

Sida-funded Projects through UNICEF – Bolivia, 1989–2002

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Sida Evaluation 03/41

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America**

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Executive Summary

Sweden has been one of the most important donors to the implementation of UNICEF programmes in Bolivia, providing a total of SEK 165 million since 1989. The support has been focused on three projects: the Bilingual Education Project, the Health Education Project, and PROANDES. These comprise 11 separate components, all of which are referred to by Sida as the Social Development Programme.

The regular reporting on the Programme has not monitored the impact of the activities. Hence, in view of the overall poverty reduction objective of Swedish development assistance, the main purpose of the present evaluation was to assess the poverty reduction impact and likely sustainability of the Programme during the 13-year period from 1989 to 2002.

Methodology

This evaluation is based primary and secondary data collected between 7th and 22nd October 2002, when the team worked together in Bolivia. Fieldwork was carried out in the departments of Potosí, Cochabamba and Chuquisaca.

There are several issues at stake in the measurement of poverty reduction. Our point of departure was a multi-dimensional understanding of poverty. Accordingly, the evaluation focused on five dimensions of poverty: (1) basic needs, (2) livelihood, (3) resources and vulnerability, (4) social and political deprivation, and (5) psychological deprivation. Moreover, gender and indigenous perspectives were included as cross-cutting themes.

As it was impossible to undertake a quantitative assessment of the impact, it was decided to focus on the perceptions of the beneficiaries. The sustainability of project interventions focused on the coherence between project initiatives and the priorities and poverty escape strategies of the poor themselves, and the coherence between project interventions and the policies at national, departmental and municipal levels.

Impact

There is no doubt that the beneficiaries perceive a lot of impact from the Sida supported activities that have been implemented through UNICEF. It is equally clear that the poverty reduction impact – in the eyes of the beneficiaries – is more than a matter of improving income and consumption. The beneficiaries registered poverty reduction in all of the five dimensions of poverty mentioned above.

The positive impact of improving the self-esteem of children and women is marked in connection with the intercultural and bilingual education activities and the child development centres (Wawa Wasi). The importance of being able to begin the schooling career in a child's own language and respecting its own culture should not be underestimated. The improved relations between school and parents plus grandparents also mean that children look upon their parents and grandparents with more respect, and the separation between life at home and life at school becomes less pronounced. A healthy degree of self-esteem in a child is something that may be regarded as a lasting impact, as well as a foundation on which to build a productive future.

Improved self-esteem is also an important feature in connection with the improved water supply and the solar heated showers. The possibility to be clean and hygienic, to have white teeth and so on is crucial for anyone's desire to interact with other people.

Another related impact is that there is more dignity in the way teachers, doctors and nurses interact with children, students, parents, pregnant women and patients in general. A new norm of mutual respect seems to have taken root.

Regarding the livelihood dimension of poverty, the beneficiaries value time saving as an important impact resulting from the water supply and the Wawa Wasi projects. The water systems save time, compared to the situation before when children, especially, had to spend much time collecting water. Similarly, women attach significant importance to the extra time they gain by having their children in the Wawa Wasi.

Somewhat surprising, the parents place great emphasis on the meals given, and not on the pedagogical activities and the pre-schooling of their children, as an impact from the Wawa Wasi. The satisfaction of this basic needs dimension of poverty through the child development centres reflects how poor the beneficiaries are, and how malnourished their children still are.

One problematic theme emerged from the beneficiary assessments. This relates to the social deprivation dimension of poverty: exclusion. This issue appeared in connection with access to health clinics, water supply, latrines and training through the Kallpa Wawa. Those who live far away from the centre of activities tend not to receive the same attention. Unfortunately, the difficult-to-reach are usually also the most poor, and those in greatest need of support. Given the difficulties involved in reaching the most remote settlements and the achievements that have been made, after all, our remarks about exclusion should not be regarded as a major criticism, but rather a word of warning and a call for special attention.

An observation should be made about monitoring. A reflection on the beneficiaries' statements gives rise to questioning the accuracy of some of the output reporting. The monitoring reports regarding the water systems provide information about the number of systems set up and the number of people that have ostensibly been covered. This may be accurate at the time when such systems are on the drawing board, but what is the situation one year later, or five years on? And what about the quality of the water? Similarly, the reporting on the Yuyay Jap'ina report on the enrolment in the two-year literacy courses, but they say nothing about the level of literacy attained, or about drop-out rates and other problems of quality and retention of learning.

Finally, a word of caution is in order about causality. The objective of this evaluation is to assess the impact of specific, Sida-funded activities. In all of the above positive tendencies, many different actors are involved, and Sida/UNICEF plays just one part which, in many cases, cannot be distinguished from the rest.

Sustainability

Given the deficient monitoring system, the diverse range of projects, and the length of the period under study, this evaluation is no exception to the general rule that the sustainability criterion is analysed in somewhat hypothetical terms.

The overall conclusion of the evaluation team is that the greatest likelihood of sustainability is found in the projects that have become integrated with national policies and programmes (EIB and health). On the other hand, the activities that have been implemented by UNICEF more or less in isolation (Yuyay Jap'ina, Wawa Wasi, Kallpa Wawa) have substantial limitations insofar as sustainability.

However, while it is the preferable route to follow, the anchoring of UNICEF activities within the framework of public policies is no guarantee of sustainability. The financial and human resources

available to the involved government entities impose the limit on their ability to ensure sustainability.

The economic crisis, and its manifestations at both government and community levels, underscores the pervasive and substantial dependency on external donor support in Bolivia. This has developed almost to the point of becoming a permanent state of affairs. As one mayor said when he was confronted with the fact that UNICEF would withdraw from his municipality at the end of the year and asked how he would ensure the continuation of activities: *"They will continue, but I don't know how. It is always possible to get funds from the international donors."*

The Bolivian Government, however, is not only suffering from economic problems. The political culture and traditions that result in frequent changes of staff at all levels is a serious threat to the likelihood of achieving sustainability in any programme implemented through the government structures.

If a UNICEF programme is not integrated with national policies and programmes, then it becomes all the more important to ensure an optimal integration with livelihood strategies of the target groups. This would call for tailor-made solutions at the project level, rather than the application of "blueprint" options regarding the design of a water system, for example. Ongoing impact monitoring could help keeping project activities in line with the livelihood strategies, which is likely to change over time, of the target groups.

Finally, the attention given to the termination of projects is inadequate. It appears that projects are finished as a function of the funding available or the duration of the project period that is defined for an intervention. One of the mayors interviewed stated the problem very clearly: *There is a lack of an exit strategy.*

Other Conclusions

The Social Development Programme has contained a mix of service delivery and institutional development/capacity building. The balance tilts towards an over-weight of service delivery, but it is difficult to aggregate the numerous project activities over the 13-year period evaluated.

