6 th Integrating quality inclusive services for children with disabilities and their carers, (23)	5	7	7	4	
7 th Child-focused, (29)	8	5	6	8	2
7 th Role model (support early adopters in system change approach), (29)	6	8	8	3	4
8 th Convening/facilitating, (36)	9	9	9	9	

Figure 17 suggests there are some strategies used by UNICEF that are more important than others and should be prioritized early on, some should come later and others should be used in combination. This implies there were lessons around sequencing that were not captured.

Assumptions

Most of the information about assumptions came from the ToC workshops where rich discussions on this topic occurred. They have been grouped into the following 8 topics (Table 10): data, mechanisms/OPDs, inclusive services, parents, partners, time, referral/ community, and, stigma/behaviour. Even though the programme was 4.5 years long, the implementation in COs was sometimes no longer than 2-3 years.

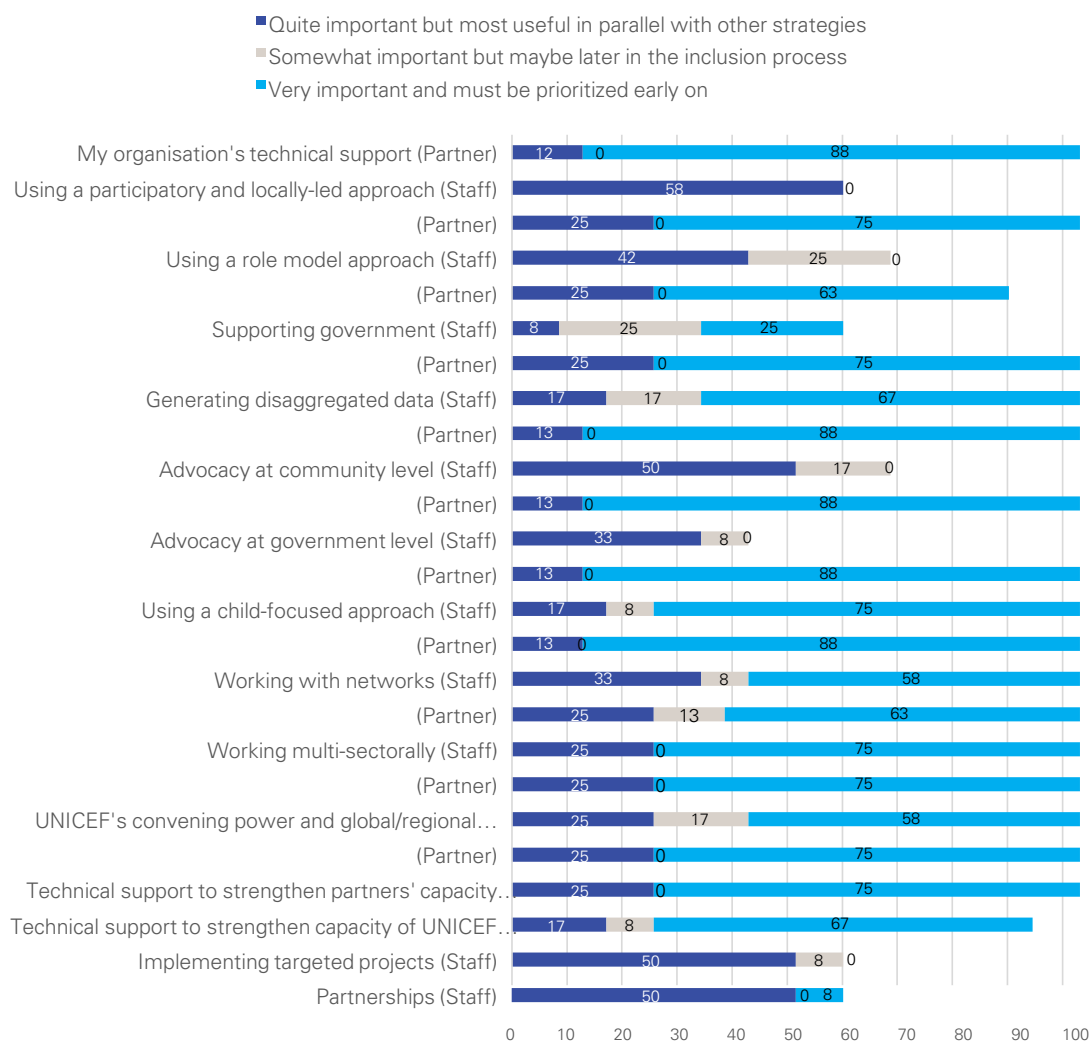
The extent of these assumptions suggest that not enough consultation occurred with countries and partners about the local context and the reality during the design phase. According to records, the logframes were co-created with partners and OPDs were consulted. However, an external consultant led the design phase, as the regional Programme Specialist post was not filled until one year into the programme. The programme specialist post was vacant again for eight months between Dec 2017 and Aug 2018. This gap in technical expertise may have contributed to these planning and implementation gaps.

¹⁶⁵ During the ToC workshops, participants were asked to rank strategies in order of importance. A first place ranking represented the most important strategy, and hence the lowest score is the most important strategy.

¹⁶⁶ The results from the Reference Group ToC are presented here. During this workshop, the RG added advocacy, convening and facilitating and inclusive services. This is why the RG did not vote on these aspects and this is why the RG votes are not counted in the final ranking.

Figure 17: Survey participants (by types of organization) strategies particularly important for REAP II or for the country programme development (%)

In contributing to the changes you selected above, please rank which strategies seemed to have been particularly important for REAP II or for the country program development (if disability is included)



Sample size UNICEF staff=12; Partners=8. No government responses.

Table 10: List of assumptions found during the implementation of REAP II¹⁶⁷

Data	Mechanisms/ OPDs	Inclusive services	Parents
Data collection - took longer than expected	The programme should have focused on strengthening mechanisms rather than assuming they already existed.	Health screening, referrals and training required more investment. Assisted devices were also needed but underfunded.	There was a big gap between the home and the school. Parents think that as soon as their children are ready to go to school, they wipe their hands and let the teachers do the job.
Analysis delays -counterparts did not have the time to help out in analysing data, or did not prioritize disability data over many other data sets they had.	There was a big gap between the network for the National DPOs and the provincial DPOs which made it hard for them to build capacity so that they could advocate within our provinces on disability or inclusion.	When the child enters the classroom, there are a lot of different things that were beyond the scope of the teacher who often needed more health information to understand how they could better support the child.	ocus on the niche area, children with disabilities, exposed some more general problems; general parenting skills and general teaching skills which need to be improved in order to focus on the special needs of children with impairments.
Policy makers still do not have the basic understanding of how to use the data. More analysis and disaggregation needed	One thing that was overlooked was strengthening the DPOs so that they could build demand for the inclusion of children with disability. In particular the DPOs in the community. The continuity of staff who have received technical assistance.	More work needed with the health system /health partner who plays a critical role in supporting the child's learning and helping the families to understand the child's impairment. Existing early intervention model for children with disabilities exists.	Parents need to realise that the impairment isn't the problem - it's knowing how to accommodate the impairment. It is the social model of disability where the society isn't adapting to impairments or adequately including the children. Parents need a better understanding of the health or medical conditions of the child so that the disability isn't seen as a burden. This information would raise awareness of the impact of their impairment on their body or for their mind or vision or hearing.

167 Some of these are direct quotes.

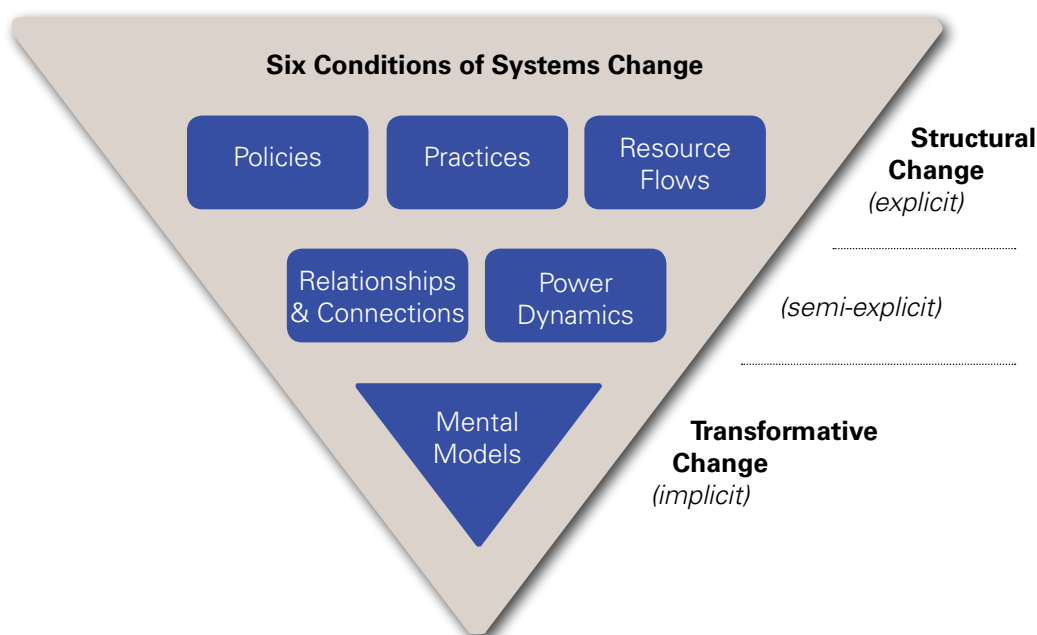
Government and other Partners	Time	Referral/community	Stigma/behaviour
Politics between ministries slowed things down	The anticipated time for completion was insufficient, given the different factors.	After identifying them, who do we refer them to? Especially in remote communities in the rural places, where do the parents go to find the help for their child?	There was a big gap between the home and the school. Parents think that as soon as their children are ready to go to school, they wipe their hands and let the teachers do the job.
The idea of really developing a kind of MOA or MOU that specifies the roles and responsibilities at different levels was needed. This will produce a common understanding and assist working together to provide disability through Inclusive Education.	The timing of this programme is important so that it avoids cyclone season, and the end of the school year.	The big problem is the referral system which needs strengthening. To whom do we refer a child?	ocus on the niche area, children with disabilities, exposed some more general problems; general parenting skills and general teaching skills which need to be improved in order to focus on the special needs of children with impairments.
At the start of the design of the programme or the project, it was assumed information was shared between partners. We made clear assumptions but did not know whether partners were informed that they were part of that project. That was expected but not specified clearly.	There appears to be an urban-rural split as collecting data in Port Vila was easier than other areas. So, assuming that all regions are the same is unhelpful. Certain regions need more time or more money to collect the data.	There is a lack of capacity within a community and also a lack of understanding of disability within homes and community that could support the child's participation in education.	Parents need to realise that the impairment isn't the problem - it's knowing how to accommodate the impairment. It is the social model of disability where the society isn't adapting to impairments or adequately including the children. Parents need a better understanding of the health or medical conditions of the child so that the disability isn't seen as a burden. This information would raise awareness of the impact of their impairment on their body or for their mind or vision or hearing.

Discussion

Sustainable inclusive development requires transforming societies through policies and actions. For this to work, duty bearers and decision makers have to accept /adopt the need for change and understand the negative cost of maintaining the status quo. While this kind of influence can be achieved through evidence, it is the way that UNICEF gathered that evidence collaboratively and then held co-creation analysis workshops that made it influential. During the evaluation there had been discussions about the definition of systems change and the identification of UNICEF's comparative advantage. This section explores these ideas in more detail.

Figure 18 represents six conditions of systems change that have been identified by various academics and practitioners.¹⁶⁸ UNICEF aims to influence structural change at the explicit level although some changes at the semi-explicit level are programmed. Generally, there is the assumption that changes at the explicit level will trickle down to the implicit level, but this evaluation challenges that assumption and suggests that more conscious direct efforts to change behaviour are needed in disability programming. The best results come from working across the three levels¹⁶⁹ because this helps create pathways for change at different levels that multiply. By focusing on less explicit, but more powerful conditions for change, while also turning the lens on themselves, actors can increase their chances of success.¹⁷⁰ Moreover, different (multiple) advocacy avenues are required for systemic change, especially in behaviours, knowledge, and attitudes.

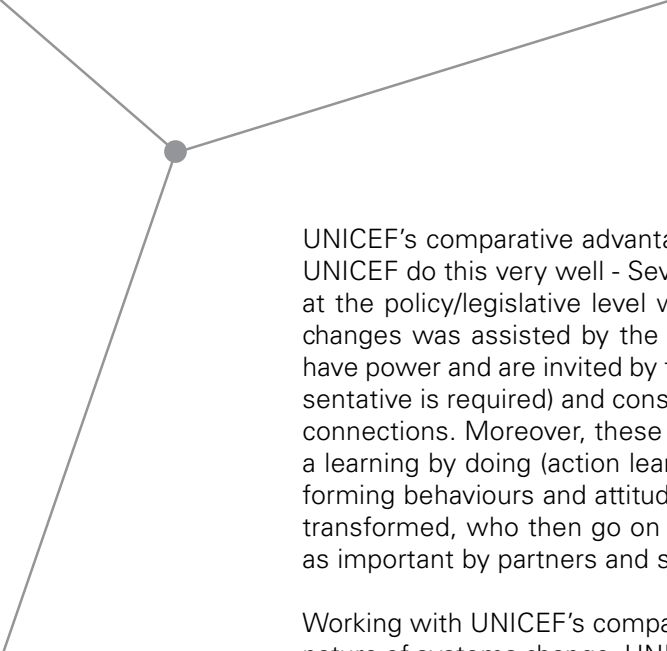
Figure 18: The Six Conditions of Systems Change



¹⁶⁸ Kania, J., Kramer, M., and Senge, P. 2018. The Water of Systems Change, FSG.

¹⁶⁹ Kania et al 2018.

¹⁷⁰ Kania et al 2018.



UNICEF's comparative advantage (using Fig 18), is at the structural /explicit level. UNICEF do this very well - Seventeen outcomes that will have a long term impact at the policy/legislative level were recorded.¹⁷¹ Meanwhile, the delivery of these changes was assisted by the way UNICEF works at the semi-explicit level (they have power and are invited by the government to most events where a child representative is required) and consequently, UNICEF staff have good relationships and connections. Moreover, these relationships and the way UNICEF works facilitates a learning by doing (action learning approach) that has a multiplier effect of transforming behaviours and attitudes as well as giving the evidence to those who are transformed, who then go on to influence others. These qualities were identified as important by partners and staff across countries.

Working with UNICEF's comparative advantage makes sense. However, given the nature of systems change, UNICEF's ability to influence other levels of change that are not to their comparative advantage (e.g. at the semi-explicit and implicit level) requires more thought during programmes that are aiming for systems change. For example, what does an enabling environment for disability inclusion look like? The answer to this in REAP II is limited to policy and legislative changes. However, UNICEF should think more holistically about systems change (as per academic definitions – see Fig 18).

As one survey respondent articulated: 'Encourage and advocate based on the experience of on the ground activities.' This will lead to 'policy change and an improved attitude and awareness in ministry.' While this did occur, it was at the level of National / Sub National and community coordination level where the causal chain broke. Sub National engagement appears particularly difficult because there are not many partners that operate strategically at this level. PNG's Inclusive Education Resource Centres were a good model for sub-national coordination and studying these further and documenting the lessons learnt would be warranted.

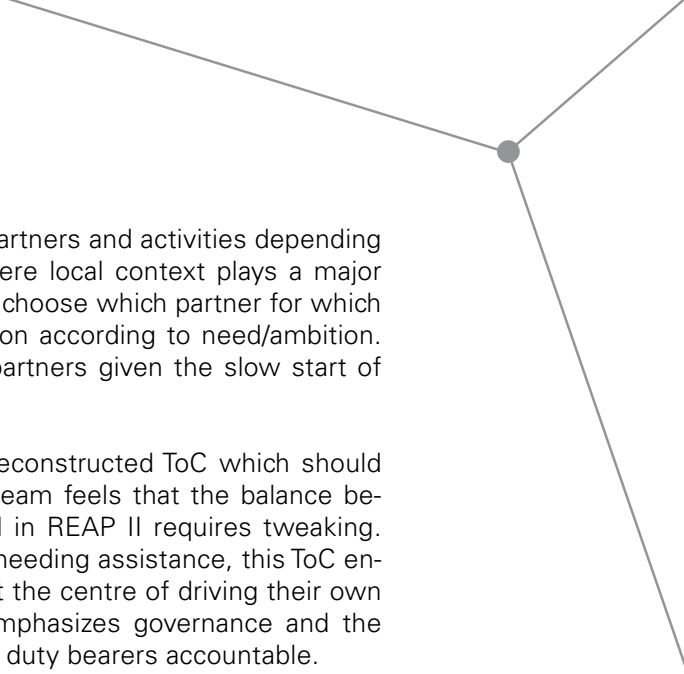
Another weakness is around building demand and accountability. While UNICEF has some strong partners to work with, it is advisable for programme implementers should to think more in terms of building the capacity of others to hold duty bearers to account and to ensure strong and sustainable mechanisms remain in place after the programme ends. Governments also need to be accountable to their citizens for the policies, legislation and funding allocations made (this cannot be assumed to be in place).

Most ToC workshops had a discussion around the need to change attitudes and discriminatory norms. This was the fifth outcome area that arose from Outcome Harvesting. Similar sentiments were heard in the survey, e.g. there is still strong attitudinal barriers relating to children with disabilities and people with disabilities (Survey Respondent #3), and about a third of KIIs mentioned the need to focus on attitudes and discrimination which was more frequently heard in PICTs.

Reconstructed ToC

The expectations about the programme by the evaluation team is mapped in the reconstructed ToC (Fig 19). This could serve as the logframe for REAP III which the evaluation team would strongly support. Outputs and activities are not listed

¹⁷¹ Resource flows at this level are harder to prove, except for new cash transfers in the Pacific, suggesting this may not be a good indicator for change and thus should not appear in an outcome statement.

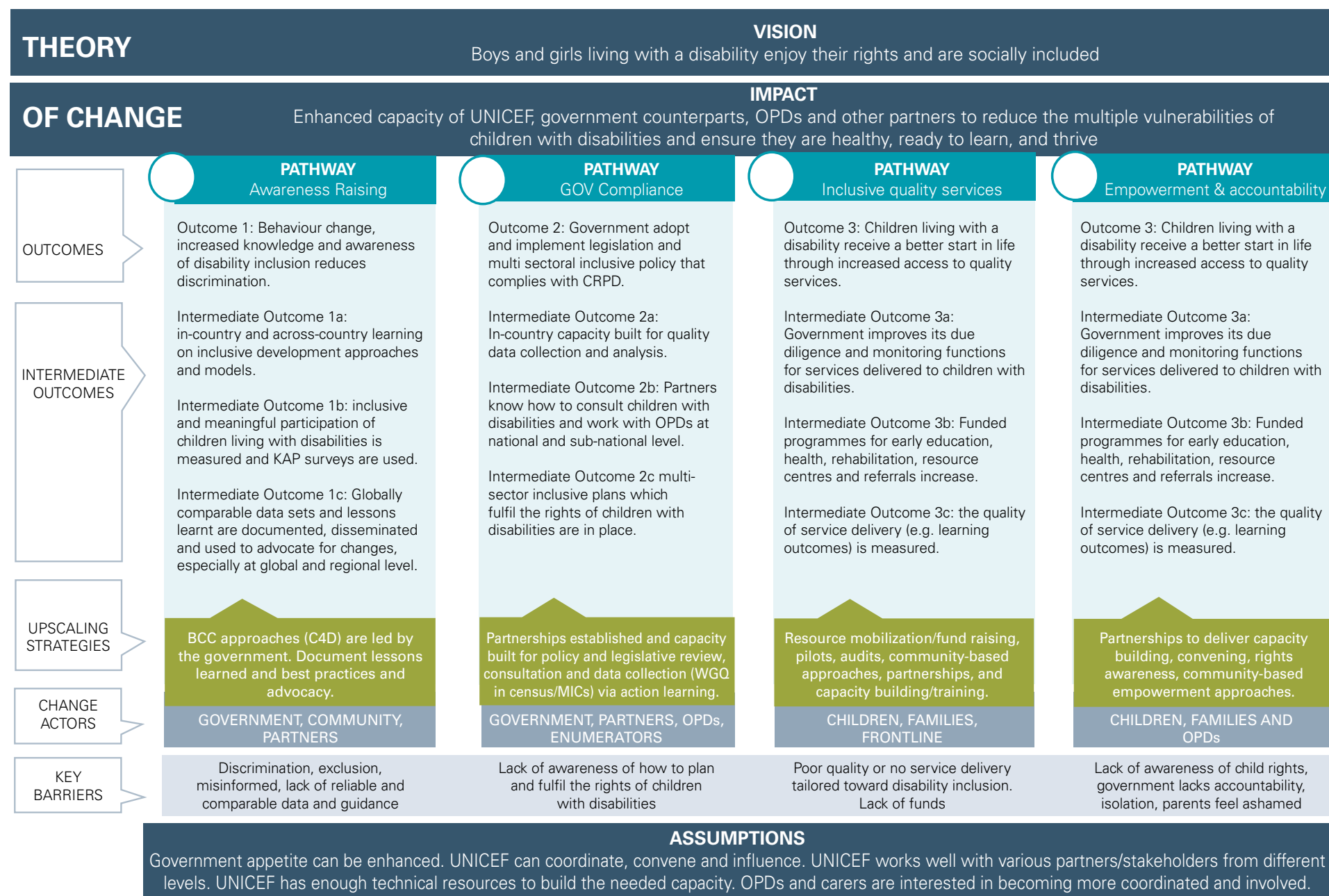


because each country needs to choose suitable partners and activities depending on their needs and desired outcome. This is where local context plays a major role in success. Each country needs to be able to choose which partner for which outcome/activity and match the resource allocation according to need/ambition. Sequencing requires planning discussions with partners given the slow start of REAP II.

Some intermediate outcomes are listed in the reconstructed ToC which should help lead to the final outcomes. The evaluation team feels that the balance between demand and supply or between push-pull in REAP II requires tweaking. Instead of perceiving children with disabilities as needing assistance, this ToC enables people and children with disabilities to be at the centre of driving their own agenda. Consequently, the reconstructed ToC emphasizes governance and the need to empower rights' holders so they can hold duty bearers accountable.

Given the fifth outcome area identified during the harvest, and the amount of comments relating to discrimination and behaviour change, the reconstructed ToC includes awareness raising as a pathway.

Figure 19: Final reconstructed theory of change



Annex G: Systems change

The term 'system change' / 'system-level change' is used in various ways by UNICEF. Consequently, the evaluators felt that an annex explaining what a systems change approach to development actually involves was warranted.

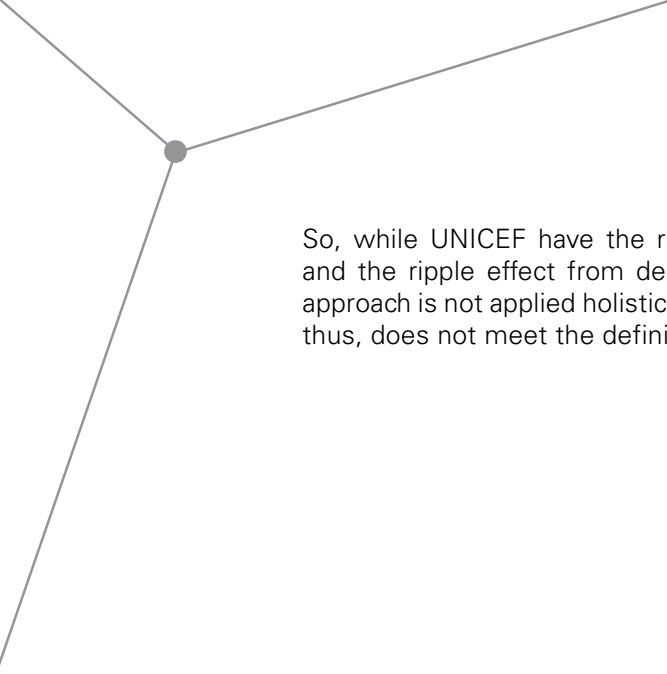
A systems change approach to development examines incentives, behaviours and relationships among actors and looks to remove bottlenecks that hold the unequal/dysfunctional system in place.¹⁷² A systems approach (to disability) addresses the specific and unique underlying causes of poor performance and discrimination/exclusion across the social-ecological model.

A systems-change approach will ideally lead to stimulating more sustainable/knock-on/ripple-effect changes in the rules, relationships, barriers and incentives that affect how public and private actors behave, helping children with disabilities to become more effectively included. However, a systems change approach has the development actor play more of a facilitation role that stimulates longer lasting/sustainable change, rather than through direct intervention. For example, the development actor might facilitate a network/new connections but would not own the network. This would be placed within a local organization and funding secured or a fee-based service adopted so the network continues after donor funding ceases. A systems change approach for children with disabilities ensures that the social and economic benefits last far beyond the period of intervention.

In practice, for UNICEF, system level changes are about the enabling environment as shown in the Draft logframe for DFAT Proposal for Joint Programme on Children with Disabilities (See Fig 10). For PNG system level changes are interchangeable with outcomes in the ToC. While "UNICEF recognizes that a number of system level changes are required to achieve its goals," it tends to focus on only a few system-level changes (e.g. policy/legislative changes) and where it believes it can make a difference due to its capacity, expertise and comparative advantage. In PNG's ToC, it says "UNICEF will actively contribute to the following system changes:

- Enabling Environment – Legislative frameworks and policies guarantee inclusive services to all children, including children with disabilities and national legislation is consistent with international legal frameworks and agreements (CRC, CEDAW, CRPD, SDGs, Incheon, etc.). Design and implementation of policies is child-centred, and data is available for decision-making purposes. Action plans ensure access to services for children with disabilities.
- Enabling environment – Management and coordination mechanisms exist to ensure implementation of policies for children with disabilities and government bodies are coordinated to identify, refer and address the issues related to children with disabilities.
- Enabling environment – Social norms of professionals who are first-line respondents to children with disabilities and their families are respectful of children's rights.
- Supply – Access to adequately staffed services, facilities and information ensures that health workers and Early Childhood Education facilitators/teachers can identify children with delays and/or disabilities at a young age and provide intervention and referral services as needed."

172 <https://beamexchange.org/market-systems/why-use-systems-approach/>



So, while UNICEF have the right idea about needing an enabling environment, and the ripple effect from demonstrations, a systems thinking/systems change approach is not applied holistically/consistently during REAP II implementation and thus, does not meet the definition of systems change.

Annex H: Indicators

One of the evaluation recommendations relates to improving the logframe and indicators used. This annex makes suggestions to improve indicators for UNICEF.

In the REAP II logframe, for outcome 3 Quality inclusive services for children with disabilities, the indicators are: Policy Gap Analysis Report; National and district level budget analysis reports; Reports of advocacy meetings; National and local sector plans include children with disabilities. These are really means of verification and outputs that do not capture systemic changes. Nor are they SMART.¹⁷³ To prove systemic change for quality inclusive services for children with disabilities, one should think about the root causes of problems, the patterns that currently hold the problem in place, and what the change will look like when it arrives. The indicators should not relate to outputs but should monitor the change process instead.

It would also be advisable for UNICEF projects to think about indicators in terms of social, medical and welfare. This will ensure the programme changes systems in a holistic and even manner. However, there should be two social indicators because that is the primary approach supported by the CRPD. Then there should be a sustainability indicator to ensure the long terms benefits are thought about from the beginning. Four example indicators are provided as an illustration:

- **Welfare:** % change of children with disabilities below the multi-dimensional poverty line receiving a cash transfer from baseline.
- **Medical:** % change year-on-year of parent's level of satisfaction with screening service provision provided to children with disabilities under age 5.
- **Social:** number of children with disabilities under 5 demonstrating improved social skills.
- **Social:** number of communities demonstrating increased Knowledge, Attitude and Practices towards disability inclusion
- **Sustainable:** the capacity of government officials to consult children with disabilities (or number of teachers in mainstream schools able to identify/screen children with learning needs).
- **Cross sectoral:** # of delivery platforms that now work across more than one sector to improve disability inclusion.

¹⁷³ The acronym SMART is frequently used when developing indicators and stands for: Specific, Measurable, Achievable, Relevant and Time-bound.

Annex I: Situational Analysis Summaries from REAP II Project Strategy and Implementation Documents

During the inception phase for REAP II, UNICEF COs for Viet Nam, Papua New Guinea (PNG) and Pacific Islands Countries and Territories (PICTs) each developed Project Strategy and Implementation Documents including: 1) desk review; 2) rapid situation analysis; 3) Theory of Change; and 4) REAP II Logframe. The Situation Analysis reports by each CO follow the same Structure:

1. **Overview** of regional and country context and background on REAP II
2. **Discussion of defining disability** and identifying children with disabilities, including an update on the status of CRPD implementation and overview of available data on disability
3. **Analysis of barriers to social inclusion** of children with disabilities identifying priorities for UNICEF strategic planning, covering key sectors: Child Protection, Education, Health, Social Inclusion, and, for some COs, Humanitarian Action, Sport for Development, WASH and Gender. For each sector, the reports summarize relevant international commitments, national legal and policy frameworks, services and coordination and data.
4. **Key findings and policy recommendations** identifying overall strategies for the UNICEF CO and proposed activities for the CO under the auspices of REAP II
5. **Annexes** of project documents specific to the CO including: MORES Barrier Analysis, Theory of Change, REAP II Logframe, and List of Partners.

The summaries below cover key barriers identified in each situational analysis, along with the recommended strategies and proposed activities for the respective UNICEF COs under REAP II. The Situational Analysis reports go into great detail regarding the existing legislative and policy contexts as of 2016. All three reports identify significant challenges related to data and knowledge on children with disabilities, coordination across and within sectors, and incomplete or poor implementation of policies and services to support children with disabilities. These summaries are not exhaustive, and focus on highlighting the unique barriers and proposed actions identified by the different COs.

Viet Nam

National policies and a committee are in place to oversee implementation of the CRPD in Viet Nam. However, decentralization impact implementation of services due to lack of vertical and horizontal coordination. People with disabilities are largely invisible in daily life and the social model of disability is still emergent, even among NGOs in the sector.

Barriers to social inclusion

- **Legal:** Legislative frameworks are not consistent with the CRPD and rely on a medical model for conceptualizing disability.
- **Child Protection:** Institutionalized child protection system has inadequate supports for community-based care.
- **Education:** Inclusive education is supported in policies, but conceptualized and implemented largely as a segregated parallel system.
- **Health:** National health programmes exist to address prevention, early identification and rehabilitation for children with disabilities but coverage remains poor with extensive unmet need.

- **Social inclusion:** While the Master Plan on Social Assistance report 2016-2030 reflects an inclusive approach, there is a lack of coordination and technical capacity at all levels of the system.

Key findings and policy recommendations

- **Overall strategies for UNICEF Viet Nam:** 1) develop a 5-year strategy for engagement of children with disabilities; 2) Engage with OPDs; 3) support coordination of services and improved technical capacity including establishing a Disability Partnership Group.
- **Proposed activities under REAP II:** 1) Support improved evidence generation on children with disabilities at a national level, including supporting a legal analysis of the existing legislative framework; 2) support modelling of integrated services at provincial/local levels.

Papua New Guinea

There is strong momentum and commitment to improve the lives of children with disabilities in PNG. The national legislative framework is in full compliance with the CRPD, but there are challenges in its implementation.

Barriers to social inclusion (noting unique barriers)

- **Child protection:** The sector faces systemic barriers related to weak capacity, coordination, resources, and management. Available studies indicate a context of high rates of family violence.
- **Education:** Education of children with disabilities has been mandated since 1993, but implementation has led to fragmented services, a dual/special education system, and persistent lack of economic and political support and leadership.
- **Health:** PNG faces significant challenges related to high rates of maternal and child mortality and infectious disease. A 2016 School Health Policy is supportive of inclusion of children with disabilities.
- **Gender:** Women and girls with disabilities are barely mentioned, if at all, in national reporting on CEDAW commitments.
- **WASH:** Unlike the other two reports, the PNG analysis specifically addresses WASH. PNG's WASH Policy addresses needs and participation by people with disabilities. A 2015 disability-inclusive study of WASH in schools provides limited baseline data on accessibility of WASH facilities in schools for children with disabilities.

Key findings and policy recommendations

- **Overall strategies for UNICEF PNG:** 1) ensure engagement and visibility of children with disabilities in all UNICEF activities including supporting government reporting on the CRC and CRPD; 2) Engage with OPDs; 3) internal coordination activities to build capacity within UNICEF PNG.
- **Proposed activities under REAP II:** Support evidence-based decision-making:
 - o **Year 1-2:** Map knowledge, institutions, professionals and services to identify knowledge, stakeholders and gaps; and, analyse existing legislative framework through the lens of children with disabilities;
 - o **Year 2-3:** Analyse capacity of service providers to screen, identify and refer children with disabilities; Develop a capacity building plan and provide technical support to colleges and universities to enhance training; engage in advocacy campaigns to ensure child-centred national action plans and budgets;
 - o **Years 2-4:** Design a system of identification, referral and intervention for children with disabilities.

Pacific Island Countries, with a focus on Vanuatu

UNICEF Pacific office covers 14 focus countries. The Situation Analysis provides a regional perspective with a focus on Vanuatu, because the country is identified as a leader on disability in the region and well positioned for scalability with a supportive legislative and policy environment, government commitment, strong UNICEF presence, and established action on services for children with disabilities with local government and OPDs.

Barriers to social inclusion (noting unique barriers)

- **Legislation implementation:** there are large gaps between positive policy intentions and actual funding and services implemented.
- **Child protection:** Disability-related activities are largely emphasized through child protection in emergency response work.
- **Education:** Despite supportive commitments, more work is needed on inclusive education; the Pacific Indicators for Disability Inclusive Education Project launched in 2016.
- **Health:** Lack of early identification systems, basic services, and studies on health and children with disabilities.
- **Social inclusion:** Recommended that UNICEF Pacific develop technical capacity to address social protection for children with disabilities with a rights-based approach.
- **Humanitarian action:** PICTs region is highly vulnerable to natural disasters; need to promote inclusion in all phases of humanitarian work.

Key findings and policy recommendations

- **Overall strategies for UNICEF Pacific:** 1) Engage with children with disabilities; 2) Engage with local OPDs and their constituencies; 3) build the evidence base on the situation of children with disabilities; 4) Mainstream disability across all programme areas; and 5) Support governments to ratify and implement the CRPD, CRC and CEDAW.
- **Proposed activities under REAP II:** 1) scale up government capacity to collect child-disability data (taking advantage of planned national censuses and household surveys); and 2) provide technical support to enhance services for early identification and intervention.

Annex J: Stakeholder table

Table 11: REAP II demonstration country stakeholders

Stakeholder Category	PNG	Viet Nam	Vanuatu	PICTs Multi-county Office
Duty Bearers: Government ministries, departments and agencies	- NDoE - MoH - National Orthotics and Prosthetic Services (NOPS) - Department for Community Development (on social protection) - Department of Personnel Management (GESI policy) - Department of Statistics - DfCDR	- MoH - MoET - Ministry of Labour, Invalids and Social Affairs - Department of Statistics - Commune representative (on child protection committee) - National Committee on Disability (NCD) - DOLISAs	- Ministry of Justice and Community Services/ Disability Desk - National Disability Committee (under MoJCS) - National Statistics Office - MoET - MoH	- Pacific Island Secretariat - Ministry of Health and Medical Services - Ministry of Women, Children and Poverty Alleviation - Social Welfare Ministry - Ministry of Education, Heritage & Arts and dedicated HR (on special inclusive education) - Pacific Regional Inclusive Education Framework (PRIEF)
UNICEF	- Child Protection Officer - Education Officer - Disability focal points - Health specialist	- Child Protection Officer - Education Officer - Children with disabilities working group members	- Child Protection officer and Education officer	-Disability focal points -Education -Child Protection -Social Policy -ECD -Health -C4D -WASH
Other United Nations agencies				-WHO -UNESCAP

Stakeholder Category	PNG	Viet Nam	Vanuatu	PICTs Multi-county Office
Organizations for people with disability	- PNG Disability Sector Coalition - PNG Assembly of Disabled Persons - Provincial OPDs - Local OPDs/ associations, organizations of women with disabilities (OWDs)	- Viet Nam Assistance for the Handicapped (VNAH) - Viet Nam Federation on Disability (VFD) - National Coordinating Council on Disability NCCD - Provincial OPDs - Local OPDs/ OWDs	- Vanuatu Civil Society Disability Network - Vanuatu Disability Promotion and Advocacy Association (VDPA) - Other OPDs, incl OWDs - Other OPDs, incl OWDs	- Fiji Disabled Peoples Association - Fiji Council for Disabled Persons - Pacific Disability Forum (PDF)
Education and training institutions and actors	- University of Goroka - School Board Members - ECD staff - Local primary school(s)	- National University of Education - Provincial Teacher Training College - Inclusive School Networks - Day care service	- Vanuatu Education Support Program - Vanuatu Skills Partnership Programme - Vanuatu's Kolisen Blong Leftemap Education (KOBLE)	
(I)NGOs	- Callan Services for Persons with Disabilities - Cheshire disability services - Plan - Oxfam - World Vision	- CBM	- Motivation Australia - Oxfam Vanuatu - Vanuatu Society for People with Disability (VSPD)	
Rights Holders: Individuals and families	- Parents of children with disabilities - Children with disabilities	- Parents of children with disabilities - Children with disabilities	- Parents of children with disabilities - Children with disabilities	

At Regional level

Asia Pacific Development Centre on Disability
 Asia-Pacific Regional Civil Society Engagement Mechanism
 UNPD (for framework for social statistics)
 Southeast Asia Ministers of Education Organisation (SEAMEO)
 UNESCAP
 Asia Pacific United Nations network on disability
 Asia Pacific Working Group on Disability Inclusive Education

Table 12: UNICEF Stakeholders Non-demonstration countries

Disability Focal points for the non-REAP countries		
Child Protection Specialist	UNICEF	Cambodia
Child Protection Specialist	UNICEF	Cambodia
Deputy Representative	UNICEF	Cambodia
Chief – Planning, Monitoring and Evaluation	UNICEF	China
Deputy Representative	UNICEF	China
Youth & Adolescent Development Officer	UNICEF	Indonesia
Deputy Representative	UNICEF	Indonesia
Health Specialist	UNICEF	DPRK
Deputy Representative	UNICEF	DPRK
Chief of Child Protection	UNICEF	Lao PDR
Deputy Representative	UNICEF	Lao PDR
Disability Specialist, Child Protection	UNICEF	Malaysia
Deputy Representative	UNICEF	Malaysia
Monitoring and Evaluation Officer	UNICEF	Mongolia
Deputy Representative	UNICEF	Mongolia
OIC, Chief Social Policy and Child rights Monitoring	UNICEF	Myanmar
Social Policy Specialist	UNICEF	Myanmar
Deputy Representative	UNICEF	Myanmar
Health Specialist, disability	UNICEF	Philippines
ECD officer (alternate, focusing on ECD and disability)	UNICEF	Philippines
M&E officer (alternate - focusing on M&E and disability)	UNICEF	Philippines
Deputy Representative	UNICEF	Philippines
Chief of Education	UNICEF	Timor Leste
Deputy Representative	UNICEF	Timor Leste
Chief of Social Policy	UNICEF	Thailand
Deputy Representative	UNICEF	Thailand

Annex K: Evaluation matrix

Table 13: Evaluation Matrix

Criteria	Sub questions	Indicators	Means of verification	Data collection methods/source of information	Analysis methods
Relevance	To what extent have the REAP objectives of the programme proven valid for the work in the region?				
	How relevant is REAP II for your country/region? What are some of the strategies used during REAP II and have any of these contributed to the way partners and staff now work toward disability inclusion? How does CO results link to regional results? How has the work programme and activities evolved over time to respond to country/regional level priorities and requests? What part of the programme helped to develop country level strategies that were inclusive?	Strategies used, region-CO linkages	ToC workshop, progress reports, in-person interviews, Indicators from logframe/ UNICEF's M&E framework and strategies for the country programme	Develop outcome harvesting questions and ToC workshop guide. Use Mentimeter for real time polling/ zoom for the workshop	Outcome harvesting
	Are the activities and outputs of the programme consistent with the overall goal and the attainment of its objectives?				
	How relevant are the outputs produced and how have they been used? Are there patterns or trends in the outcomes or the factors contributing to outcomes and, if so, what do these tell us about the most important / critical actual pathways of change? Are there other outcomes that come to mind as crucial (have evolved, been observed)?	Nature of the outcomes and impact pathways	ToC workshop, progress reports, in-person interviews, Indicators from logframe/ UNICEF's M&E framework and standards for the country programme, programme outputs	Documentation analysis guide developed, staff key informant guide developed,	Outcome harvesting. Documentation analysis

	To what extent has the programme in the demonstration countries helped include boys and girls with different types of disability, and children with disabilities furthest left behind, such as the poorest, girls, intellectual and psychosocial disabilities, and those in remote areas ?				
Effectiveness	How did change happen for boys and girls living with a disability in your country/region? What are the immediate, underlying and structural barriers that prevent children with a disability from accessing and utilizing basic social services and other critical resources? How effectively has gender equality been considered during programming and implementation? Which boys and girls with which disabilities received the most, and which received the least attention? How innovative is the programme in the way it put girls and boys with a disability at the centre?	Barriers removed to facilitate intersectional inclusion and participation. Gaps in service delivery for girls and boys with a disability and their care givers.	Interviews with parents of children with disability and youth living with a disability	Parent youth interview guide developed; online survey developed for partners; case study guide developed	Qualitative analysis for interviews. Descriptive analysis for the online survey. Comparative case study analysis
	Which expected results have been achieved through the REAP II? What are the internal (to UNICEF) and external factors that contributed to or hindered the achievement of the expected results?				
	Do any parts of the REAP II approach remain aspirational? When and where have aspirations become effective? What has caused this effectiveness? (prompt: Motivated people, pre-existing partnerships, UNICEF, opportunities/ other factors.) Has reliable data and evidence on boys and girls with disabilities and the barriers they face been collected in your country as a result of REAP II assistance?	Effectiveness of UNICEF management arrangements and focus.	KAP survey and other statistical outputs. Key informant interviews with staff, mini FGD	Staff key informant interview guide developed, and online survey instrument developed, mini FGD guide developed	Qualitative analysis for interviews. Descriptive analysis for the online survey.

Effectiveness	What are promising practices from the REAP II experience that UNICEF should build on in future disability programming and why?				
	What activities and outputs of the programme would you change and why? What strategies, successes and innovations have been observed? Have there been any negative or unexpected outcomes as a result of project activities and if so, what are they and how can we learn from them? What were the major roles of UNICEF and each stakeholders to contribute and make the programme achieved?	Degree of innovation. Positive impact	Case studies, progress reports, mini FGD	Case study template/guidance developed, survey with staff and partners instrument developed.	Descriptive analysis for the online survey. Qualitative analysis to identify anomalies, outliers and successes/causes
	What is the added value of UNICEF work on disability-inclusive development in the countries (or EAP region) supported?				
	How has UNICEF helped to create an enabling environment for the realization of the rights of boys and girls living with a disability? (e.g. changed social norms, institutional capacities at all levels of government, accountability and coordination mechanisms, policy and legal frameworks). How did the project address discriminatory norms towards disability? What advocacy efforts by the REAP II programme were the best? Why?	Quality of technical assistance provided, Success of advocacy	Case studies, progress reports, capacity analysis and KAP comparison	Case study template/guidance developed, survey with staff and partners	Comparative analysis of results with KAP survey, other available data
	To what extent have objectives been achieved with quality and on time?				
Efficiency	What inefficiencies or wastage have you observed?	Timely delivery of outputs and reasons behind delays. Value for money	Progress reports and key informant interviews with staff	Key informant interviews and desk review	Compare planned versus actual activities, outputs and expenditure

To what extent are the benefits of the programme likely to be sustained after donor funding ceases and why?					
Sustainability	How successful were the partnerships formed under REAP II? Was there buy-in from partners for REAP II? What has been the main lesson you have learnt from the REAP II partnerships? Which part of REAP will be the longest lasting in the region/ your country/your organization? Has your organization helped other organizations to secure further funds (Can this support be linked to REAPII)?	Strengths/weaknesses/ sustainability of REAP II partnerships/outputs.	Interviews with parents of children with disability and youth living with a disability and survey with stakeholders/ beneficiaries and partners. Annual plans/institutional reports.	Parent youth interview guide developed; online survey developed for partners; case study guide developed	Descriptive analysis for the online survey. Qualitative analysis to identify anomalies, outliers and successes/ causes
	What are the major factors that influence the achievement or non-achievement of sustainability of the REAP programme?				
	If you could start the REAP programme again, what would you do differently (e.g. with hindsight) to make the results more sustainable? Is there anything the REAP II programme taught you that you will continue to do/implement? What disability inclusive capacities exist at national, sub-national and community levels that didn't exist before REAP II? prompt: analytical processes that examine the causes and consequences of inequities that affect boys and girls with disabilities. To what extent are children with a disability and/or their carer's involved in efforts to include and protect children with disabilities and for what results?	Officials proactively take steps towards the realisation of the human rights of children living with a disability and don't blame resource scarcity/ others.	Surveys, KIs, mini FGDs	Survey stakeholders, partners and staff	Qualitative analysis to identify anomalies, outliers and successes/ causes

Annex L: Document analysis

Methodology for documentation analysis

The REAP II programme has produced a number of outputs and knowledge products, for example, publications on specific thematic areas, newsletters, webinars, reports for cross-office sharing and training events between mid-2015 and 2019. Relevant outputs were identified in collaboration with UNICEF staff, and a subset were selected for review covering webinars and trainings, communications materials such as newsletters and programming overviews, and guidance documents and toolkits.

The evaluation team reviewed 52 country-specific documents provided by UNICEF, with the majority coming from the Pacific Islands, only two from PNG, and seven from Viet Nam. Two further documents (external evaluations) were included with limited geographical relevance for REAP II. The selected outputs include both regional and global UNICEF publications and those produced by partners. The documentation analysis assessed:

- To what extent and in what form UNICEF contributed to these products and applied quality control;
- The extent to which they aligned with and promoted principles and practices of: disability inclusiveness; gender equality; intersectionality; empowerment and participation;
- To what extent and with what results have COs and partners used/applied the product to advance CO and partners' work on inclusion of children with disabilities (uptake).

The evaluation approached the document/output analysis from three perspectives. The first perspective included:

1. Publications and knowledge products produced by UNICEF staff or consultants and included training curricula and reports.

The focus of the publication and documentation review was to determine the quality of the outputs, and how they may have contributed to REAP II outcomes and relate to the evaluation criteria.

1. Webinars and trainings,
2. Communications materials such as newsletters and programming overviews, and
3. Guidance documents and toolkits

Outputs can be assessed on multiple dimensions:

- the quality of the products, including UNICEF's own quality control
- to what extent COs were/still are familiar with the products
- to what extent and with what results have COs and partners used/applied the product to advance COs' and partners' work on inclusion of children with disabilities (uptake)

The following outputs were assessed based on the extent to which they aligned with and promoted principles and practices of: disability inclusiveness; gender equality; intersectionality; and empowerment and participation:

Webinars reviewed:

- Disability Accessibility and COVID-19: Making Materials Accessible for All (2020)
- Integrating Gender, Disability, Adolescent and ECD Programming: COVID-19 Response (2020)
- Disability Inclusive Programming: Leaving no one behind (2019)
- Inclusion of Children with Disabilities in Humanitarian Action – Workshop Session Plan (2019)
- The Case for Investment in Accessible and Inclusive WASH (2018)
- Including Girls with Disabilities in MHM (2017)
- Disability Inclusive WASH Practices (2017)
- Collecting Data on People with Disabilities: The WG sets for adults and the UNICEF/WG Module on Child Functioning (n.d.)

Newsletters & Programming Overviews reviewed:

- UNICEF Children with Disabilities Newsletter: September 2018
- UNICEF Children with Disabilities Newsletter: December 2018
- UNICEF Children with Disabilities Newsletter: March 2019
- UNICEF Children with Disabilities Newsletter: June 2019
- CRPD@10: Celebrating the Rights of Children with Disabilities (2016)
- UNICEF EAPRO 2018 Disability Programming Overview (2019)

Guides & Toolkits reviewed:

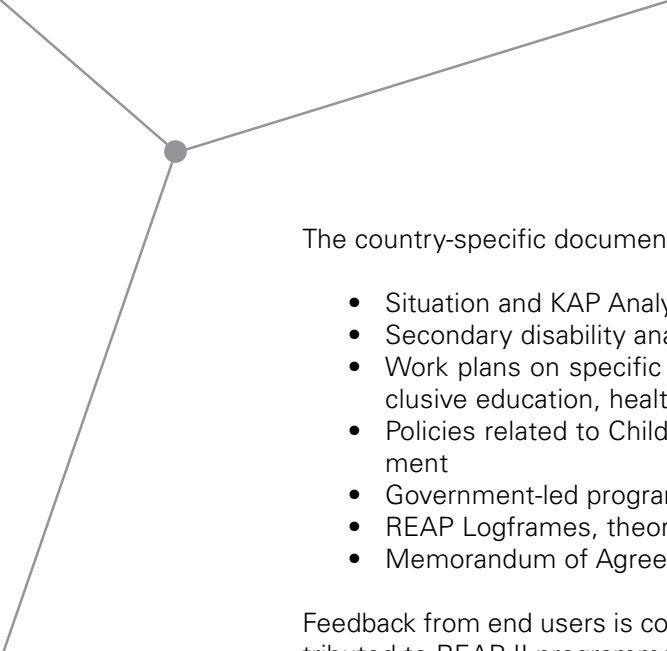
- Core Guidance: New Generation Situation Analysis (2019)
- Toolkit: New Generation Situation Analysis (2019)
- UNICEF Guidance: Including Children with Disabilities in Humanitarian Action (2017)
- Guidance Note on Disability Inclusive WASH Practices (2016)
- Assistive Technology for Children with Disabilities discussion paper (2015)

Many of the UNICEF outputs associated with REAP II are designed to inform or support stakeholders and duty bearers within and external to UNICEF to advance the rights of children with disabilities.

A number of documents and tools have come out of collaborations between COs and partners, including governments, such as policies related to children and disability inclusion, disability reports derived from national census, surveys, situation analyses, as well as thematic work plans, e.g. health & nutrition, education, WASH. Consequently, the second strand of the document review relates to:

2. Publications and tools that partners, including governments produced with technical support and/or substantial funding by UNICEF:

The focus of this component did not go as deep into the document content as component one because it is beyond the scope of this evaluation to assess partners' capacity to produce disability-inclusive publications and policies. The evaluation team attempted to use these products as a basis for following up on the process of their development, i.e. the collaboration between UNICEF, COs and partners, and their application in regard to uptake and results in surveys and KII.



The country-specific documents relate to:

- Situation and KAP Analyses
- Secondary disability analyses from census reports
- Work plans on specific thematic areas such as WASH, child protection, inclusive education, health
- Policies related to Child Protection, Inclusive Education, Inclusive Development
- Government-led programmes
- REAP Logframes, theory of change
- Memorandum of Agreement

Feedback from end users is considered to more fully assess how the outputs contributed to REAP II programme objectives.

3. *The third strand related to knowledge of and usability of the outputs:*

- to what extent COs were/still are familiar with the products
- to what extent and with what results have COs and partners used/applied the product to advance COs' and partners' work on inclusion of children with disabilities (uptake)

This information came from the surveys.

The documentation analysis was used as triangulation points for interviews, and during the Outcome Harvesting to test and support (or discount) outcome statements and processes.

Findings

With limited information available about the production and implementation of many of the outputs, Table 14 focuses on output findings and Table 15 on gaps and strengths. Wherever possible, pilot reports, training evaluations, or feedback from end users is considered to more fully assess how the outputs contributed to REAP II programme objectives.

Table 14: Output Findings

Type of Output			
Criteria	Webinars and Presentations	Newsletters and Program Overviews	Guides and Toolkits
Disability inclusiveness - CRPD compliance - Covers variety of impairments, or some in-depth - Addresses varying severity	- Most do not mention CRPD but are aligned with its principles - Most clearly link disability inclusion and thematic issue; half use rights-based language - Few give specific advice/info on different disabilities	- CRPD compliant - Newsletters cover range of disabilities with specific examples - None address different severity levels	- Disability-specific guides have strong CRPD compliance, good coverage of diverse disabilities, including some attention to different severity levels - Situation Analysis toolkit has strong section on disability but minimal mention in the core guidance document. ¹⁷⁴
Gender equality - Equal coverage - Sex- disaggregated data	- All depict balance of girls and boys in photos and examples without stereotype - Few note the need for or use sex-disaggregated data	- All depict balance of girls and boys - None consistently use sex-disaggregated data and only one mentions its importance	- All depict balance of girls and boys where applicable - Most highlight need for sex-disaggregated data, but not all use it - All acknowledge gender inequality but extent and depth of discussion varies. ¹⁷⁵

¹⁷⁴ The New Generation Situation Analysis guidance comprises a Core Guidance overview. The Toolkit is organized thematically and includes a detailed, dedicated chapter on children with disabilities. Disability inclusion is also mentioned briefly in the Gender Equality and the Risk, Resilience and Peacebuilding chapters of the toolkit, but not elsewhere. The Core Guidance document, on the other hand, does not have separate thematic sections and instead mentions children in lists of many different marginalized groups of children, without addressing disability inclusion specifically. It is understandable that disability inclusion cannot receive detailed attention in every section of a general toolkit on situation analysis. Nonetheless, it highlights the importance of a strong intersectional approach to ensure that disability inclusion is not considered in isolation but as a key factor that intersects with other thematic and demographic considerations.

¹⁷⁵ Each one of the reviewed guides and toolkits identifies that girls and women with disabilities experience increased discrimination and face gender-specific barriers to full participation in society. However, the depth of analysis of gender inequality and its intersections with disability inclusion varies significantly. The discussion paper on Assistive Technology for Children with Disabilities notes that girls with disabilities are at heightened risk of discrimination and in one section notes that they may also experience cultural barriers to accessing assistive technology. However, the extent of gender-based exclusion from assistive technology in different contexts is not discussed, nor are gender-sensitive approaches to promoting access.

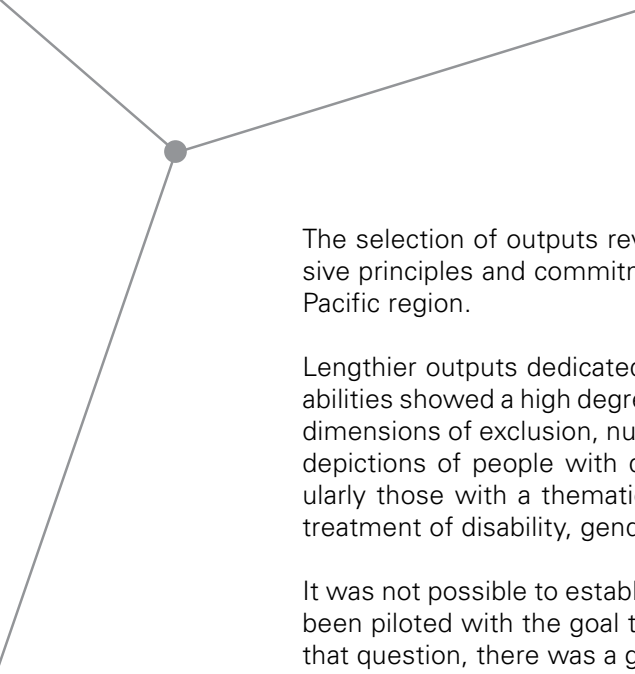
Type of Output			
Criteria	Webinars and Presentations	Newsletters and Program Overviews	Guides and Toolkits
Intersectionality - Addresses intersection of factors affecting marginalisation	- Most mention additional challenges faced by girls with disabilities, but only those with thematic focus on gender go into detail - Minimal use of intersectional lens beyond thematic issues (e.g. conflict)	- Few mention intersectionality of disability & gender - Other intersecting factors minimally and implicitly mentioned through examples	- Most explicitly address intersecting drivers of vulnerability, including but not limited to gender
Empowerment and Participation - Content and/or methodology reflect participatory approaches - Emphasis on empowerment and agency	- Most encourage engaging children and adults with disabilities in programming - Varying strength of emphasis on agency of children with disabilities; some focus on UNICEF as programme/service providers	- Newsletter updates highlight initiatives to empower/promote participation of people with disabilities, but focus on programmes for people, rather than people with disabilities as actors - Programming overviews emphasize empowerment, participation and potential of children with disabilities	- Most include specific guidance on including children with disabilities and people with disabilities in all programme stages
Methodology, development or implementation process	Not known		- Humanitarian Action booklets developed through participatory process involving ODPs in two countries and revised based on input.

176 The Humanitarian Action booklets and the guide on Disability Inclusive WASH Practices consistently note that girls with disabilities experience intersecting marginalization based on age, disability and gender. Depth of discussion of gender varies, with the booklets on WASH and Child Protection providing specific recommendations for gender-sensitive approaches, while Education, Nutrition and Health booklets offer more basic acknowledgement of gender as one of multiple intersecting considerations.

Overall, the following strengths and gaps were identified:

Table 15: Strengths and Gaps

Issue	Strength	Gaps
Disability Inclusion	- o Consistent compliance with CRPD principles including implicit or explicit promotion of a rights-based approach, non-discrimination, full participation, accessibility and respect - o Inclusion of a range of different types of disabilities/impairments	- o Minimal specific actionable advice on removing barriers for and promoting participation of people with different types of impairments - o Only guidance documents specific to children with disabilities address or acknowledge varying severity levels
Gender Equality	- o Balanced depiction of girls and boys, women and men in photos and examples, and in ways that do not reinforce gender stereotypes - o Broad acknowledgement that girls and women with disabilities face additional and distinct barriers	- o Inconsistent promotion and use of sex-disaggregated data; if mentioned at all, sex-disaggregated and disability-disaggregated data are often mentioned separately rather than from an intersectional lens. The exceptions were outputs that either focused specifically on gender (e.g. Webinar on integrating gender, disability, adolescent and ECD programming) or have sections dedicated to gender (e.g. Toolkit on Situation Analysis). - o Minimal discussion of other intersecting factors of marginalization that affect girls and boys with disabilities (except when such factors are the thematic focus of the output)
Empowerment and participation	- o Consistent emphasis on facilitating participation of children with disabilities in programming and in community life - o The booklets on Including Children with Disabilities in Humanitarian Action were validated through a participatory process involving diverse stakeholders including OPDs	- o Few outputs go beyond generally encouraging participation to present children and adults with disabilities as having agency, potential, expertise and important contributions to programming and communities (booklets on Including Children with Disabilities in Humanitarian Action stand out as an example of doing this well) - o Few outputs include clear information on the extent to which children and adults with disabilities informed or were engaged in development, implementation or evaluation of the output



The selection of outputs reviewed suggest a strong foundation of disability-inclusive principles and commitments at UNICEF globally and in the East Asia and the Pacific region.

Lengthier outputs dedicated to providing guidance on including children with disabilities showed a high degree of compliance with the CRPD, attention to gendered dimensions of exclusion, nuance in advice on inclusive practices, and empowering depictions of people with disabilities. Shorter publications and webinars, particularly those with a thematic focus other than disability, have more gaps in their treatment of disability, gender, intersectionality and rights-based empowerment.

It was not possible to establish which tools, publications, or training sessions have been piloted with the goal to assess and adapt. Based on interview responses to that question, there was a general assumption that they would have been piloted. However, there is no documentation or clear evidence. The exception relates to the Including Children with Disabilities in Humanitarian Action Booklets:

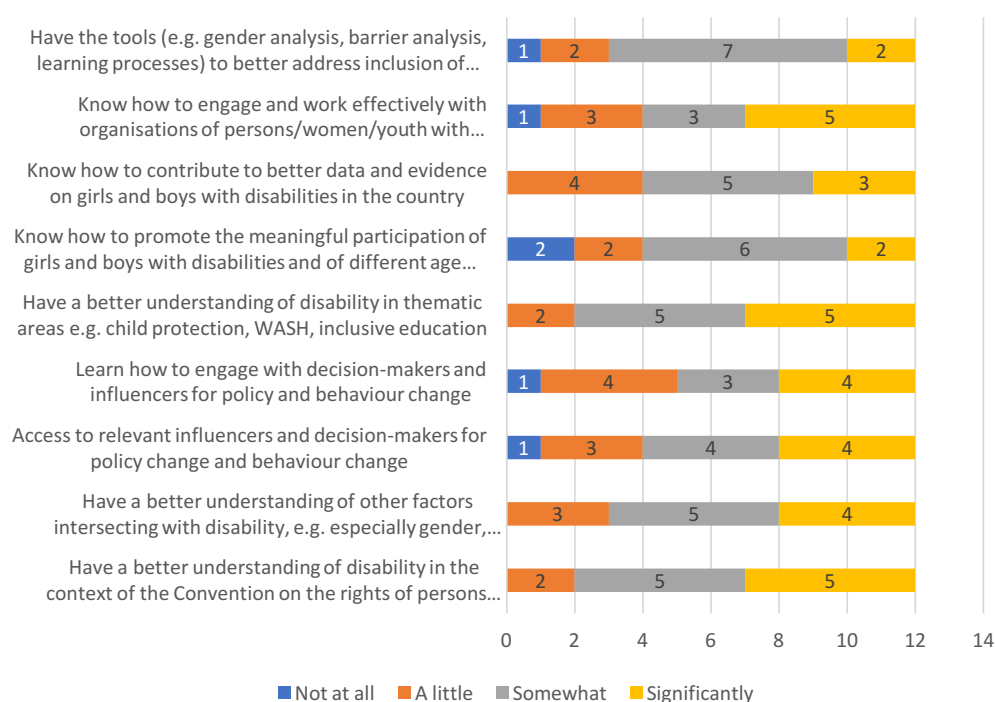
The booklets on Inclusion of Children with Disabilities in Humanitarian Action were validated through consultations and workshops in Nepal (2015) and Jordan (2016). Validation workshop methodology included presentations, plenary discussions, group exercises and individual review. The workshops included UN staff from UNICEF and other UN agencies, and government, academic and civil society partners, including OPDs. The workshop report from Nepal mentions efforts to maximize accessibility of the workshop for people with different impairments, but the Jordan report does not. It was not clear from either report how many people with disabilities were involved in the validation process, nor whether any children with disabilities and their caregivers were involved at all.

The toolkits were assessed based on simplicity, utility, relevance, adaptability and usability. The Nepal workshop resulted in recommendations to further simplify terminology, more clearly include adolescents with disabilities, and clarify the intended use of the practical tips and checklists, among other revisions. The feedback also highlighted divergent opinions on some recommendations, such as the establishment of disability focal points – a reminder that there is not a one-size fits all approach for different situations and contexts. Following each workshop, the booklets were reviewed and revised based on stakeholder feedback.

Technical assistance has been given on demand from the countries. Across interviews, respondents made a point in appreciating the technical assistance given by the Programme Specialist, including the sharing of technical resources, which was usually timely, and very helpful. Not everyone knew exactly the kind of outputs the CO or partner office received, not everyone interviewed had requested assistance personally but may have gone through the disability focal point or colleagues.

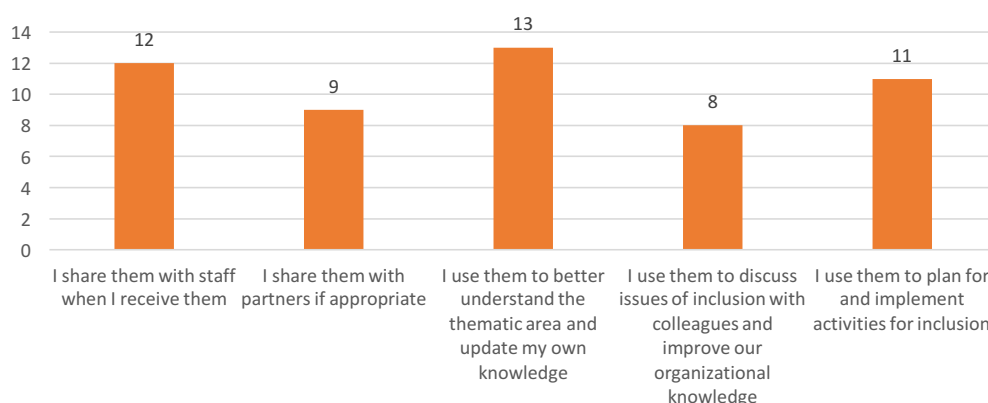
Figure 20 indicates how technical assistance to UNICEF staff in the demonstration countries has influenced their work on disability inclusion.

Figure 20: To what extent has UNICEF's technical support helped you with the following?



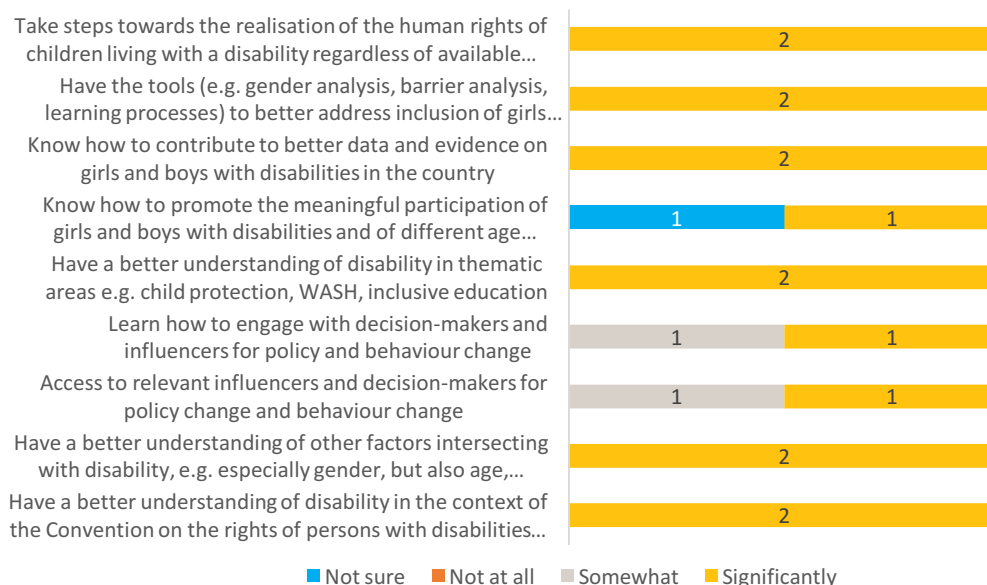
UNICEF staff survey respondents from non-demonstration countries confirmed the usefulness and application of resources for their work on inclusion of children with disabilities (Figure 21).

Figure 21: To what extent do you use the tools/publications you know for your work in inclusion of children with disabilities?



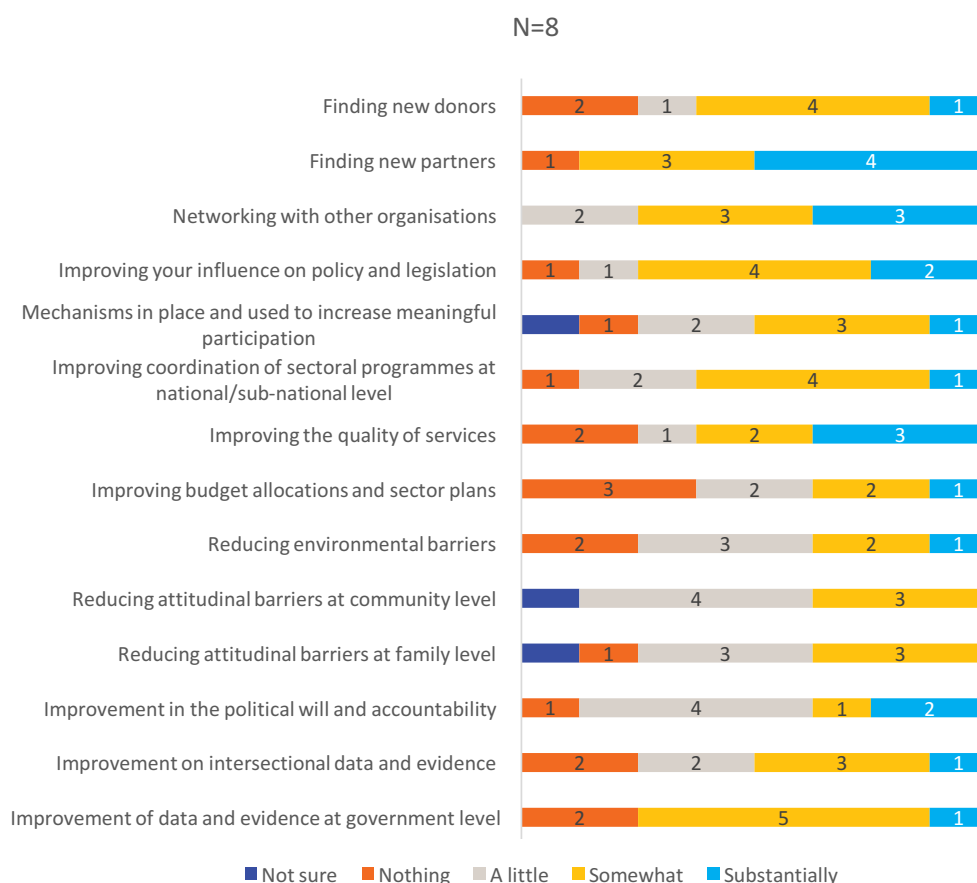
Unfortunately, in the survey, only two out of eight partners responded to the question about the extent to which they used UNICEF's technical support (Fig 22).

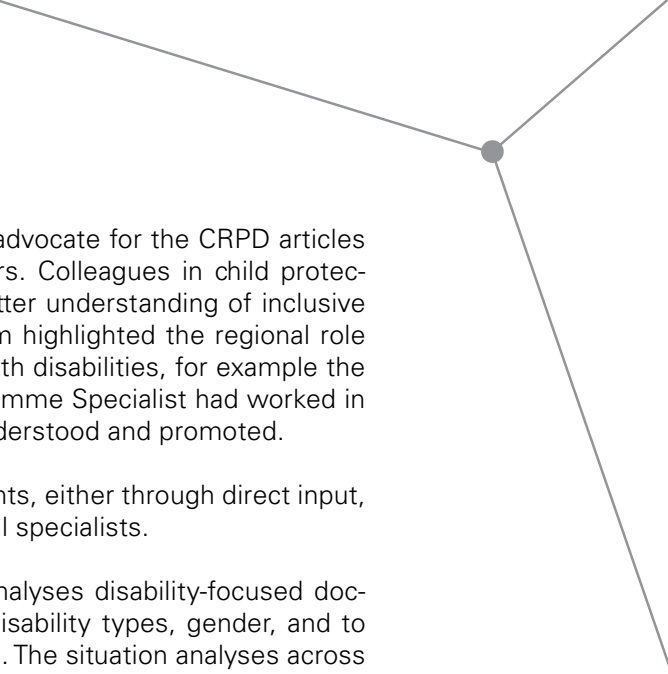
Figure 22: To what extent has UNICEF's technical support helped you with the following?



However, all survey participants (Partners N=8) responded to the question about observed changes resulting from the technical assistance (Fig 23).

Figure 23: In your opinion, to what extent have you observed changes in regard to inclusion of children with disabilities following UNICEF-supported disability inclusion work (project period 2016-2019)?





For staff from PNG, what stood out were tools to advocate for the CRPD articles with the government and non-government partners. Colleagues in child protection, education and health sector would have a better understanding of inclusive aspects aligned with the CRPD. PNG and Viet Nam highlighted the regional role of facilitating cross-country exchange in children with disabilities, for example the quarterly newsletters. Because the (current) Programme Specialist had worked in Viet Nam before, the CO's strength was quickly understood and promoted.

UNICEF had contributed to the majority of documents, either through direct input, financial/logistical support or by contracting external specialists.

The majority of situation and secondary census analyses disability-focused documents are comprehensive in disaggregating by disability types, gender, and to some degree other identity factors such as location. The situation analyses across the Pacific Islands followed the same structure and approach. The reports are made up of both qualitative and quantitative measurements that tell the severity of the situation for women and children very well, as the indicators are well detailed and adjusted to the SDGs. Although gender is well integrated into the indicators, the same might not be true to person with disabilities as it is noted only on few of the targets specified.

On disability, targets refer to equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples and children in vulnerable situations. Access to safe, inclusive and accessible, green and public spaces, particularly for women and children, older persons and persons with disabilities

The majority of thematic work plans across the Pacific Islands, for example on WASH, education, child protection, do not include any targets or indicators on children with disabilities. Likewise, many national development programmes may refer to disability in goals and strategies, however, no indicators are included, and strategies may be loosely phrased as "strengthening..." or "improving..." without detail and indicators. Children with disabilities may be assumed to be included in the more general expression of "vulnerable children/people".

Papua New Guinea only provided two documents on Inclusive Education and health screening guidelines, which specifically address disability and were significantly contributed to by UNICEF in terms of technical support, directly and/or partners; Viet Nam included mappings and research reports/mapping on disability-inclusive services commissioned to external experts.

From interviews with UNICEF staff, there is clear confirmation that especially the secondary census analyses and the situation/KAP (Vanuatu) analyses and the National Disability Survey (Viet Nam) analyses have contributed to advocacy results on data and evidence generation, and policy reviews as described in the evaluation analysis. However, many such reviews and policies amendments have only happened at the end of the REAP programme, or are still in parliamentary processes, and therefore the extent of uptake and/or implementation could not be assessed in this evaluation.

Annex M: Respite Care

The original purpose of respite care was to facilitate people with intellectual disabilities to be able to stay at home by allowing their carer a break from the pressure and responsibility of full-time caring. The underlying rationale for respite care understood in this way is that carers who can benefit in some way from respite care in the short-term are more likely to continue to care for their family member full-time in the long-term.¹⁷⁷ Respite care, therefore, has the focus on carers and is, by definition, a short-term measure.

Where residential care is in the best interests of the individual child, it should be based in a small group home where no more than six to eight children are cared for by consistent adults in a family-like setting within the community.¹⁷⁸ One example is Croatia, where social work centres work with 25 institutions for disabled people (housing 6,000–7,000 adults and children) to create small-group homes each for five to six people. Organizations such as Lumos (wearelumos.org) and the Better Care Network (bettercarenetwork.org) specialise on alternative care systems.

The United Nations Guidelines for the Alternative Care of Children has a manual for implementation of the guidelines.¹⁷⁹ When children stay in care every day for the majority of the day, or even overnight, it becomes day care or residential care. While this is not a negative concept in itself, there are considerable known risks of harm for children with disabilities in institutional care, which has to be taken seriously. The focus should be on the best interest of the child. Research on Respite Care in 2007 established the following 8 principles:

1. That respite services be person-centred and family-centred;
2. That respite services be provided on a rights basis;
3. That respite be defined as a support service and regarded among a system of support services;
4. That there be a single point of access to respite care services in a given administrative area.
5. That respite services be designed in consultation with families in acknowledgement of their expertise in providing care;
6. That respite be designed to facilitate the service user in building relationships in their community;
7. That respite services be age-appropriate and develop as the service user develops;
8. That respite care services have clear goals and that systematic and regular review ensure achievement of those goals.¹⁸⁰

177 Merriman, B.; Canavan, J (2007), Towards best practice in the provision of respite services for people with intellectual disabilities and autism

https://www.researchgate.net/publication/238081481_Towards_Best_Practice_in_the_Provision_of_Respite_Services_for_People_with_Intellectual_Disabilities_and_Autism

178 Csáky, C (2009) Keeping children out of harmful institutions – Why we should be investing in family-based care, Save the Children, UK

<https://resourcecentre.savethechildren.net/node/1398/pdf/1398.pdf>

179 <https://www.alternativecareguidelines.org/Portals/46/Moving-forward/Moving-Forward-implementing-the-guidelines-for-web1.pdf>

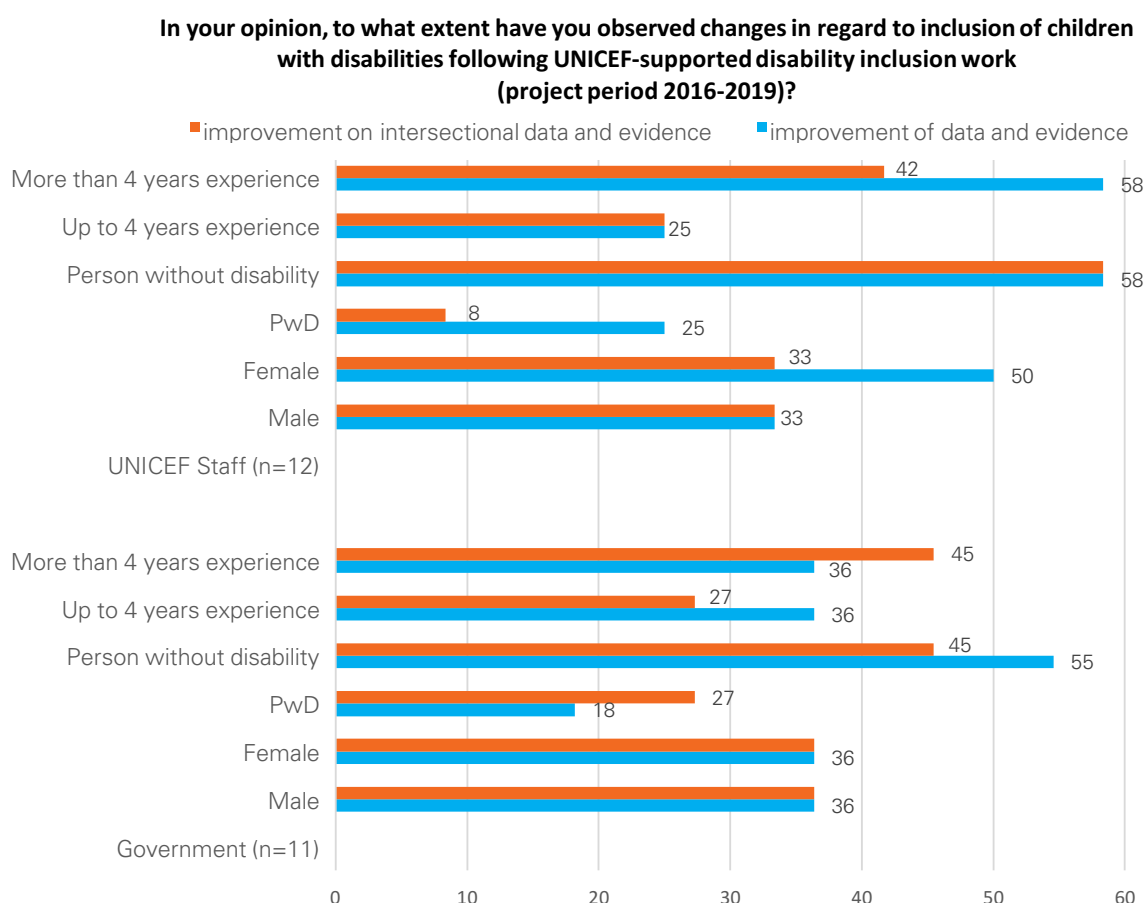
180 Merriman, B.; Canavan, J (2007), Towards best practice in the provision of respite services for people with intellectual disabilities and autism

https://www.researchgate.net/publication/238081481_Towards_Best_Practice_in_the_Provision_of_Respite_Services_for_People_with_Intellectual_Disabilities_and_Autism

Annex N: Survey responses more than 4 years

This section presents the results of the survey when looking by sex, ability and being in a role for more than 4 years. A general pattern from the graphs below (Figure 24 to Figure 30) that can be seen is that the survey respondents having more than 4 years of experience in their current job role reported observed changes in regard to inclusion of children with disabilities following UNICEF-supported disability inclusion work (project period 2016-2019) as compared to those having up to 4 years of experience. Additionally, participants without any disability reported more changes than participants with some disability. The difference between sex in reporting the changes is not significant except in programme management where females from government reported more than males.

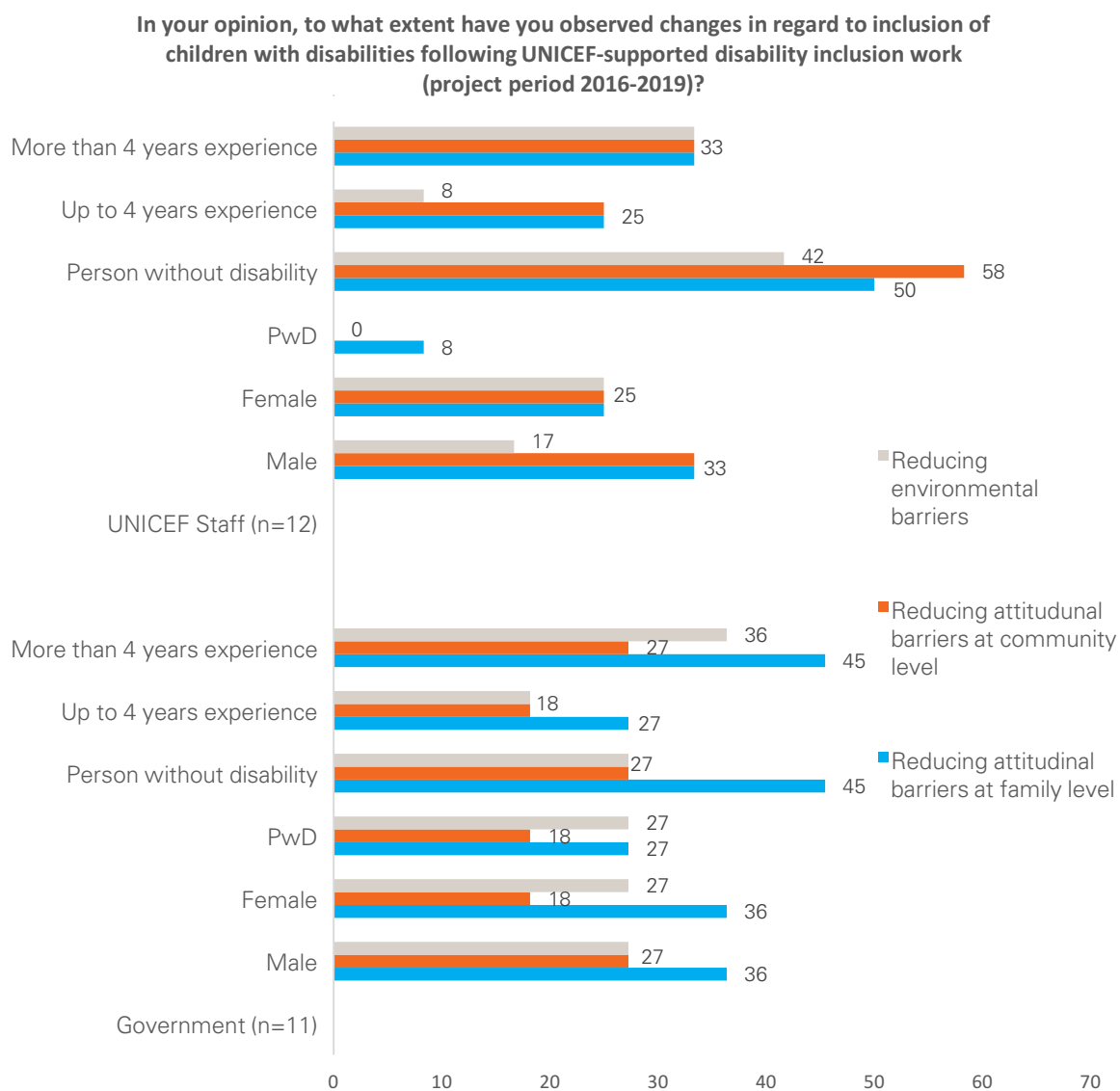
Figure 24: Survey participants reporting somewhat/substantial changes on improvement of data (%)



Sample size UNICEF staff: Male=6, Female=6; Person with disability (PwD)=3, Person without disability=9; Up to 4 years' experience=5; More than 4 years' experience=7.