With some exceptions – EIB being the most notable one – UNICEF has not been sufficiently focused on the launching of pilot activities that could be tested with the explicit purpose of possible scaling up into government policies and programmes.

Recommendations

UNICEF should, in the future, apply their considerable expertise to launch and test – in close collaboration with the Government of Bolivia – innovative pilot activities in areas of Government priority and community demands. The conditions under which possible scaling up into government policies and programmes should be done, should be made explicit from the outset. In other words, a clear Government commitment should be established before a new programme is launched.

Ideally, the exit strategy of any programme or project activity should be formulated already in the design stage. As a general rule, project activities should not be terminated before the objectives have been reached; if this is done, it is basically abandonment, not the achievement of development objectives. This kind of phase-out strategy necessitates well-defined project impact targets and regular monitoring of their achievement.

One project component would appear to merit special attention: the Wawa Wasi. This component is highly regarded among the beneficiaries and, in the view of the evaluation team, this is perhaps the

component that has achieved the most significant level of impact. Yet it is also one of the components with the least likelihood of attaining sustainability in the services delivered. Somehow, this paradox calls for special consideration.

Finally, consideration should be given to the possibility of negotiating conditions and contract-like agreements with the municipalities and the Government to ensure the continuation and sustainability of some of the project components that are about to terminate in the near future.

1 Introduction

1.1 Background and purpose of the evaluation

Sweden is one of the most important donors to the UNICEF programmes in Bolivia. Since 1989 the Swedish support has totalled SEK 165 million. This has been focused on three projects in the areas of education, health and integrated rural development. The projects comprise 11 separate components, all of which are referred to – by Sida – as the Social Development Programme.

Some of the projects and components have been jointly financed with other donors. Over the years, several reviews and evaluations have covered various parts of the Social Development Programme. While the question of impact has been included in some of the previous exercises, Sida's yearly monitoring reports and the progress reports from UNICEF have not monitored the impact of the activities. *The poverty reduction* impact – which is the overall objective of Swedish development assistance – is therefore also unknown.

Sida's financing agreement with UNICEF expires on 31 December 2002. It is expected that Sida will continue to finance some of the components under the integrated rural development project (PROANDES).

Against this background, the main purpose of the present evaluation is to assess the poverty reduction impact and likely sustainability of the Social Development Programme. According to the Terms of Reference (Appendix 1), the evaluation should also provide an assessment of the results, and highlight good and bad experiences. The analysis is based on a multi-dimensional definition of poverty and a gender-perspective.

1.2 Methodology

The evaluation team worked in Bolivia 7th to 22nd October 2002. Fieldwork was carried out in the departments of Potosí, Cochabamba and Chuquisaca. Two workshops were held with stakeholders in La Paz and supplementary interviews were done with national authorities.

The evaluation team consisted of Mr. Tom Dahl-Østergaard (Team Leader, COWI), Mr. David Moore (COWI), Mr. Rafael E. Rojas L. (CEP), and Ms. Paola Rozo (CEP).

1.2.1 Notion of poverty - and approach

There are several issues at stake in the measurement of poverty reduction. The meaning of poverty and the definition of impact are paramount

The traditional concept of poverty has focused on income/consumption (i.e. degrees of material deprivation). Our point of departure was a multi-dimensional understanding of poverty that goes beyond this.¹ We defined poverty as the deprivation of basic human and social needs and rights. Accordingly, the evaluation focused on the following five dimensions of poverty: (1) basic needs, (2) livelihood, (3) resources and vulnerability, (4) social and political deprivation, and (5) psychological deprivation. Moreover, gender and indigenous perspectives were included as cross-cutting themes.

¹ Our approach is inspired by the pyramid of poverty concepts presented in: Bausch, 1996. *The New Poverty Agenda: A Disputed Consensus*. IDS Bulletin, vol. 27:1-10.

As it was impossible to undertake a quantitative assessment of the impact,² we have taken great care in eliciting the perceptions of the beneficiaries. The fieldwork, in fact, was largely devoted to the extraction of how the beneficiaries perceive the impact of the Sida-funded activities implemented through UNICEF. While difficult in practice, we have endeavoured to make a distinction between impact that has already taken place in the poor communities and progress and trends that give indications of a possible long term impact.

The sustainability of project interventions followed the two dimensions outlined in the Terms of Reference; 1) the coherence between project initiatives and priorities and poverty escape strategies of the poor themselves, and 2) the coherence between project interventions and the policies at national, departmental and municipal levels.

1.2.2 Sample criteria

In view of the vast geographical coverage of the UNICEF activities financed by Sida since 1989, the evaluation team had to establish a sample of municipalities, communities and *campesino* families to be included in the study. The following criteria were established to ensure that the sample was at least somewhat representative of the beneficiaries:³

- Three departments were selected where the Sida-supported activities have been particularly concentrated: Potosí, Cochabamba and Chuquisaca.
- Within each department, a number of municipalities were selected on the basis of poverty indicators (using the *Mapa de Pobreza*): municipalities where no improvements had been achieved in lowering the incidence of poverty and municipalities where considerable improvements had been achieved over the last 10 years. This criterion gave rise to the identification of depressed areas (Northern Potosí, for example) and areas with more potential for economic growth.
- Start of Sida-funded projects. Municipalities were selected where activities had been initiated before 1994 and after that year, which marked the introduction of the ground-breaking *Ley de Participación Popular*.
- The predominant ecosystem and topography of the municipality. This allowed for the identification of municipalities located in areas of high elevation (*zonas de altura*) and municipalities at lower elevations (*zonas de valle* or *cabecera de valle*).
- Municipalities were also selected on the basis of the presence and number of indigenous population groups.
- At the level of communities, a key criterion was the presence of various Sida-funded UNICEF activities, which would make it possible to assess the interplay between presence/absence of projects and socio-economic and other factors.

Applying these criteria, a total of 11 municipalities and 19 communities were identified and visited. Nearly 500 beneficiaries and stakeholders were consulted – almost half of these were women and girls. Appendix 2 provides an overview of the fieldwork.

² The 1997 external evaluation of PROANDES made it very clear: “As PROANDES does not do regular monitoring and evaluation of its impact and progress, any quantitative assessment of its impact is impossible” (Bebbington, 1997:7). See also Chapter 4 of the present report.

³ Given the time and resources available it was not possible to establish a statistically representative sample.

1.2.3 Data collection methods⁴

Most community visits began with the construction of a timeline, in which the beneficiaries told the evaluation team about the activities UNICEF had supported in their village/area. During the timeline exercise, villagers reviewed historical developments that had a bearing on, or were influenced by, UNICEF-interventions.

This was usually followed by one to three focus group interviews in each community, where men, women or children – sometimes in separate groups, sometimes combined – presented their perceptions of impact resulting from the UNICEF projects. During the focus group interviews, a standard Impact Assessment Matrix was employed. This built upon our working definition of poverty, i.e. the five dimensions of poverty mentioned in section 1.2.1 above (Appendix 3). A note-taker (rotating duty among the four members of the evaluation team) recorded the statements made, and, in some cases, a "vote" was taken at the end of the focus group interview to determine where – among the five dimensions of poverty reduction – the impact had been most strongly felt. 40 focus group interviews were conducted.

In addition to this, case study interviews and interviews with resource persons were undertaken. The evaluation team also benefited enormously from the opportunity to speak and interact with UNICEF field staff during the visits to the communities.⁵

Finally, a fair amount of time was spent after the mission in Bolivia reviewing the large number of documents and reports on the Social Development Programme that was collected during the mission.

⁴ The sample and data collection methods were discussed, and thus improved upon, in a stakeholder workshop in La Paz prior to the field work.

⁵ In order to create an atmosphere in which the beneficiaries could freely comment upon the positive and negative aspects of the projects, the UNICEF field staff usually did not participate in the focus group interviews.

2 Poverty and Exclusion

According to the 2001 census, 58% of the Bolivian population is poor⁶. In other words, more than four and a half million people do not have appropriate housing, use inadequate fuels, have low levels of education, do not have access to proper health care, and lack or have inappropriate water and sanitation systems.⁷

The percentage of poor has actually fallen since the previous census in 1992, when the rate was estimated at 71%. The departments of Santa Cruz, Tarija and Cochabamba have managed to reduce poverty at a higher level than the national average. At the other end of the scale, La Paz, Oruro and Potosí recorded the lowest rates of poverty reduction over the decade.

The poverty situation varies considerably among the nine departments of Bolivia. In Santa Cruz, only 38% are registered as poor according to the Unsatisfied Basic Needs Index, which is used in the *Mapa de Pobreza 2001* to calculate the percentage of poor. According to the same index, the following departments top the list: Potosí (80% of the population is poor), Beni (76%), Pando (72%), Chuquisaca (70%), and Cochabamba (55%).

In Potosí and Chuquisaca, more than 70% of the population is poorly educated. This may be explained by the significant level of illiteracy, the large number of children not attending school, and the historic exclusion of Quechua and Aymará-speaking children from the education system. In La Paz, Oruro and Santa Cruz, however, the levels of educational insufficiency is below 50%.

In terms of health care, Oruro and Potosí show the highest percentage of people without access to adequate basic services.

The rural areas seem to be in a deadlock situation. 91% of the population in the rural areas live in poverty. This is a stark contrast to the urban areas, where 39% are considered poor.

The most important changes that have occurred in the rural areas between 1992 and 2001 are in terms of the percentages of marginalised and extremely poor. The number of marginalised has decreased from 11% to 7% and the number of extremely poor has fallen from 59% to 45%. Unfortunately, this improvement cannot be generalised to all the regions. For example, in Potosí the number of extremely poor in the rural areas has remained at 95% (an increase was actually recorded from 95.1% to 95.4%).⁸

Despite the above realities, improvements are slowly taking place thanks to the implementation of a series of initiatives like the Law on Popular Participation, Decentralisation, the Educational Reform, the Diálogo Nacional and the Bolivian Poverty Reduction Strategy Paper (PRSP).

⁶ All the data shown in this section are taken from the *Mapa de Pobreza 2001 - Necesidades Básicas Insatisfechas*, Instituto Nacional de Estadística (INE).

⁷ The *Mapa de Pobreza* uses the parameters mentioned here to calculate the percentage of poor. According to the 2001 Census, Bolivia has 8,274,325 inhabitants, of which 3,108,443 (37.6%) live in rural areas. It is important to note that 42% of the rural population are children below 15 years of age.

⁸ According to the 2001 Census, Potosí's rural population (469,930 out of 709,013) is composed of: 231,178 male; 238,752 female. The predominant group is children between 0 and 4 years of age. The worsening of rural poverty, therefore, is especially a phenomenon that affects women and children.

2.1 Indigenous poverty issues

The problem of social exclusion is associated mainly with ethnic and gender discrimination.⁹ Thus, exclusion manifests itself, for example, in the evident limitations of women and indigenous people to exercise their citizenship rights and their low, or nonexistent, participation in collective decision-making processes.

Extreme geographical dispersion, which characterises some ethnic communities, places many people in a situation of extreme poverty (marginality and indigence). In other words, they are the poorest of the poor. Even though public reforms have created autonomous municipal governments, there is a de facto lack of channels of communication between the local governments and the most remote communities. This impedes a full recognition of local and specific demands, and it hampers an active participation in the design and preparation of the Municipal Development Plan. Thus, the various barriers to the participation and access of some groups to public services have not been eliminated. This has not only contributed to generating and maintaining inequality of opportunities, but it has also maintained an inadequate political representation of indigenous people. Nevertheless, recent improvements are manifest. As a result of the June 2002 elections, the Parliament now has 33 members of indigenous origin.

2.2 Institutional framework

In order to understand the legal context in which the evaluation took place, it is necessary to give a brief description of the *Ley de Participación Popular*¹⁰ (LPP), which constitutes the first and most significant attempt to decentralise the Bolivian government structure.

The objective of the LPP was to create a new framework for the design and development of socio-economic and cultural policies in the country. In this way, *“the reappraisal of local societies, based on the understanding of a heterogeneous reality as regards economic, ethnic and cultural aspects, was established through the structuring of a territorial reference point called the Municipality”*.¹¹

With this objective, 311 municipalities were created (subsequently this has increased to a total of 314 legally established municipalities). Each municipality is autonomous and receives 20% of the State's yearly tax revenue according to its proportion of the total Bolivian population. The municipal governments provide public services such as health and education. Moreover, they have to establish mechanisms to promote the active participation of the *organizaciones territoriales de base*¹² in the design, planning, implementation and monitoring of development projects and social control.

⁹ This emerges clearly in the final document from the so-called Dialogo 2000 - see *Estrategia Boliviana de Reducción de Pobreza*.

¹⁰ The “People's Participation Bill” was promulgated on April 20th 1994.

¹¹ In *La experiencia de las Mancomunidades en Bolivia*, No. 8, Serie de Cuadernillos de Investigación, Ministerio de Desarrollo Sostenible y Planificación, Viceministerio de Planificación Estratégica y Participación Popular, 2000

¹² The territorial base organisations are the basic unit with a community or neighbourhood character. They consist of all the inhabitants of a specific territory, without distinction of age, sex, religion, etc. They are made up of neighbours' committees (*juntas vecinales*), peasant communities, indigenous communities and indigenous people.