Sample size Government1: Male=6, Female=5; Person with disability (PwD)=3, Person without disability=8; Up to 4 years' experience=5; More than 4 years' experience=6.

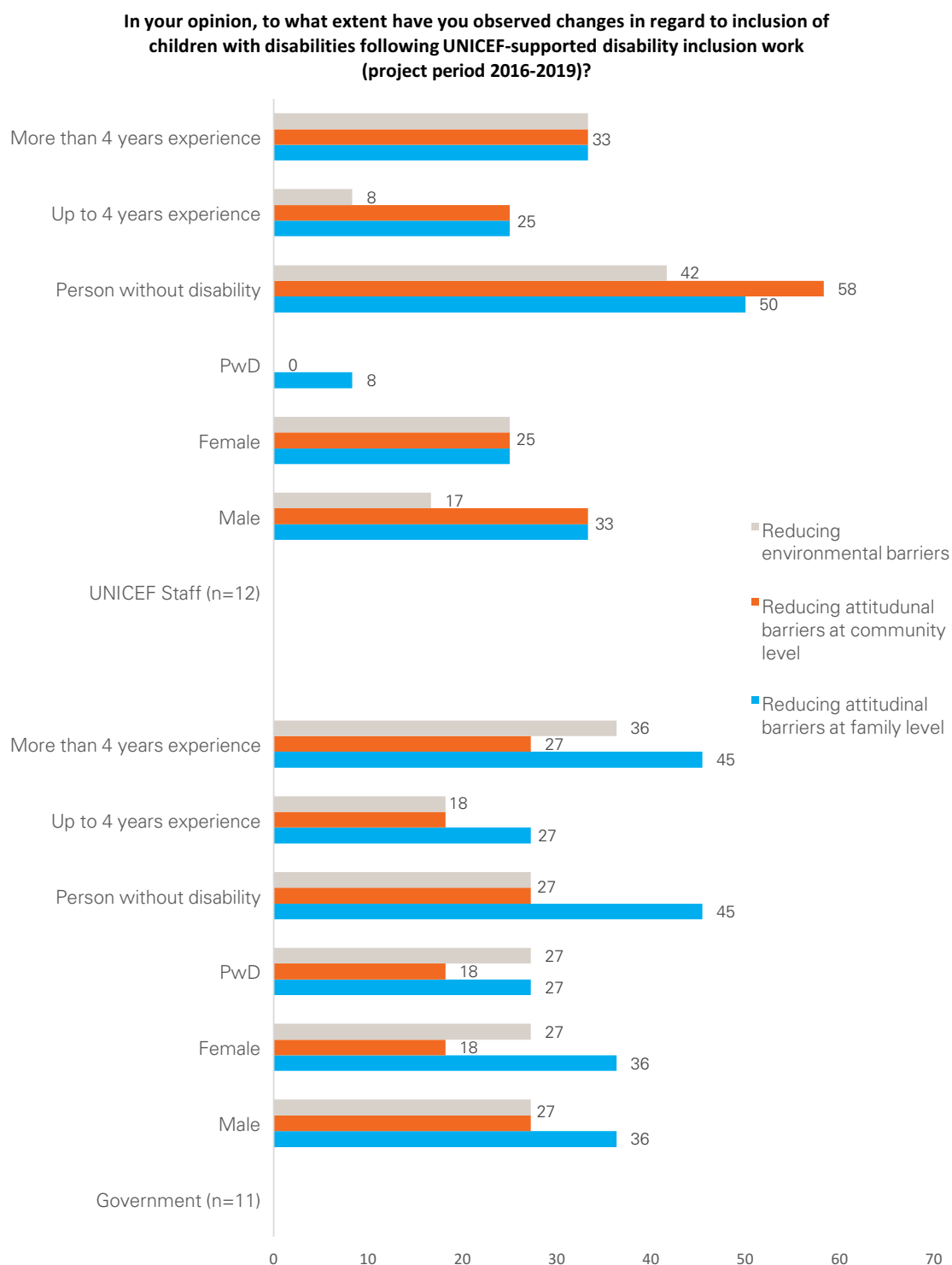
Figure 25: Survey participants reporting somewhat/substantial changes on policy and legislation (%)



Sample size UNICEF staff: Male=6, Female=6; Person with disability (PwD)=3, Person without disability=9; Up to 4 years' experience=5; More than 4 years' experience=7.

Sample size Government Male=6, Female=5; Person with disability (PwD)=3, Person without disability=8; Up to 4 years' experience=5; More than 4 years' experience=6.

Figure 26: Survey participants reporting somewhat/substantial changes on attitudinal and environmental barriers (%)

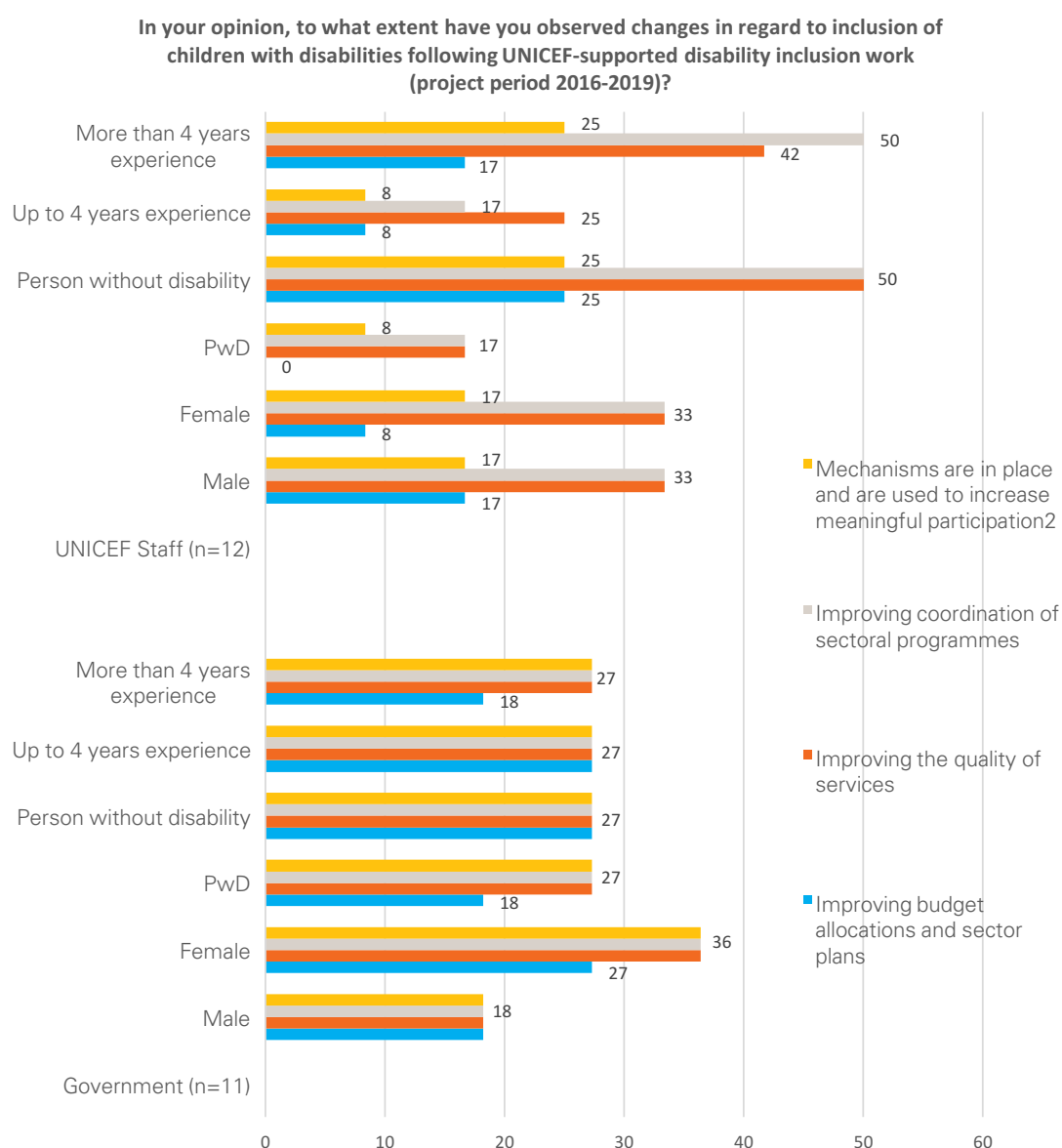


Sample size UNICEF staff: Male=6, Female=6; Person with disability (PwD)=3, Person without disability=9; Up to 4 years' experience=5; More than 4 years' experience=7.

Sample size Government: Male=6, Female=5; Person with disability (PwD)=3, Person without disability=8; Up to 4 years' experience=5; More than 4 years' experience=6.

Government are more likely to suggest outcomes for reducing attitudinal barriers at the family level, whereas UNICEF respondents are almost as likely to find community AND family level changes.

Figure 27: Survey participants reporting somewhat/substantial changes on programme management (%)

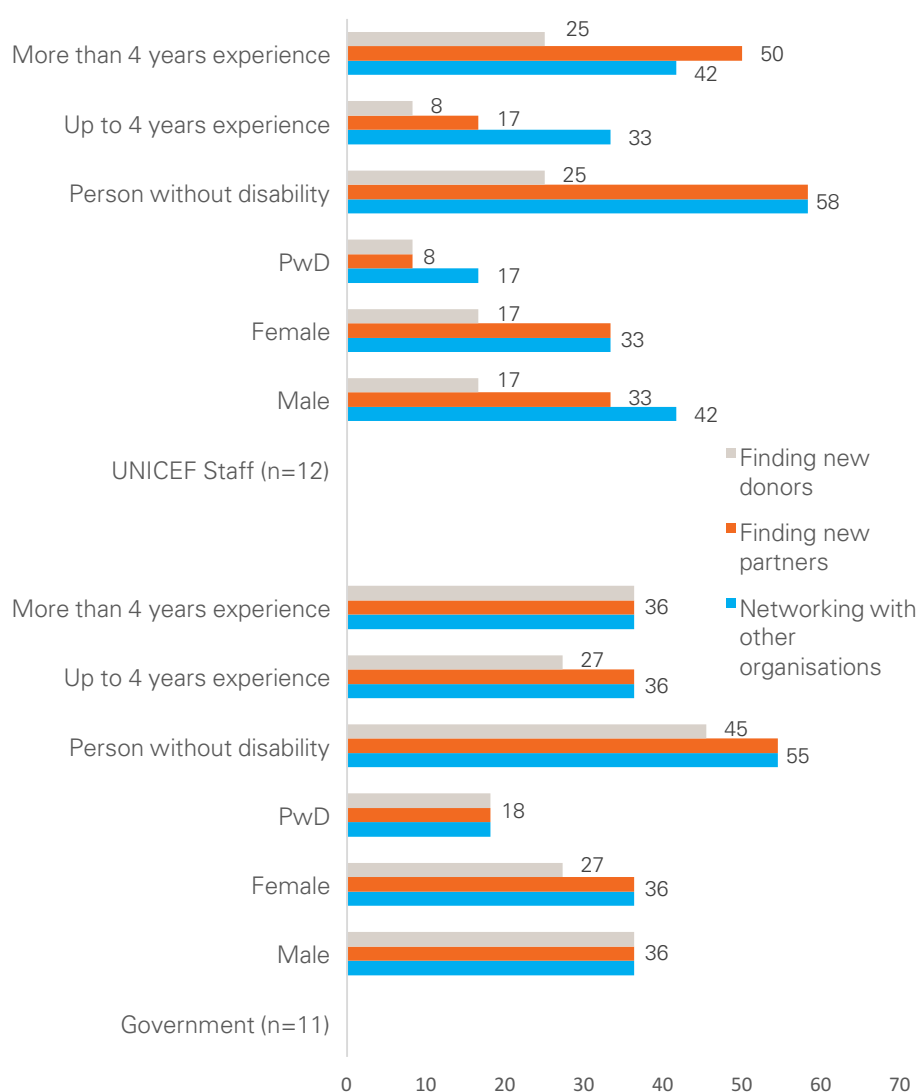


Sample size UNICEF staff: Male=6, Female=6; Person with disability (PwD)=3, Person without disability=9; Up to 4 years' experience=5; More than 4 years' experience=7.
 Sample size Government: Male=6, Female=5; Person with disability (PwD)=3, Person without disability=8; Up to 4 years' experience=5; More than 4 years' experience=6.

Improving budget allocations was not ranked as successful as by government or UNICEF as improving coordination of sectoral plans and quality of services. Meanwhile, the government is more likely than UNICEF to think that the mechanisms are in place and used to increase meaningful participation.

Figure 28: Survey participants reporting somewhat/substantial changes on networking and finding partners/donors (%)

In your opinion, to what extent have you observed changes in regard to inclusion of children with disabilities following UNICEF-supported disability inclusion work (project period 2016-2019)?



Sample size UNICEF staff: Male=6, Female=6; Person with disability (PwD)=3, Person without disability=9; Upto 4 years' experience=5; More than 4 years' experience=7. Sample size Government: Male=6, Female=5; Person with disability (PwD)=3, Person without disability=8; Upto 4 years' experience=5; More than 4 years' experience=6.

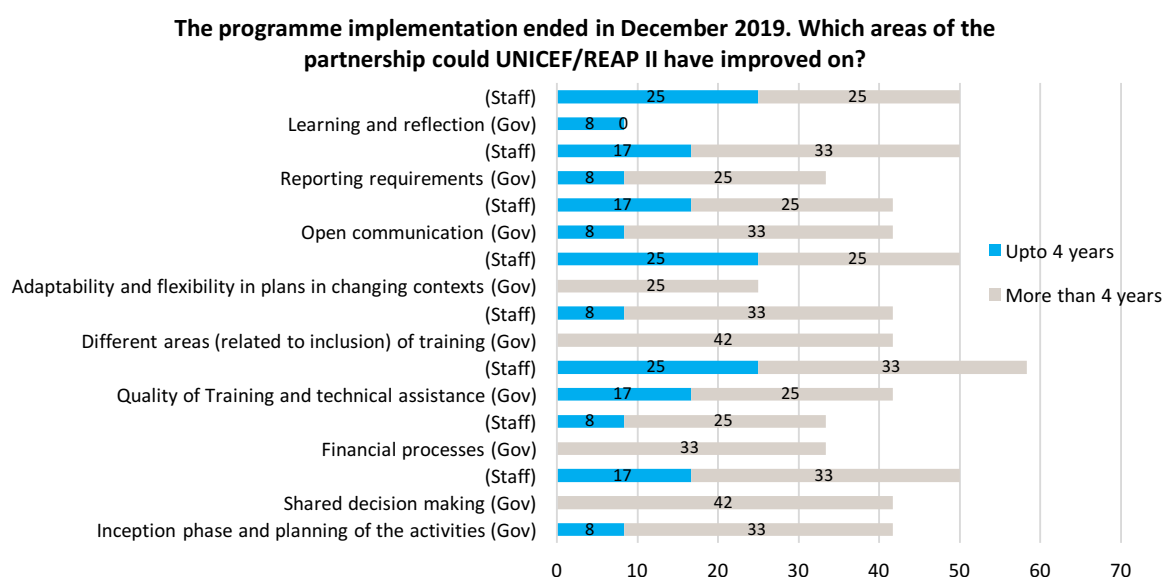
N.B. The background characteristics considered in the study namely sex, person with or without disability (1 or more than 1 disability), and years of experience in the current role cannot be assessed with the data from the partner/stakeholder organizations because of its skewedness.

For UNICEF finding new partners (this could include stakeholders working in the sector or funded partners) and networking with other organizations was more successful than finding new donors, whereas the government ranked all three similar. In fact, networking with other organizations was frequently ranked the same or higher than finding new partners for staff and government, again revealing the way the term partner and stakeholder may be used interchangeably.

In terms of partnerships, difference were also found between survey participants with more than 4 years of experience in the current role than those up to 4 years of experience in almost all parameters (Figure 29). A considerable difference can be noted in:

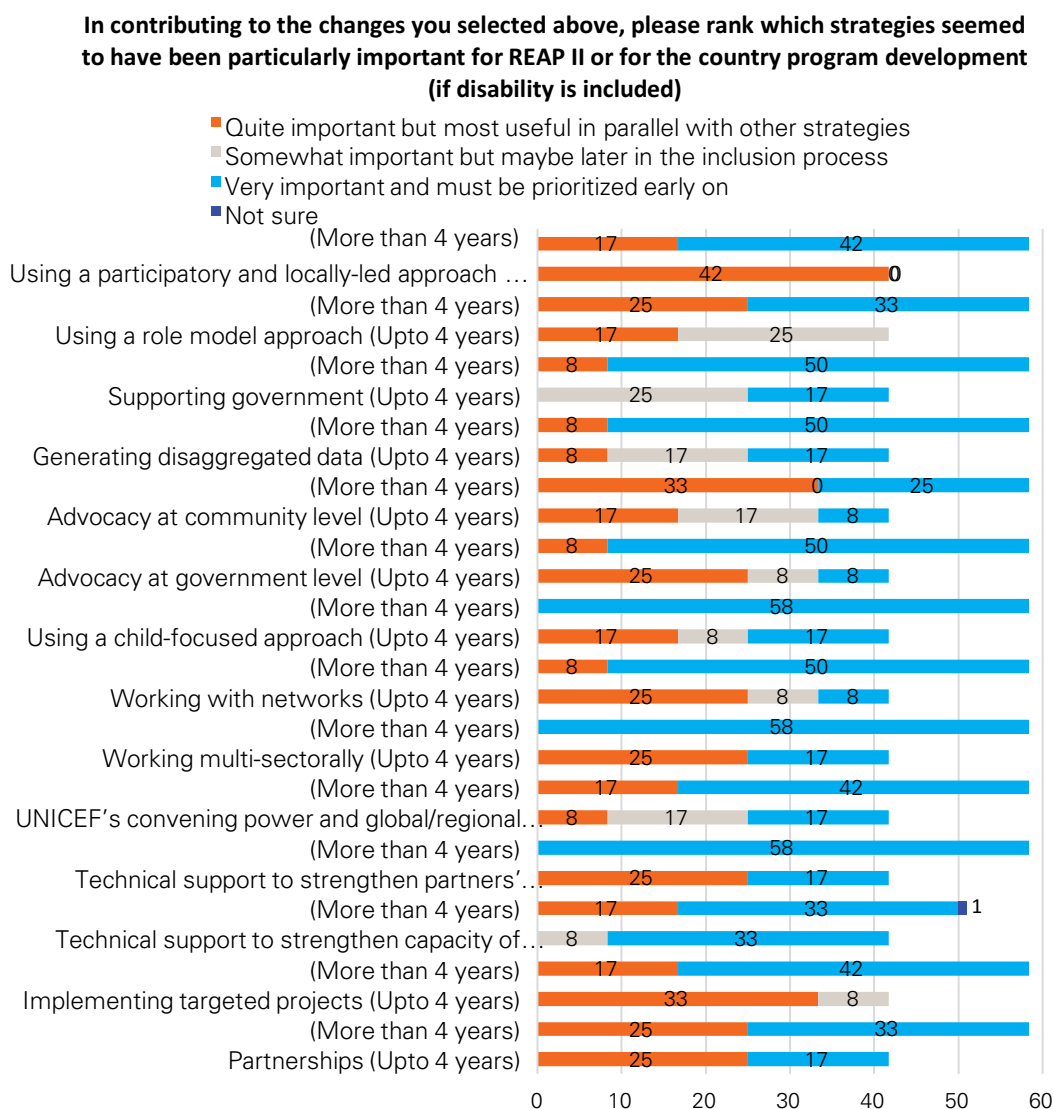
- Inception phase and planning of the activities
- Shared decision-making
- Financial processes
- Different areas (related to disability inclusion) of training
- Adaptability and flexibility in plans in changing contexts
- Open communication.

Figure 29: Survey participants (by years of experience in the current role) reporting partnership areas that UNICEF/REAP II can improve (%)



The data for Partners is skewed. Hence, analysis not done. Sample size UNICEF staff: Up to 4 years' experience=5; More than 4 years' experience=7. Sample size Government: Up to 4 years' experience=6; More than 4 years' experience=6.

Figure 30: Important strategies particularly important for REAP II (by years of experience in the current role) (%)



The data for Partners/stakeholders is skewed. Hence, analysis not done.

Sample size UNICEF staff: Up to 4 years' experience=5;

More than 4 years' experience=7.

More than 4 years must be locally engaged (given UNICEF international staff have to change every 3-4 years). This might suggest a need for UNICEF to explore cultural context more, but further investigation is required to draw this conclusion.

Annex O: Variable definitions used in the online survey analysis

Bi-variate analysis was done by countries to understand differences/similarities in the outcome variables across government, partner/stakeholder¹⁸¹ organizations and UNICEF staff in each country namely Viet Nam, Vanuatu, Pacific regional office (Fiji and Samoa) and Papua New Guinea (PNG) (Step 3). The outcome variables are:

1. Extent to which observed changes in regard to inclusion of children with disabilities following UNICEF-supported disability inclusion work (project period 2016-2019)
2. Extent to which UNICEF's technical support has helped
3. The areas of the partnership UNICEF/REAP II could have improved on
4. Strategies particularly important for REAP II or for the country programme development.
5. The design and planning of UNICEF-funded REAP-II project activities on inclusion of girls and boys with disabilities was based on which of the following factors?
6. To what extent have you been able to achieve your UNICEF-supported work on inclusion of girls and boys with disabilities on time?
7. How effectively has gender equality been considered during UNICEF-supported design and implementation?

Bi-variate analysis was done by respondents' sex, ability/disability and the duration of the position in the current role to understand differences/similarities in the outcome variables (mentioned above) across government, partner/stakeholder organizations and UNICEF staff (Step 4). Table 16 presents the bivariate analysis.

Table 16: Bivariate Analysis Summary

Independent variable	Variable description	Variable defined for the analysis
Sex	Sex [Select one]: a. Female b. Male c. Prefer to self-identify	Defined into two categories: -Male -Female
Ability/disability	These demographic questions ask about difficulties you may have doing certain activities because of a HEALTH PROBLEM and help us to disaggregate our respondents. [matrix with response categories]	Defined into two categories: - With no disability or difficulty - With one or more difficulty (either some or a lot or cannot do it at all)

¹⁸¹ As explained in the note to the reader, and in the methodology, some COs completed the evaluators excel template in a manner that merged the category of partner (those who receive funds) and stakeholder (those who work in the sector but do not receive funds from UNICEF). This has made it impossible for the evaluators to understand the difference in how this term is used by COs and those who responded to the 'partner' survey.

Independent variable	Variable description	Variable defined for the analysis
	a. Do you have difficulty seeing, even if wearing glasses? b. Do you have difficulty hearing, even if using a hearing aid? c. Do you have difficulty walking or climbing steps? d. Do you have difficulty remembering or concentrating? e. Do you have difficulty (with self-care such as) washing all over or dressing? f. Using your usual language, do you have difficulty communicating, (for example understanding or being understood by others)? Response Categories: 1. No, no difficulty 2. Yes, some difficulty 3. Yes, a lot of difficulty 4. Cannot do it at all 5. Prefer not to answer	
Duration of the position in the current role	How long have you been in this position? a. Less than a year b. Closer to one year c. Closer to two years d. Closer to three years e. Closer to four years f. More than 4 years	Defined into two categories: -Up to 4 years -More than 4 years

Please note - There were a couple of caveats encountered during the survey analysis:

1. The sample size for partner/stakeholder organizations was too small to undertake analysis of all variables by co-variates.
2. The cell frequency e.g. for Pacific regional office was too small to draw any concrete conclusion for the outcome variables.

Annex P: Case studies

Case Study 1: A Child-Centred Approach to Foster an Inclusive learning Environment, Papua New Guinea

This case study explores the value of teaching children with disabilities how to communicate and assert their needs and wants. The child-focused approach employed by UNICEF and its partner organization was effective in empowering Sam to make choices about his education and initiating an attitudinal as well as technical change in the service of inclusive education to children with disabilities.

Sam¹⁸² is a fourteen-year-old boy who knew what he wanted. Born with a speech and hearing impairment, it was uncommon for a boy of his age and condition to have the agency to choose where he wanted to go to school. This was possible thanks to supportive people in his environment: his mother was determined to see her son happy, and a number of individuals were prepared to listen to him and adapt to his decisions. His strong personality also helped. What may appear as a trivial case of indulging a teenager is in fact an example of UNICEF's child-centred approach which realizes children's rights and thus contributes to the social inclusion of a child with disabilities in Papua New Guinea.

Sam lives with his mother, Ruth, in Milne Bay, a small island off the Southeast coast of the main island. He had difficulties developing his speech because of his hearing impediment. When he was six years old, his parents separated, and he had to move to his mother's village. She tirelessly tried to enroll him in a mainstream school. Most schools rejected him because of his disabilities, and he missed out on education for one year. Undeterred by these obstacles, Sam and his mother continued to look for a school that would take him. It was then that they met Martha, a teacher from a mainstream elementary school who was eager to help after hearing Sam's story.

Martha contacted an Inclusive Education Resource Centre run by a church-based organization called Callan Services. The organization provides inclusive education and childcare services for children with disabilities, community based inclusive development, and hearing impairment programs. Callan Services is a partner to UNICEF REAP II program. The partnership has ensured the delivery of an Inclusive Learning Project, where Callan offers site visits and teaching aids to support teachers and schools to better support children with disabilities at their schools. To this end, UNICEF also supports the organization by providing training to teachers and parents about ways to better guide and teach children with different disabilities.

After a number of teachers from Martha's school completed the Callan course, the school enrolled Sam and others with speech and hearing impairments. Martha taught all children in her class the basics of Sign Language so that the children could communicate and interact more easily with one another. This removed one barrier and facilitated friendship and inclusion. One of the implementing partners to Callan Services also ran four training workshops for the teachers at Martha's school. This initiative marked the first steps taken by Callan and its partners at making her school an inclusive early childhood learning institution.

¹⁸² The names of all persons in this case study have been changed to a pseudonym to respect the anonymity of the research participants.

With the Callan Institution's support system, Sam was able to catch up with his classmates and learnt to use sign language. Sam became even more enthusiastic about school. "Sam was so happy [at Martha's school] that he couldn't miss any class, even if it's raining and flooding - he is already going to school," his mother notes.

However, his mother didn't have any opportunity to learn Sign Language and therefore, communication between Sam and his mother was difficult. Callan Services are aware of that challenge and try to offer training in Sign Language to carers, but their resources cannot always cover the demand.

Last year, upon the completion of elementary school, both his mother and Martha wanted Sam to stay back in Martha's school, although her school only offered elementary classes. Martha feared he would fall behind if he went to the mainstream high school because the school didn't offer any accommodation to children with disabilities. However, Sam was set on moving on with his classmates and became upset whenever his mother told him he was not ready. He didn't want to leave his friends. After a while, his mother gave in and decided to let him go to high school with his friends.

His mother said, "we wanted Sam to come back to Martha's school, but Sam is already moving on with his classmates and does not want to come back. He says to me - why do you want to bring me here, I am happy with my friends, - he is expressing himself that he wanted to be there, and I do not understand but say okay...okay..."

Sam did struggle to communicate with his teachers in the new high school, especially in classes like Math, but he was comfortable in the high school environment. Martha asked Callan Services to visit Sam at the high school every Tuesday to help with some subjects that are not easily taught in sign language. Martha herself, visits Sam at home once a week to help him with his homework.

At just fourteen years of age, Sam had the will to demand his rights, and important people around him accepted his choice and committed to continue to support him. This is a rare occurrence where a child-focused approach put the child with disabilities in the center of the process and empowered him to make choices about his education. Because of Sam, Martha was trained by UNICEF about early childhood inclusive learning, and the school that she is teaching at now includes children with disabilities.

The training on the rights of children in general, and children with disabilities in particular, provided by UNICEF and their partner, helped not only with technical teaching skills for the teachers but also encouraged teachers and Sam's mother to listen to and accept his decision. This is an example of the project's effectiveness to help include boys and girls with different disabilities, set in motion attitudinal and behavioral change, and contribute to improved services for the inclusion of children with disabilities.

Inspired by her son's story, Ruth also met up with the Provincial Disability Coordinator, and became part of an organization called Urban Self-Help Organization (USHO). The organization helps children with disabilities in the community by providing guidance and rehabilitation. During this time, she reached out to two children with disabilities, and hopes to support more children with disabilities. She says, "I have noticed, like Sam, other kids with disabilities also want to go to school. They want to be somebody. They talk about what they are going to be like in the future. Like Sam - he had wanted to go to school and now that he is in school, he does not want to leave."

The training by UNICEF and its partner organization, the Callan Services, had an on-going 'snowball' effect which involves the teacher as a role model/champion for inclusion and adaptive teaching as well as focuses on the children as an agent of their own rights. The mother became involved in another organization for the educational support of more children with disabilities as well. It has the potential of spreading throughout the community and showing a practical, and therefore effective way of including children with disabilities.

This case study shows how the REAP II programme addresses Article 32 of the Convention on the Rights of Persons with Disabilities (CRPD) that highlights the value of international cooperation, such as the international aid from DFAT and the technical support from Callan Services, to support national efforts to realize the purpose and objectives of the CRPD. Consequently, the teacher and parent training initiative of UNICEF in PNG targeted and supported Callan Services to facilitate inclusive education for children with disabilities in PNG. While UNICEF was not the initiator of Sam's inclusive education, his story demonstrates how demand was taken up with an adaptive and appropriate response that could benefit more than just the one child.

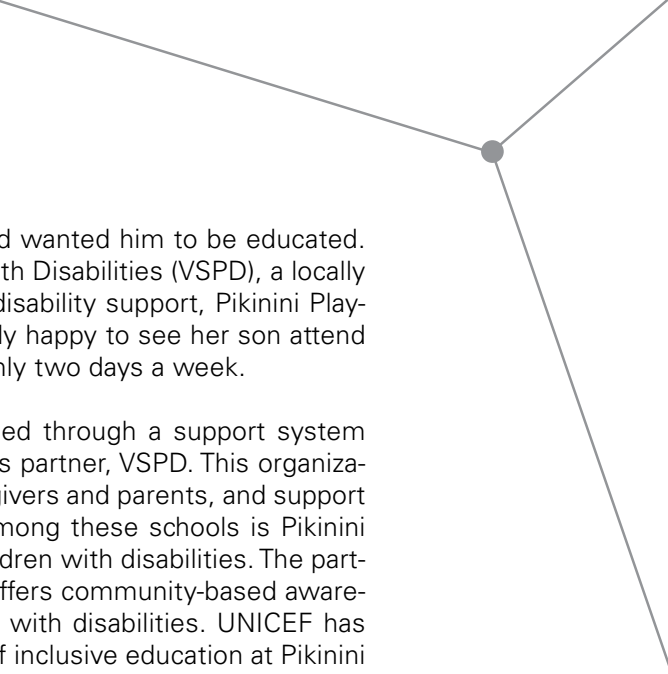
Through the REAP II program, UNICEF has also worked to fulfil Article 21 (e) on recognizing and promoting the use of sign languages. To this end, the partners that were responsible for Sam's inclusive education have facilitated a child-centred approach by planning the intervention programme around him in order to realize his rights. With these efforts, REAP II has worked to achieve the OECD DAC criteria of effectiveness and addressed the evaluation question about the extent to which the REAP programme has helped to include boys and girls with different types of disability.

Case study 2: Ripple effect of breaking the silence: Vanuatu Society for People with Disabilities (VSPD), Vanuatu

With support, committed parents can achieve a lot in securing a better future for children with disabilities and for attitudes and beliefs within the wider community. These are vital steps towards for the right enabling environment for inclusive education.

Mark¹⁸³ is a 7-year-old who lives in Ohlen Mataso, Vanuatu with his family and close relatives. Unlike many of his peers with disabilities, he goes to school and is surrounded by friends to play with. Mark's mother, Rachel, did not think she would have to worry about her son when he was younger, and mainly focused her attention on her prematurely born daughter. Things changed when she discovered her son had a hearing impairment. The family went through a stressful time as they were well aware that children with disabilities are often rejected by school management or experience bullying when they are admitted. Children without disabilities often don't understand disability or repeat the prejudices they hear from their parents and other adults. Many don't want to play with them and mock and mistreat them.

183 The names in this case study have been changed to a pseudonym to respect the anonymity of the research participants.



Everyone at home was very protective of Mark and wanted him to be educated. Rachel contacted the Vanuatu Society for People with Disabilities (VSPD), a locally run NGO that connected her with their partner in disability support, Pikinini Playtime Childcare and Education Center. She was really happy to see her son attend school shortly after, even when it was initially for only two days a week.

Inclusion takes effort, and for Mark this was gained through a support system that was extended through his family and UNICEF's partner, VSPD. This organization provides technical assistance, training for caregivers and parents, and support for people with a disability at different schools. Among these schools is Pikinini Playtime which provides inclusive education for children with disabilities. The partnership between Pikinini Playtime and VSPD also offers community-based awareness raising activities and rehabilitation for people with disabilities. UNICEF has indirectly supported the effective implementation of inclusive education at Pikinini Playtime through the provision of technical capacity development training for its partner, VSPD. This is a promising example of UNICEF's effort to reach boys and girls with different disabilities and diverse backgrounds. It enables them and their carers access to quality inclusive services. This created a ripple effect that reached the child, his family, and the wider community.

During Mark's attendance at Pikinini Playtime, VSPD invited Rachel to a workshop about the rights of children with disabilities. The workshop was part of the Rights, Education and Protection (REAP) II Programme of UNICEF to promote disability rights within the community. It targeted guiding and empowering parents in their role as the primary educators of their children. In the workshops that followed, Rachel invited other family members so that they could all be better equipped to deal with issues their child might face. After attending the workshop, Mark's grandfather also participated in a small advocacy initiative where he educated other parents in the community about the rights of children; particularly parents with children with disabilities.

Mark was later transferred to Fiji Gospel School for the Deaf (GSD), which caters for children with a hearing impairment. Until Pikinini Playtime introduces the planned signing classes for children with hearing difficulties in 2021, there aren't any schools currently in Vanuatu that can teach in sign language. In fact, GSD is the only school of its kind in the Pacific region. This school also provided games and learning toys that help children's cognitive development.

Schools for the Deaf are 'special schools' (not technically 'inclusive education'). Yet this is a necessary step for Mark to take so he can return to Vanuatu and attend an inclusive school to finish his education. In addition to the education provided by the school in Fiji, Rachel also favoured GSD because she believed it would give her child with disabilities a fairer chance at being educated. Once Vanuatu is better equipped with inclusive schools and Pikinini playtime introduces signing classes, this will mean that children with disabilities no longer need to leave their parents to study.

Mark's move to Fiji did not stop his family from continuing to take on awareness raising efforts in the community. Rachel says, "because of my dad, the adults are learning about children's rights. In other families, adults are showing more caring attitude towards me and my son. For example, in this Covid-19 crisis, they often ask how Mark is doing in Fiji and say he is a very lucky kid to go to school in Fiji. So, yes. I think our community are aware of inclusiveness."

Before they learnt about Mark's condition, his family were not involved in any VSPD programmes or knew about the rights of persons with disabilities but now both of Mark's grandparents attend the VSPD workshops. Rachel says, "when we joined

VSPD we found that every child, like Mark, has rights. My Mum attended many workshops on Disability Rights; then she came back and educated us. She now stands up and confidently talks about these rights. Since Mark attends school, he has opened a door that enables us to understand the right of children with disabilities to access education". She believed that the VSPD programme started a ripple effect that educated the community on every child's right to go to school.

UNICEF and VSPD have reinforced the government's mandate to send every child in Vanuatu to school and ensure their education. According to Rachel, the strategy has started to change the perception of the community about the rights of children with disabilities. However, it is also clear that it needs continuous efforts and a more nuanced approach to reach more families. Girls with disabilities, for example, are still more likely to stay at home and help with domestic work rather than get an education. "I hate that," says Rachel, "they need to know the rights of these children especially the girl child needs to know her right to go to school. They cannot stay home and do the dishes; this is their disability but they need to know their ability – what they can do in life. I wish they could go to school like my Mark." Social gender norms influence the access of girls with (and without) disabilities to services and rights such as education. This is indicative of the persisting need to realize girls' right to education through awareness raising initiatives within the community.

Adults who have learned about children's rights need to pass this understanding on to their children so that girls and boys with disabilities are not bullied but can make friends with all children. The parents themselves have learned about the rights of children and the laws against corporal punishment. Going forward, they need more support to develop alternative, positive discipline policies rather than resort to threatening and reporting them to the police. However, the advocacy and awareness raising efforts by motivated volunteers, like Mark's family, are important steps to break the silence and share knowledge and experiences among all families.

The REAP II programme has worked to influence member states to ratify the Convention on the Rights of Persons with Disabilities (CRPD) which focuses on improving the lives of persons with disabilities. Article 24 of the treaty asserts the right to inclusive education for people with disabilities. This case study also addresses other CRPD Articles; among these, Article 5 underlines the need for specific measures to be taken to realize equality and non-discrimination, and as per Article 6, for women and girls with disabilities to equally enjoy all human rights.

In order to ascertain the effective inclusion of children with disabilities, Article 32 of the CRPD highlights the value of international cooperation in support of national efforts. As a result, the community-based awareness raising initiative on the rights of children with disabilities is another way REAP II facilitated inclusive education for children with disabilities in Vanuatu and hence, facilitated the implementation of the CRPD. The programme has capacitated local partners to enhance their awareness raising efforts and improve the provision of inclusive education for children with disabilities.

Furthermore, it has engaged and empowered community members to act by raising their awareness on the situation and the rights of children with disabilities. This has led to an increased commitment to the inclusion of children with disabilities at family and community level, fulfilling the OECD DAC criteria of effectiveness. To this end, it addresses the evaluation question of the extent to which the programme in the demonstration countries helped include boys and girls with different types of disability; and, children with disabilities furthest left behind.

Case study 3: A multi-pronged approach to disability inclusion: Danang Social Work Service Centre, Viet Nam

This case study emphasizes the multiple pathways needed in order to reach out to children with different types of disabilities as well as to their parents struggling with different types of limitations. Partnerships between national stakeholders and International efforts towards disability inclusion, and dedicated staff can help to ensure that children with disabilities are provided with the necessary resources that will ensure their inclusive development as well as the protection of their rights.

Ms. Truong Thi Nhu Hoa has been the Director of Danang Social Work Service Center in Viet Nam since 2010. In narrating her experience including children with disabilities in the classroom, she underlines the need to develop self-worth in children. This is a step taken by Danang Social Work Service Center to enhance the capacity of children with disabilities so they can have equality of opportunities. The center has been a critical partner in the implementation of both the first and the second phase of UNICEF's Rights, Education and Protection (REAP) Program.

The Social Work Service Center (SWSC) devised a system of intervention and rehabilitation for children with disabilities, with REAP support. Amongst them, the initiative called "Three-in-One" integrated three services; an early screening system for kindergarten children, followed by a rehabilitation and intervention service. The SWSC assessed families to understand their needs, then connected them to the projects. Here, Ms. Hoa noted that parents of a child with a disability were often faced with psychological as well as socio-economic stresses, making their involvement in the programme even more crucial.

The road to inclusion is often bumpy. During the implementation of Community-Based Children Protection System," the SWSC team learned that families did not always send their child with a disability to school. This was based on the belief that children with a disability cannot retain knowledge. A lack of rehabilitation services for children with disabilities under 12, means they are often not ready for school. Additionally, many families living with children with disabilities struggle financially, and thus their attention and energy is spent on income generation. Therefore, the team organized counselling services and enlisted donors who mobilized resources for parents in financial difficulties.

The team realized that a multi-pronged approach to including children with disabilities was needed. An awareness raising programme was broadcast on media channels, including the monthly programme titled, "For the happiness of the community" on the channel of VTV8. The SWSC offered communication and training for parents of children with disabilities. The programme also supported families with guidance and income generation training. Including parents in the advocacy work also improved the information and knowledge gaps present in the community. The awareness raising initiative of the programme among families and communities on the rights of children with disabilities is another way REAP II worked to overcome discrimination and facilitated the inclusion of children with disabilities in the community.

The second initiative of the program, "Living independently," created a rehabilitation center that facilitated support from parent clubs, student groups and professional social workers. At the rehabilitation center, children are taught life skills and motor skills, such as drawing, cooking, shopping, singing and dancing. Five years since it commenced, the "Living independently" project/model shows positive results with some of the children working at the center in career guidance and job creation for persons with disability. Ms. Hoa states,

"Children with a disability under the SWSC were connected to the Center for Career Orientation and Consulting. Meanwhile, children with a disability under the Inclusive Education Resource Centre – which operates from the Nguyen Dinh Chieu Special School - were connected by their school to private enterprises to pursue a career after graduating from the special school."

Ms. Hoa recognized the programme initiatives' contribution to ensuring the protection of the rights of children with a disability; such as the right to education, access to information and communication, health care, inclusion and independence.

Yet, children with intellectual disabilities are often overlooked in programmes on disability inclusion. This is due to a perceived lack of abilities in addition to attitudinal bias by the service provider. Therefore, there is a certain reluctance to include these children. Nevertheless, Ms. Hoa was determined to include all types of disabilities, and highlights the invaluable support of the Danang Social Work Service staff, "All the results we have achieved in conjunction with UNICEF, is due to the social work staff that we possess; their passion, good knowledge and skills".

Part of the Program's effectiveness approach is to involve other partners in programme implementation to ensure its long-term adoption "Living independently" has been upscaled within other schools and centres in Viet Nam. Ms. Hoa noted,

"We expected there would be a club of "Independent living" in the community or at special schools in every district. However, at present, there are only three facilities who could apply this model."

Changing social norms and behaviours takes time and while positive examples serve as role models, it takes longer than the average 3-year project cycle to achieve real behaviour change. Consequently, a sustainable funding stream is needed for disability inclusion programmes to continue.

A good strategy for sustainability is to have such programmes included in annual plans and funding cycles of the government at national and local level. This is a goal Danang's Social Work Service Centre is working towards. Danang's Social Work Service Centre recommended the programme to the People's Committee of Danang City.

Despite successes and labelling the programme effective, Ms. Hoa acknowledged that these programme initiatives were conducted under a technical and human resource strain - "even if UNICEF supported us much more, we do not have enough resources to follow through, and in reality, the field of social work in Danang is not well developed". The lack of resources is a serious hindering factor.

UNICEF's field visits and follow-up were an important element of the successful partnership and added value for both their and their partner's learning. Ms. Hoa said the direct impact of this programme was the benefits brought to the children who participated, "joy is shown in their eyes and in their communication skills". The focus of this programme is an important contribution to UNICEF's aim to support boys and girls with disabilities who are left furthest behind.

This case study shows how the REAP II programme worked to implement the Convention on the Rights of Persons with Disabilities (CRPD) through a partnership with Danang Social Work Service Center. Among these, Article 19 recommends State Parties take all the appropriate steps to ensure that community services and facilities for the general population are available on an equal basis to persons and children with disabilities and are responsive to their needs. To this end, this case study shows the path facilitated by the Danang-UNICEF partnership to ensure children with disabilities are well capacitated and provided with the necessary resources that will ensure their inclusive development as well as the protection of their rights.

Furthermore, Article 5 of the CRPD asserts the need for specific measures to be taken to realize equality and non-discrimination. In order to ascertain this and the effective inclusion of children with disabilities, Article 8 of the CRPD recommends that state parties should be engaged in awareness raising about the rights, needs and talents of persons with disabilities. As a result, the awareness raising initiative among families on the rights of children with disabilities is another way REAP II worked to overcome discrimination and facilitated the inclusion of children with disabilities in the community. To this end, the aforementioned efforts exerted by the partnership have created a safe and constructive environment for children with disabilities in Viet Nam, fulfilling the OECD DAC criteria of effectiveness. With the potential for an upscale, the interventions established by the partnership indicate the effective practices adopted in order to reach out to children with different types of disabilities as well as to parents struggling with different types of limitations.

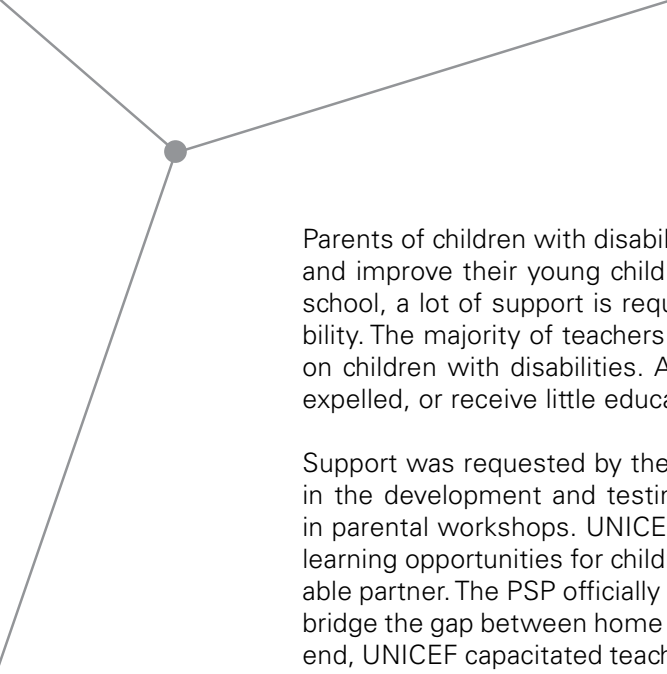
Case study 4: Supporting parents and communities to raise children with disabilities, Vanuatu

This case study shows the power of community and parental support for children with disabilities. The Parent Support Programme in Vanuatu is working to ensure parents and teachers are fully capacitated to facilitate the learning development of children with disabilities. This programme has utilized an iterative learning process to enable parents to understand and communicate better with their children with disabilities.

All children benefit when their parents are strongly involved their early development, and this is definitely the case for children with disabilities. The Parent Support Programme (PSP) of the Penama Province, in Vanuatu is playing a key role in bringing parents of children below 5 years old - with and without disabilities - to the forefront of their child's development. To this end, Kelly¹⁸⁴, one of the core developers of the PSP, states,

"There has, for a long time, been a gap between parents and the school and we can see that the PSP will bridge this gap and the parents can start taking responsibility for their children's learning and the schools, giving much needed support to the teachers and the children."

184 The name used in this case study has been changed to a pseudonym to respect the anonymity of the research participant



Parents of children with disabilities often don't know how to interact with, support and improve their young child's abilities. So, by the time they enrol their child in school, a lot of support is required and teachers feel the weight of this responsibility. The majority of teachers in low income countries have not received training on children with disabilities. As a consequence, children with disabilities can be expelled, or receive little education.

Support was requested by the Vanuatu Ministry of Education and Training (MoET) in the development and testing of the Parenting Support Programme handbook in parental workshops. UNICEF Pacific's commitment to ensure access to quality learning opportunities for children with disabilities in the region has made it a valuable partner. The PSP officially commenced towards the end of 2018, and aimed to bridge the gap between home and school for children living with disabilities. To this end, UNICEF capacitated teachers and parents in the facilitation of the learning development of children with disabilities. This contributed to the REAP II outcome on quality inclusive services for children and parents. Kelly explains the need for PSP,

"We have been blaming parents saying they are not doing their job to spend time with their children, not playing with them, not engaging them in activities at home that will help them in their learning, for example, talking about colours, numbers, names of objects, sizes, developing fine and large motor skills, language skills etc. But who has ever gone down to their level and explained the how and the why? No one. Because these parents do not read, or have access to internet to find out for themselves, we believe by giving this basic information to the parents they will understand and want to support their children at home before the children attend the kindergarten and enter class one."

Consequently, the PSP Handbook provided opportunities for parents to communicate better with their child with a disability. The different chapters in the handbook include healthy brain development, hygiene, hand washing, parent/child interaction, positive discipline, nutrition for children, the importance of play, emerging literacy, supporting children with disabilities and home safety. In detailing the importance of the handbook's contents, particularly guidance about the "social model" of disability, Kelly says,

"Our Disability package teaches parents not to be ashamed of taking their children out of the house. The purpose of this chapter is to raise awareness on the needs of 0-5-year old's with disabilities and find ways that the community can support the parents. It has been very helpful because parents want the best for their children, but they do not know how to go about it."

The PSP helps families in Vanuatu contribute to their child's learning and development. It explains the reasons interaction is important and ways to interact with a new-born child up to five years. This has been particularly helpful in tailoring basic parenting approaches such as communicating and guiding a child, and addressing the specific needs of children with a disability. This model has proven particularly essential in training parents who have children with Down Syndrome or autism; conditions which are not easily identified or recognized within the community.

After the implementation of the PSP, the programme held a series of formal evaluative reflection workshops across two islands within the Penama Province. Parents, facilitators, and other responsible stakeholders identified what worked, what

did not work well, the challenges and the way forward. The findings were reported to the national stakeholders, government ministries and UNICEF. This evidence has informed the on-going revision of the module on children with disabilities to strengthen content and implementation model.

In reflecting on the work that has been done by the PSP, some shortcomings have come to light. For instance, the first time a child is identified as having a form of disability there needs to be a referral to specialized services however these are unavailable. This problem is especially pronounced in the rural parts of the country where there are scattered health and educational services. This is currently being reviewed and incorporated into the next pilot before the government endorses it for roll out to other provinces.

Based on findings from the workshops, it was also decided that a PSP Task Force was needed to support the teachers. Two of the islands in Penama Province established their Task Force and are moving on with their program. A training of trainers will include Early Childhood Care and Education (ECCE) Mobile Officers, Year 1 teachers and community representatives. These people will take the training back to a PSP Task Force consisting of ECCE Teacher, Youth, Church, Chief and parent representatives. Their role will be to advertise, communicate and organize the workshop, which will have a community focus instead of solely involving the ECCE teachers, or parents. Through the consultation, reflection and iterative piloting processes, there is a reasonable expectation that the outcome will have a far-reaching and sustained effect because the community and government have committed to take the programme forward. The programme is an example of the way interventions that reach across family level, community level, service provider level and government level can deliver sustainable results.

This case study shows how the REAP II programme worked to fulfil Article 23.3 of the Convention on the Rights of Persons with Disabilities (CRPD) which discusses the value of providing early and comprehensive information, services and support to children with disabilities and their families in order to ensure children with disabilities have equal rights with respect to their family life and are not neglected. Article 8 of the CRPD also recommends that State Parties should be engaged in awareness raising activities about the rights, needs and talents of children with disabilities. As a result, the awareness raising initiative of the Parent Support Program is another way REAP II worked to capacitate teachers and parents, so they are more conscious and confident about facilitating the learning development of children with disabilities and hence, their inclusion. Similarly, Article 19 of CRPD states the need for State Parties to secure community services and facilities to better accommodate children with disabilities.

To this end, UNICEF's technical assistance has made a significant change to the way partners work on inclusion of girls and boys with disabilities by creating an accommodating learning environment for children with disabilities in Penama Province, Vanuatu. The programme has also harnessed efforts at different levels, guaranteeing an adaptive and far reaching effect, and, fulfilling the OECD DAC criteria of sustainability.

Case Study 5: Better outcomes when identification of children with disabilities is taught in teacher training programs, Vanuatu

Although improving teachers' identification skills increases the chance of early intervention among children with disabilities, in this case, it also led to cases of overidentification proving that more intensive training is required. The case study will discuss the necessary measures that need to be considered by future intervention programs. Among these, is the need to empower local stakeholders to ensure the sustainability of the program.

According to a Ministry of Education and Training (MoET) statistical report, the number of out-of-school children in Vanuatu is very high. This is evident from the 42.7% and 86.2% net enrolment rates for early childhood and primary education, respectively. Only 2.9% of the enrolled students in primary education were identified as children with disabilities. The report noted that there is a low retention rate of children with disabilities. Early intervention was not accessed because identification of a disability was not recorded.¹⁸⁵ To address this gap, part of the inclusive education training package provided at the Teacher Training College in Vanuatu, targeted improving the capacity of teachers to identify and report cases of children with disabilities.

The training programme was facilitated through a partnership between UNICEF, the Vanuatu Society for People with Disability (VSPD) and the MoET, under the Rights, Education and Protection (REAP) II Programme. The REAP II programme aimed to help fund pilot programmes with the government so they could then adopt successful programmes. In addition to disseminating crucial information on inclusive education, the training was used by the partners as a guide for teachers to identify children with disabilities.

Early detection and intervention among school children is an important step to promote a child's health and well-being, to reduce the risk of developmental delays and emerging disabilities, and to enhance adaptive parenting. Intervention is best carried out during a child's early stages when the brain is more likely to adapt and learn. Therefore, involving teachers in this process of identification is a crucial step to ensure no child with disabilities is left behind.

Piloting training and discussion helps with effectiveness and early detection. This pilot training programme recognized that one set of training was insufficient to equip the teachers with skills to assess children correctly. In some instances, this led to teachers over-identifying and over reporting the number of children with a disability. Anne¹⁸⁶, a Vanuatu Education Manager, said, "we had teachers reporting that they had 80% to 90% of their students having a disability when it was more of a learning slowness or difficulty or maybe, a language issue within the class". This indicates the limited awareness of teachers for different types of disabilities and learning needs. This experience taught the partners the value of an iterative training experience, where teachers could discuss and correct their understanding and develop new skills as well as obtain follow up support.

Taking this implementation gap into consideration, the government of Vanuatu is funding another training course for public and private school teachers. Sarah, a MoET staffer who has been directly involved in the first training programme said,

¹⁸⁵ Ministry of Education and Training (2016), Vanuatu, Annual Statistical Digest 2015.

¹⁸⁶ The name in this case study has been changed to a pseudonym to respect the anonymity of the research participant.

“... because we saw that need, the Teacher’s College is developing a course in inclusive education and identification as part of the course in the teacher training”. In this instance, Vanuatu’s MoET will continue to fund the programme started by REAP II that trains teachers in how to teach and identify children with disabilities. Early identification will be followed by a reporting process that links children with disabilities and their parents to appropriate support systems, such as physiotherapy.

Despite some wrong identification, the Director (VSPD) acknowledged the value of reporting as an early intervention tool for children’s learning development. The teacher’s training programme was successful in disseminating important information on inclusive education, early identification, and early intervention to public and private school teachers in Vanuatu. This was possible through the REAP II efforts that gave new tools to local partners that enable disability inclusion. Among the lessons learnt from this program, is the need to empower local stakeholders to take ownership of inclusive education initiatives and build community capacity. When teachers are more confident, know their strengths and weaknesses, discuss and learn and, understand the value of their efforts, they are more likely to apply it in any setting.

Through the REAP II program, UNICEF helped member states to meet their international obligations under the Convention on the Rights of Persons with Disabilities (CRPD) which focuses on improving the lives of persons with disabilities. Article 24 of the treaty asserts the right to inclusive education for people with disabilities. To this end, the initiative to incorporate early identification and intervention in formal teacher training is one way REAP II facilitated inclusive education for children with disabilities in Vanuatu.

Article 31 of the treaty notes that state parties shall have the responsibility to collect, disaggregate and disseminate data regarding persons with disabilities enabling the formulation and implementation of evidence based policy intervention. Moreover, the Article discusses the value of data to ensure early intervention for children with disabilities. This would, in advance, prevent them from missing out on the chance to gain inclusive education. The early identification scheme of the teacher training program, to this end, falls under the umbrella of the statement indicated in the treaty.

REAP II successfully influenced partners to continue training teachers to better support children with disabilities and has effectively acted to build their capacity - UNICEF’s technical assistance (including training) made a significant change to the way partners work on inclusion of girls and boys with disabilities. This will contribute to the sustainability of the initiative in the long term. Teachers in Vanuatu now have the skills to identify, assess and monitor different learning needs within their classrooms.

Case study 6: A network of stakeholders facilitate the transition of young children with disabilities from Play to mainstream schools, Vanuatu

This case study shows how engaging a variety of stakeholders - parents, teachers, community advocates and government officials - a broad and crucial support network for children with disabilities can be established and sustained after programme funding ceases. This will enable children with disabilities to have their rights fulfilled in the short and long term.

Every child has an inalienable right to an education. In Vanuatu, this was guaranteed by the government when it signed on May 17, 2007 and ratified on 23, Oct 2008, the Convention on the Rights of the Child and the Convention on the Rights of Persons with Disabilities (CRPD). However, children with disabilities are often prevented from joining mainstream schools due to attitudinal and institutional discrimination. They are forced to stay home because institutions are not equipped and/or willing to accommodate their needs.

This made the early intervention programme at the Vanuatu Society for People with Disability (VSPD) an important activity to promote the development and social inclusion of children with disabilities in the community, in preparation for formal education. Early Childhood Development (ECD) interventions, which includes play schools, are important places that facilitate the social and physical development of children, support social interaction, and prepare the children for the transition to formal education at mainstream schools. Mainstream schools often feel they cannot accept children with disabilities because they are not equipped, i.e. don't have the material nor the teaching skills, to include and teach children with disabilities. In order to enable mainstream schools to take children from the play school, VSPD liaised with them and the Ministry of Education.

VSPD, in collaboration with the Disability Offices of the Shefa province and the disability desk of the Ministry of Justice and Community Services, runs an early intervention program, which focuses on finding children with disabilities (including those with severe disabilities) who are not enrolled in any school and bring them together from 16 different communities to one of the four playschool locations in Shefa. VSPD's field staff work with the children and their caregivers. They facilitate structured play sessions for the children, arrange therapy, and give practical advice to carers on play and exercises and other questions that parents may have.

The Inclusive Unit in the Education Department provided material and tools that were developed by the Teachers College in Vanuatu and focused on identification of children with disabilities. Another training programme focused on understanding and completing the Vanuatu Educational Management Information System (VEMIS). These training packages were delivered centrally and then disseminated through a cascading process via provincial offices, school improvement offices, school principals, and finally, teachers. This is a potentially long process which could water down the quality of the training and will therefore need monitoring and follow-up. Observing training sessions and the subsequent application is an important step to ensure quality.

VSPD and the playschool are well placed to help train teachers interested in including an individual child with disabilities from the play school in their mainstream classroom. They are experienced working with the government and mainstream schools to prepare for such transitions. VSPD also refers children to other play

schools; for example - Pikinini Playtime, a private school, and according to the evaluation survey, the biggest provider of inclusive education in Vanuatu.

With UNICEF's support, VSPD was also able to expand their network and build new partnerships. UNICEF also helped identify a number of facilitators including youth facilitators who were trained with the support of VSPD. These youth facilitators were sent out into the communities where they organized workshops with community members.

These awareness raising workshops not only targeted parents of children with disabilities, but also invited community members who are interested in children's protection and rights, to take on the role as champions for inclusive rights of children with disabilities. A UNICEF staff in Vanuatu recounts that,

"In one of the communities, after they completed the workshop, the participants went back and visited house to house in the community to share with other members of the community what they had learned from the training. They discussed specifically how best they can look after all the children, but, in particular, children with disabilities because of the added stigma and discrimination that usually happens to these kids."

This has ensured that the workshop outputs benefit a large section of the community – and positively affects attitudes towards the inclusion and protection of children with disabilities in Vanuatu. Awareness raising on the need for quality inclusive services can spread throughout a community and across a network of different stakeholders.

By integrating projects at different levels and bringing different stakeholders together increases the chances of the project's replication, and hence sustainability. This case study is indicative of the network established among different stakeholders, working at different levels, i.e. duty bearers, service providers and rights holders, to realize the inclusion of children with disabilities in the mainstream education system as well as in the community. The capacity enhancement training and resources delivered under the REAP II programme have ensured the integration of the approach into the stakeholders' programmes so they will continue after REAP II ends. Thus, REAP II contributes to OECD DAC evaluation criteria of Sustainability.

This case study looks into one of the steps taken by the REAP II programme to ensure the fulfillment of the Convention on the Rights of Persons with Disabilities (CRPD). Among the sections of the treaty that were implemented through the REAP II program, Article 24 of the CRPD, asserts the right to inclusive education for people with disabilities, has been addressed. Article 24. 2(A, B, D) specifically states that children with disabilities are not to be excluded from free and compulsory education on the basis of disability; that they should gain quality and free education on an equal basis with others in the community; and that they should receive the support required, within the general education system, to facilitate their effective education, respectively. Similarly, Article 8.2 (B and D) address the need to foster respectful attitude towards children with disabilities, and promote awareness raising trainings to this end. These initiatives are closely correlated with the measures taken by REAP II to ensure inclusive education for children with disabilities in Vanuatu.

Case study 7: Evidence for advocacy to accelerate CRPD ratification

The Convention on the Rights of Persons with Disabilities (CRPD) is an international human rights treaty that aims to eliminate the discrimination of persons with disabilities and enhance their participation and inclusion in the society. However, signing this ratification is not an open and shut case in several countries with a strong cultural and customary base. This case study shows the power of data and evidence in changing mindsets.

Of the 28 countries (including Island states) covered by UNICEF's East Asia and the Pacific Region (EAPR), all but Niue, Timor Leste and Tokelau¹⁸⁷ have signed and/or ratified the CRPD. Four have signed with the intention to ratify: Federated States of Micronesia, Samoa, Solomon Islands, and Tonga.¹⁸⁸ The Solomon Islands government is no exception in its lengthy ratification process. However, after continuous internal and external effort, the country is now much closer to ratifying the CRPD. This case study shows that a little external support can go a long way in encouraging governments to take part in an international human rights agenda.

In order to capture the degree of functional difficulty experienced by children between 2 and 17 years of age, a new survey module was developed by the Washington Group (WG) and UNICEF. The WG/UNICEF Child Functioning Module assesses functional difficulties and includes questions on hearing, vision, communication/comprehension, learning, mobility and emotions.¹⁸⁹ National enumerators (data collectors) were trained in collecting this data.¹⁹⁰ Secondary analysis from the census data was translated into monographs for Palau, Kiribati, Samoa and Tonga¹⁹¹ to identify gaps at the policy level and service provision. The majority of the disability-focused documents are comprehensive in disaggregating by disability types, sex, and to some degree other identity factors such as location. These monographs can serve as a baseline to monitor the situation for children with disabilities across the Pacific.

From interviews with UNICEF staff, there is clear confirmation that the data and evidence generated from the secondary census analyses have contributed to advocacy and policy reviews. This evidence for advocacy approach is considered successful by most respondents,

One thing that the REAP II Program did much better than others is putting the disability issue on the table for attention with clear evidence... We had countries that we worked with directly. We had Kiribati, we had Samoa, we had Palau, and Fiji and Tonga and Tuvalu at a later stage. With the earlier countries, they had collected their data using the Washington Group questions through the census, but that data was never analyzed to inform the disability community in those countries about what might be the critical things that require immediate attention. So, through the REAP Program

187 International Treaty making (2020), Guidance for government agencies on practice and procedures for concluding international treaties and arrangements, "Tokelau is a dependent territory of New Zealand, a non-self-governing territory for the purposes of the Charter of the United Nations, and "part of New Zealand" under the Tokelau Act 1948. While substantially self-governing in practice, it does not have its own international legal personality. Any treaty making in respect of Tokelau is done by the New Zealand Government, on the basis of consultation with the Government of Tokelau."

188 Framework for Rights of Persons with Disability, Pacific Islands Forum Secretariat <https://www.forumsec.org/framework-for-rights-of-persons-with-disability/> <Accessed on: 20/06/20>.

189 For more information on the Child Functioning module see: <http://www.washingtongroup-disability.com/washington-group-question-sets/child-disability/>

190 <https://www.washingtongroup-disability.com>

191 These monographs can be found here: <https://www.unicef.org/pacificislands/research-and-reports>

*we were able to facilitate that process. For those three countries we had a National Disability Data Analysis and Report Writing workshop which was conducted by the country's disability sector and in that process building the capacity in terms of how to do it and how to interpret it. But more interesting is the ability of the participants through those workshops, to then identify the policy implications and being players already, to then also identify how to push those aspects that we identified through research.*¹⁹²

Many such reviews and policies amendments have only happened at the end of the REAP programme, or are still in parliamentary processes, and therefore the extent of uptake and/or implementation could not be assessed for this case study.

However, one noteworthy example deserves mention. In 2019 UNICEF trained enumerators on disability data collection and analysis in the Solomon Islands. UNICEF also funded the additional USD50,000 needed to collect disability inclusive census data. This was effective in producing disability disaggregated data, and looking into the situation of children with disabilities. A UNICEF staff member explains,

*We are still waiting for clean data so that we can do a monograph for Solomon's as well. But I heard [...] from PDF [Pacific Disability Forum] that Solomon Islands is ready to ratify CRPD.*¹⁹³

The outcome of the census has played a considerable role in showing the government the gaps in the implementation of community development programmes and the need to up-scale disability rights within the community.

UNICEF's technical and financial support extended to census data collection has accelerated the Solomon Island government's commitment to ratify the CRPD. A respondent explains that in addition to producing globally comparable data sets,

*We've been able to ... build a cadre of experts who are able to collect this data in a reliable manner, be able to process it and be able to analyse it and perhaps use it to identify what needs to be done.*¹⁹⁴

However, it is also UNICEF's partnerships with implementing organizations like the PDF that helps to deliver such efficient and effective results.

This case study shows the effort exerted through the REAP II programme to influence member states through evidence to meet their international obligations under the Convention on the Rights of Persons with Disabilities (CRPD). To this end, Article 4.3 of the treaty recommends for State Parties to closely consult with and actively involve persons with disabilities through their representative organizations to implement the present Convention. Article 31 of the treaty also notes that state parties shall have the responsibility to collect, disaggregate and disseminate data regarding persons with disabilities enabling the formulation and implementation of evidence-based policy intervention. Moreover, the Article discusses the value of data to identify and address the barriers faced by persons with disabilities in exercising their rights.

192 Interview PICTs, 29th July, via Zoom

193 Interview Fiji, 25th June, via Zoom.

194 Interview PICTs, 29th July, via Zoom

This case study also addresses Article 32 of the CRPD that highlights the value of international cooperation in support of national efforts for the realization of the purpose and objectives of the CRPD. This case study shows the programme's contribution to the OECD DAC criteria of sustainability and efficiency. It addresses the evaluation question of the extent to which UNICEF's technical and financial assistance made a significant change to how State Parties work towards ensuring the rights of persons with disabilities in Solomon Islands.

Case study 8: Preventing blindness among premature babies, Papua New Guinea

This case study navigates the efforts employed by the REAP II programme and its partner organizations to reduce the prevalence of Retinopathy of Prematurity (ROP). Among these are awareness raising and capacity development efforts to prevent ROP blindness among preterm children. To this end, the case study shows the value of effective collaboration among actors to instil a system of early identification and intervention of the disorder in PNG.

Retinopathy of Prematurity (ROP) is an eye disorder that predominantly affects premature infants and leads to lifelong vision impairment and blindness. The disorder occurs when abnormal blood vessels grow and spread throughout the retina, scarring and detaching it. A statistic from the Baylor College of Medicine study shows that ROP causes between 6 to 18 percent of all childhood blindness in developing countries. Although there is no cure for ROP, there are prevention procedures that can be taken. These include timely screening and early, as well as proper treatment. Despite technological and educational advancements, ROP continues to be prevalent due to medical malpractice.

Papua New Guinea (PNG) is among several developing countries that record high number of ROP cases to date. From the 20,000 to 25,000 live births in a year, 2,000 children lose their eyesight partially, while another 2,000 become fully blind in PNG because of this disorder. Similar to other developing countries, failure of medical staff to provide early screening and treatment attributes to the large ROP prevalence in the country. To this end, the UNICEF Rights, Education and Protection (REAP) II programme has made efforts to raise awareness and upskill medical staff to prevent ROP blindness among preterm children. These actions were carried out through trainings provided for special care nurses and neonatologists in oxygen administration and resuscitation procedures for premature infants.

Sarah¹⁹⁵, a UNICEF staff, who has been directly involved in the training program, explains the gaps her team has observed and worked to fill within the medical community:

"... [some medical staff] would not believe that blindness happens because of [ROP]. They had no evidence; they had no data from Papua New Guinea. So, then we introduced this programme in partnership with RANZ-

195 The name in this case study has been changed to a pseudonym to respect the anonymity of the research participant

CO, Royal Australian and New Zealand College of Ophthalmologists, in a city of PNG. They trained 30 medical officers and others, and again now two years later. [...] More than 200 babies were screened for Retinopathy prematurity and 18 babies were found to have this problem and they were saved, from blindness."

The medical staff attending the training sessions were also instructed to train other staff nurses and neonatologists in their hospital. This training programme has increased awareness, knowledge and skills of the medical community in PNG - regarding the preventability of the disorder among preterm children.

It should be noted that the success of the programme was fostered through international partners such RANZCO as well as the Australian and New Zealand Eye Foundation (ANZEF) which have donated an ROP detection equipment to the neonatal ward in Port Moresby (POM) general hospital to ensure the prevention of the disorder. POM general hospital now screens all newborn children for ROP.

In detailing the lessons learnt from the program, Sara notes the value of long-term partnerships in ensuring the effectiveness of the initiative. The participation of responsible stakeholders and through building the capacity of 38 trainers-mentors to screen, identify and manage ROP in premature babies, has increased the REAP II's impact the national level. Following the successful implementation of the training program, the steps towards preventing ROP have been recommended to the Ministry of Health – to be incorporated in the country's Health Policy.

This case study shows how the REAP II programme worked to fulfil Article 25 (B and c) of the treaty on the need to provide health services needed by persons with disabilities specifically because of their disabilities. These services include early identification and intervention as appropriate, and are designed to minimize and prevent further disabilities, and are inclusive of children with location convenience. To this end, REAP II successfully influenced partners to work on early identification and intervention of ROP, by training and enhancing the capacity of health workers. Several health workers in PNG have now been capacitated with the skills to identify, prevent and treat ROP cases in their hospitals. Furthermore, this has inspired state actors to adopt the steps towards preventing ROP in the country's Health Policy. To this end, the REAP II programme has fulfilled the OECD DAC criteria of effectiveness.

Annex Q: Results from the validation workshops

VALIDATION WORKSHOP on REAP II EVALUATION

Workshop date: English, August 3rd, Vietnamese August 4th

Location: Zoom

Number of participants: 30

Includovate has presented the findings of the REAP II Programme evaluation at two validation workshops to triangulate the outcomes obtained and gather additional input from stakeholders. This has helped to ascertain how much agreement there is from the audience, where discrepancies remain and if there was contention regarding some outputs of the evaluation. The workshop has been attended by UNICEF staff and partners to the REAP II Programme. The input from participants during the workshop was recorded through the Mentimeter. One workshop was in Vietnamese and the other in English.

The structure of this annex covers the findings from the English and Vietnamese validation workshop. The Mentimeter results and outcomes of the two workshops has been presented next to each other for a convenient comparison. With these recommendations, Includovate restructured some of the recommendation statements to be more in line with the feedback gathered during the validation workshop.

Recommendation and Comments

**Please note, the number of recommendations in the report have been revised since (and based on) the validation workshop. There were 12 recommendations presented at the validation workshop.*

Recommendation 1 **Priority level: Medium (for the next disability programme)**

Focus on:

Recommendation	English result out of 5	Vietnamese result out of 5
A more adaptive management approach with strong coordination and a learning/ reflection agenda	4.5	2.6
Develop appropriate indicators to monitor qualitative and emerging systems change	4.5	3.2
Have a KAP survey as a baseline	3.7	2.8

The first two parts of the recommendation are supported, as is the third, however less supported. The discussion during the workshop suggested that a project should not have a KAP for a baseline as that would not deliver value for money. Instead a KAP survey should be done at the national level to add value to country statistics.

Recommendation 2 **Priority level: Medium (for the next country strategy)**

The next country strategy should:

Recommendation	English result out of 5	Vietnamese result out of 5
Include activities to facilitate innovative mechanisms for consultation and connection with boys and girls with a disability	4.4	3.9
Promote the value of children's voices with all stakeholders and partners and particularly policy makers and funders.	4.8	4

Participants primarily agreed that COs should promote the value of children's voices with all stakeholders and partners and particularly policy makers and funders. They secondly agreed that COs should include activities to facilitate innovative mechanisms for consultation and connection with boys and girls with a disability.

Recommendation 3 **Medium-high (before the next strategic plan is developed)**

Before the next strategic plan is developed:

Recommendation	English result out of 5	Vietnamese result out of 5
Explore new ways to work with OPDs and organization of youth with disabilities or children's rights	4.3	4.3
Advance downward accountability of duty bearers to right's holders	4	4.3
Capacity assessment of OPDs	3.8	3.8
Build a basis for mutual partnership - where OPDs can give unique value to UNICEF's work.	4.1	3.8
Revisit UNICEF contracting rules.	3.7	3.3

All participants agreed to the recommendation made by Includovate for what needs to be done before the next strategic plan is developed at different degrees. The recommendation points, according to their level of approval are: UNICEF should invest in exploring new ways to work with OPDs and organizations of youth with disabilities on children's rights and to advance downward accountability of duty bearers to rights holders; Build a basis for mutual partnership - where OPDs can give unique value to UNICEF's work; Capacity assessments of OPDs; and finally Revisit UNICEF contracting rules.

Recommendation 4 **Priority level: Medium-high (before next programme design)**

Before the next programme design:

Recommendation	English result out of 5	Vietnamese result out of 5
Be explicit about the type of systemic change aimed for, e.g. accommodating, responsive, transformative	4.2	2.9
Be clear about the targeted beneficiary groups - children with a disability is not specific enough	4.2	3.1
Monitor and plan activities for intersectionality	4.1	4.1

Three points were presented by Includovate regarding the design of disability programmes. Participants have unequivocally agreed to these points: Be explicit about the type of systemic change aimed for, e.g. accommodating, responsive, transformative (however this was less popular in Viet Nam and required explanation); Be clear about the targeted beneficiary groups (children with a disability is not specific enough); Monitor and plan activities for intersectionality (e.g. undertake a Gender, Equality and Social Inclusion (GESI) audit; focus on remote communities; spotlight projects on specific impairments).

Recommendation 5 **Priority level: Medium (before the next strategic plan)**

Before the next strategic plan, defining inclusive development by sector:

Recommendation	English result out of 5	Vietnamese result out of 5
Have a clear internal agreement of what UNICEF will, and will not support	4.1	4.3

Develop sectoral specific guidance documents	4.5	3.5
Define and communicate clear terms (e.g. inclusive education)	4.7	3.7

Participants agreed the need to define and communicate key terms (e.g. inclusive education), to develop sectoral specific guidance documents, to have a clear internal agreement of what UNICEF will and will not support; respectively.

Recommendation 6 **Priority level: Medium (during next programme design)**

Recommendation	English result out of 5	Vietnamese result out of 5
UNICEF should focus on advocacy and leave implementation to specialized organizations	3.3	2
UNICEF should be involved in implementation but focus more on the quality of inclusive education and learning outcomes of children with disabilities	3.7	3.1
UNICEF should convene and facilitate partners to coordinate their response	3.6	2

Recommendation 7 **Medium (before the next country strategy/resource allocation process)**

Recommendation	English result out of 5	Vietnamese result out of 5
Allow more time for partnership building/convening	3.9	4.2
More regular technical assistance and capacity building on different disability types	4.1	3.8
When developing funding proposals, those leading the design should include disability specialists	4.5	3.4

Adopt a cross-sectoral development approach	4.1	4.2
Strong leadership and management support are needed	4.1	4.4

Recommendation 8 **Priority level: High (as soon as possible and before the next country strategy)**

Recommendation	English result out of 5	Vietnamese result out of 5
UNICEF should re-consider supporting institutional settings, like respite day care, for children with disabilities	3.6	1.7
UNICEF should Promote alternative community-based solutions that comply with CRPD	4.3	3.7

During the Viet Nam validation workshop, comments have been raised by a participant indicating the respite day care implemented in Viet Nam has been very effective even though it is still in small scale. This model is for children with severe disabilities in remote areas who cannot participate special schools, which are mostly located in the urban centre. At respite day care centres, children can play together with their friends, study both knowledge and basic living skills (Some participants agreed with the speaker that the model is good and UNICEF should continue with it).

Recommendation 9 **Priority level: Medium (include in the next strategic plan)**

Recommendation	English result out of 5	Vietnamese result out of 5
UNICEF should continue collecting data on the Washington Group/ UNICEF child functioning module questions	4.3	4.8
UNICEF should develop different globally comparable data sets	4.3	4.8
UNICEF should help analyse, disaggregate and widely disseminate the data collected	4.6	4.8
UNICEF should invest in becoming a global thought-leader in the inclusion of boys and girls living with disability	4.1	4.1

Recommendation 10 **Priority level: High (thinking and approach should be re-fined before the next strategic plan)**

UNICEF should change strategy to prioritize:

Recommendation	English result out of 5	Vietnamese result out of 5
Incentivise behaviour change/reduce discrimination	3.6	3.4
Stimulate demand for better services and more rights	4.1	3.4
As well as focus on addressing the supply side	4.7	3.3

Recommendation 11 **Priority level: Medium (before next country strategy)**

Mandate

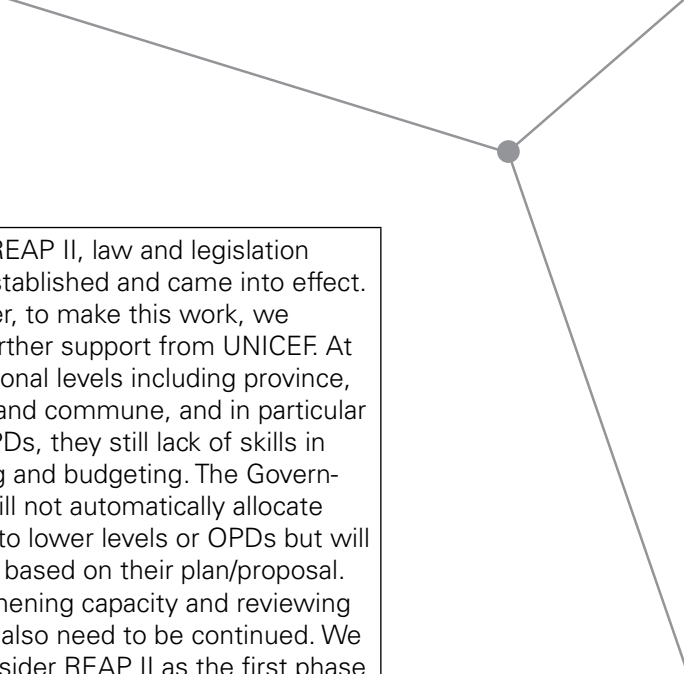
Recommendation	English result out of 5	Vietnamese result out of 5
Activities around knowledge capture, dissemination and management should be a core component of UNICEF disability related designs	3.9	4.4

Final Recommendations

What should UNICEF do to promote more sustainability/ include in an exit strategy/funding flow (open ended suggestions):

Recommendation	
English Validation Workshop	Vietnamese Validation Workshop
In service and on-going training for government counterparts (Social services, Health, Justice etc.) and UNICEF partners regarding the rights of children with disabilities	Better consultation with parties to develop an end strategy.
Continue funding until other partners or government take full ownership	It is necessary to have communication with the Government and partners from the outset to jointly develop a strategy for project / programme sustainability.

The overall planning an implementation of this programme should be led by the government to ensure its sustainability and country's ownership and based on a coordinated and evidenced approach	Increased investment in long-term goal-setting activities is in terms of stakeholder capacity, quality of education and attitude!
The overall planning and implementation design of this programme should be led by the government	Clearer results on the sustainability of the integration of children with disabilities and the protection of children with disabilities in the policy system need to be brought out and measured.
Include fundraising and social enterprises income generation into the exit strategy plan	It is necessary to advocate for the government to prioritize budget more for the field of children with disabilities.
Design is already sustainable. Longer partnership is needed to build the systems and capacities to sustain it in reality	When there is a good implementation strategy that achieves many practical results, its sustainability will be long-term and mobilize the budget sources.
Identify clear roles and institutional frameworks to maintain activities and results in time	There is a need to plan with the partners for each stage and have a reflection of UNICEF's gradual decline
The programme should take into account all risks based on countries context. The pacific countries are vulnerable to national disaster risks. The REAP framework should include a risk matrix as part of the overall design of the REAP programme.	Institutional care/respite day care=> need further discussion with UNICEF to understand the nature of our work
	Limited/or no engagement of OPD/ people with disabilities in REAP design resulted in the project focus on enhancing the supply side, rather than the demand side => please check with Lieve/or RO. I understand that Paola who worked on REAPII design came to Viet Nam and she undertook extensive consultation with different stakeholders.
	Besides encouraging/engaging OPDs and people with disability both design and implementation of the programme, it is also necessary to build their capacity so that they are capable to participate meaningfully. If not, their participation is not a real participation.
	One internal hindering factor, only the budget from DFAT was not sufficient to cover all the activities/interventions effectively and to achieve all expected results. It would have been additional budget from UNICEF as well. However, UNICEF did not allocate any budget in addition to the DFAT.