3 UNICEF and Sida in Bolivia

Sida has been one among several donors to the UNICEF cooperation programmes with Bolivia since 1989. In order to appreciate the context in which the Swedish assistance has been provided, and its relative importance, this chapter begins with a brief description of UNICEF's programmes in Bolivia. This is followed by an overview of the activities that Sida has supported within the UNICEF country programmes.¹³

3.1 UNICEF country programmes 1989-2002

UNICEF has been active in Bolivia since 1950. The cooperation with Bolivia is implemented in cycles of five-year country programmes. The period under evaluation comprises three such 5-year UNICEF programmes (1988-1992; 1993-1997; and 1998-2002). Each country programme is described in a *Plan Maestro de Operaciones*, which is a formal agreement between UNICEF and the Government of Bolivia.

There was a gradual shift during 1993-1997 from service delivery to empowerment of local communities. In part, this was a result of UNICEF adapting its implementation strategies to the political reforms introduced in 1994 (especially the Law on Popular Participation). This caused UNICEF to significantly decentralise its cooperation to the municipal level.

The UNICEF country programme for 1998-2002, which was still under implementation at the time of writing this report, had evolved into a broad and complex country programme. It included 11 different programmes with activities in 140 municipalities in seven of the nine departments of Bolivia. The total budget was USD 68 million. The programme consisted of three main parts:

- Development of public policies for children and women
- Municipal and family development
- Sub-regional programmes (PROANDES and Amazon)

Over the period 1989-2001, UNICEF disbursements to Bolivia reached a total of USD 97.5 million.¹⁴

3.2 Sida's Social Development Programme

According to the Terms of Reference for the present evaluation, Sida's support to UNICEF programmes in Bolivia since 1989 come to a total of SEK 165 million.

Sida has not provided a breakdown of how this money has been spent, and UNICEF does not keep separate records of the cumulative contributions from Sida to the Social Development Programme. In fact, what is referred to in our Terms of Reference as the Social Development Programme is a notion entirely used by Sida.

Moreover, Sida apparently does not monitor the Social Development Programme as one budget. Instead, separate reporting is done for its different projects – (1) PROANDES; (2) bilingual education and (3) health education. This situation has made it rather difficult for the evaluation team to establish a clear overview of the many different components and activities supported over the very long period under evaluation, stretching from 1989 to 2002.

¹³ This chapter has been rather challenging to write. The overview had to be pieced together from various different sources.

¹⁴ Presentation by the Director of External Finance (VIPFE), Ministry of Finance, 6 November 2001: *Marco General de las Acciones del Gobierno Boliviano - Revisión de Medio Término (UNICEF)*.

The table below draws on information from various documents made available by Sida. It presents an overview of agreed funding (not disbursements) to the three projects comprising the Social Development Programme. Appendix 4 provides an overview of the three projects and their respective components.

Table 1: Sida funding of the Social Development Programme/UNICEF, 1989-2002 (SEK millions)

	1989-93	94	95-97	98	99	00	01	02	Total
PROANDES	24.5	n.a.	23.4	6.5	8.0	8.0	8.0	2.4	80.8
Education	n.a.	n.a.	13.8	4.8	6.5	6.8	5.7	5.5	43.1
Health			8.3	2.7	3.2	3.2	3.1	1.0	21.5
Sum									145.4

Notes:

All amounts are expressed in SEK millions. Amounts given in USD have been converted to SEK using the exchange rate of 800, which is estimated to be the average exchange rate for the period 1989-2002.

The amounts included in the table account for 88 percent of the total Sida funding mentioned in the Terms of Reference (SEK 165 million). It is fair to assume that around SEK 8 million went to PROANDES in 1994 (no figure is available for that year) and that the balance of SEK 12 million was spent on bilingual education activities prior to 1994. This would mean that the relative importance of the three projects (in terms of funding) over the entire period has been the following:

PROANDES	54%
Bilingual education	33%
Health education	13%

The Bolivian Ministry of Finance (VIPFE) has stated that Sweden was the largest donor to the UNICEF country programme for the period 1998-2001. Over this period, Sweden provided USD 7,739,000, which corresponds to 29 percent of all non-UNICEF resources to the programme.¹⁵

Looking at the entire evaluation period (1989-2002), we know that Sweden's overall contribution amounted to SEK 165 million out of UNICEF's total disbursements of USD 97.5 million. The exchange rate between USD and SEK fluctuated considerably over this extensive period, but if we use an estimated average exchange rate of 800, then Sweden's overall share of total UNICEF disbursements would be around 20 percent.

Further details on each of the three Sida supported projects that comprise the Social Development Programme are provided below.

¹⁵ VIPFE, 2001: 70. UNICEF's own funds amounted to USD 4,817,000. Sweden's share of total funding of the UNICEF country programme 1998-2001 was equivalent to 24.8 percent.

3.2.1 PROANDES

Sida has supported PROANDES since this programme was launched in Bolivia in mid-1989, and PROANDES has been one of the major activities in the UNICEF country programme ever since. It is part of a sub-regional PROANDES programme that works in all five Andean countries.¹⁶ Its general objective is to "promote and deliver basic services that will enhance the survival, development and protection of *campesino* children and women, and contribute to alleviating and changing the conditions of poverty."

At its inception, PROANDES worked in three provinces in N. Potosí and two in S. Cochabamba. Four new provinces were added between 1993 and 1995, and after 1996 a further three were included. Currently, PROANDES works in 24 rural municipalities in Potosí and Cochabamba inhabited by some 300,000 indigenous people.¹⁷ In its first phase, PROANDES had six lines of action: basic health care, nutrition, water and sanitation, education and literacy, support to national policies and social mobilisation. Currently, PROANDES also has six lines of action (or components), though these are now somewhat changed. They are: health, food-security, early childhood development (*Wawa Wasi*), water and sanitation, empowerment of rural women, and local and community development (Bebbington, 1997: 5).

Sida has been the second largest donor to the PROANDES programme in Bolivia, only surpassed by the Spanish UNICEF Committee. Between 1989 and 1996 Sida's share of total funding to PROANDES was 31 percent.¹⁸

3.2.2 EIB – bilingual education

UNICEF participated in the design and implementation of the national education reform, which adopted the intercultural, bilingual education approach pioneered by UNICEF in 140 Quechua, Aymara and Guaraní schools, and the establishment of the National Insurance for Maternity and Childhood.

Sida's direct support to the EIB - bilingual education project commenced in 1996. But Sida was active in the area of bilingual education even before the Education Reform was adopted in 1994.