	Under REAP II, law and legislation were established and came into effect. However, to make this work, we need further support from UNICEF. At sub-national levels including province, district and commune, and in particular with OPDs, they still lack of skills in planning and budgeting. The Government will not automatically allocate budget to lower levels or OPDs but will allocate based on their plan/proposal. Strengthening capacity and reviewing models also need to be continued. We can consider REAP II as the first phase aiming to institutionalization with policy making and issuance. We need the second phase that aims to make these policies work at lower levels and reach the target beneficiaries.
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Annex R: Ethical review board clearance letter

Figure 31: Ethical review board clearance letter Page 1 of 2



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Ethical clearance letter: IRB board member's decision on the Includovate's 'Evaluation of the UNICEF REAP II Programme in East Asia and the South Pacific'.

Dear Kristie,

On 28th May 2020, the IRB received the case for clearance. Evaluation of the UNICEF REAP II Programme in East Asia and the South Pacific, was discussed by all the IRB members. The board members also scrutinized the attached documents for ethical assessments in depth. The reviewed documents include,

- Includovate Research Ethics Application Form
- 8 study tools
- Consent forms for Anonymised Research Participants

We wrote our feedback on the above documents on 29th May (and 1st June) and received the revised documents by 1st June and all the comments were answered by the team. The members of the boards acknowledged the prompt response for answering the suggestions mentioned by the IRB members. We decided that our input and suggestions for all the shared documents were made clear and we approve the documents.



Figure 32: Ethical review board clearance letter Page 2 of 2



Includovate Research Center P.L.
<http://www.includovate.co>
P.O.B 1213 code 12:
Addis Ababa, Ethiop

So please find the letter attached for your sign. Please contact sujata@includovate.com should you have any questions.

Sincerely,

Sujata Ganguly, Chair, Includovate IRB
Peter Nash, Vice Chair of Includovate IRB
Jan Edwards, Includovate IRB Member
Elsabeth Belay, Includovate IRB Member



Annex S: Informed consent form

Informed Consent to Participate in ONLINE SURVEY

Evaluation of the Rights, Education and Protection (REAP) II Programme in East Asia and the South Pacific.

Client: United Nations Children's Fund (UNICEF)

Evaluation firm: Includovate

Lead evaluator: Dr. Kristie Drucza kristie@includovate.com

We're inviting you to participate in an evaluation of the Rights, Education and Protection (REAP) II Programme in East Asia and the South Pacific. Participation is completely voluntary, and no compensation will be offered. If you agree to participate, you can always change your mind and withdraw later. You can skip any questions you don't want to answer or stop the survey entirely. There are no negative consequences, whatever you decide.

Possible benefits: Although you may not directly benefit from taking part in this study, the information you provide may lead to improved disability inclusive programmes for children in your country.

How long will it take? Approximately 30 minutes

Costs: None

Compensation: None

Confidentiality and Data Security

We'll collect the following identifying information for the research: your name and email address. This information is necessary to contact you for the study. A common risk you experience any time you provide information online is that the online data is hacked or intercepted. So, there is a chance your data could be seen by someone who shouldn't have access to it. We're using a secure system to collect this data, but we can't completely eliminate this risk. However, we're minimizing this risk in the following ways:

- All identifying information is removed and replaced with a study ID in the publication of results.
- Includovate will store all electronic data on a password-protected, encrypted computer.
- Includovate will keep your identifying information separate from your research data, but the evaluators will be able to link it to you.
- For more information on Includovate's privacy policy see [here](#).

Demographic questions and the responses to the disability question will only be used for disaggregation and cannot be tracked back to the respondent.

Where will data be stored?

The data will be stored on the INCLUDOVATE server for the online survey software. It will be downloaded without your email and other identifying information and stored on Includovate's secure server.

How long will it be kept?

The data will be kept for at least 5 years in case INCLUDOVATE researchers need to contact the study's participants in the future.

Who can see my data?

The evaluation team will have access to your name and email address so we can identify you for the study. The evaluation findings will be presented in a final report and during presentations. No identifying information will be provided during interviews and pseudonyms (fictitious names) will be used if location is required.

Contact information:

For questions about the research, or to make a complaint: Contact Dr. Kristie Druza lead evaluator, kristie@includovate.com, or Dr. Sujata Ganguly Includovate's Ethical Review Board chair sujata@includovate.com or Lieve Sabbe UNICEF's Regional Programme Specialist on children with disabilities Isabbe@unicef.org. Should you wish to make an anonymous complaint, please refer to Includovate's online anonymous complaints process [here](#).

Agreement to Participate

If you meet the eligibility criteria below and would like to participate in this study, click the button below to begin the survey. Remember, your participation is completely voluntary, and you're free to withdraw at any time.

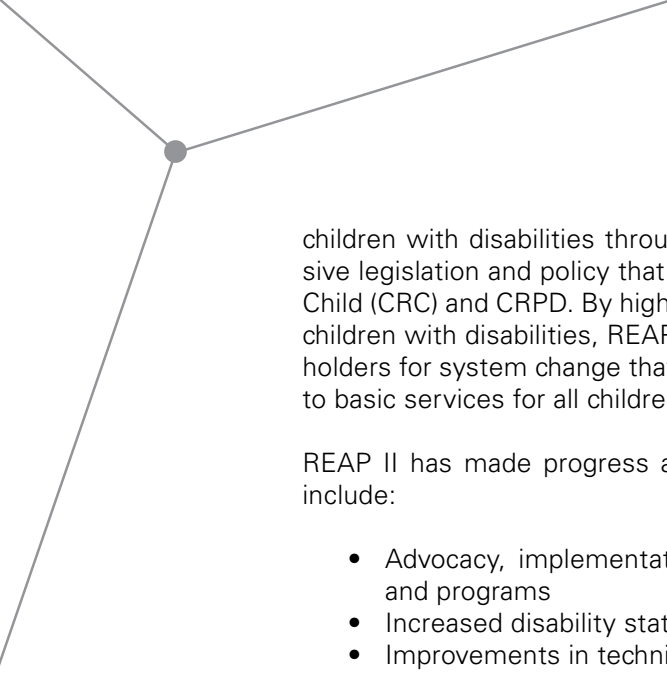
- I am at least 18 years old

Completion and submission of the survey is considered your implied consent to participate in this study. Please print this form for your records.

Background to the evaluation

The Rights, Education and Protection (REAP) programme has had two phases and is considered a partnership between DFAT (previously AusAID) and UNICEF. The second REAP programme began in July 2015 and built on the first partnership with a stronger focus on the East Asia and the Pacific Region and with three demonstration countries Papua New Guinea, Viet Nam and the Multi-country Office covering 14 Pacific Island Countries and Territories (PICTs).¹⁹⁶ The overall vision of REAP II is "to promote inclusive development approaches which fulfil the rights of children with disabilities" and therefore allows UNICEF to promote inclusion of

¹⁹⁶ Includes Fiji where UNICEF office is located, plus where REAP activities have been implemented in Vanuatu, the Federated States of Micronesia, Nauru, Tonga, Tuvalu and Samoa.



children with disabilities through adoption and implementation of disability-inclusive legislation and policy that is aligned with the Convention of the Rights of the Child (CRC) and CRPD. By highlighting and addressing equity gaps, in particular for children with disabilities, REAP II seeks to advocate with governments and stakeholders for system change that includes appropriate funding and improved access to basic services for all children.

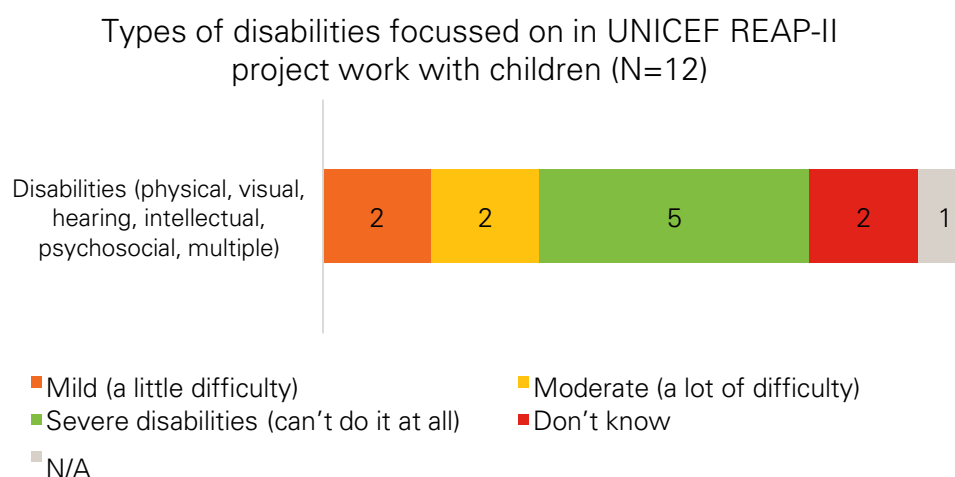
REAP II has made progress at the country and regional level. Some highlights include:

- Advocacy, implementation, monitoring and evaluation of related policies and programs
- Increased disability statistics and reliable evidence available
- Improvements in technical capacity at various levels
- Improved coordination of sectoral programmes at national and sub-national levels to ensure participation and inclusion of children with disabilities and their care-givers
- Improvements in the quality of services delivered at the provincial level.
- Inclusive communication materials for Early Childhood Development (ECD) and Universal Basic Education (UBE) developed
- Knowledge, Attitude and Practice (KAP) surveys completed

Annex T: Full survey reports: Government Partners Survey

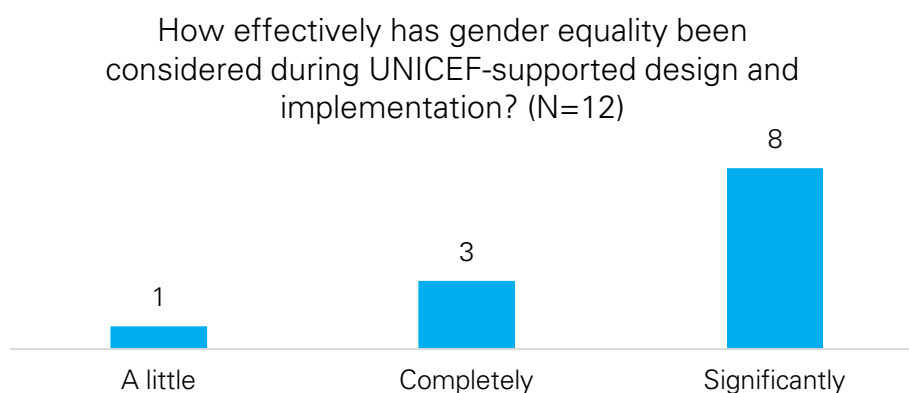
Which types of disabilities do you focus on in your UNICEF REAP-II project work with children? [multiple choice]

Figure 33: Types of disabilities focussed on in UNICEF REAP-II project work with children



Please rate the following: How effectively has gender equality been considered during UNICEF-supported design and implementation?

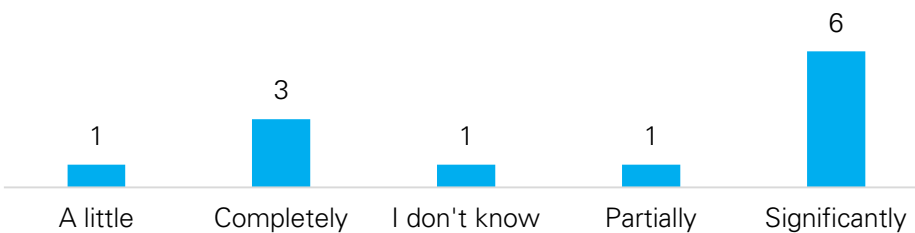
Figure 34: How effectively has gender equality been considered during UNICEF-supported design and implementation?



Please rate the following: To what extent have you been able to achieve your UNICEF-supported work on inclusion of girls and boys with disabilities on time as agreed in the UNICEF / Government workplan?

Figure 35: To what extent have you been able to achieve your UNICEF-supported work on inclusion of girls and boys with disabilities on time?

To what extent have you been able to achieve your UNICEF-supported work on inclusion of girls and boys with disabilities on time? (N=12)



To what extent have you been able to achieve your UNICEF-supported work on inclusion of girls and boys with disabilities on time?

"UNICEF does a lot of work in the education sector, and with the work I do within the education sector, we ensure activities are disability inclusive." (Respondent #8, Vanuatu)

"Relative." (Respondent #18, Viet Nam)

In your work on children with disabilities for UNICEF REAP II, with which organization(s) did you collaborate?

"With Inclusive Education, we consider both boys and girls to be equally the same and when working with disabilities we address the needs of both boys and girls as required by the Ministry of Education and Training (MoET) Gender Equity in Education Policy." (Respondent #2, Vanuatu)

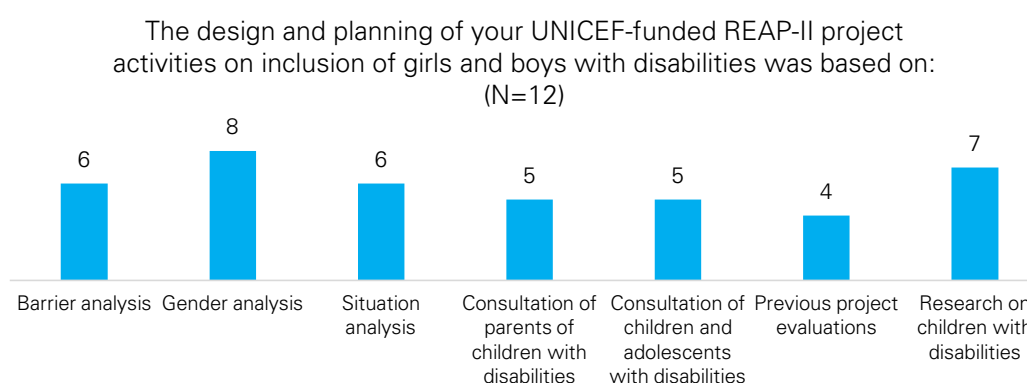
- A non-governmental organization called NOLA, the Ministry of Women, Community and Social Developments, Ministry of Health, Ministry of Education and Training, Sports and Culture.
- The Vanuatu Society for People with Disability.
- Disabilities organization in the country and the focal point-Ministry of Women.
- VSPD, Ministry of Justice and community services, and other disability organization and non-government organization.
- Viet Nam Association for the Relief of Disabled Children; Association of people with disabilities; National Committee of People with disabilities; Association for the Protection of Persons with Disabilities; Research Centre for Community Integration; Association of People with disabilities and orphans in Viet Nam.

- National Committee on Persons with Disabilities; Viet Nam Association of People with Disabilities; Viet Nam Sponsoring Association for People with Disabilities and Orphans ACDC Centre.
- Social Protection Centre Department of Labour, and Social Affairs.
- Sponsoring Association for People with Disabilities, orphans in Kon Tum Province and Ho Chi Minh City. Quy Nhon Rehabilitation Hospital, MOLISA. Hoan My Da Nang Hospital, Ho Chi Minh City Heart Hospital, Ho Chi Minh City Child Welfare Foundation, Da Nang Rehabilitation Hospital.

(some of these have been translated using google translator)

The design and planning of your UNICEF-funded REAP-II project activities on inclusion of girls and boys with disabilities was based on:

Figure 36: The design and planning of your UNICEF-funded REAP-II project activities on inclusion of girls and boys with disabilities was based on

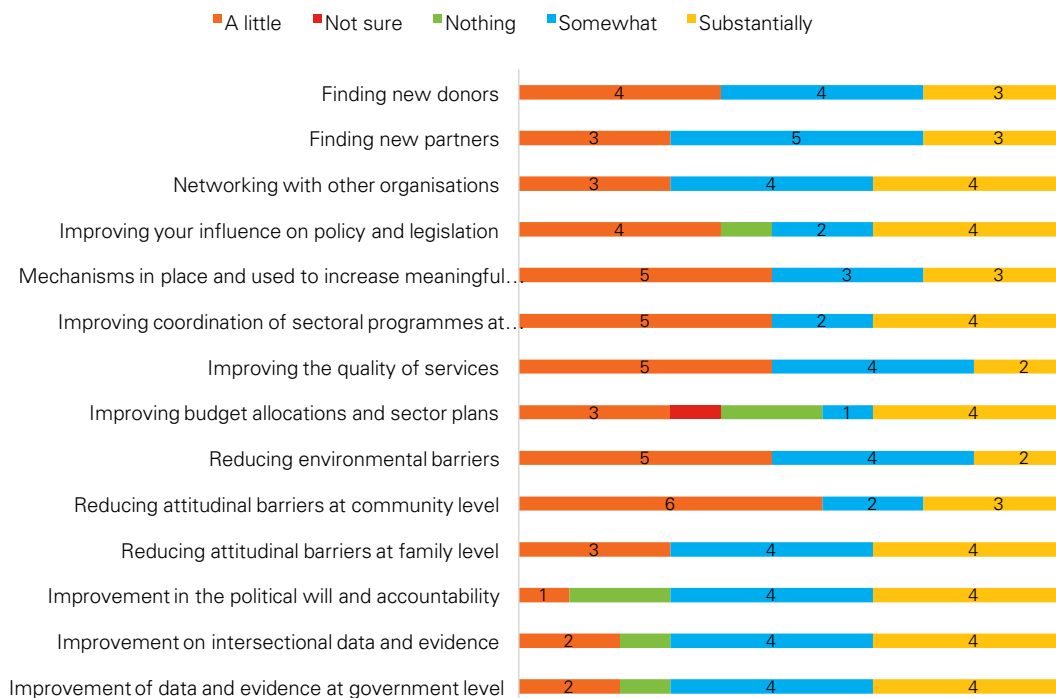


III Change and processes

In your opinion, to what extent have you observed change in your country (or region) in regard to inclusion of children with disabilities following UNICEF REAP-II-supported work on disability inclusion (period 2016 - 2019)?

Figure 37: To what extent have you observed changes to any of the following

To what extent have you observed changes to any of the following? (N=11)

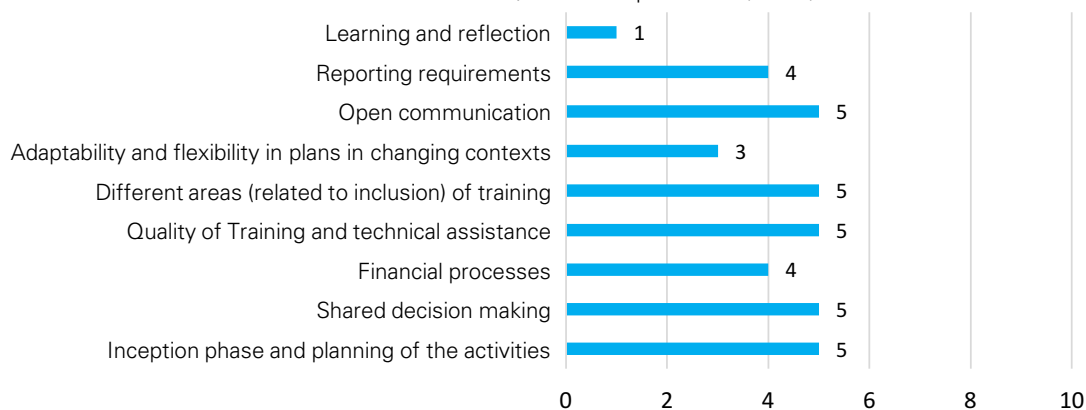


Respondent #8 did not respond to this question.

The programme implementation ended in December 2019. Which areas of the partnership could UNICEF/REAP II have improved on?

Figure 38: The programme implementation ended in December 2019. Which areas of the partnership could UNICEF/REAP II improve on

The programme implementation ended in December 2019. Which areas of the partnership could UNICEF/REAP II improve on? (N=12)



Other (specify)

"REAP is in its 2nd phase, it'd be good if annual reports are shared with all members of the Local Education Group to get an insight of the work REAP is doing/has done." (Respondent #8, Vanuatu)

If you would like, please elaborate.

"Need to inform the Local partners maybe 2 or 3 years before the project to ensure that the local budget will integrate with the donor budget and that enough time is made to consolidate possible partners when the project takes place." (Respondent #1, Samoa)

"Assist the Disability Desk at the Ministry of Justice and Community Services in terms of funding some of the programmes and especially working with NGO like the Vanuatu Society for People with Disability." (Respondent #6, Vanuatu)

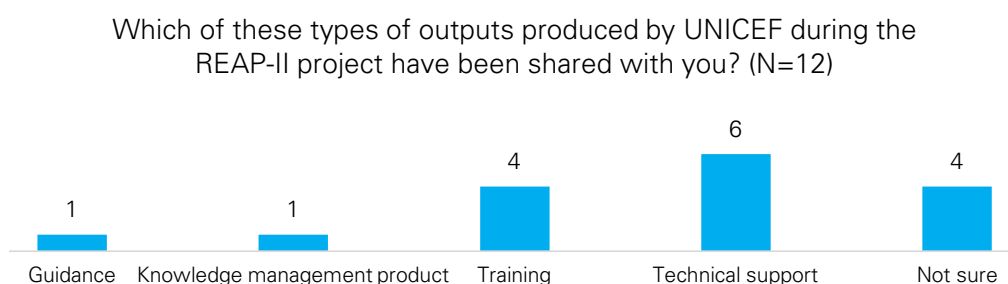
"Need to prepare in advance relevant materials for training such as braille, sign language, and devices that people with disabilities must obtain in advance to attend the training. With all due respect to people with disabilities, I feel that for training involving data collections where a lot of able people are involved a person with speech/hearing difficulties should not be a leading trainer but become a supporting trainer to ensure that the training is complete on time." (Respondent #1, Samoa)

"Allow the communities to voice their concern." (Respondent #3, Vanuatu)

IV UNICEF-focused Technical Support

Which of these types of outputs produced by UNICEF during the REAP-II project have been shared with you?

Figure 39: Which of these types of outputs produced by UNICEF during the REAP-II project have been shared with you



Guidance (selected publications since mid-2015)

- Guidance Booklets
- Inter-agency guidelines on inclusion of persons with disabilities in humanitarian action (UNICEF being chair of the IASC)
- Assistive Technology for children with disabilities – a discussion paper
- Accessible Inclusive WASH Mapping. (all these mentioned by respondent #19)

Knowledge Management products

- Global - disability results analysis and report (annually, 2015; 2016; 2017;2018)
- Global – webinar series on disability inclusive WASH
- Global - CRPD@10 – “Celebrating the rights of children with disabilities”
- Global - Analysis / Database of Concluding Observations; Positive Action – CRPD committee
- Regional - Overview of UNICEF programming 2018 “Promoting and protecting the rights of children with disabilities in East Asia and the Pacific
- Regional - Review and Roadmap of Disability-Inclusive Education Programming in East Asia and the Pacific Region. (all these mentioned by respondent #19)

Training

- Global – Programme management, including disability specific Situation Analysis guidance (part of global publication)
- Regional – Programming for Equity: Including children with disabilities in humanitarian action (March 2019)
- Regional - Disability in the programme cycle (October 2019).

Technical Support

- Regional – Disability sessions in regional thematic workshops: WASH; Child Protection; Adolescents; Early Childhood Development; Field coordination; Planning, Monitoring and Evaluation; Communications; Justice for Children
- Global – introduction on disability as a human rights-based approach, as well as disability in all technical areas, incl. Early identification, assessment and intervention; digital accessible textbooks; Inclusive Education; Data collection; UNICEF/WG Child Functioning Module.

Have any of the outputs you selected above changed how you work on disability inclusiveness for children? 6 out of 7 respondents said yes.

Table 17: Have any of the outputs you selected above changed how you work on disability inclusiveness for children?

To what extent has UNICEF's technical support helped you to with the following? (Numbers not %)	A little	Not at all	Some-what	Signifi-cantly
Have a better understanding of disability in the context of the Convention on the rights of persons with disabilities (CRPD) and Convention of the rights of the child (CRC)	0	1	2	3
Have a better understanding of other factors intersecting with disability, e.g. especially gender, but also age, location, ethnicity, refugee/migrant status etc.	1	1	1	3
Access to relevant influencers and decision-makers for policy change and behaviour change	1	1	2	2

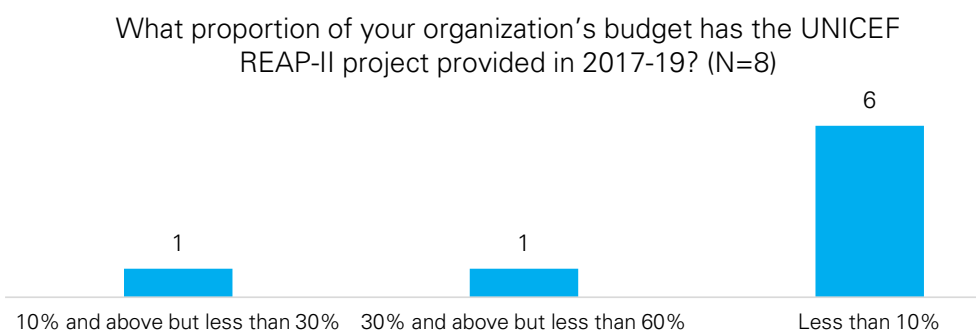
To what extent has UNICEF's technical support helped you to with the following? (Numbers not %)	A little	Not at all	Some-what	Signifi-cantly
Learn how to engage with decision-makers and influencers for policy and behaviour change	2	2	1	1
Have a better understanding of disability in thematic areas e.g. child protection, WASH, inclusive education	1	1	1	3
Know how to promote the meaningful participation of girls and boys with disabilities and of different age groups along the project cycle	1	2	1	2
Know how to contribute to better data and evidence on girls and boys with disabilities in the country	1	1	1	3
Have the tools (e.g. gender analysis, barrier analysis, learning processes) to better address inclusion of girls and boys with disabilities at different levels (family, community, institutional)	1	1	1	3
Take steps towards the realisation of the human rights of children living with a disability regardless of available resources	1	1	1	3

Annex U: REAP II online survey – Partners

II UNICEF supported assistance/REAP-II

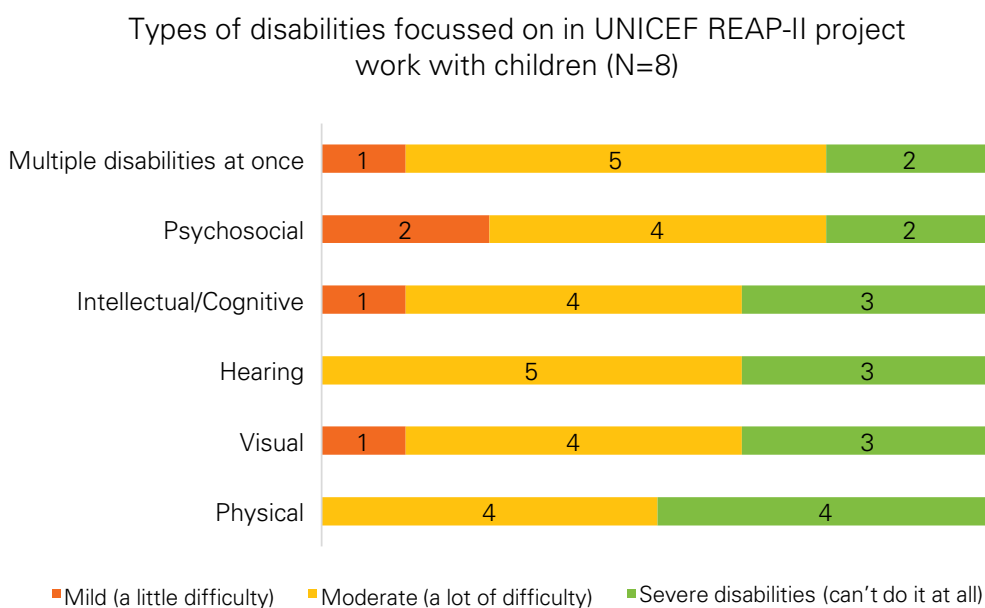
What proportion of your organization's budget has the UNICEF REAP-II project provided in 2017-19?

Figure 40: What proportion of your organization's budget has the UNICEF REAP-II project provided in 2017-19?



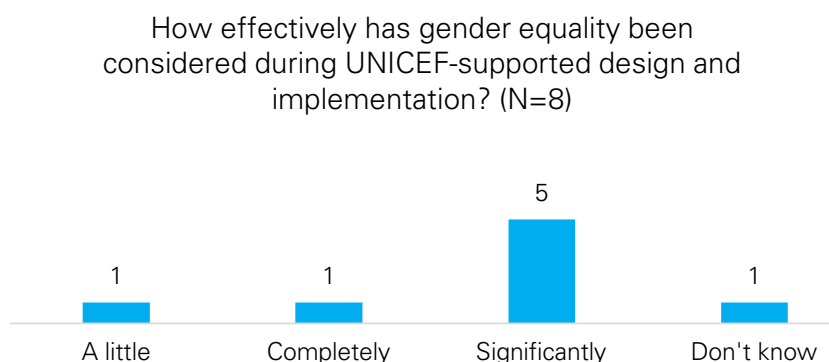
Which types of disabilities do you focus on in your UNICEF REAP-II project work with children? [multiple choice]

Figure 41: Types of disabilities focussed on in UNICEF REAP-II project work with children



Please rate the following: How effectively has gender equality been considered during UNICEF-supported design and implementation?

Figure 42: How effectively has gender equality been considered during UNICEF-supported design and implementation



"We have teachers that are male and female, of the 4 teachers, 3 are females and 1 male. There is almost an equal number of boys and girls attending the play sessions." (Respondent #13, Vanuatu)

Please rate the following: To what extent have you been able to achieve your UNICEF-supported work on inclusion of girls and boys with disabilities on time?

Figure 43: To what extent have you been able to achieve your UNICEF-supported work on inclusion of girls and boys with disabilities on time



In your work on children with disabilities for UNICEF REAP II, with which organization(s) did you collaborate?

"We did not collaborate with anyone on that project. We own and operate the only school that provides inclusive education and support for a significant number of children with disabilities within Vanuatu. The only connection we have had was a visit by a UN auditor asking questions about the rights of children." (Respondent #2, Vanuatu)

"I am not sure I have become a data source as while the Faith Based NGO I work with interacts with UNICEF and Australian DFAT I am not aware of REAP - 11 project funds being provided to us. I am responding about our work in general - funded from multiple sources." (Respondent #15, Papua New Guinea)

Respondent #1
National Statistical Agencies of the Pacific
Pacific Disability Forum
International Centre for Inclusive Policy.

Respondent #5
Parents of children
Caregivers (e.g. grandmother/father, big brother or sister)
Chiefs and Community leaders of selected communities
Local Faith-based organizations
Principals of selected local Private and Government Schools
Inclusive Education department of the Ministry of Education and Training
Disability Desk of the Ministry of Justice & Community Services.

Respondent #16
Giniguada Foundation in Port Moresby
WeCaRe Foundation in Port Moresby
Provincial Governments
MOWILSHA which is a parents and Care Givers for children with disabilities formed and registered upon facilitation by Cheshire.

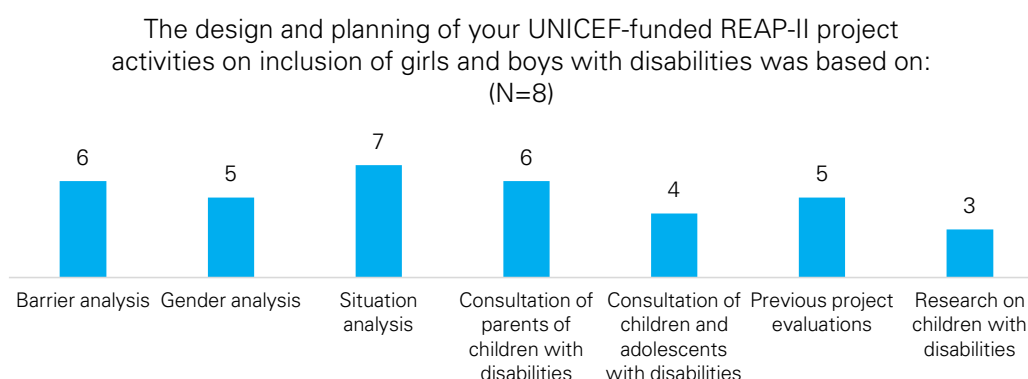
Respondent #13
Disability Desk under the Ministry of Justice and Community Service
Disability Inclusion Team under the Ministry of Education & Training
Vanuatu Australian Justice Policing Program - DFAT Program
Vanuatu Skills Partnership - DFAT Program
Oxfam Vanuatu
Vanuatu Disability Promotion & Advocacy
Community Disability Associations - Meleamat, Erakor, Fresh Wota, Anamburu
Churches - Catholic, Anglican and Presbyterian
Pikinini Play time Schools
Fresh Wota Primary School.

Respondent #21
Callan Services for Persons with Disabilities National Unit
National Inclusive Unit (Department of Education)
Eastern Highlands Provincial Education Division
Eastern Highlands Provincial Health Authority
Eastern Highlands Disabled Persons Organization
Community and Faith Based Organizations in Eastern Highlands Province.

Respondent #22
Da Nang Blind Association, Da Nang Disabled Association.

The design and planning of your UNICEF-funded REAP-II project activities on inclusion of girls and boys with disabilities was based on:

Figure 44: The design and planning of your UNICEF-funded REAP-II project activities on inclusion of girls and boys with disabilities was based on



Overall, what is the most important thing about disability inclusion that you have learnt from this project/partnership with UNICEF?

"There are insufficient data to understand the situation of persons with disability."
(Respondent #1, Fiji)

"We were not invited and did not partner with UNICEF. Considering that we are the largest provider of inclusive education to children in Vanuatu maybe that was an oversight?" (Respondent #2, Vanuatu)

"Partnership can make a difference in the development of a child with a disability; laid foundation for learning for a children with disabilities in school." (Respondent #5, Vanuatu)

"Systemic barriers exist in PNG; corrupt decisions impact on inclusion of children with disabilities in health, education and other services/activities; some learning still needs to happen among NGOs and GoPNG about how public-private partnerships can effectively assist children with disabilities and their families; assistive technology is of critical importance and has NOT been addressed pro-actively and consistently in PNG; there are HUGE capacity development needs - education and health." (Respondent #15, Papua New Guinea)

"The project was a great initiative as it sought to address key components of inclusion such as; inclusive education, early childhood and health components through CBR all working in synergy to enhance transition of children with disabilities from one stage (health) to another. However, the impact could have be more if the duration of the project was much longer, given the myriad social, physical and policy barriers in PNG which require a significant amount of time and resource inputs to address." (Respondent #16, Papua New Guinea)

"I have learned that as most people mention inclusion not everyone is working in an inclusive lens, partners are trying to achieve inclusion separately and that we see the importance of working with our Governments focal points so that our project can achieve more. Also, for a programme to achieve fully its goal it is very important that every stakeholder identified to partner in a project must be consulted and provide their share of ideas so that it can be budgeted for and included in the design." (Respondent #13, Vanuatu)

"Very challenging due to logistics, accessibility to clients in remote areas, data inaccuracy, poverty, stigma and unfair distribution of service/wealth distribution from local, provincial and national governments." (Respondent #21, Papua New Guinea)

"Improve the capacity of the support, teaching and care for children with disabilities." (Respondent #22, Viet Nam)

Will you continue to implement/apply this learning? Everyone reported 'Yes'.

If you'd like, please elaborate.

"Following our collaboration with UNICEF, we will continue to advocate for the production of statistics to better understand and monitor the situation of children, women and persons with disabilities." (Respondent #1, Fiji)

"We have learned that many such projects deliver little of value to those who most desperately need assistance and hope. While we are described as a 'key stakeholder' and provide education to far more children with disabilities than anyone else in Vanuatu we have no knowledge of the project, its goals and outputs. This reinforces what we have learned during other similar experiences." (Respondent #2, Vanuatu)

"UNICEF continued funding support towards NGOs and disability organizations working with and for children with disabilities; Vanuatu Government must do more to support and empower young boys and girls who have disabilities; Van Government through Ministry of Education and Training be committed to implementing its policy on inclusive education." (Respondent #5, Vanuatu)

"The organization I am about to leave will continue working in this sector - education and inclusive development-based health services: particularly capacity development, assistive technology, advocacy, M and E and brokering the establishment of new services." (Respondent #15, Papua New Guinea)

"Implement the project in phases where best lessons learnt from ph-1 are replicated in other areas. What does not work is given time to be reviewed and customized to individual environment with its unique settings; carry out periodical review/evaluation of the project annually to identify best practices; include basic infrastructure components to assist children with disabilities with mobility problems in accessing learning institutions; invest more in CBR activities which is the basis of supporting children with their health and milestones development to be able to transit to early childhood and IE." (Respondent #16, Papua New Guinea)

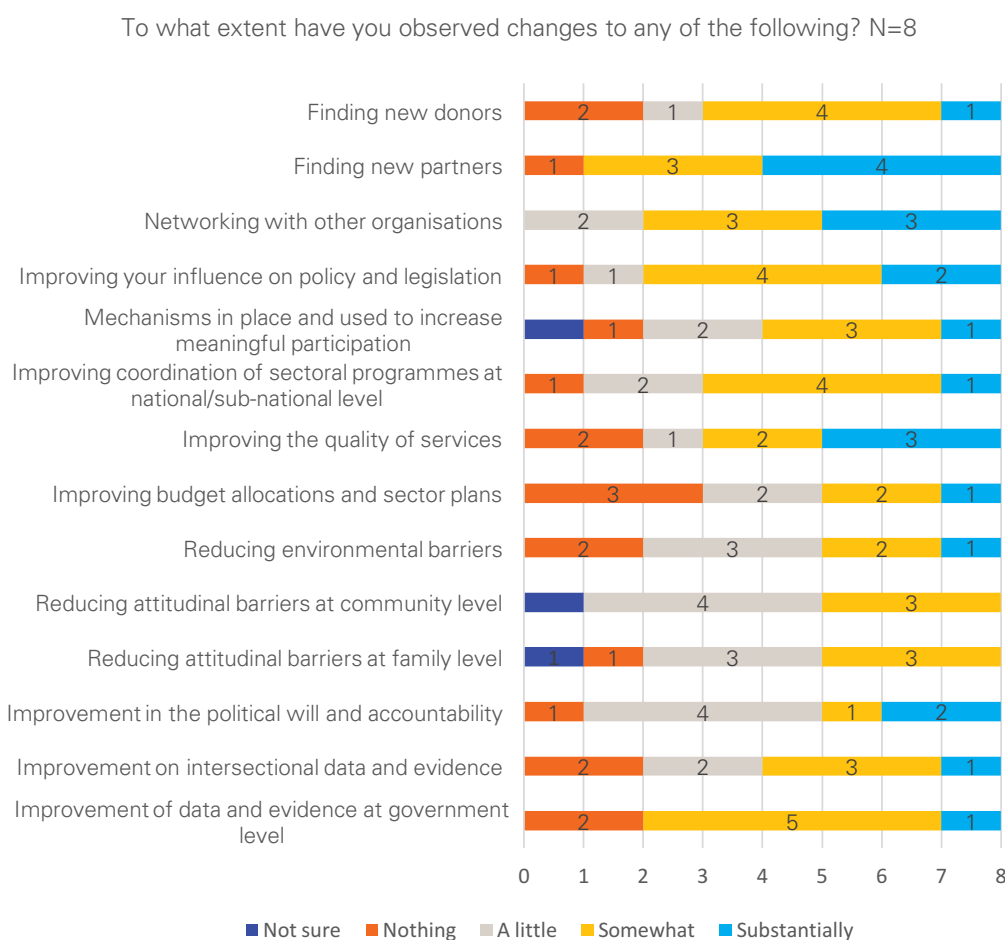
"Through this project we have establish a very important relationship with our partners and that will continue to be maintained to see the longer benefits of the project." (Respondent #13, Vanuatu)

“People with disabilities need right based support for equal recognition by their government through awareness, advocacy and training that will eventually recognize the equal human rights for all people despite their impairments.” (Respondent #21, Papua New Guinea)

III Change and processes

In your opinion, to what extent have you observed changes in regard to inclusion of children with disabilities following UNICEF-supported disability inclusion work between 2016-19?