According to the 1998 agreement between the Governments of Sweden and Bolivia concerning Sida's support to UNICEF programmes in Bolivia, the main objectives of the EIB - bilingual education project are the following: "Improve the quality of intercultural/bilingual education, and contribute to the sustainability of intercultural/bilingual education through training of human resources."

Sida's support to bilingual education is provided to 30 municipalities in Potosí, Chuquisaca and Santa Cruz.

3.2.3 Health education

According to the 1998 agreement between the Governments of Sweden and Bolivia concerning Sida's support to UNICEF programmes in Bolivia, the main objectives of the health education project are the following: "Improve the knowledge of how to care for and protect health and nutrition of children under five and women in fertile age in urban and rural areas."

Sida initiated its support to the health education project in 1996. The activities under this project are implemented as national programmes nationwide.

¹⁶ Bolivia, Colombia, Ecuador, Peru and Venezuela.

¹⁷ *Revisión de Medio Término: Programa de Cooperación Bolivia-UNICEF, 1998-2002*, p. 48.

¹⁸ Bebbington, 1997: 33. According to same source, the share of *Comité Español Unicef* was 53 percent.

4 Monitoring of the Programme

4.1 General considerations on impact and sustainability

The Development Assistance Committee (DAC) of the OECD has defined five evaluation criteria.¹⁹ DAC defines *impact* as: "the positive and negative changes produced by a programme or project, directly or indirectly, intended or unintended." *Sustainability* is defined as: "the likelihood that the positive effects of a project, (such as assets, skills, facilities or improved services), will persist for an extended period after the external assistance has come to an end."

It follows that impact measures the effects that can be said to accrue from the intervention. Documenting impact will often have to answer the question of attribution, i.e. to what extent a development intervention has contributed to attaining the goal and purpose. Impact is often assessed after the intervention has been completed. Nevertheless, it is the experience of many donors that impact studies must be planned before a given intervention is initiated. This ensures that baseline studies and monitoring are conducted as needed.

In reality, not many evaluations are able to cover the sustainability criterion. In most cases, sustainability is therefore analysed in hypothetical terms based on experience concerning factors that should be in place to ensure sustainability: stakeholder participation, implementation through existing government or civil society structures, use of appropriate technology, and partners' ability to sustain recurrent costs. If these factors are addressed when planning and implementing the intervention, sustainability can be expected to be relatively high. Moreover, sustainability may be assessed at two levels: *Impact sustainability* (i.e. whether the impacts of a project will be sustained beyond its presence), and *service delivery sustainability* (i.e. whether the organisational, technical, financial and socio-political capacity has been built to ensure sustained delivery of the services provided by a project).

4.2 Existing monitoring system

The monitoring system of the Social Development Programme appears to have evolved somewhat over the years. The 1995-1997 Agreement between the Government of Sweden and UNICEF on support to Bolivia stipulated that UNICEF should provide Sweden with annual work plans, substantive reports and financial reports. The substantive reports were to comprise a yearly report on the results ("these reports shall be analytical and include a presentation of difficulties and shortcomings and discuss possible remedies"). The final report should "consider the fulfilment of the agreed objectives."

The 1999-2001 Agreement between the Government of Sweden and UNICEF was more detailed insofar as monitoring. It stipulated that regular review meetings to plan and follow up the progress of the projects should be held twice a year. UNICEF was obliged to submit progress reports prior to these meetings. They should present: "the planned activities, planned implementation time frame, planned budget, implemented activities, actual implementation time frame, and actual costs per activity." In addition, the reports "should also contain an analysis of the impact of the project on the objectives, the quality of the implementation and problems encountered." Prior to the end-term review, UNICEF was to present a draft results analysis report. This should analyse all costs and inputs versus realised outputs, and analyse to which extent the project objectives and development objectives were achieved.

¹⁹ Relevance, efficiency, effectiveness, sustainability and impact.

The evaluation team has studied a number of these monitoring reports.²⁰ No reporting has been found on the impact of the projects and no substantial analysis has been seen on the achievement of project objectives and development objectives. The reporting measures inputs and outputs (results), not impact. Achievements and progress are recorded and quantified: e.g. the number of health promoters trained, number of new Wawa Wasi implemented, percentage of output goals achieved, difficulties and constraints.

This assessment is corroborated by the findings of the February 2001 external monitoring mission commissioned by Sida. It found that the reporting presented different result indicators, mainly quantitative, but these were not strategic or focused with a view to qualitative measurement and impact.²¹

4.3 Previous evaluations and reviews

Sida has fielded technical missions on a regular basis (at least once a year) to support the above mentioned reporting requirements. Apart from such monitoring missions, a large number of project evaluations have been implemented. Over the period 1992-2001, just one of the Sida-funded projects – PROANDES (and its different components) – has been evaluated at least 14 times.²²

4.3.1 Impact

One of the most impact oriented evaluations has been the 1997 external evaluation of PROANDES, which aimed to evaluate the first eight years of PROANDES. This evaluation was critical of the lack of impact monitoring: "as PROANDES has neither indicators nor other forms of systematized impact information, there were no bodies of data available upon which the team could assess impact" (Bebbington, 1997:6).²³

"PROANDES' reports do not give a good sense of progress, and are dominated by narrative. This reporting problem, however, is a reflection of the absence of a set of well specified impact objectives, direct and intermediate indicators for assessing progress towards these objectives, procedures for collecting information against these indicators, and indicators of program implementation, costing or geographical and sectoral integration. It is thus almost impossible to know if PROANDES is making a difference, and if it is, where it is" (Bebbington, 1997:33).

On balance, the 1997 evaluation felt that: "for the more than \$20 million that PROANDES has spent over 7 years, the *global* impacts have been limited, even if some of the program's component activities have had important effects" (Bebbington, 1997:30). It strongly recommended that a monitoring and evaluation system be established along the lines of the above.

It seems that the recommendation was understood, but not sufficiently acted upon. As indicated in section 4.2 above, the 1999-2001 Agreement between the Government of Sweden and UNICEF was more detailed than the previous government agreement insofar as monitoring. However, VIPFE's mid-term review (November 2001) of UNICEF's country programme for 1998-2002 still found reason to

²⁰ A detailed and comprehensive scrutiny of all the reports produced was not possible, in part because no reports on the Sida-funded programmes were received by the international consultants prior to arrival in Bolivia. During the mission in Bolivia, very limited time was available for document review.

²¹ Öström, 2001: 3

²² *Cuadro de Evaluaciones Efectuadas al PROANDES* - table forwarded by Asdi (La Paz) to the Consultant on 25 September 2002.