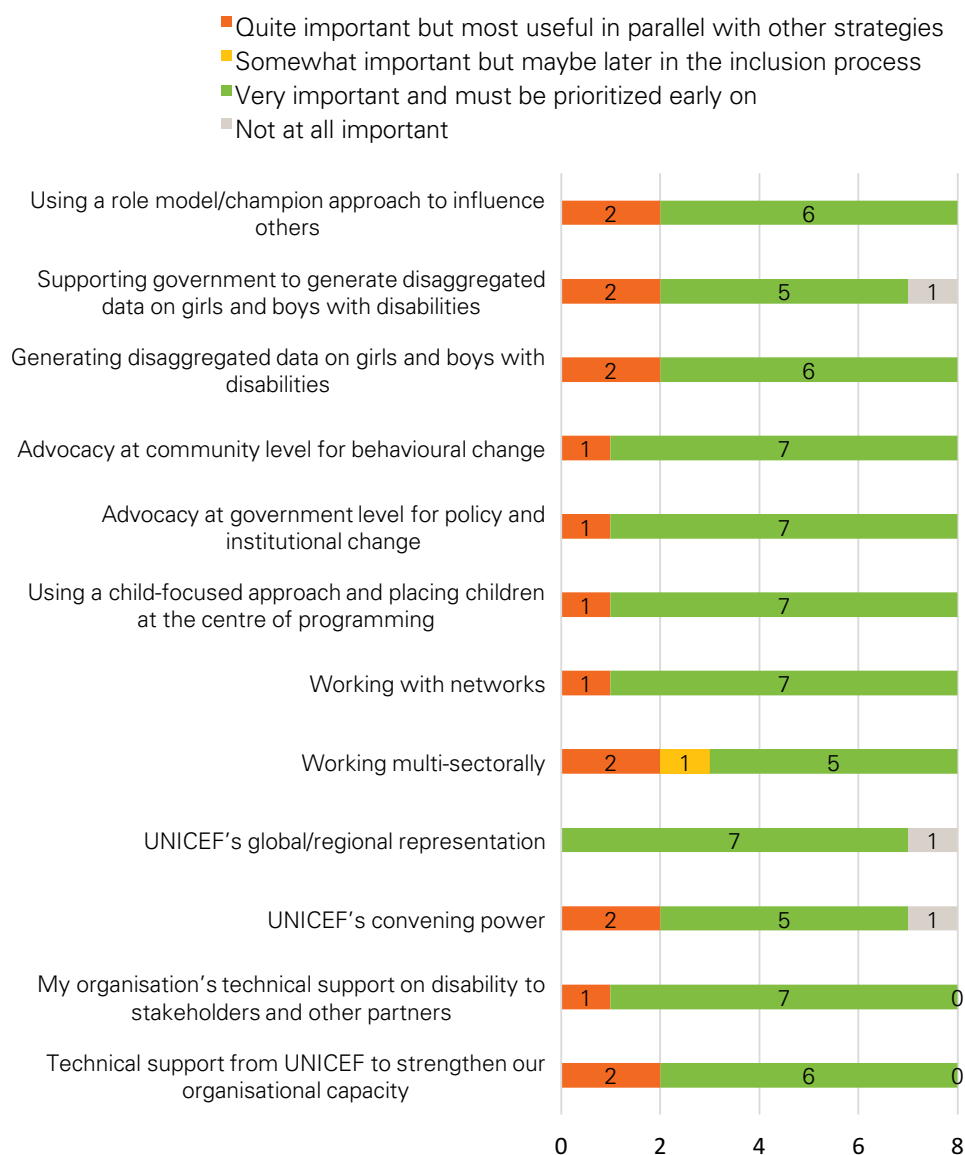
Figure 45: Observed changes in regard to inclusion of children with disabilities following UNICEF-supported disability inclusion work between 2016-19



In contributing to the changes, you selected above, please rank which strategies seemed to have been particularly important

Figure 46: How important were the following strategies for contributing to those changes

How important were the following strategies for contributing to those changes? (N=8)



Was there anything different, innovative or unusual about this project?

Yes-5

No-3

Please elaborate. (those who responded 'yes')

"It was our first time working with UNICEF under a PCA, which worked extremely well." (Respondent #1, Fiji)

"While we are a major provider of services to children with disabilities, to not know about the project is normal and to be expected. To actually be included in a survey, seeking information about the outcomes of the project is exceptional and an encouraging step." (Respondent #2, Vanuatu)

"For Vanuatu this is the only project of its kind working directly with children with disabilities." (Respondent #5, Vanuatu)

"Adopting the CBR matrix model for enhancing social inclusion in which health, education and social matrices worked jointly to achieve positive outcomes; Having a diverse skills/expertise within the organization to include medical, rehabilitation, teachers and social development workers; Getting parents involved through tri-partite arrangement in the development for Individual Education Plan for every children with disabilities." (Respondent #16, Papua New Guinea)

"Children with Disabilities were referred to mainstream schools." (Respondent #13, Vanuatu)

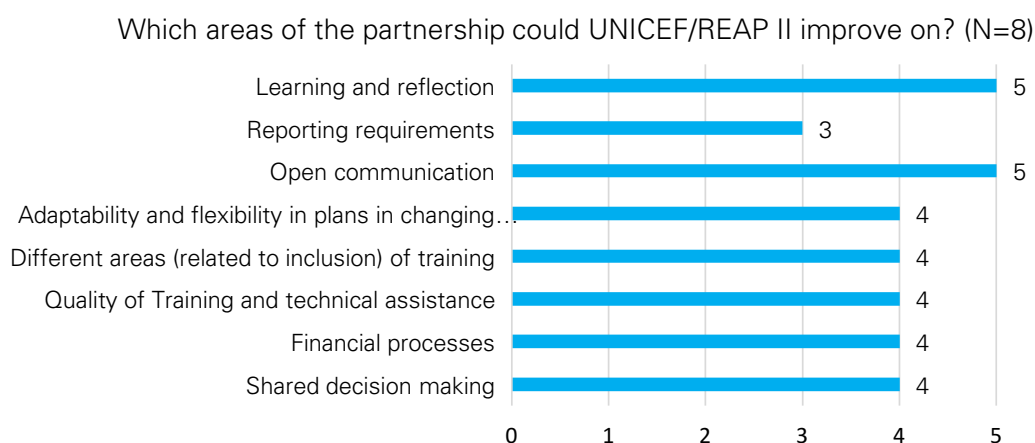
Are there any results you have observed from UNICEF-supported project that were unplanned/unexpected?

Yes-2; No-6

"Opportunities for collaboration outside of the scope of the PCA were identified and exploited." (Respondent #1, Fiji)

"Staff changes affected the implementation of activities." (Respondent #5, Vanuatu)

Figure 47: Which areas of the partnership could UNICEF/REAP II improve on?



Other:

"A determination to include and work with stakeholders. Even the fact that our organization does not fit under the organizational categories at the start of this survey indicates that, because we are privately funded, we are usually ignored. This is despite us being the most significant provider of educational services to children with disabilities in Vanuatu. That statement can be readily verified." (Respondent #2, Vanuatu)

"Mt. Sion Centre for the Blind IERC in Goroka, is only a minor recipient of support from UNICEF/REAP through Callan National Unit and the Department of Education, PNG. Most of the activities listed above are done with minimal indirect financial assistance from the Callan National Unit. How can UNICEF/REAP improve on this?" (Respondent #21, Papua New Guinea)

If you would like, please elaborate.

"Including 'key stakeholders' would be a significant improvement." (Respondent #2, Vanuatu)

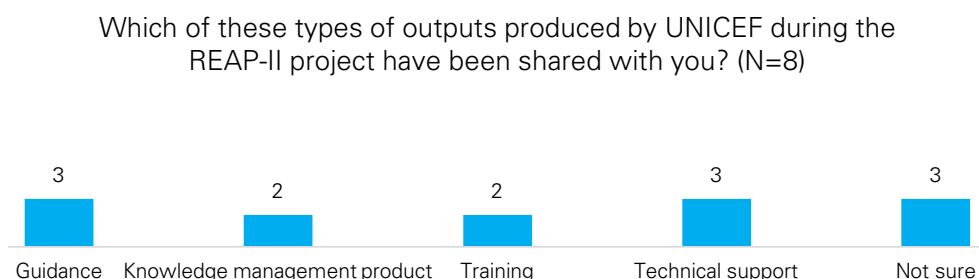
"Timely communication on queries raised or observations made." (Respondent #16, Papua New Guinea)

There are additional comments from Q29-Q35.

IV UNICEF-focused Technical Support

Which of these types of outputs produced by UNICEF during the REAP-II project have been shared with you?

Figure 48: Which of these types of outputs produced by UNICEF during the REAP-II project have been shared with you



Guidance (selected publications since mid-2015)

- Guidance Booklets
- Inter-agency guidelines on inclusion of persons with disabilities in humanitarian action (UNICEF being chair of the IASC)
- Children with disabilities in Situations of Armed conflict – discussion paper
- Assistive Technology for children with disabilities – a discussion paper
- Accessible Inclusive WASH Mapping. (all these mentioned by Respondent #1 and #22)

Knowledge Management products

- Quarterly Newsletters (since October 2015, with regional contributions)
- Global - disability results analysis and report (annually, 2015; 2016; 2017; 2018)
- Global – webinar series on disability inclusive WASH
- Global - CRPD@10 – "Celebrating the rights of children with disabilities"

- Global - Analysis / Database of Concluding Observations; Positive Action – CRPD committee
- Regional - Overview of UNICEF programming 2018 “Promoting and protecting the rights of children with disabilities in East Asia and the Pacific
- Regional - Review and Roadmap of Disability-Inclusive Education Programming in East Asia and the Pacific Region. (all these mentioned by Respondent #1 and #22)

Training

- Global – Programme management, including disability specific Situation Analysis guidance (part of global publication)
- Regional – Programming for Equity: Including children with disabilities in humanitarian action (March 2019) (all these mentioned by Respondent #22)

“Other (Please specify):MICS framework.” (Respondent #1, Fiji)

Technical Support

- Regional – Disability sessions in regional thematic workshops: WASH; Child Protection; Adolescents; Early Childhood Development; Field coordination; Planning, Monitoring and Evaluation; Communications; Justice for Children
- Global – introduction on disability as a human rights-based approach, as well as disability in all technical areas, incl. Early identification, assessment and intervention; digital accessible textbooks; Inclusive Education; Data collection; UNICEF/WG Child Functioning Module.

Have any of the outputs you selected above changed how you work on disability inclusiveness for children? 2 out of 8 respondents said yes.

Table 18: To what extent has UNICEF’s technical support helped you to with the following

To what extent has UNICEF’s technical support helped you to with the following? (Numbers not %)	Not sure	Not at all	Some-what	Signifi- cantly
Have a better understanding of disability in the context of the Convention on the rights of persons with disabilities (CRPD) and Convention of the rights of the child (CRC)	0	0	0	2
Have a better understanding of other factors intersecting with disability, e.g. especially gender, but also age, location, ethnicity, refugee/migrant status etc.	0	0	0	2
Access to relevant influencers and decision-makers for policy change and behaviour change	0	0	1	1
Learn how to engage with decision-makers and influencers for policy and behaviour change	0	0	1	1

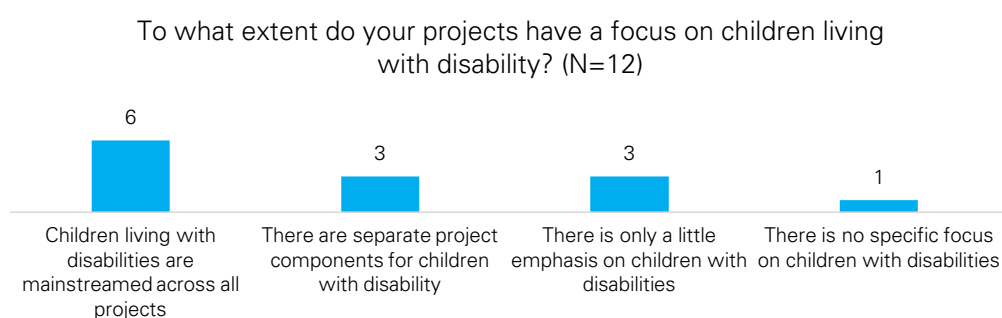
To what extent has UNICEF's technical support helped you to with the following? (Numbers not %)	Not sure	Not at all	Some-what	Signifi-cantly
Have a better understanding of disability in thematic areas e.g. child protection, WASH, inclusive education	0	0	0	2
Know how to promote the meaningful participation of girls and boys with disabilities and of different age groups along the project cycle	1	0	0	1
Know how to contribute to better data and evidence on girls and boys with disabilities in the country	0	0	0	2
Have the tools (e.g. gender analysis, barrier analysis, learning processes) to better address inclusion of girls and boys with disabilities at different levels (family, community, institutional)	0	0	0	2
Take steps towards the realisation of the human rights of children living with a disability regardless of available resources	0	0	0	2

Annex V: REAP II online survey – UNICEF staff survey

II Area of work:

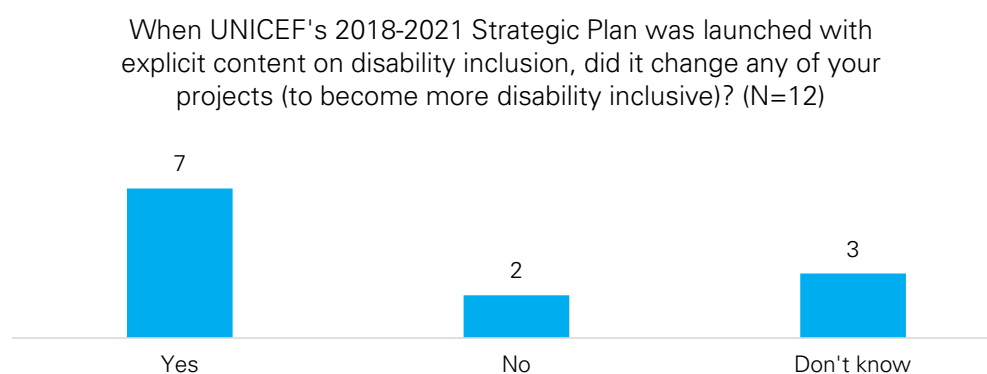
To what extent do your projects have a focus on children living with disability?

Figure 49: To what extent do your projects have a focus on children living with disability



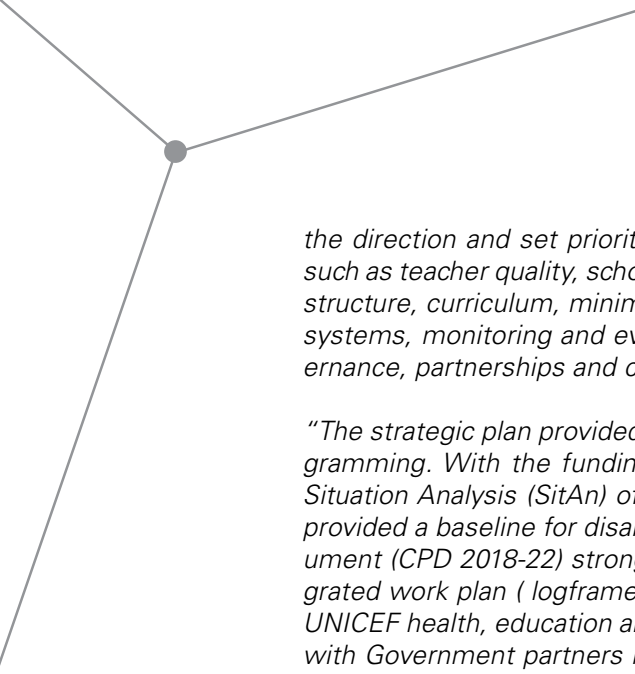
When UNICEF's 2018-2021 Strategic Plan was launched with explicit content on disability inclusion, did it change any of your projects (to become more disability inclusive)?

Figure 50: When UNICEF's 2018-2021 Strategic Plan was launched with explicit content on disability inclusion, did it change any of your projects (to become more disability inclusive)?



How did UNICEF's 2018-2021 Strategic Plan change your projects to become more disability inclusive?

"Disability in Vanuatu is inclusive in the UNICEF and MOET Joint annual programme activities. UNICEF is the Grant Agent for the Global Partnership Education Programme, fund, to support the MOET with the development of the sector strategy. The Vanuatu Education and Training Sector Strategy (VETSS 2020-2030) provides



the direction and set priorities, taking into account the different key policy areas such as teacher quality, school subsidies, inclusive education, plurilingualism, infrastructure, curriculum, minimum standards, evidence-based policies, management systems, monitoring and evaluation, rationalization of resources, devolution, governance, partnerships and communication.” (Respondent #3, Vanuatu)

“The strategic plan provided a direction to UNICEF-PNG for disability-inclusive programming. With the funding support of REAP UNICEF PNG conducted its’ first Situation Analysis (SitAn) of the children with disabilities in 2016. The SitAn 2016 provided a baseline for disability programming. UNICEF Country Programme Document (CPD 2018-22) strongly recommended for inclusive programming. An integrated work plan (logframe) was developed in 2018 including activities related to UNICEF health, education and child protection. Joint rolling works plans developed with Government partners mainly the Departments of Community Development, Education and Health have incorporated disability programming. At the national level the Department of Education drafted Inclusive Education policy with the support of REAP in 2019/20. Goroka provincial division of Health drafted operational guideline and tools to screen the children with disabilities. CSOs were mobilized for inclusive early childhood programme.” (Respondent #6, Papua New Guinea)

“In our education programme, we started to apply the disability lens to the projects we run and supported the National department of Education to develop an Inclusive Education Policy.” (Respondent #7, Papua New Guinea)

“Children with disabilities are mainstreamed through all interventions.” (Respondent #15, Viet Nam)

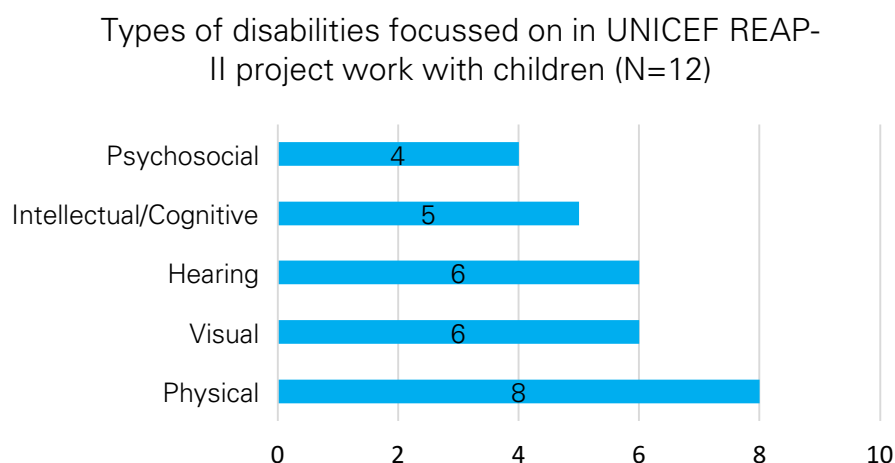
“Inclusive communication and representation of children with disabilities became a priority and a common practice across communication interventions, projects, campaign.” (Respondent #8, Viet Nam)

“UNICEF ‘s 2018-2021 strategic plan contributed to the finalization of the Inclusive Education, inclusive teacher training, and inclusive curriculum and teaching pedagogies. An example is, having Inclusive ECD classrooms have modified classroom doors for wheelchair access and toilets with support structures.” (Respondent #11, Papua New Guinea)

“Strategic notes ensured children with special needs are included in programme responses. Annual work plans with implementing partners ensured discussing and planning with mandated agencies in priorities policy and programme areas for support and collaborations.” (Respondent #16, Papua New Guinea)

Which types of disabilities do you focus on in your UNICEF REAP-II project work with children? [multiple choice]

Figure 51: Types of disabilities focussed on in UNICEF REAP-II project work with children



Other (Please specify): "Given that I work on broad disability policy reform level, I focused on all kinds of disabilities." (Respondent #4, Viet Nam)

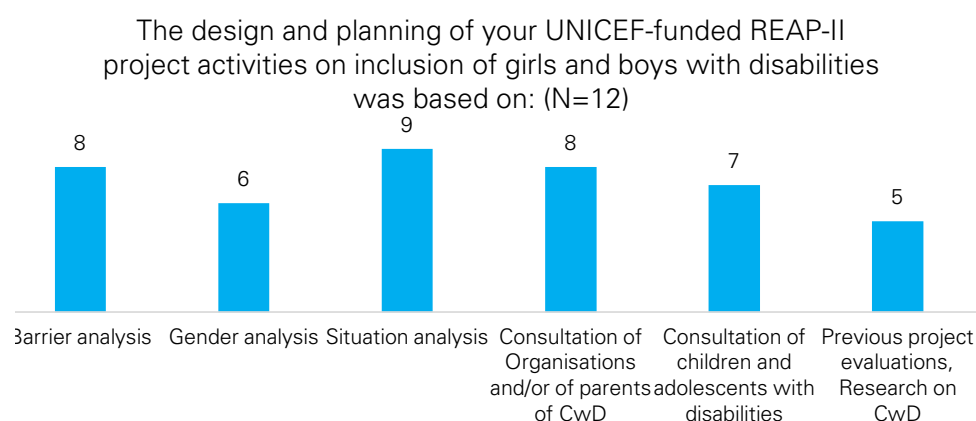
"In our work, we focus especially on early detection that would include all of the answers above. Children living with disabilities in the Inclusive Early Childhood Development (IECD) centres UNICEF supports receive basic support according to children's needs and IECD teachers also refer children to Health Centres for further specialized support." (Respondent #7, Papua New Guinea)

"All forms of disabilities." (Respondent #13, Viet Nam)

Please refer to comments Q12-Q19.

The design and planning of your UNICEF-funded REAP-II project activities on inclusion of girls and boys with disabilities was based on:

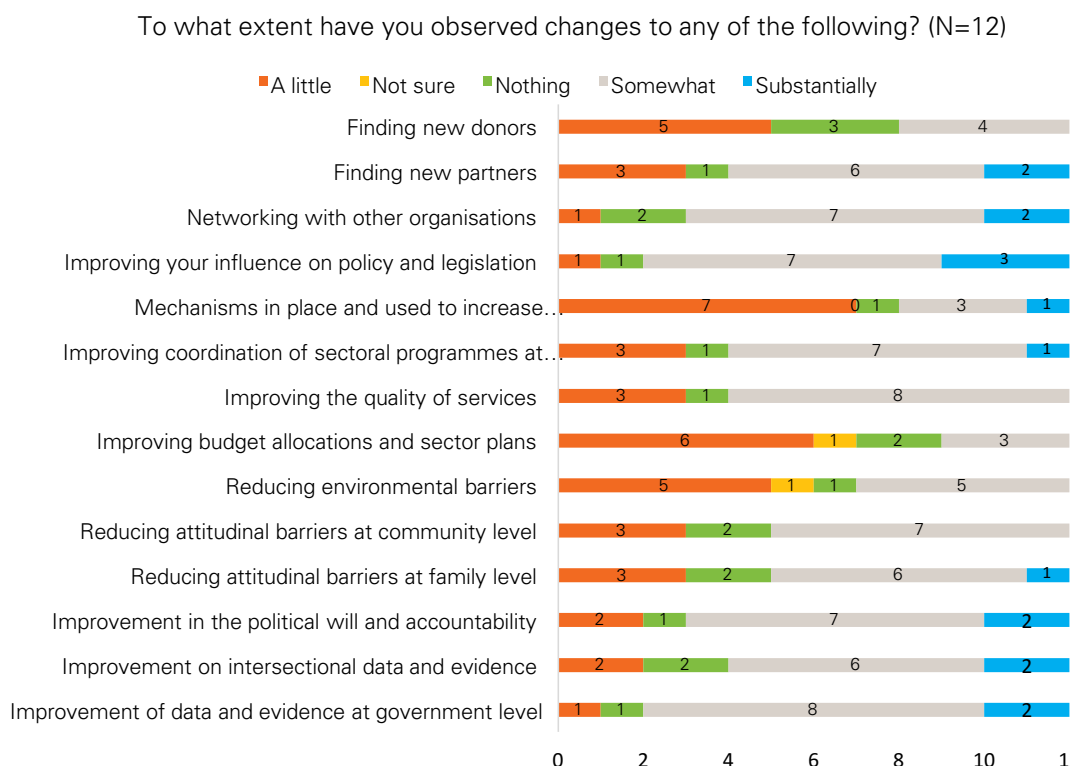
Figure 52: The design and planning of your UNICEF-funded REAP-II project activities on inclusion of girls and boys with disabilities was based on



III Change and processes

In your opinion, to what extent have you observed change in your country (or region) in regard to inclusion of children with disabilities following UNICEF REAP-II-supported work on disability inclusion (period 2016 - 2019)?

Figure 53: To what extent have you observed changes to any of the following



Comment: Improving your influence on policy and legislation for the inclusion of girls and boys with disabilities

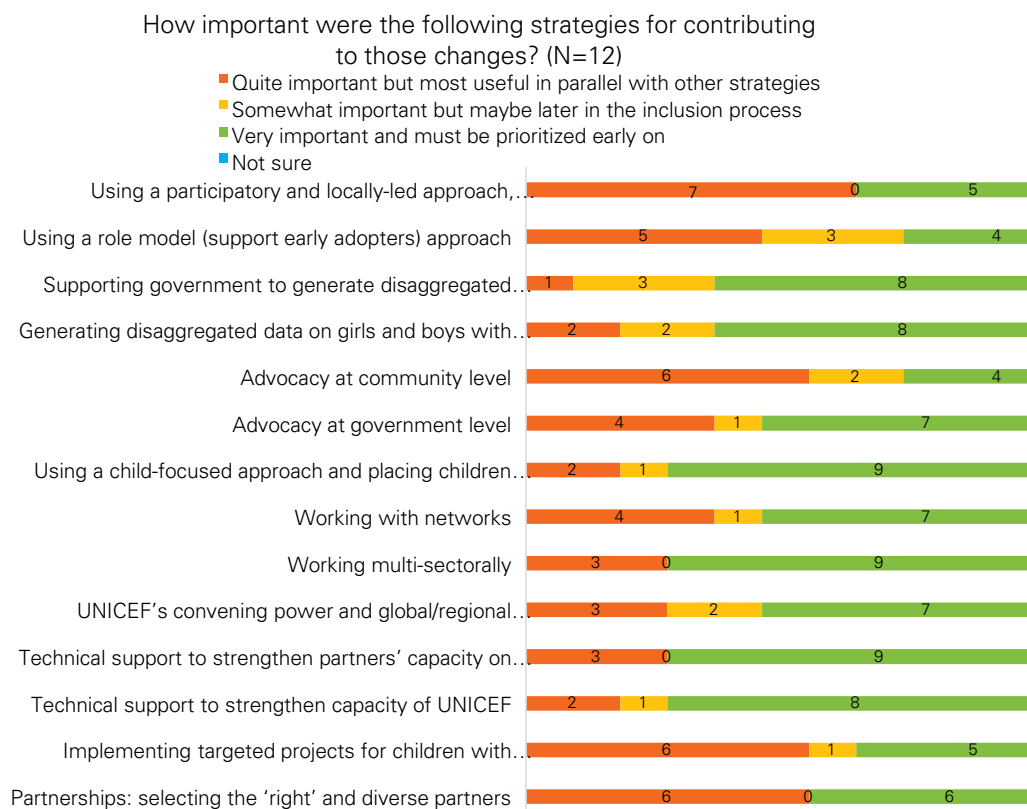
"Inclusive Education Policy." (Respondent #7, Papua New Guinea)

Comment: Networking with other organizations on inclusion of girls and boys with disabilities

"Enhanced communication with national disability organizations." (Respondent #7, Papua New Guinea)

In contributing to the changes, you selected above, please rank which strategies seemed to have been particularly important for REAP II or for the country programme development (if disability is included)

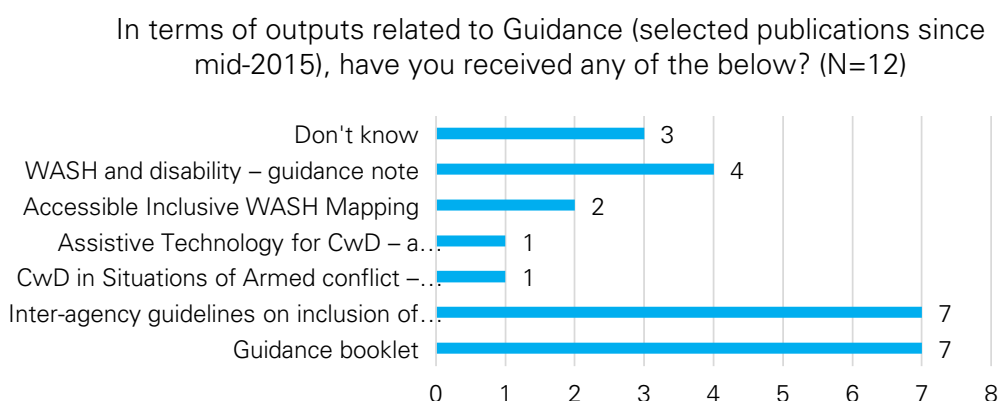
Figure 54: How important were the following strategies for contributing to those changes



IV Technical Support

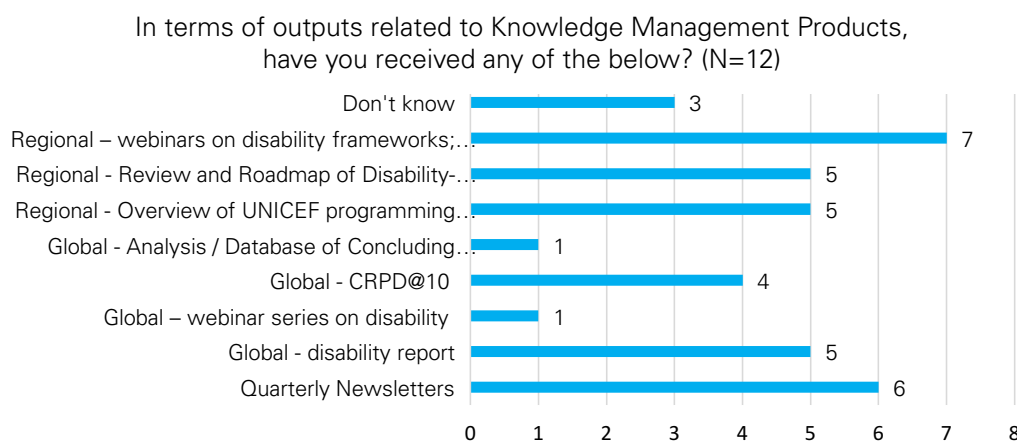
Figure 55: In terms of outputs related to guidance (selected publications since mid-2015), have you received any of the below?

In terms of outputs related to Knowledge Management Products, have you received any of the below?



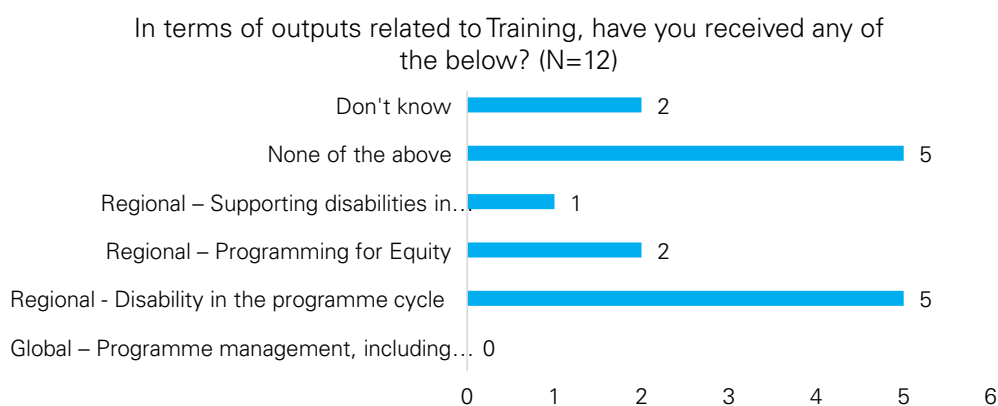
In terms of outputs related to Knowledge Management Products, have you received any of the below?

Figure 56: In terms of outputs related to Knowledge Management Products, have you received any of the below?



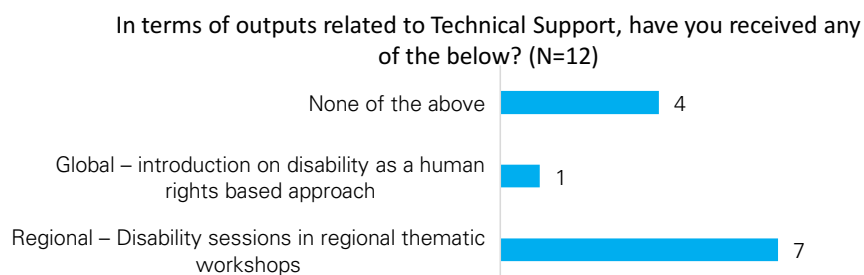
In terms of outputs related to Training, have you received any of the below?

Figure 57: In terms of outputs related to Training, have you received any of the below?



In terms of outputs related to Technical Support, have you received any of the below?

Figure 58: In terms of outputs related to Technical Support, have you received any of the below?



Out of your choices above, which (if any) outputs changed how you work on disability inclusiveness for children?

"I have not really trained or participated in one of the outputs above." (Respondent #3, Vanuatu)

"Webinars and quarterly newsletter are very useful for country office staff." (Respondent #4, Viet Nam)

"Disability information management system development. Advocacy to increase national budget allocation for disability programming. High level policy advocacy for disable friendly facilities across all sectors and sphere of life." (Respondent #6, Papua New Guinea)

"All have influenced my mind set on working with and support people with disabilities." (Respondent #7, Papua New Guinea)

"Guidance, knowledge management and technical support." (Respondent #8, Viet Nam)

"Outputs related to Technical Support from Regional and Headquarters, the exchange of knowledge and best practices from other countries." (Respondent #11, Papua New Guinea)

"Regional guidance on disability in various thematic sessions and also at country level has resulted in inclusion of specific inclusion of activity on disability in implementation plans and provisions for disability inclusion in emergency responses." (Respondent #16, Papua New Guinea)

To what extent has UNICEF's technical support helped you to:

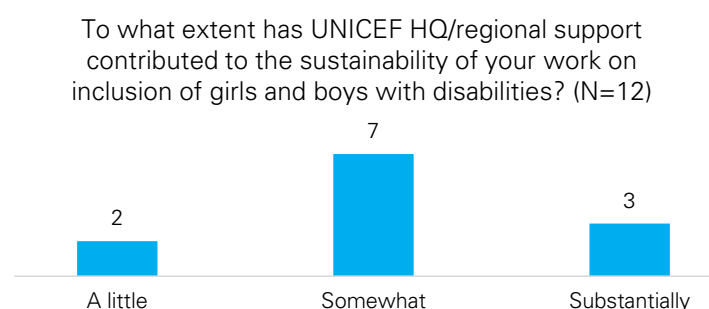
Table 19: To what extent has UNICEF's technical support helped you to

To what extent has UNICEF's technical support helped you to with the following? (Numbers not %)	Not at all	A little	Some-what	Signifi-cantly
Have a better understanding of disability in the context of the Convention on the rights of persons with disabilities (CRPD) and Convention of the rights of the child (CRC)	0	2	5	5
Have a better understanding of other factors intersecting with disability, e.g. especially gender, but also age, location, ethnicity, refugee/migrant status etc.	0	3	5	4
Access to relevant influencers and decision-makers for policy change and behaviour change	1	3	4	4
Learn how to engage with decision-makers and influencers for policy and behaviour change	1	4	3	4

To what extent has UNICEF's technical support helped you to with the following? (Numbers not %)	Not at all	A little	Some-what	Signifi- cantly
Have a better understanding of disability in thematic areas e.g. child protection, WASH, inclusive education	0	2	5	5
Know how to promote the meaningful participation of girls and boys with disabilities and of different age groups along the project cycle	2	2	6	2
Know how to contribute to better data and evidence on girls and boys with disabilities in the country	0	4	5	3
Know how to engage and work effectively with organizations of persons/women/youth with disabilities (OPDs/OWDs) on inclusion of boys and girls with disabilities	1	3	3	5
Have the tools (e.g. gender analysis, barrier analysis, learning processes) to better address inclusion of girls and boys with disabilities at different levels (family, community, institutional)	1	2	7	2

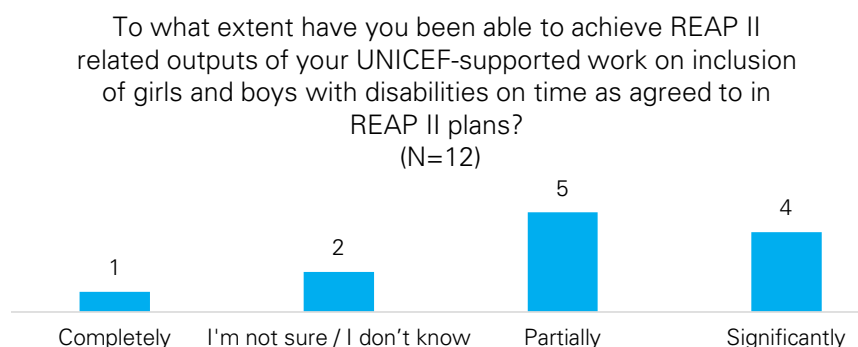
To what extent has UNICEF HQ/regional support contributed to the sustainability of your work on inclusion of girls and boys with disabilities?

Figure 59: To what extent has UNICEF HQ/regional support contributed to the sustainability of your work on inclusion of girls and boys with disabilities



To what extent have you been able to achieve REAP II related outputs of your UNICEF-supported work on inclusion of girls and boys with disabilities on time as agreed to in REAP II plans?

Figure 60: To what extent have you been able to achieve REAP II related outputs of your UNICEF-supported work on inclusion of girls and boys with disabilities on time as agreed to in REAP II plans?



What factors prevented REAP II from being more successful?

Vanuatu is COVID-19 free country, despite there are lots of work been done around a mass advocacy around COVID-19 in schools. UNICEF is also a co-lead in the education cluster meeting. Also, Vanuatu was hit by 5 category cyclone in April destroying the communities up north of the country, in total more than 500 schools (ECCE, primary and secondary) schools have been damaged. (Respondent #3)

*(1) Limited exchange among those countries that are engaged in REAP
(2) Limited government commitment to address disability related issues
(3) there is still strong attitudinal barriers relating to children with disabilities and people with disabilities (Respondent # 3)*

The in-country management team and the programme head should lead disability programming to ensure integration and inclusive programming. A strong follow-up and monitoring mechanisms should be in place for quality assurance and monitoring. Lack of systematic database has been a barrier to better plan and monitor. (Respondent #4)

The policymakers (parliamentarians and Ministers) should be well oriented to fulfil their commitment to UN convention on the person with disabilities. (Respondent #6)

Limited availability of funding for inclusive programming. (Respondent #7)

Support provided by UNICEF regional office including training to the Pacific Islands sometimes only ends in Fiji and hence there is very little or no support at all that reach the field office. (Respondent #9)

*REAP II = new concept to me (Respondent #10)
Logframe (Respondent #13)*

Disability is a cross-sectoral programme. Factors preventing REAP II from being successful are;

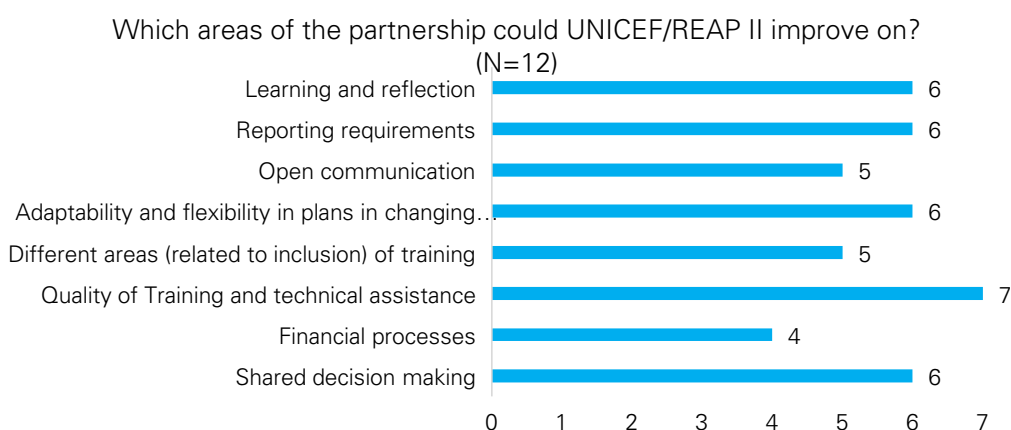
- 1) Government of PNG legislations and policies are not developed from a multi-sectoral perspective, which have gaps in its implementation plan and budget.
- 2) Little or no funding for disability programs
- 3) Lack of government coordination, monitoring and implementation of disability programmes by NGOs, INGOs, Faith Based Organizations and community-based organizations. (Respondent #11)

Partnership with the mandated agency responsible for implementing the disability legislation is the Department for Community Development. While there is a will to continue the work, the capacity to implement is low and there is a constant struggle to influence focus on the right priorities. Often priorities are driven by donors for a specific focus and/or sometimes, it is the attitude of the workers in the disability arena, or sometimes it is simply the lack of funding. (Respondent #16)

Availability of adequate funding Community Engagement (Respondent #14)

On which areas of the REAP II partnerships could UNICEF improve? (i.e. partnerships between UNICEF, OPDs, governments and other NGOs)

Figure 61: Which areas of the partnership could UNICEF/REAP II improve on



What could have been done differently to increase the sustainability of REAP II outcomes?

In Vanuatu, to improve children access to school and learning outcomes, it would be good to strengthen teaching of children with disabilities through pre-service and in-service teaching programme. Special schools need to be established in Country for children with disabilities and that would require a special grant from the government and effective work partners between all the partners. (Respondent # 3)

- (1) Stronger engagement of government ministries in designing provincial model to support children with disabilities
- (2) More flexibility to select local areas (it was fixed to Kon Tum only)
- (3) Stronger partnership with other UN agencies (Respondent #4)

1. *Support to Governments to improve the data system.*
2. *More investment for behavioural change - communication strategies and approaches.*
3. *Investment to model Inclusive Early Childhood Development programming*
4. *Performance-based support strategy/disbursement (indicators) mechanism by the donor agencies.*
5. *Ensure integration and operationalisation of inclusive teacher's training system.*
(Respondents # 6)

Support countries to include disability programming in national plans, such as the National Education plan and ensure government budget is allocated for the implementation of disability programming. (Respondent #7)

Regular engagement, follow-up and interaction with COs and FOs. (Respondent #10)

Multi-year funding, policy orientation and adjustments according to the policy direction (Respondent #13)

Establish a higher Government Ministerial Council or Committee to drive the advocacy policy implementation of disability programmes being inclusive through all government sector programmes in Papua New Guinea. (Respondent #11)

Technical assistance to the Department to provide technical support and advice and close consultations with the Office of Child & Family Services and all agencies working with, for and on behalf of children with disability to develop a National Strategy and clearly prioritize key global, regional and national outcomes in a collaborative and systematic manner. There are currently timely opportunities for this integration while the Office of Child & Family Services is being established. (Respondent #16)

Is there anything else you would like to add?

For Education, there is a need to review the Inclusive Education Policy, it would be interesting if this can be addressed with support from the REAPII funding programme. Given that children with disabilities are vulnerable to be left behind constraining the achievement of SDGs, it is important to develop a more innovative partnership to address violation of rights of children with disabilities.

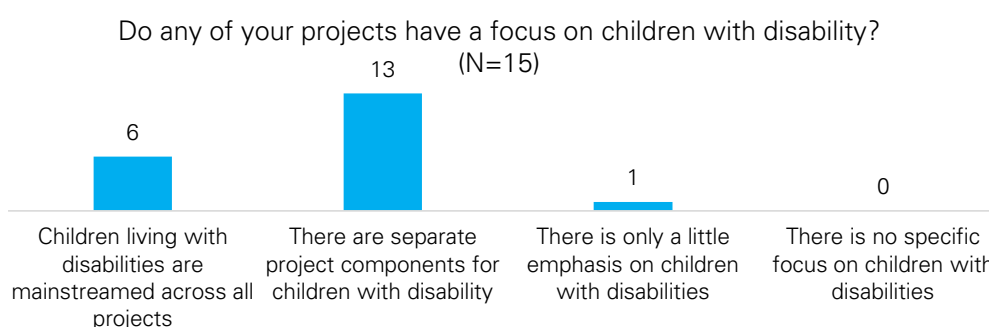
Early inclusion of Children with disability through Inclusive Early Childhood Development play school is way forward for PNG. Reaching out to a child with disability early in life gives trust and confidence to his parents and community. This breaks all barriers on social norms and gender to give every boy and girl child to be given the equal opportunity to access all basic social services (education, health care, opportunity to participate in all forms of family and community activities).

Annex W: REAP II online survey – Non-demonstration countries

II Area of work:

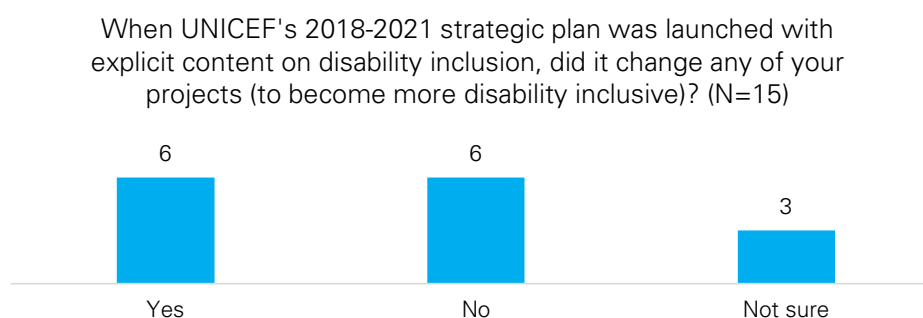
Do any of your projects have a focus on children with disability?

Figure 62: Do any of your projects have a focus on children with disability



When UNICEF's 2018-2021 strategic plan was launched with explicit content on disability inclusion, did it change any of your projects (to become more disability inclusive)?

Figure 63: When UNICEF's 2018-2021 strategic plan was launched with explicit content on disability inclusion, did it change any of your projects (to become more disability inclusive)



How did UNICEF's 2018-2021 Strategic Plan change your projects to become more disability inclusive?

"More emphasis and focus is now being given to disability in our projects. sometimes projects are even mainstreaming disability." (Respondent #2, Philippines)

"We have targeted approach for children with disabilities to access quality education (through inclusive education programme), and mainstreamed approaches across sectors (for example, disability-disaggregated data for SDGs baselines and for emergency responses)." (Respondent #4, Indonesia)

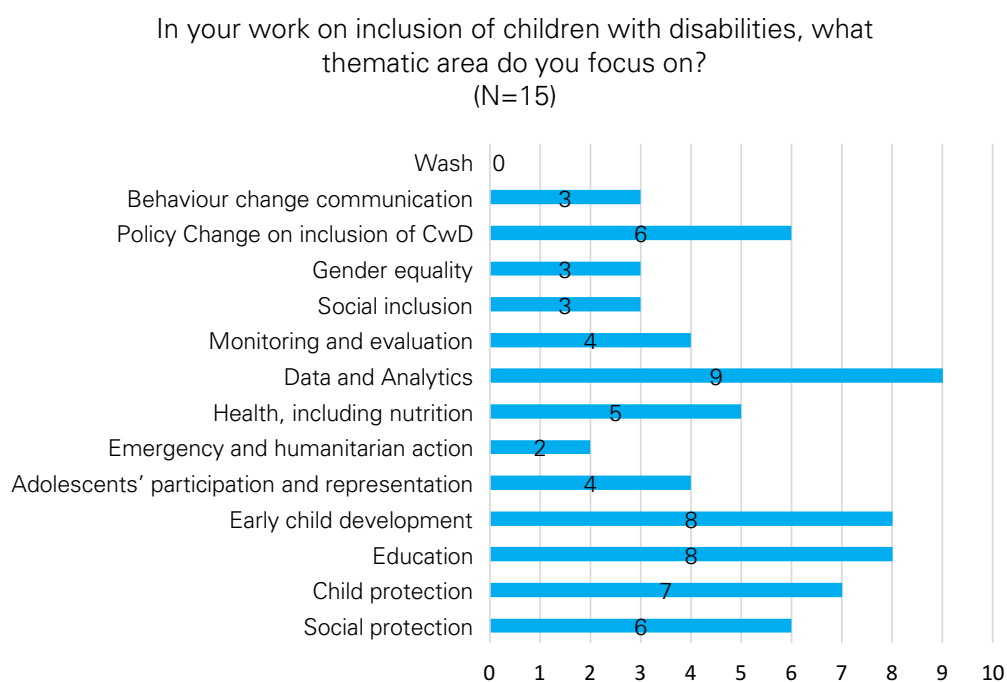
"UNICEF Malaysia introduced a new initiative called #ThisAbility Flagship Initiative." (Respondent #9, Malaysia)

"Working on inclusion under Child Friendly Schools." (Respondent #11, Timor-Leste)

"We started a community-based pilot project for children with disability in Lao." (Respondent #13, Lao PDR)

In your work on inclusion of children with disabilities, what thematic area do you focus on?

Figure 64: In your work on inclusion of children with disabilities, what thematic area do you focus on?



Which types of disabilities do you focus on in your work?

Figure 65: Which types of disabilities do you focus on in your work

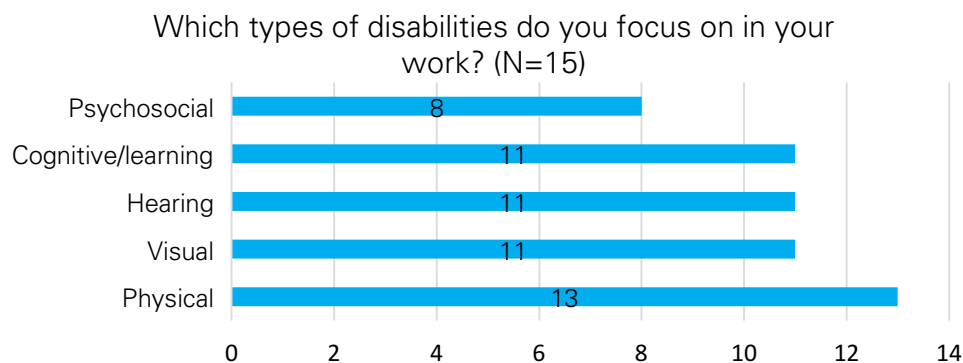


Table 20 Other types of disabilities do you focus on in your work

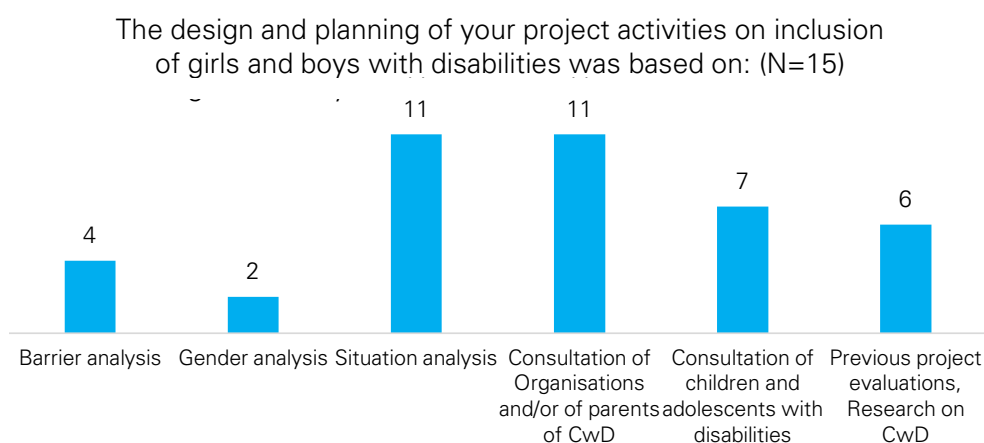
	Number
Mild disabilities	5
Mild and/or moderate disabilities	6
Mild, moderate and/or severe disabilities	7

Other (Please specify): "Developmental disabilities." (Respondent #3, Philippines)

Please refer to comments Q12-Q17.

The design and planning of your project activities on inclusion of girls and boys with disabilities was based on (multiple choice)

Figure 66: The design and planning of your project activities on inclusion of girls and boys with disabilities was based on



III Technical Assistance and Advice

Has the UNICEF Regional Programme Specialist on children with disabilities (Naira Avetisyan and Lieve Sabbe) added any value to your work on disability inclusion?

Everyone reported 'Yes'.

To what extent has there been added value?

"Advice, training, advocacy for disability inclusion." (Respondent #1, Malaysia)

"Providing necessary technical guidance to country offices on disability, as well as facilitating much needed coordination and networking among UNICEF disability focals." (Respondent #2, Philippines)

"Technical guidance." (Respondent #3, Philippines)

"Provide reviews for programme documents, advise on approaches and methodologies, etc." (Respondent #4, Indonesia)

"Technical advice, capacity building and networking." (Respondent #9, Malaysia)

"Has provided resources and TA to our programmes as well as our CPD and PSNs." (Respondent #8, Timor-Leste)

"Review of training manual and other documents." (Respondent #6, Philippines)

"Building awareness amongst staff, identifying programmatic entry points by which we can promote disability inclusive programming." (Respondent #10, China)

"We have received different resources on disabilities and guidance on how to improve our programming." (Respondent #12, Democratic People's Republic of Korea)

"Supports in providing technical assistance." (Respondent #11, Timor-Leste)

"Advice/support to develop the disability agenda with government." (Respondent #7, Myanmar)

"Technical support and assistance when required." (Respondent #5, Mongolia)

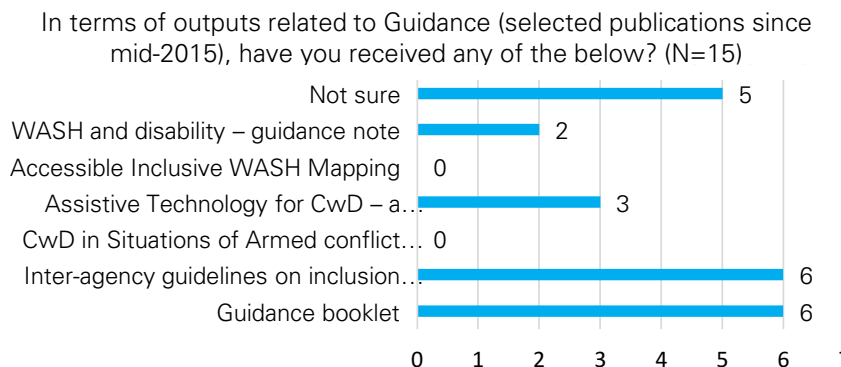
"The RO specialist shared information and experiences." (Respondent #13, Lao PDR)

"Sharing guiding documents and information on disability inclusion." (Respondent #14, Cambodia)

"Lieve has been very closely providing technical advice on the implementation of the national disability survey, advocacy and also the study on the implementation of the disability grant. She has always been reviewing key documents, adding technical guidance and inputs and sharing critical information." (Respondent #15, Thailand)

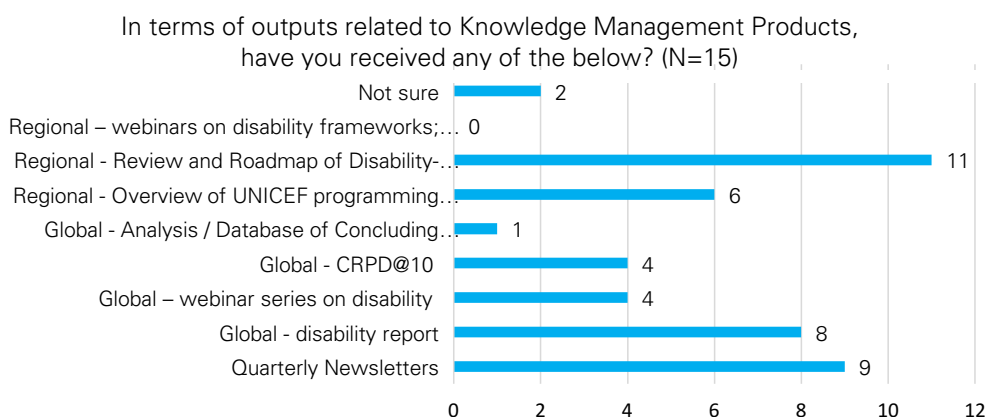
In terms of outputs related to Guidance (selected publications since mid-2015), have you received any of the below?

Figure 67: In terms of outputs related to Guidance (selected publications since mid-2015), have you received any of the below



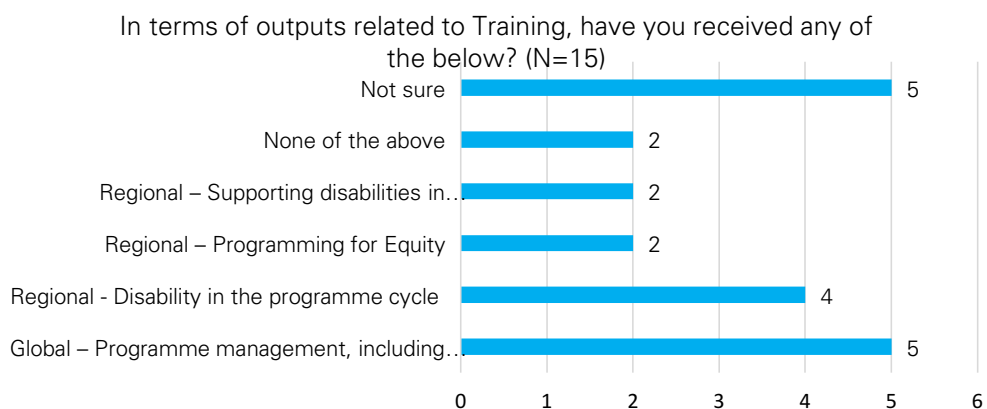
In terms of outputs related to Knowledge Management Products, have you received any of the below?

Figure 68: In terms of outputs related to Knowledge Management Products, have you received any of the below



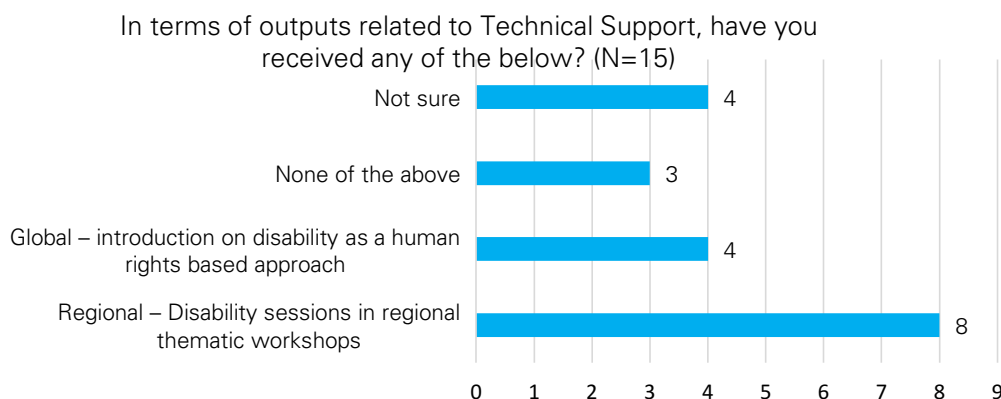
In terms of outputs related to Training, have you received any of the below?

Figure 69: In terms of outputs related to Training, have you received any of the below



In terms of outputs related to Technical Support, have you received any of the below?

Figure 70: In terms of outputs related to Technical Support, have you received any of the below



To what extent do you use the tools/publications you know for your work in inclusion of children with disabilities?

Table 21: To what extent do you use the tools/publications you know for your work in inclusion of children with disabilities

	Number
I share them with staff when I receive them	12
I share them with partners if appropriate	9
I use them to better understand the thematic area and update my own knowledge	13
I use them to discuss issues of inclusion with colleagues and improve our organizational knowledge	8
I use them to plan for and implement activities for inclusion	11

To what extent have you used the training provided by UNICEF?

Table 22: To what extent have you used the training provided by UNICEF

	Number
I have shared material from the training with my colleagues	8
I have shared and discussed what I have learned in the training as much as possible with as many of my colleagues as possible, and with partners if appropriate	7
I have applied the training/technical assistance in my work on inclusion	8

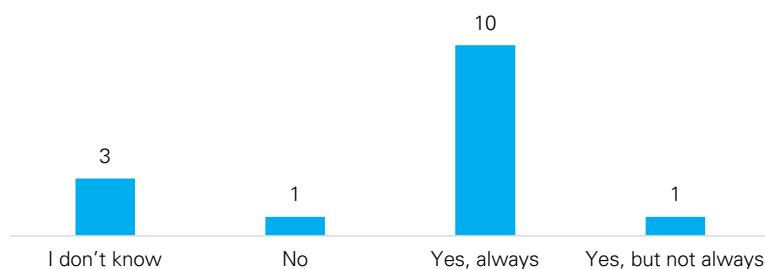
Have you ever requested technical assistance on disability inclusion from the EAP regional office?

Yes-13; No-2

Did you receive the assistance you requested?

Figure 71: Did you receive the assistance you requested

Did you receive the assistance you requested? (N=15)



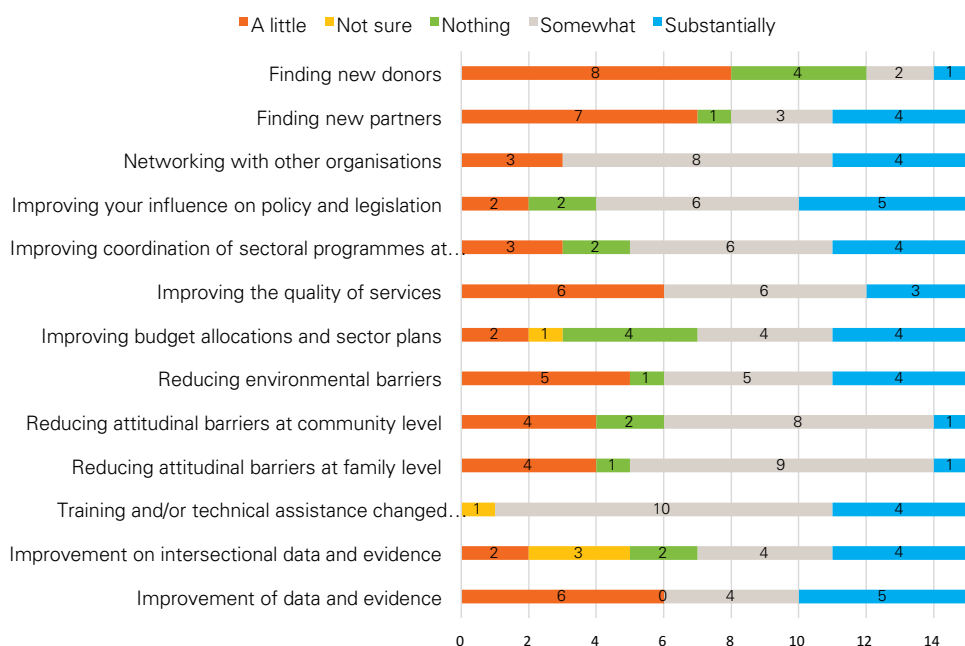
Has training and/or technical assistance changed how you approach inclusion and how you work on disability? Yes-14; No-1

IV Results

In your opinion, to what extent has the support from UNICEF disability specialists contributed to your work on inclusion of children with disabilities?

Figure 72: In your opinion, to what extent has the support from UNICEF disability specialists contributed to your work on inclusion of children with disabilities?

To what extent has the support from UNICEF disability specialists contributed to your work on inclusion of children with disabilities? (N=15)



Which aspects of UNICEF's work and engagement could be enhanced in order to more effectively advance the realization of the rights of children with disabilities in the EAP region in the coming years?

"Direct engagement of children with disabilities into the programming design and its monitoring and evaluation (to the entire programming not only disability specific)." (Respondent #1, Malaysia)

Sometimes, we need to also strategically engage in supply provision and actual service delivery because disability mainstreaming is much about adequate supply of facilitative devices as much as it is about technical guidance and assistance." (Respondent #2, Philippines)

"It is critical to ensure a regional technical specialist is present in the regional office. Without this I would say that country offices will find it difficult to give disability inclusive programming the priority it needs. If there is no one keeping the profile high at regional level then how will this be maintained at country levels." (Respondent #9, Malaysia)

"Funding, data analysis, development of both specific project (with funding) and well as better integration across programmes." (Respondent #8, Timor-Leste)

"Capacity development of UNICEF staff on inclusion including broader understanding of inclusion." (Respondent #11, Timor-Leste)

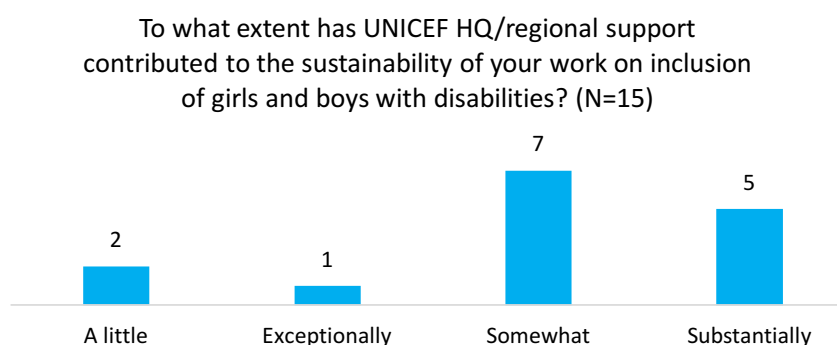
"Strong budget and advocacy on concepts." (Respondent #5, Mongolia)

"Invest more for children with disabilities." (Respondent #13, Lao PDR)

"Have a dedicated staff to work on children with disabilities in every Country Office. Although, there is good intention to support stronger engagement in this area of work and mainstream inclusion across all programmes and interventions, it is difficult to cover it appropriately because of lack of sufficient time and resources." (Respondent #14, Cambodia)

Rate the effectiveness of the following: The extent to which UNICEF HQ/regional support contributed to the sustainability of your work on inclusion of girls and boys with disabilities.

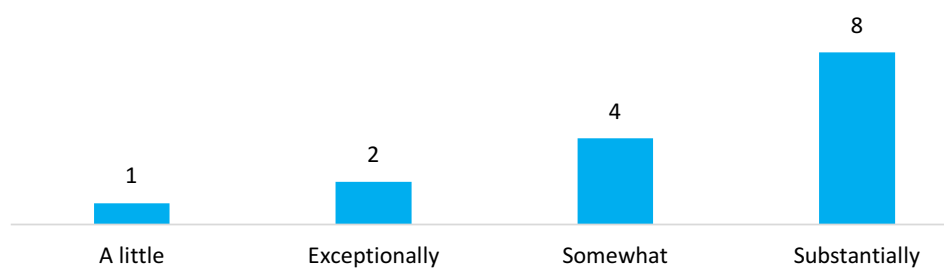
Figure 73: To what extent has UNICEF HQ/regional support contributed to the sustainability of your work on inclusion of girls and boys with disabilities?



Rate the effectiveness of the following: The extent to which UNICEF promotes the participation of children with disabilities in society.

Figure 74: The extent to which UNICEF promotes the participation of children with disabilities in society

The extent to which UNICEF promotes the participation of children with disabilities in society (N=15)



Annex X: UNICEF knowledge management outputs

Table 23: Key Outputs REAP – REAP II evaluation May 2020

Key Outputs REAP – REAP II evaluation May 2020
REAP II key achievements in PNG: 1. A situation analysis of the children with disabilities (SitAn 2016) was conducted to inform and guide GoPNG policies and the UNICEF PNG programme. 2. Support to the PNG's Disability bill (advocacy and technical support through providing input on the draft by the child protection section). 3. Coordination of disability sectoral programmes has improved at national (Local Education Group and Education Cluster) and sub-national levels (Goroka, Central, Lae province) to ensure participation and inclusion of children with disabilities and their caregivers. 4. Improved collaboration with organizations working on disability programming in policy such as networks of Callan National Services for Disabled Persons Unit and enhanced services, such as IECD services with Cheshire Disability Services and Church Agencies. 5. Enhanced collaboration between divisions in the National Department of Education to ensure inclusive curriculum is part of teacher training and the Right of Children living with disabilities are met. (REAP funding supplemented with other resources) 6. Establishment of IECD centres where teachers are skilled to identify, assist and refer children with disabilities and run IECD programmes which also benefit children living with disabilities. 7. Inclusive Education Policy completed. 8. Operational Guideline on Child health Screening and Early Intervention Services developed. 9. Roll out of Retinopathy of Prematurity (ROP) screening and treatment training for prevention of childhood blindness, building the capacity of 38 trainers-cum-mentors to screen, identify and manage ROP in premature babies.
REAP II key achievements in PICTs: For REAP Outcome 3: Quality inclusive services for children with disabilities: 1. Since 2016, UNICEF has been supporting the development and implementation of the Child Protection Community Facilitation Package, "Our Children are our Future", through which caregivers have increased knowledge on child development and parenting skills. Disability is mainstreamed in the package. In 2019, 97 (40 male/57 female) parents, caregivers and community leaders of the children with disabilities who attended the Early Intervention classes in Vanuatu were trained on child protection using the community facilitation package.

Key Outputs REAP – REAP II evaluation May 2020

2. Early intervention programme in Vanuatu reached a total of 114 children with disabilities (51 girls/63 boys) aged between 0 and 6 years as well as 10 siblings of these children with disabilities. Through UNICEF support, Vanuatu Society for People with Disability conducted a total of 522 early intervention classes (two classes per week at four different sites in urban and peri-urban communities of Port Vila), leading to improved knowledge and skills for 60 parents/caregivers of children with disabilities on child care and development, and serving as a platform for peer support. The enhanced capacity has generated growing demand from parents for inclusive education for their children. Nine (3 boys/6 girls) children graduated from the Early Intervention Programme and were referred to 4 primary schools to attend mainstream schools in Port Vila in 2020.
3. Furthermore, also in collaboration with the Vanuatu Society for People with Disability, ten (3 boys and 7 girls) children aged 8 to 18 years with disabilities benefitted from 59 life skills classes, where they learned key skills such as self-care and self-management including basic hygiene, basic cooking. Parents also developed skills on home management for children with disabilities who were not able to attend mainstream schools. Through intensive monitoring with a total of 149 follow-up visits and home visits conducted, the programme has ensured continued participation of 52 families and motivated a number of new cases to participate.
4. In 2017, the Parenting Support Programme (PSP) handbook was developed by Vanuatu's Ministry of Education and Training (MOET) with UNICEF support included a module on children with disabilities. Through its utilization during 2018-2019, parents have increased knowledge and skills in child development and especially in support of inclusive education for children with disabilities. In 2019, a review of PSP handbook was conducted bringing together lessons learnt over the two years of implementation; this evidence has informed the on-going revision of the module on children with disabilities to strengthen content and implementation model. The revision of the module focuses on enhancing the quality of parental education sessions on child development and support for inclusive education for children with learning difficulties and children with disabilities at education facilities, and the coordination with organizations of persons with disabilities, parents' organizations and relevant partners.
5. A guide was developed by Vanuatu's Ministry of Education and Training in 2019 along a data collection tool to enable identification and support of children with disabilities in Vanuatu. The survey questionnaires were strengthened through integrating the WG/ UNICEF child functioning module questions in EMIS to improve evidence on children with disabilities in the education system. The 47 School Improvement Officers who were trained were able to guide and supervise the data collection in all ECCE centres, primary and Secondary schools across all six provinces of Vanuatu. So far 1,254 (out of 1,433 schools) have submitted their survey questionnaires and the provincial SIOs are following up on the remaining schools for completion of the data collection. The data analysis is in progress and is expected to complete during September or October 2020.

Key Outputs REAP – REAP II evaluation May 2020

6. Through UNICEF Pacific's advocacy, inter-ministerial coordination on disability in Vanuatu has been strengthened with the increased capacity of the Disability Desk in the Ministry of Justice & Community Services (MoJCS), stronger partnerships between VSPD and government ministries such as the Ministry of Education and Training (MoET) and Ministry of Youth Development and Sports (MoYDS). The MoET has worked closely with VSPD and established a Teachers Disability Network through which ongoing training and support were provided to teachers who have children with disabilities in their schools. Thirty five teachers from twenty schools participated in seven network sessions and gained knowledge and skills on how to better assist children with disabilities in their classrooms. 98% of the teachers were from government school and 2% from private schools. This initial achievement has inspired the MoET and stakeholders including VSPD to strengthen further the strategic coordination of all support related to children with disabilities in Vanuatu. This is being taken up during the preparation for the revision of the National Inclusive Education Policy planned from mid 2020.

UNICEF support to VSPD through the Early Intervention (EI) programme has greatly strengthened VSPD's voice and influence. Given VSPD's experience in this area, their engagement has been highly respected at all levels of the society from government, CSOs, provinces and in the community. Such collaboration has enriched the impact of the EI programme which is a unique and the only programme in Vanuatu which prepares children with disabilities before they enter mainstream primary schools as part of the MoET inclusive education policy. VSPD is the major disability service provider in Vanuatu and has been a key player in the implementation of the MoJCS-led activities under the National Disability Inclusive Development Policy 2018-2025.

Furthermore, MoYSD and MoJCS worked with VSPD for joint facilitation of the training on child protection using the community facilitation package as outlined in the achievement #1. The signing and operation of the MOU between VSPD and MoJCS (Government Disability Desk) is a good example of the partnerships between the government and civil society and Organizations of People with Disabilities and the influence of VSPD, as evidenced by VSPD active participation in the review of the implementation plan of the National Child Protection Policy in 2018 (as a key member of the National Child Protection Working Group) and the consultations for the adoption and child protection bills.

For REAP outcome 4: data and evidence:

7. the Palau disability monograph;
8. the Kiribati disability monograph;
9. the Samoa disability monograph.
10. The Tonga National disability report

All reports are available on the UNICEF Pacific website: <https://www.unicef.org/pacificislands/research-and-reports>

Key Outputs REAP – REAP II evaluation May 2020

REAP II key achievements in Viet Nam:

Overall policy environment: Strengthened legal and policy framework for better realization of the rights of children with disabilities

1. Law on Education 2019: UNICEF technical support and advocacy efforts resulted in incorporation of the definition of inclusive education in line with international standards as well as various policy measures to promote inclusive education, learning motivation and diverse abilities of children with disabilities in the Law on Education endorsed by the NA in June 2019.
2. Inclusive education sector analysis-ECE subsector funded by REAP contributed significant to Education Sector Planning for 2021-2030
3. Circular 37 has been amended into circular 01/2019 on measurement of disability and identification of children / people with disabilities with major changes in terms of including the education dimension in the identification and assessment of the level of disabilities, reducing steps in disability screening, and enhancing contribution of social workers in addition to health professionals who primarily led the assessments
4. Improved awareness of government ministries and agencies as well as OPDs on gaps in legal frameworks and community-based services for children / people with disabilities (through participatory and inclusive analysis on gaps in Law on People with Disabilities and community-based services for children with disabilities)

Coordination

1. Enhanced coordination among OPDs in producing the CRPD alternative report. As a result, views and experience of children / people with disabilities on their issues and recommendations documented and incorporated into the CRPD independent report.
2. NCD's enhanced capacity to coordinate with ministries and OPDs on disability related issues especially in development of the Master Plan to support people with disabilities during the period 2021-2030.

Services for children with disabilities

1. REAP fund was used to enhance community-based services for children with disabilities with respite day care service provided and demonstrated as a good practice to advocate for upscaling in the amendment of decree 136 on social assistance for vulnerable groups.
2. Support to development and functioning of children with disabilities resource centre with strong buy-in of the government. The centre also provides early screening service for identification of children with disabilities.
3. In-service training package and communication package for children with disabilities developed partnership with Teacher's Department and Primary Education Department benefited estimated 1 million teachers nation-wide from preschool to upper secondary education levels
4. Improved technical capacity of 90 health staff from three districts of Kon Tum in early detection and interventions for children with disabilities. The planning and implementation of early detection and interventions for children with disabilities in Kon Tum has been enforced through issuance of MOH's directive letter and provision of monitoring and supportive visits to the province.

Key Outputs REAP – REAP II evaluation May 2020

Data generation and knowledge sharing

1. A KAP survey on social inclusion of children with disabilities was conducted in Kon Tum. Based on the KAP survey results, a provincial communication plan developed to guide local interventions to tackle negative social norms and behaviours towards social inclusion of children with disabilities.
2. In 2017, Viet Nam adopted the international standard measurement of child disability to produce their first ever national level data set on disability which includes important data about children with disabilities, e.g. prevalence of children with disabilities, their access to basic services, and social attitudes toward people with disabilities. In 2019, the data was used for in-depth analysis on 1) access to services; 2) standards of living; 3) intergenerational effects of disability on educational achievement; 4) future opportunities in income generation and employment. The evidence was used to inform policies and programmes on disability, notably the government's master plan on people with disabilities for period 2021-2030.
3. Visual assets and human-interest stories available for documenting REAP impacts (CO will share some examples later)

Annex Y: Primary and secondary objectives analysis

A lot of the information to answer the primary and secondary objectives is found throughout the evaluation and particularly in the effectiveness section. Table 24 pulls some of this evidence together to help orientate the reader to where/how the objectives research questions have been answered.

Table 24: Primary and secondary objectives analysis

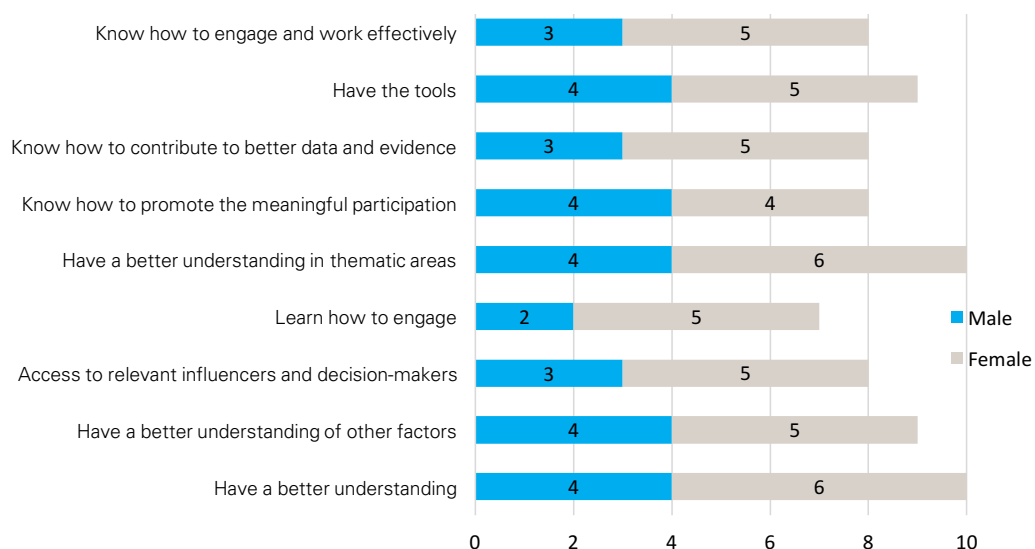
Primary Objective		Confidence in the evidence					Comments
RQ	Findings	1	2	3	4	5	
To identify how effectively disability inclusion in the previous and current UNICEF Strategic Plan was implemented and sustained in the region of East Asia and the Pacific.	Survey responses show positive changes, and this was triangulated during the KIIs. However, understanding the previous strategic plan was not possible due to staff turnover. Hence, the research question can only be answered about the current strategic plan.			X			Only UNICEF staff can answer this question and no validation of opinions occurred. The evaluation team did not do a before and after assessment of documents - as there were many outputs to assess as part of the documentation analysis.
To measure effectiveness of technical support on disability provided during the period of REAP II implementation to staff and consultants working on disability-inclusive development in the region of East Asia and the Pacific, primarily by experts at HQ and the regional office of East Asia and the Pacific (EAP).	When TA is asked about specifically there is a high demand and when TA is placed against other strategies, it comes 3rd out of 9 strategy options (Table 9). However, this table is compiled from ToC workshops that had partners and stakeholders present (not only UNICEF staff and consultants as the objective question anticipates). Figure 75 and 76 reveals that technical assistance was either somewhat substantial or substantial (the top two categories offered on the Likert scale) and that women value the TA more than men (Fig 75). Regional office answers were strong with COs requesting more technical assistance on different types of disabilities and inclusion in specific sectors such as child protection: "Not enough practical in-depth technical support that is specific to sectors and/or different disabilities." Internal UNICEF administrative records¹⁹⁷ show				X		Ultimately this is a subjective question because it is phrased to only capture staff and consultant perspectives, rather than partners or government. However, these findings were triangulated through the surveys and KIIs plus administrative data. More information on this topic is presented in the findings section - Effectiveness Question 2 (Part A) and the survey results section III Technical Assistance and Advice.

Primary Objective		Confidence in the evidence					Comments
RQ	Findings	1	2	3	4	5	
	the number of EAPRO requests with the word 'disability' in 2018 were only five, which is possibly related to the fact that the post was only occupied in the 2nd half of 2018. In 2019 when the post was filled, this increased to 23 requests. Over 55% of these requests found the assistance to be very relevant and all respondents felt the quality of this assistance to be good or very good. In comparing the triangulated evidence, the evaluation team conclude that more TA would increase the demand for TA, and increase the quality of disability inclusion in UNICEF programs.			X			
To gauge UNICEF's added value to advance the realization of the rights of children with disabilities, as perceived by partners and stakeholders in the EAP region.	Partners, government and staff were clear on their ability to articulate this and there were common factors that emerged across countries and were mirrored in the regional interviews.					X	More information on this is presented in the findings section. See case study 3 and Effectiveness Evaluation Question 2 (Part B) and Question 3 presents findings about internal (to UNICEF) and external factors contributing to or hindering the achievement of the expected results and covers UNICEF's added-value, consequently, these findings do not need to be repeated here.
Secondary objective		Confidence in the evidence					Comments
To identify aspects of UNICEF's work and engagement that could be enhanced, as perceived by partners or by the rightsholders, in order to more effectively advance the realization of the rights of children with disabilities in the EAP region in the coming years.	There are some consistent messages received about UNICEF's strengths and weaknesses as a partner. The weaknesses could be resolved through exploring cross cultural nuances/ context and different communication preferences, along with different partnership agreements. The promising practices section identifies aspects of UNICEF's work and engagement that should be replicated.				X		The evaluation has revealed new ways of working and new entry points but there were not enough rightsholders included in the evaluation to draw robust conclusions around their needs.