²³ "External Evaluation of UNICEF-PROANDES, Bolivia: The Andean Sub-regional Program of Basic Services Against Poverty." Final Report. Anthony Bebbington et. al. 30 September 1997.

recommend that UNICEF make an effort to reinforce its monitoring and evaluation systems in order to obtain information about the progress, results and impact of the different programmes and projects.²⁴

Apparently, the inadequacy of the monitoring and evaluation system has been a persistent problem throughout the history of PROANDES (and, therefore, possibly also with regard to the other UNICEF projects supported by Sida). One of the first evaluations of the programme pointed out that: "the programme still lacks a continuous evaluation system that allows visualization of the specific impact of PROANDES" (Valdés and Armyr, 1994:26).

4.3.2 Sustainability

VIPFE's mid-term review (November 2001) is particularly interesting as it is the most recent, comprehensive review made, and because it represents the view of the Bolivian government. Its overall observation is that the success of social policies and children's programmes depends, among other factors, on the coordination, common interest, priorities and political will of the State and UNICEF. In this connection, the National Insurance for Maternity and Childhood, and the incorporation of the intercultural and bilingual focus in the Education Reform are highlighted as examples that have received the support and partnership of UNICEF. What is important here in terms of sustainability is the integration with national policies and programmes. In this connection, the mid-term review points out that while PROANDES has produced valuable experiences within water and sanitation and the women's literacy programme, these have not yet been transformed into public policies (VIPFE, 2001:66).

The mid-term review makes a number of more detailed observations on sustainability. Regarding the Health Project (*Municipio y Familia and Centinela de la Salud*), it is pointed out that the limitations in financial and human resources confirm that it is not sufficient to obtain formal commitment from the authorities. The institutionalisation of the projects and subsequent incorporation as public policies require that sustainability is planned for from the outset (VIPFE, 2001:39).

The sustainability of the Wawa Wasi is questioned on similar grounds. The mid-term review finds that the high cost of the modality does not make it possible to expand the coverage of Wawa Wasi in the rural areas, nor is it found to be replicable on a national scale. At the same time, the mid-term review finds that priority should be given to systematise the experience of the Wawa Wasi (and Kallpa Wawa) in order to contribute to the design of a national effort in the area of child development (VIPFE, 2001:55, 82).

In the area of bilingual education (EIB), the lack of coordination between the Ministry of Education and UNICEF is highlighted as a cause of concern that has led to UNICEF acting more or less in isolation (VIPFE, 2001:43). A similar problem is discernible with regard to the literacy programmes (*Yuyay Jap'ina*), where the coordination with the Vice-ministry for Alternative Education has been inadequate. At the same time, it is recognised that the national education policy does not give sufficient priority to adult literacy programmes (VIPFE, 2001:46, 52).

In the case of water, sanitation and hygiene within the PROANDES, weak institutionalisation of the activities is also seen as factor limiting sustainability. The finding is that the institutionalisation of the project has been particularly weak at the departmental level (*Prefecturas-UNASBVI*), where the set-up for handling water and sanitation remains weak. It is also pointed out that there is a need for a systematic evaluation of the use and maintenance of the latrines (VIPFE, 2001:53).

Finally, the mid-term review states that the Government has given insufficient priority to activities in the area of municipal strengthening and popular participation (VIPFE, 2001:54).

²⁴ VIPFE, 2001:89. This was one out of nine global recommendations made.

5 Indirect Indicators of Impact

As already stated, given the lack of regular impact monitoring, any quantitative assessment of the impact of the Sida-supported UNICEF activities over the 13 year period under evaluation is not possible. However, it is possible to find certain indirect indicators that give some sense of change, and thus possible project impacts. The caveat is that it is difficult to establish causal relationships when many different national and donor supported activities work - and have worked at different times over the 13 year period - towards the same development goals.

5.1 Selected national statistics

Such indirect indicators of impact can be found in the area of health where, in particular, the project *Municipio y Familia* has contributed towards the achievement of important advances:²⁵

- All the 314 municipalities of Bolivia now finance the National Insurance for Maternity and Childhood with 6.4% of their part of the bloc grants received from Central Government.²⁶
- Infant mortality has fallen from 99 (of 1,000 births) in 1989 to 59 in 2002
- The number of children delivered in hospitals and clinics (*parto institucional*) doubled between 1994 and 2000 (rising from 25% to 52%).
- The percentage of pre-natal medical attention in the rural areas has increased from 5% in 1989 to 58% in 2002.
- The number of child consultations (under 5 years of age) at health clinics has increased from 758,800 in 1994 to 1,872,600 in 2000.
- The coverage of DPT3 vaccinations (diphtheria, polio and tetanus) has increased from 78% (165,800 infants less than 1 year old) in 1994 to 89% (223,600 infants) in 2000.

Other sources of national health statistics indicate that more than 55% of the population in Potosí does not have access to adequate health care.²⁷ According to the same source, child mortality rates range from a high of 172 (out of 1,000 before the age of 5) in Potosí, 159 in Cochabamba, and 144 in Chuquisaca – which are the three worst in the country – to 75 in Tarija, and 80 in both Beni and Pando.

According to the National Plan for Basic Sanitation 2001-2010 (Vol. 1, October 2001), 39% of the rural population has access to potable water. Of the indigenous population, which according to this document counts some 251,000 inhabitants, only 9% is covered by water services. This is in marked contrast to the urban population, where water coverage reached 90%.

The coverage regarding the levels of sanitation has reached 33% of the rural population and 69% of the urban population (INE).

²⁵ Source: *Seguro Básico de Salud: La Experiencia de Bolivia*, June 2001. Unicef, La Paz.

²⁶ 85% of the so-called *coparticipación tributaria*.

²⁷ National Demographic and Health Survey: Bolivia, 1998. INE/DHS.

6 Beneficiary Impact Assessment

This chapter presents the perceptions of the beneficiaries regarding the poverty reduction impact of the three Sida-funded projects that have been implemented through UNICEF: the Bilingual Education Project, the Health Education Project, and PROANDES.

A sincere effort has been made to present the viewpoints of the beneficiaries as loyally as possible. A cross-cutting analysis – by the members of the evaluation team – is made in the last section of this chapter.

6.1 Bilingual Education Project

6.1.1 Background

The intercultural and bilingual education project (EIB) is one of the fundamental elements of the Education Reform that was introduced by law in 1994. To put the present situation into perspective, it is necessary to highlight some of the features of the educational system in the decades before.

In general, the educational system only reached the rural areas in a limited manner. Students at best completed the 5th grade in poorly equipped schools that lacked educational materials. The educational model was vertical and reflected the prevailing discrimination of urban against rural populations. Physical violence was the order of the day, and it was forbidden to speak Quechua in the classrooms. Only Spanish was spoken; the school served as a tool to *castellanizar* (mainstream in Spanish) the rural population. The relations between the school and parents were fruitless. Girls were often not sent to school, as parents considered their education of no use, or even a moral risk. For these reasons, drop-out rates were high, especially among the girls that did manage to start school.²⁸

6.1.2 Results

The nearly 10 years of the Education Reform has produced positive results. Many schools have incorporated EIB as the teaching model, although this transformation is occurring more slowly in areas distant from the urban centres.

The children who are educated under the EIB demonstrate improved cognitive capacity, both in Quechua and in Spanish. Nevertheless, some children prefer to learn in Spanish because there are still problems in deciding on the Quechua alphabet.

UNICEF/Sida is one among many actors, supporters and donors in the field of EIB.²⁹ Support is provided in all areas from the construction of schools to the training of teachers. UNICEF has focused, though not exclusively, on the training of teachers in EIB methodologies.

6.1.3 Impact

Some of the most frequently mentioned dimensions of poverty reduction impact mentioned by children, parents and teachers are stated below.

The self-esteem of boys and girls has improved significantly. Children, especially the younger ones, are not as timid as before, they are in a better position to express themselves orally and in public.

The relations between schools and parents have improved. Communication and coordination have improved because teachers can now send messages in Quechua through the children to the parents and

²⁸ This characterisation of the rural educational system is primarily based on the construction of timelines in the communities visited, where parents were asked to describe the situation in the 1960s-1980s.

²⁹ Some of the more important ones are the Bolivian Government, Plan International, ACLO, CARE and PCI.

vice-versa; before, many mono-lingual Quechua parents could simply not understand messages written in Spanish from the school, nor were they in a position to communicate with the teacher. The school is also adapting to the local community in a broader sense. For example, grandparents are now invited to show children how to construct traditional houses, use time-honoured, Andean agricultural practices and carpentry as part of the education given at school.

As a result of the above, parents and grandparents now participate much more in the education of children and they feel better prepared to help the children with their homework. Both mothers and fathers now place more priority on the education of their children as a new livelihood strategy: *"If we cannot give our children land in inheritance, at least we want them to have another profession than we have"* (statement by a father in Betanzos).

It is also interesting to note that the beneficiaries emphasise the revitalization of the Quechua language that has followed from the introduction of EIB. Beneficiaries stress that today they do not mix Quechua and Spanish when they speak; each language is being purified and perfected separately, so to speak.

6.2 Health Education Project

6.2.1 Background

In order to appreciate the changes that have resulted, in part, from the Sida-financed UNICEF activities, it is necessary to highlight some of the features of the health system before the 1980s.

Public health services were practically non-existent in the rural areas, and traditional medicine was the only option for rural families who did not have access to clinics and hospitals (which few *campesinos* had) in nearby cities or major urban areas. When *campesinos* did use clinics and hospitals, they were often mistreated or even abused. All the interviewees in Potosí on this subject indicated that they had experienced a considerable degree of discrimination before. As a consequence, the rural population was afraid to receive medical treatment, in particular as regards child-birth.

6.2.2 Results

The beneficiaries interviewed by the evaluation team mentioned a series of results, some of which are similar to the information stated in section 5.1 above. Again, the causality link is difficult to establish because various health programmes have been implemented in the localities studied over the 13 year period analysed (public entities, official donors and NGOs).

One of the most important achievements relate to the National Insurance for Maternity and Childhood. This is not only known but also used by a large part of the rural population. There is no doubt that the Law on Popular Participation in 1994, which created more development-oriented municipalities throughout the country, is one of the key factors behind this achievement.

As the national statistics in section 5.1 also reveal, women today are more receptive to the idea of giving birth in government health facilities. With few exceptions, the women interviewed stated that they have received proper treatment and services in the health facilities, where many personnel now speak Quechua.³⁰ In one or two instances in Northern Potosí, however, women report being abused verbally by government medical staff who allegedly charge them for free medicine.

There are, however, still limitations in terms of geographical coverage. The majority of health activities continue to be concentrated in or near urbanised areas and where access is relatively easy. Some of the remote settlements - including some of the municipalities included in the field work - receive little or no attention.³¹ This kind of de facto exclusion may increase the gaps in poverty reduction.

³⁰ Some women interviewed indicate that they have no fear of having a cervical smear test done, and they speak relatively freely about this.

³¹ In Potosí the UNICEF programme *Municipio y Familia* comprises the municipalities of Betanzos, Chaqui and Tacobamba. In these municipalities, only 15% of the families have received health training through the programme between 2000 and 2001.

6.2.3 Impact

Some of the most frequently mentioned dimensions of poverty reduction impact mentioned by women and health workers are stated below.

Respondents often report that maternal and infant mortality rates have come down. This is attributed to the improved health services and better access to government services, which is a result of the State policy of free medical attention to pregnant mothers and children under five. Women also demonstrate a greater acceptance of modern health practices and emphasise that they are treated with more dignity and respect than before. But there is still considerable evidence of traditional Andean symptomatic thinking, especially in Quechua areas. Mothers report that they would for example not go to hospital in the case of *susto* (illness from soul-loss).

There is a tendency to reduce the number of children in the nuclear family.³² Women and, especially, men, show greater acceptance of contraception, and women speak relatively freely about family planning methods.

On a different note, women demonstrate improved consciousness of their rights and those of their children, one of the most important of which, they state, is health.

6.3 PROANDES

The PROANDES project comprises a broad range of activities, and at least eight separate components can be identified. The poverty reduction impact of each component, as perceived by the beneficiaries, is summarised below.

6.3.1 Water systems

Results and situation

According to data provided by UNICEF, a total of 1,079 water systems were installed in Cochabamba (428 systems), Potosí (647 systems) and Oruro (4 systems) over the period 1989-2001. The total number of beneficiaries that have been reached is reported to be 214,047.

Nevertheless, drinking water is not adequately supplied to all of the population, even in the municipalities that have been covered by the UNICEF programme. One important reason for this is the diminishing or disappearance of the sources of water on which the systems depend. Another reason is the increasing problem of contamination, especially from lack of sanitation and mining activities (in Potosí, above all). But there are also limitations in the water systems that have been installed, some of which relate to the topography of the areas covered and the nature of scattered settlements. In some communities, potential beneficiaries have thus been excluded due to the following reasons: inability to provide the labour input required in the construction phase (for example, a widow in Cruce Esquena, municipality of Pocoata); distance of house from the system of water pipes; and house located above the level of the water source). In Corral Mayo (municipality of Ravelo), for example, only 20 families out of 50 families living in this area are beneficiaries of the water system provided by UNICEF.

In some water schemes, the project design was not to provide water to all the community, but only to the 'urban' areas, i.e. school and health post. In other water schemes, despite the existence of UNICEF water points, villagers still continue to drink unsafe water local to them to avoid walking long distances to the water points.