Secondary objective		Confidence in the evidence					Comments
RQ	Findings	1	2	3	4	5	
	Some of the needed enhancements mentioned include: more and earlier investment in really understanding local context and structures to determine what is possible/realistic; Stronger engagement of government ministries in design / strengthening government systems (plans & budget); More/ better follow-up, coordination and space for collaboration (and this requires a consistent programme specialist); Working more with OPDs as partners; reflect on the innovative ways to consult children with disabilities; and some of the other lessons learnt from the demonstration countries (including around programme costs and the cost/successes of different models/approaches). Stigma and discrimination around disability is still strong in the demonstration countries. Many respondents raised the need to address behaviour change at the community level in a more substantial manner.						
To identify potential key stakeholders for the future disability-inclusive work by UNICEF in the EAP region.	Some of this information was found through the KII question: Can you recommend some potential key stakeholders and their roles for future disability-inclusive work by UNICEF in the EAP region? And in the surveys (see, In your work on children with disabilities for UNICEF REAP II, with which organization(s) did you collaborate?) Table 25 collates the survey results on this question. However, a long list of potential stakeholders were identified. This makes it difficult for the evaluation team to prioritize CO level partnerships. Consequently, a partnership review is recommended.				X		The names of these OPDs are unclear, unmapped and uncoordinated. However, in-country respondents know a number of other organizations that include/ represent people with disabilities that should be partnered with (according to them). By 'partnering' the evaluation teams means by receiving financial support and meaningfully engaging in programme design and implementation choices.

Secondary objective		Confidence in the evidence					Comments
RQ	Findings	1	2	3	4	5	
	A couple of clear recommendations were found across sources and these include: Stronger engagement with OPDs to include voices of people with disabilities and so they can drive advocacy as partners; Strengthen the mechanisms for consultation and connection between organizations representing OPDs; figure out a way to contract OPDs (who are not eligible for UNICEF funding due to an absence of policies and financial management procedures); Stronger United Nations collaboration for advocacy of the rights of children with disabilities (UNESCO was specifically mentioned in the PICTs).						

Figure 75: Survey participants reporting UNICEF's technical support as somewhat or substantial (top two categories offered) by sex



The Figure 75 reveals that higher number of female UNICEF staff reported that UNICEF's technical support helped as compared to males. Sample size UNICEF staff: Male=6, Female=6.

Figure 76: Survey participants reporting UNICEF's technical support somewhat/substantial (top two categories offered) as by type of organizations



Table 25: Survey Responses for Existing Partners and Stakeholders (white) and Future Stakeholders (grey)

PICTs and Vanuatu	Papua New Guinea	Viet Nam
WASH team	Urban Self Help Organization (USHO).	International organizations for disability, in-country organizations for children with disability, NGOs, social organizations.
Pacific Disability Forum	Cheshire Home – Disability Services	Ministry of Labour, Invalids and Social Affairs (MOLISA)
Vanuatu Disability Association	Department of Education	National Committee on Disability (NCD) with in MOLISA
Ministry of Education	Callan Services	Da Nang Association for Victims of Agent Orange
National Statistics Office	PNG Education Institute	Viet Nam Federation on Disability UNDP
Pacific Community, Regional Organization	Catholic church	
University of South Pacific		
Pacific Islands Forum Secretariat		
Secretariat for the Pacific Communities (SPC)		
Government focal points for disability across the Pacific		Schools and Research Units - University of Hanoi, central college of pedagogy
UNFPA/ UNESCO		UN offices
Disabled People Organization, at the regional and country-level and especially women's OPDs.		OPDs
Minister of Foreign Affairs and Trade		
Ministry of Youth and Sports and Departments of Youth and Sports		
Ministry of Health		
Pikenini Day Care Centre		

Annex Z: Terms of Reference

This is a revision to the original Terms of Reference of October 2019 for this evaluation. The changes to the original scope and approach of the evaluation is due to: limited flexibility on extending the timeframe for the evaluation beyond June 2020; and the donor steer on conducting a lighter evaluation than had been previously envisioned; as well as considerable existing and potential further restrictions on travel in the region due to attempts to contain the Corona Virus. Subsequently the scope, in-country visits and field work, and the timeframe of the evaluation have been reduced in order to set out a more feasible set of tasks and deliverables within these constraints.

Background (Evaluation Context)

The first international treaty to explicitly recognize the rights of children with disabilities was the Convention on the Rights of the Child (CRC), which was adopted 30 years ago. UNICEF's work on realising the rights of children with disabilities is also framed by the Convention on the Rights of Persons with Disabilities (CRPD), adopted in 2006. This convention led to increased advocacy by UNICEF and partners for the rights of children with disabilities. The CRPD has been ratified by 177 countries. All countries in the East Asia and the Pacific region have signed or ratified the CRPD, except for Niue and Timor-Leste. Of relevance to the rights of girls with disabilities is also the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) adopted in 1979. These three key treaties dovetail, reinforce and elaborate the others and contribute towards the goals of equality and inclusive development.¹⁹⁸

Since 2010, UNICEF's work has had a renewed and intensified focus on achieving equity for children, particularly those who are most disadvantaged, including children with disabilities. The equity approach was one of the pillars of UNICEF's disability rights agenda and strategy, which supported the goals to mainstream disability across all of UNICEF policies and programmes in both development and humanitarian contexts. As well, it aimed to develop leadership on the rights of children with disabilities and capacity among staff and partners, including children with and without disabilities. Over the last nine years, UNICEF has significantly strengthened its programming, capacity building and sector leadership on the rights of children with disabilities.

Despite significant global and regional progress, implementation of disability-inclusive legislation and securing government budget allocations to agreed plans and strategies remain a major challenge for the vast majority of countries in the East Asia and the Pacific region, even though most are expected to achieve middle-income country status by 2020. Furthermore, the economic growth being enjoyed by countries in the region is not benefiting entire populations and there are widening equity gaps. Children with disabilities are often among the poorest members of the population.¹⁹⁹ Societal exclusion of children with disabilities imposes costs on the whole community and will ultimately negatively impact the achievement of the Sustainable Development Goals.

198 Includes Fiji where UNICEF office is located, plus where REAP activities have been implemented in Vanuatu, the Federated States of Micronesia, Nauru, Tonga, Tuvalu and Samoa.

199 Banks, L. M., Kuper, H., and Polack, S., 'Poverty and disability in low- and middle-income countries: A systematic review', PLoS ONE, vol. 12, no. 12, 2017.

The 2030 Agenda for Sustainable Development and its 17 SDGs provide a powerful framework to guide local communities, countries and the international community toward the achievement of disability-inclusive development. The 2030 Agenda pledges to leave no one behind, including persons with disabilities and other disadvantaged groups, and has recognized disability as a cross-cutting issue, to be considered in the implementation of all goals. The Agenda also includes seven targets and 11 indicators explicitly referring to persons with disabilities, covering access to education and employment, availability of schools that are sensitive to students with disabilities, inclusion and empowerment of persons with disabilities, accessible transport, accessible public and green spaces, and building the capacity of countries to disaggregate data by disability.

The United Nations flagship report on disability shows that despite the progress made in recent years, persons with disabilities continue to face numerous barriers to their full inclusion and participation in the life of their communities.²⁰⁰ It sheds light on their disproportionate levels of poverty; their lack of access to education, health services and employment; and their underrepresentation in decision-making and political participation. This is particularly the case for women and girls with disabilities. The main barriers to inclusion entail discrimination and stigma on the grounds of disability; lack of accessibility to physical and virtual environments; lack of access to assistive technology, essential services and rehabilitation; and lack of support for independent living that are critical for the full and equal participation of persons with disabilities as agents of change and beneficiaries of development. Data and statistics compiled and analyzed in the present report indicate that persons with disabilities are not yet sufficiently included in the implementation, monitoring and evaluation of the SDGs.

Realizing the rights of persons with disabilities is central to achieving the 2030 Agenda and for leaving no one behind. Therefore, on June 11, 2019, the United Nations Secretary-General launched the United Nations Disability Inclusion Strategy (UNDIS) which establishes the foundation for systemic and sustainable change on disability inclusion across all pillars of the United Nations system. The UNDIS is a strategy of action to raise the standards of the United Nations performance on disability inclusion across its programmes and operations.

In East Asia and the Pacific, the 'ASEAN Enabling Masterplan 2025' was adopted in 2018 and aims to mainstream the rights of persons with disabilities by assisting ASEAN Member States to harmonise local laws and policies. Its adoption marks a new milestone for the realisation of the rights of children with disabilities in the region.

Object of Evaluation

DFAT (previously AusAID) and UNICEF formally began the Rights, Education and Protection (REAP) partnership in April 2011 to support implementing and enforcing the CRPD to fulfil the rights of children with disabilities. Funding support through the first REAP partnership (known as REAP I) initially covered a four-year period from April 2011 to June 2015. It focused on strengthening UNICEF's technical capacities and improving the coherence of UNICEF's work on disability-inclusive development at global, regional and country levels. Bhutan and Viet Nam were the selected demonstration countries.

200 United Nations, Department of Economic and Social Affairs, 'Disability and Development Report: Realizing the Sustainable Development Goals by, for and with persons with disabilities', 2018.

The goal of REAP I²⁰¹ was *the enhancement of education and child protection systems so that they include children with disabilities and are responsive and sensitive to their needs*.

In 2014-2015 DFAT organized a formative Value for Money (VfM) assessment of all DFAT funded disability-related programmes, including REAP I. Besides the findings of the assessment of VfM, the report²⁰² included recommendations for both DFAT and UNICEF for a future partnership on disability.

A second four-year DFAT-funded Rights, Education and Protection programme, referred to as REAP II²⁰³, began on 1 July 2015. This programme builds on the first partnership with a stronger focus on the East Asia and the Pacific region, in particular three demonstration countries – Pacific Islands Countries and Territories (PICTs), Papua New Guinea and Viet Nam.²⁰⁴ UNICEF undertakes policy and programming work at national and sub-national level, in selected districts of provinces under this programme.

REAP II seeks to highlight and address widening inequities and equity gaps particularly for children with disabilities, to promote adoption and implementation of disability-inclusive legislation and policy, and to advocate with governments and relevant stakeholders to allocate adequate funding to systems strengthening for children with disabilities and for improving access to basic quality services for all children, ensuring no child is left behind. The overall vision for REAP II is *“to promote inclusive development approaches which fulfil the rights of children with disabilities”*, with the following Programme Objectives:

<u>Impact</u>	Enhanced capacity of UNICEF, government counterparts, Organizations of Persons with Disabilities (OPDs) and other partners to realise the rights of children with disabilities through the implementation of the CRC and the CRPD
<u>Outcome 1</u>	Disability inclusive legislation, policies and programmes promoted through enhanced advocacy, partnerships and an enabling environment
<u>Outcome 2</u>	Improved coordination of sectoral programmes at national and sub-national levels to ensure participation and inclusion of children with disabilities and their caregivers
<u>Outcome 3</u>	Quality inclusive services for children with disabilities and their caregivers integrated in sector plans and adequately resourced
<u>Outcome 4</u>	Reliable data and evidence on children with disabilities and the barriers they face collected and used to promote inclusive development

In March 2019 DFAT granted UNICEF a 12-month costed extension of REAP II, starting 1 July 2019, to allow an additional six months to finalize activities and six months for evaluation, synthesis and reporting, and in April 2020 an additional 6 months extension granted for wrap up of the programme (July – December 2020).

Sustained by the Strategic Plan (SP) 2014-2017, UNICEF sought to address the multitude of structural, cultural and financial barriers which impede results for chil-

201 The final report of REAP I will be made available for background information.

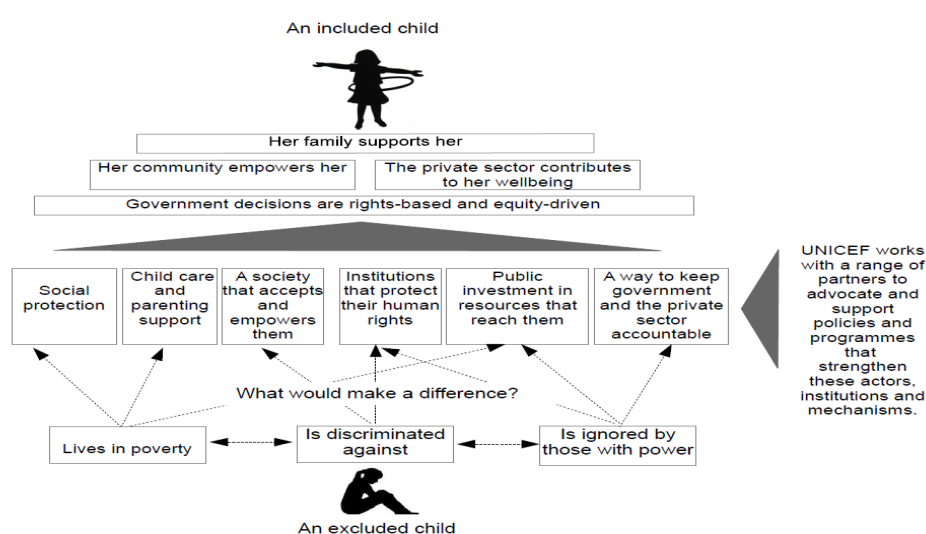
202 The report will be made available for background information.

203 The official proposal of REAP II and the 4 annual progress reports will be made available for desk review.

204 The count of and wording “three demonstration countries” used in this TOR refers to the UNICEF COs of Viet Nam, Papua New Guinea and the Pacific Island Countries. While PNG belongs to the Pacific region and is technically one of the Island Countries, under the UNICEF structure PNG has a separate country programme and management structure from the other 14 Pacific Island Countries.

dren with disabilities. For this, it has been building internal capacity across the organization to respond to this population, working across UNICEF programme areas: health, nutrition, water and sanitation, education, child protection, and social inclusion. The Strategic Plan included, for the first time, a new result area – “Social Inclusion”, which looked at how children’s rights to quality services and to participation are supported through legislation, social protection and family support, targeting poor and vulnerable households, as well as through public finance, community and private sector initiatives (see figure 77). The comprehensive nature of this framework was particularly relevant to UNICEF’s work on children with disabilities as we also support and monitor the ratification and implementation of the CRC, CEDAW and CRPD through this results area.

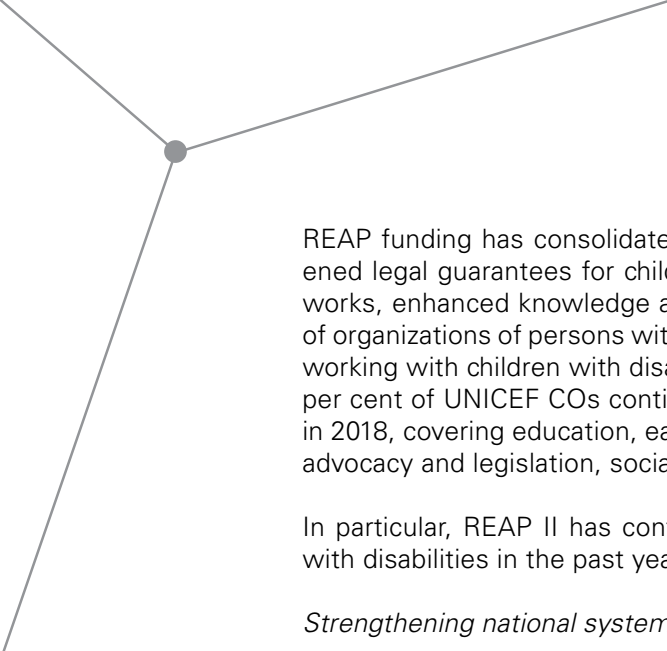
Figure 77: UNICEF’s Theory of Change for Social Inclusion



To realize the rights of children with disabilities and to achieve equity for every child everywhere, UNICEF has been investing in programming across all areas using an inclusive development approach. Furthermore, efforts have been made to broaden the equitable participation of children with disabilities, their caretakers and Organizations of Persons with Disabilities (OPD) in decision-making – at family, community and national levels. The involvement of civil society, including organizations of persons with disabilities, in national and international fora and mechanisms has been essential for effectively guiding the new development agenda towards the inclusion of people with disabilities. UNICEF is well placed to use its convening role at the global, regional and country levels to enhance partnerships between government, civil society and other stakeholders around the rights of children with disabilities.

The UNICEF East Asia and the Pacific Regional Office (EAPRO) is seeking an institution to undertake an independent end of programme and forward-looking evaluation of the REAP II programme, to assess progress and draw learning to inform future investment in UNICEF’s work with children with disabilities. The focus will be on the work of the region and the demonstration countries in the region – Pacific Islands Countries and Territories (PICTs),²⁰⁵ Papua New Guinea (PNG) and Viet Nam.

205 Includes Fiji where UNICEF office is located, plus where REAP activities have been implemented in Vanuatu, the Federated States of Micronesia, Nauru, Tonga, Tuvalu and Samoa.



REAP funding has consolidated key regional and national partnerships, strengthened legal guarantees for children with disabilities in legal and regulatory frameworks, enhanced knowledge and data generation, and strengthened the capacity of organizations of persons with disabilities, decision makers and service providers working with children with disabilities. In the East Asia and the Pacific region, 100 per cent of UNICEF COs continued to implement disability-inclusive programmes in 2018, covering education, early childhood development, child protection, health, advocacy and legislation, social protection and data collection.

In particular, REAP II has contributed to significant results achieved for children with disabilities in the past year in the following areas:

Strengthening national systems and capacity on disability-inclusive programming

- In Papua New Guinea the National Department of Education's Inclusive Education Unit coordinated with provincial teacher training colleges to ensure that inclusive education content was integrated into the standard-based curriculum for elementary schools.
- In Viet Nam, in order to strengthen coordination mechanisms on disability issues at all levels, the 2019 workplan of the National Committee on Persons with Disabilities has incorporated an activity to review the performance of the existing provincial-level disability coordination mechanism, which will inform the formulation of government guidance on establishing and operating a disability coordination division at provincial and local levels.

Generating, disseminating and using disability data, evidence and knowledge

- Viet Nam, Lao PDR and the Democratic People's Republic of Korea have fully incorporated the UNICEF/Washington Group Module on Child Functioning into their national survey architecture released reports with data disaggregated by disability, helping to make children with disabilities more visible, including to policymakers.
- In PICTs, several countries have integrated the WG Short or Extended Set of disability questions and the UNICEF/ WG Child Functioning Module in their Multiple Indicator Cluster Surveys (Tonga, Tuvalu, Fiji, Kiribati and Samoa).
- Other research on children with disabilities includes a knowledge, attitudes and practices study in Vanuatu and situation analyses of children with disabilities in Papua New Guinea and the Philippines.
- The East Asia and the Pacific Regional Office also played a critical role in disseminating good practices, particularly from demonstration countries, and facilitating knowledge sharing between countries within and outside the region.

Establishing partnerships and alliances

- At regional level, UNICEF maintained its alliance with the ASEAN Intergovernmental Commission on Human Rights, particularly with regard to the launch of the Enabling Masterplan for People with Disabilities.
- At national level, UNICEF maintained its partnership with the Vanuatu Society for People with Disabilities (VSPD) to implement an Early Intervention programme, benefitting 114 children with disabilities and their parents/caregivers.
- In Viet Nam, UNICEF worked alongside organizations of persons with disabilities to promote an inclusive dialogue to develop the new 10-year Master Plan on Persons with Disabilities for 2021-2030, to be adopted in 2020.

Integrating quality inclusive services for children with disabilities and their caregivers

- In **Vanuatu**, four Early Intervention fieldworkers covering 16 urban and peri-urban communities of Port Vila conducted 522 classes (two per week at four different sites) for parents/caregivers of children with disabilities. Participants received key information to support their children, were provided with a platform for peer support and were equipped with necessary care and learning stimulation skills.
- The Ministry of Health of **Viet Nam** advanced its efforts in implementation of early identification and rehabilitation of children with disabilities, with support from UNICEF. Under this joint effort, a series of training courses were organized, resulting in improved capacity of 90 health staff from three selected districts in Kon Tum province in using tools for early detection and interventions for children with disabilities.
- With support from UNICEF **PNG**, the Special Education Resource Centres (SERC) implemented early intervention programmes, which included screening and assessment of children in the local communities through Community-Based Rehabilitation (CBR).

Purpose, Objective, Scope & Evaluation Questions

The purpose of this independent evaluation has mainly a formative focus as it will be useful to shape programming design, objectives, and geographical focus of any future programming in EAP to be more disability inclusive. The evaluation will also have a summative aspect in assessing achievement of outcomes and the constraints to achieve these and identifying lessons from the implementation of REAP II at regional and country level to enable reflection on progress and be able to account for this.

The primary audience of this evaluation is the UNICEF EAPRO and management-level staff of the COs of the three demonstration countries, UNICEF Programme Division (including the Disability Section) and the donor - DFAT. The secondary audience includes UNICEF partners namely government, implementing partners, Organizations of Persons with Disabilities, and rightsholders, as well as other donors potentially interested in investing in UNICEF's disability inclusive programming.

The objectives of this evaluation of the REAP II programme are:

Primary Objectives

- To identify how effectively disability inclusion in the previous and current UNICEF Strategic Plan was implemented and sustained in the region of East Asia and the Pacific.
- To measure effectiveness of technical support on disability provided during the period of REAP II implementation to staff and consultants working on disability-inclusive development in the region of East Asia and the Pacific, primarily by experts at HQ and the regional office of East Asia and the Pacific (EAP).
- To gauge UNICEF's added value to advance the realization of the rights of children with disabilities, as perceived by partners and stakeholders in the EAP region.

Secondary objectives

- To identify aspects of UNICEF's work and engagement that could be enhanced, as perceived by partners or by the rights holders, in order to more effectively advance the realization of the rights of children with disabilities in the EAP region in the coming years.
- To identify potential key stakeholders for the future disability-inclusive work by UNICEF in the EAP region.

The Scope of this evaluation covers

- Time boundaries: from July 01, 2015 to December 31, 2019
- Organizational level: UNICEF COs and regional office of the East Asia and the Pacific region
- Geographical scope: particular focus on REAP II demonstration countries: Viet Nam, Papua New Guinea and the Pacific Island Countries
- In-country field work focused on REAP II programme related locations will be confined to one country visit due to travel restrictions and quarantine measures operating in the region see section 4. The in-country visit will likely be Papua New Guinea or Fiji. All other countries will be conducted remotely through desk review and 10 remote interviews combining UNICEF staff and key stakeholders
- Type of interventions: disability-inclusive development in the areas of programming and policy work. This excludes the policies and interventions regarding making UNICEF a disability inclusive workplace.

The evidence-based findings and recommendations of this summative and formative evaluation will: cover what has been achieved; identify the specific added value of UNICEF's disability-inclusive programming and identify what lessons can be learnt from this phase to improve any future programming in the East Asia and the Pacific region.

The evaluation will apply OECD DAC evaluation criteria of *effectiveness, efficiency, relevance and sustainability*.

Relevance:

- ✓ To what extent have the REAP objectives of the programme proven valid for the work in the region?
- ✓ Are the activities and outputs of the programme consistent with the overall goal and the attainment of its objectives?

Effectiveness:

- ✓ To what extent has the programme in the demonstration countries helped realizing the rights of both girls and boys; children with different types of disability; and, children with disabilities furthest left behind?
- ✓ Which expected results have been achieved through the REAP II? What are the internal (to UNICEF) and external factors contributing or hindering the achievement of the expected results?
- ✓ What are the promising practices from the REAP experience That UNICEF should build on in future disability programming and why?

Efficiency:

- ✓ To what extent have objectives been achieved with quality and on time?
- ✓ What is the added-value of UNICEF work on disability-inclusive development in the countries supported?

Sustainability:

- ✓ To what extent are the benefits of the programme likely to sustain after donor funding ceases and why?
- ✓ What are the major factors which influence the achievement or non-achievement of sustainability of the REAP programme?

One of the key tasks to be initiated at the proposal stage will be to review these questions and criteria and determine if all key issues have been given due prominence. Bidders are required to propose appropriate evaluation criteria. Improvements and/or refinements to the draft questions may be offered at the technical proposal stage. The final set of questions will be determined during the inception phase.

Evaluation approach and methods

Based on the objectives of the evaluation, this section indicates a possible approach, methods, and processes for the evaluation. Methodological rigour will be given significant consideration in the assessment of proposals. Hence bidders are invited to interrogate the approach and methodology preferred in the ToR and improve on it or propose an approach they deem more appropriate, which should be guided by UNICEF's revised Evaluation Policy (2018), the United Nations Evaluation Group (UNEG) Norms and Standards for Evaluation (2016), UNEG Ethical Guidelines (2008), UNEG Code of Conduct for Evaluation in the United Nations system (2008), UN SWAP Evaluation Performance Indicator (2018), UNEG Guidance on Integrating Human Rights and Gender Equality in Evaluation (2014), UNICEF Procedure for Ethical Standards and Research, Evaluation and Data Collection and Analysis (2015) and UNICEF-Adapted UNEG Evaluation Report Standards (2017). In their proposal, bidders should refer to triangulation, sampling plan and methodological limitations and mitigation measures.

The evaluation approach will be mixed methods and participatory – as far as can be achieved within field work constraints. The evaluation will be utilization-focused, using evidence drawn from key background documents and UNICEF's programme quality management tools complemented by interviews and surveys. The team will use a theory-based approach to reconstruct and validate a Theory of Change and use it to analyse contribution to results. At minimum, the evaluation will draw on the following methods:

- Desk review of background documents, UNICEF's standard programme monitoring and reporting, previous evaluations and other relevant data;
- In country work in one demonstration country (PNG or Fiji – TBC)
- Key Informant Interviews (KIIs) in the demonstration country with government partners, non-governmental organizations, organizations of persons with disabilities / disability actors (existing and potential), United Nations partners and UNICEF staff, with disaggregation by country;
- Focus Group Discussions (FGDs) with children and adolescents with disabilities and their caregivers

- Development of a Country case study to highlight positive or negative examples and good practices for broader learning;
- Remote consultation and data collection with the three other REAP demonstration countries
- KIIs²⁰⁶ with government partners, non-governmental organizations, disability actors
- Remotely managed skype Focus Group meetings with stakeholders – UNICEF staff and disability focal points and programme specialists, and key partner representatives
- Surveys covering particular evaluation questions as defined by the evaluation team of UNICEF staff disability focal points and Deputy Representatives of non-demonstration countries.

Remote consultation with other stakeholders

- UNICEF Regional Child Protection Advisor
- UNICEF Regional Programme Specialist on Child Disability
- UNICEF HQ senior advisor on disability

Deliverables

As reflected in the table below, the evaluation has a timetable of three months from March to May 2020. Adequate effort should be allocated to the evaluation to ensure timely submission of all deliverables.

Total estimated person working days – 65 days (over three months)

- Of which around 55 days can be done remotely
- In country mission – 7 working days in demonstration country visit including travel
- Subject to travel restrictions the evaluation team member travelling to the country visit should consider returning via Bangkok to allow up to three days in Thailand for initial field findings debriefing and consultations at EA-PRO and with Bangkok based stakeholders. Alternatively, this will be done remotely.

An outline of the main and specific tasks for this assignment is presented below:

206 Sampling of KIIs and FGDs should be done in consultation with UNICEF. For the Pacific Island Countries, as beneficiaries are located in Vanuatu, the Federated States of Micronesia, Nauru, Tonga, Tuvalu and Samoa it is expected that the team will engage remotely with Vanuatu and one other participating PICTs state in addition to Fiji.

Table 26: Outline of the main and specific tasks

**Estimates for contracting, based on
a one person working day**

Main Tasks	Deliverables	When	Working Days Remote	Days at EAPRO or demo country
1. INCEPTION, DOCUMENT REVIEW AND ANALYSIS - Inception meeting with Evaluation specialist and programme specialist on disability (over skype) - Desk review and consultative meetings (over Skype) - Present draft 1 of the inception report (with prioritized evaluation questions, methodology and proposed work plan / timeframe) to the evaluation reference group in a conference call - Incorporate comments and feedback - Submit final inception report - National consultant conducts piloting of data collection tools for country visit	<u>Deliverable 1:</u> Final Inception report	Start from 13th March 2020 Draft inception report 23rd March Feedback and quality assurance from EAPRO by 26th March Final Inception Report 6th April		
2. DATA RESEARCH AND COLLECTION - Conduct field-based data collection in one country - Conduct remote surveys, Focus group discussion with stakeholders and KIIs in two demonstration countries - Development of preliminary findings, conclusions and PowerPoint - Skype conference with EAPRO and RG representatives on initial findings and initial co-creation of recommendations	<u>Deliverable 2:</u> Initial findings report and its PowerPoint presentation	Country field visit 6th – 11th April or 13th – 17th April – TBC Remote survey, FDG and KIIs 6 – 14th April Initial findings report 24th April		(approx. 5 days in demonstration country with 3 days in Bangkok if possible)
3. REPORTING AND COMMUNICATION OF RESULTS - Prepare first draft of evaluation report - Receive feedback from evaluation managers and RG within 5 days of submission) - Prepare presentation and present remotely to stakeholders including EAPRO and reference group members, and consultation with this group on draft recommendations	<u>Deliverable 3:</u> Final report, PowerPoint presentation, an executive summary intended for a broader, non-technical and non-UNICEF audience.	Draft report 4th May Remote presentation to stakeholders 6th May Feedback and QA from	nte	nte

• Incorporate comments and feedback into the final draft of the evaluation report • Finalise presentation and other material • Submit and present final report during webinar to the reference group		evaluation managers and RG 11th May Final report submitted 29th May Webinar or conference call week of June 1st to present final report Week of 1st June for evaluation Brief submission	nte	nte
Total Estimated working weeks				

All the deliverables must be compliant with disability accessibility standards, UNICEF-Adapted UNEG Evaluation Report Standards (2017), UNEG Norms and Standards for Evaluations (2016), UNEG Ethical Guidelines (2008), UNEG Code of Conduct for Evaluation in the United Nations system (2008), UN SWAP Evaluation Performance Indicator (2018), UNEG Guidance on Integrating Human Rights and Gender Equality in Evaluation (2014), UNICEF Procedure for Ethical Standards and Research, Evaluation and Data Collection and Analysis (2015) and GEROS Evaluation Quality Assurance Tool²⁰⁷ (2016) as well as UNICEF Style Book 2019 and UNICEF Brand Book 2019.

Reporting requirements

The evaluation products expected for this exercise are:

- 1) An inception report;
- 2) A report of the initial evaluation findings from primary data collection, including a desk review analysis and its PowerPoint presentation;
- 3) A draft and final reports incl. a complete first draft to be reviewed by the evaluation managers at UNICEF; a second draft to be reviewed by the reference group and the evaluation managers. The draft and final narrative reports will need to be developed with attention to disability accessibility features and to maximise its utility and accessibility;²⁰⁸

207 UNICEF has instituted the Global Evaluation Report Oversight System (GEROS), a system where final evaluation reports are quality assessed by an external company against UNICEF/UNEG Norms and Standards for evaluation reports. The evaluation team is expected to reflect on and conform to these standards as they write their report. The team may choose to share a self-assessment based on the GEROS with the evaluation manager.

208 Tips and guidance to produce content for people with limited or no vision is available at: <http://www.euroblind.org/publications-and-resources/making-information-accessible-all> and 10 tips for accessible content: <https://4syllables.com.au/wp-content/uploads/2011/09/tip-sheet-accessible.pdf> <Accessed on: 14/08/20>.

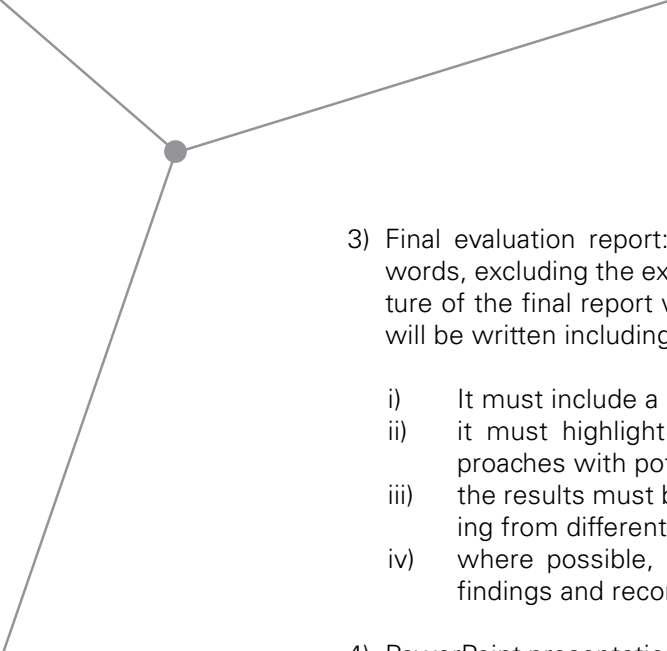
- 4) A PowerPoint presentation to be used to share findings with the reference group and for use in subsequent dissemination events, and;
- 5) A four-page executive summary that is distinct from the executive summary in the evaluation report and it is intended for a broader, non-technical and non-UNICEF audience. The executive summary should also be produced in disability accessible formats (see point 3).

Other interim products are:

Minutes of key meetings with the evaluation managers and the reference group; and, Presentation materials for the meetings with the evaluation managers and the reference group. These may include PowerPoint summaries of work progress and conclusions to that point.

Outlines and descriptions of each evaluation products are meant to be indicatives, and include:

- 1) Inception report: The inception report will be key in confirming a common understanding of what is to be evaluated, including additional insights into executing the evaluation especially in light of enforced changes as noted in the introduction. At this stage, evaluators will refine and confirm evaluation questions, confirm the scope of the evaluation, further improve on the methodology proposed in the evaluation proposal to improve its rigour, as well as develop and validate evaluation instruments. The report will include, among other elements:
 - i) evaluation purpose and scope, confirmation of objectives and the main themes of the evaluation;
 - ii) evaluation criteria and questions, final set of evaluation questions, and evaluation criteria for assessing performance in the areas of effectiveness, efficiency, relevance and sustainability;
 - iii) evaluation methodology (i.e., sampling criteria); a description of data collection methods and data sources (incl. a rationale for their selection); draft data collection instruments, for example questionnaires; methods designed for handling remote consultations, focus groups and KIs, a data analysis plan; a discussion on how to enhance the reliability and validity of evaluation conclusions; the country level approach; a description of the quality review process and a discussion on the limitations of the methodology.
 - iv) proposed structure of the final report;
 - v) evaluation work plan and timeline, including a revised work and travel plan;
 - vi) resources requirements (i.e., detailed budget allocations, tied to evaluation activities, work plan) deliverables; and
 - vii) annexes.
 - viii) The inception report will be 15-20 pages in length (excluding annexes), or approximately 15,000 words, and will be presented to the reference group during a conference call.
- 2) Initial evaluation findings: This report will present the initial evaluation findings from primary data collection, comprising the desk-based document review and analysis of the programme. The report developed prior to the first drafts of the final report should be 10 pages, or about 8,000 words in length (excluding annexes, if any), and should be accompanied by a PowerPoint presentation

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- 3) Final evaluation report: The report will not exceed 40 pages, or 25,000 words, excluding the executive summary and annexes. The proposed structure of the final report will be agreed upon during the inception phase and will be written including the following elements:
 - i) It must include a reconstruction of the theory of change;
 - ii) it must highlight and document good practice and innovative approaches with potential for informing future programming
 - iii) the results must be disaggregated by country, to inform learning arising from different geographical contexts
 - iv) where possible, data must be disaggregated by gender to inform findings and recommendations that are gender specific;
 - 4) PowerPoint presentation: Initially prepared and used by the evaluation team in their presentation to the reference group, a standalone PowerPoint will be submitted to the evaluation managers as part of the evaluation deliverables (maximum 25 slides).
 - 5) An evaluation briefing note, data and a four-page executive summary for external users will be submitted to the evaluation managers as part of the evaluation deliverables.
 - 6) The first draft of the final report will be received by the Evaluation Managers and UNICEF who will work with the team leader on necessary revisions. The second draft will be sent to the reference group for comments. The Evaluation Managers will consolidate all comments on a response matrix and request the evaluation team to indicate actions taken against each comment in the production of the final report.

Reports will be prepared according to the disability accessibility standards (referenced before), UNICEF Style Guide and UNICEF Brand Toolkit (to be shared with the winning bidder) and UNICEF standards for evaluation reports as per Geros guidelines (referenced before). All deliverables must be in professional level standard English and they must be language-edited/proof-read by a native speaker.

Bidders are invited to reflect on each outline and effect the necessary modification to enhance their coverage and clarity. Having said so, products are expected to conform to the stipulated number of pages where that applies.

Location and Duration

With reference to chapter 4. Deliverables, the evaluation is to be implemented between March and May 2020. The evaluation Team Leader will travel to and one demonstration country (likely PNG or Fiji – to be determined). They would ideally return via Bangkok for debriefing and consultation with Bangkok based stakeholders.

Qualification requirements

The evaluation will be conducted by engaging an institution. The core evaluation team may be comprised of two experts. A gender balanced and culturally diverse team composition is strongly encouraged. The proposed team consists of one (1) international senior-level consultant (Team Leader) to conduct the evaluation that will be supported by one international team member consultant (Team Member/Technical Expert). For the in-country field work the Team Leader will be supported by a national consultant/ research associate familiar with the context and language of the demonstration area and recruited by the evaluation team.

1. The evaluation team should [all] hold advanced university degrees in the Social Sciences, Public Health, or related disciplines, preferable with a PhD.
2. An expert with a minimum of 10 years of established research credibility in child disability studies, preferably including knowledge of such issues in low and middle-income countries.
3. Experience in development programme evaluation preferably with a multi-disciplinary background, familiar with the East Asia and the Pacific regional socio-economic context, and with experience in conducting United Nations evaluations.
4. Excellent communication skills with fluency in English.
5. Strong English report writing skills and a track record of producing high quality reports targeted at practitioner and academics audiences.
6. Strong publication record on disability / children (preferably both), research ethics (at least one team member).
7. Full access to key international research databases such as PubMed/Medline, PsycINFO (EBSCOhost), CINAHL-EBSCO, ERIC, EmBase Social Work Abstracts and SocIndex, Scopus, and to grey literature databases.

Content of the Financial Proposal

The financial proposal must be fully separated from the technical proposal. The financial proposal will be submitted in both PDF and Microsoft Excel format. Costs will be formulated in US Dollars and free of all taxes. It will include the following elements as a minimum requirement:

- 1) Overall price proposal
- 2) Budget by phase, by activity (listed in the workplan outlined above), and within each activity, by cost category

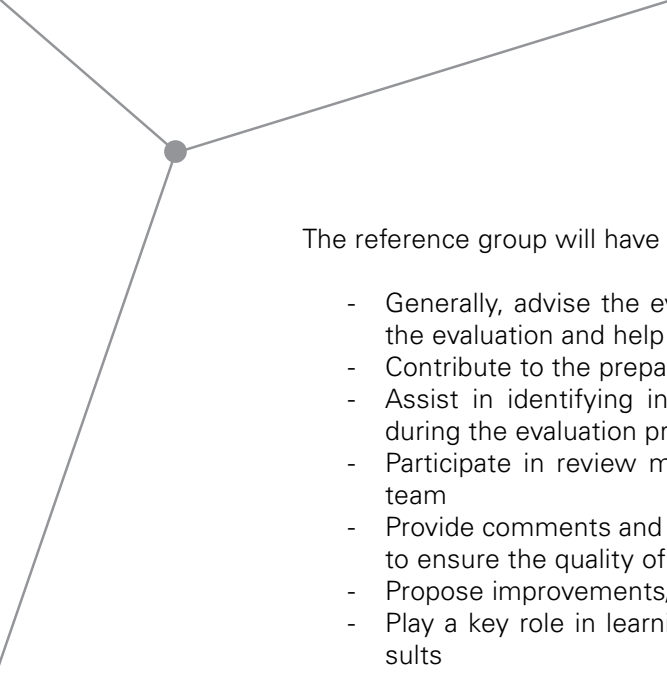
Project Management

The evaluation management, including overall guidance to and supervision of the research team, will be provided by the Evaluation Managers (EAPRO Evaluation consultant and the Regional Programme Specialist on children with disabilities). They will be responsible for the day-to-day oversight and management of the evaluation as well as evaluation budget. They will be also responsible for the quality and independence of the evaluation to check if the findings and conclusions from the evaluation are relevant and recommendations are implementable. In addition, the evaluation managers need to contribute to the dissemination of the evaluation findings and to follow-up on the management response.

The evaluation managers will receive support from the EAP Regional Advisor on Evaluation, the EAP Regional Advisor on Child Protection, the global Senior Advisor on Disability and respective CO colleagues: the respective deputy representatives for programming; the disability focal points and the planning, monitoring and evaluation staff.

A reference group will be established with the following members and led by the evaluation managers.

- Senior Advisor, Disability, Programme Division, UNICEF HQ
- Regional Advisor on Child Protection
- Regional Advisor on Evaluation
- A representative from DFAT's Disability Inclusion Section
- A representative from the Asia Pacific Development Centre on Disability



The reference group will have the following roles.

- Generally, advise the evaluation management team on various aspects of the evaluation and help this team make decisions
- Contribute to the preparation and design of the evaluation
- Assist in identifying internal and external stakeholders to be consulted during the evaluation process
- Participate in review meetings organized by the evaluation management team
- Provide comments and substantive feedback from a technical point of view to ensure the quality of the second draft and final evaluation reports
- Propose improvements/inputs to the preliminary recommendations
- Play a key role in learning and knowledge sharing from the evaluation results
- Contribute to disseminate the findings of the evaluation
- Advise on the management response to the evaluation, and follow up when appropriate