When the levels of water supplied through an installed system are inadequate, the direct beneficiaries

³² In the community of Chaqui, the team interviewed 8 women and found that the young ones want much fewer children. The group wanted to have an average of 3-5 children. As one of them stated: "Why have more children if you see them suffer."

are often obliged to share with others the pure drinking water that is available. In such cases, they often have to supplement the drinking water with water of inferior quality - thus annulling the potentially positive impact from the installed water system.³³ The team also saw examples of design problems, which led to environmental pollution at the site of the public water tap and erosion caused by this.

The evaluation team noted that the monitoring system of UNICEF does not always reflect these nuances and limitations in water (quantity and quality) actually supplied some time after the installation of the water system.

The above discussion of problems and limitations should not deflect from the appreciation of those beneficiaries who have, in fact, received drinking water through the provision of water systems by UNICEF. Their assessments are, indeed, quite positive.

Impact

In several cases, the beneficiaries – both men and women – “voted” as the most important impact the time savings a water system implied, compared to the time before the system was installed when children, especially, had to spend much time collecting water.³⁴

The provision of drinking water is most often seen to have improved the health situation of children and the beneficiary families as a whole. According to the beneficiaries, this is shown by the reduced levels of diarrhea that they have observed. One woman in Tiraska said: *“The difference is quite noticeable; now the children don’t want to drink dirty water.”* In Machacamarca, the beneficiaries maintained that there had been a significant reduction in children having scabies and lice.

Access to clean water improves the self-esteem of the beneficiaries because it allows them to maintain better personal hygiene, have healthy teeth and improved health in general. In one community, all the elder people had yellow marks on their teeth from drinking contaminated water. They were particularly happy to see that their children could smile today because they had white teeth, thanks to the water system provided by UNICEF.

Another impact, perhaps of the unintended kind, is the accelerated pace of urbanisation (*nuclearización*) that has followed in the wake of water systems being installed. In a sense, they have functioned like a magnet, drawing people to the area. If the increased level of settlement in one location is not accompanied by sanitation and sanitary drainage programmes, which has not always been the case, then the overall health and environmental impact might be negative.

6.3.2 Sanitation

Results and situation

According to data provided by UNICEF, a total of 1,926 ecological latrines have been constructed in Cochabamba and Potosí over the period 1999-2001.³⁵ The total number of beneficiaries that have been reached is reported to be 10,181. In addition to this, 78 ecological latrines were constructed adjacent to schools in the rural areas of Cochabamba and Potosí in 2001. UNICEF has also supported the construction of dry latrines, but figures on this were not seen by the team.

³³ In the case of Cruce Esquina, for example, the beneficiary families (23 out of 40 families in the community) receive about 20 litres of water per day, which is not sufficient to cover their needs.

³⁴ This was the case, for example, in Tiraska (municipality of Anzaldo) where the team met with a group of 35 villagers including the Water Committee.

³⁵ It is interesting to note that there has been a marked increase in the number of ecological latrines constructed: 84 in 1999, 712 in 2000, and 1,130 in 2001.

Other data provided by UNICEF show that a total of 100 solar heated showers were constructed in Cochabamba and Potosí over the period 1999-2001.³⁶ The number of beneficiaries is reported to be 11,381.

Impact

In the case of latrines, the team encountered both positive and negative impact during the field work.

Beneficiaries who use their latrines emphasise that they have become less vulnerable to contracting diseases, especially through parasites and diarrhea. They also stated that the latrines had given them more dignity because, before, they knew they were taking water from sources that had been polluted by themselves and their neighbours.

Unfortunately, the problems that the team came across overshadow the positive impact registered. Most of the problems have to do with improper use, or no use, of the latrines installed.

It was found that many families did not use their latrines, typically because the construction had not been completed or because they had not received sufficient training in their use. This means that there has been a negative impact, because the resources used by such families (production of adobe building blocks and time consumed) have in fact been wasted. In cases where the latrines were not adequately operated, a proliferation of flies was observed. This has a potentially negative impact on the state of health. Examples were also observed where the latrines were used as storage facility. Finally, in one community the latrines were constructed adjacent to the houses in what seemed an inappropriately dense cluster.

Finally, in one community, five families – who actually requested latrines – were, in effect, excluded from having these because there was no access road to their settlement.

Having stated the above, it should be mentioned that the inclusion since 1999 of a new technology – the ecological latrines – has produced certain improvements, both in the technical design, the training provided and changed attitudes towards using the latrines.

As far as the solar heated showers, the team encountered only a limited number of these. However, when such installations were discussed with beneficiaries (children, women and men), they invariably expressed their contentment. The impact was felt to be that levels of personal hygiene had improved and that the children could now go to school clean. One example that was given several times was that children no longer suffered from scabies.

6.3.3 Health

The Health Education Project has already been discussed (section 6.2). What follows below refers to the health component under the PROANDES project (which was examined during the field work in Cochabamba only). In practice, the contents of the two projects would appear to differ little.

Results and situation

According to data provided by UNICEF, a total of 742 communities in Potosí and Cochabamba have received support in the area of *hygiene and community development* over the period 1998-2001. UNICEF report the number of families reached (only in the years 2000-2001) to be 10,630.

Other data provided by UNICEF show that a total of 3,257 doctors, nurses and health workers have received capacity building in Potosí and Cochabamba over the period 2000-2002.³⁷ At the community

³⁶ In addition to this, 8 solar heated showers have been constructed in conjunction with Wawa Wasi, and 18 *unidades higienicas comunitarias* have been installed.

³⁷ The areas in which capacity building has been provided include the following: National Insurance for Maternity and Childhood, the National Health Information System, epidemiology, and child growth and development.

level, a total of 3,153 nurses and health workers attended training workshops.³⁸ Finally, PROANDES worked with a total of 187 hospitals, health centres and health posts.

Impact

The beneficiary statements in the municipality of Sacabamba mirror the general observations in relation to the Health Education Project.

For example, the health official of Sacabamba stated that great improvements had been achieved with regard to maternal and infant mortality. In the past, infant mortality used to be a serious problem in this municipality. During the first 10 months of 2002, the local authorities had registered only 2-3 cases of infant mortality and not one single case of maternal deaths.

Similar advances were registered in Sacabamba insofar as the acceptance of modern health practices. Until recently – in 2000 – the hospital in Sacabamba was not used in connection with child deliveries. During the first 10 months of 2002, a total of approximately 80 women had given birth to their babies at the hospital. This apparent success was ascribed, in part, to the presence of female doctors who are more readily acceptable to the women of the area.

6.3.4 Wawa Wasi (child development centres)

The Wawa Wasi are child development centres that provide an integrated package of assistance to 3-6 year olds. The services comprise: free meals (sometimes both breakfast and lunch) supplemented with vitamin A and iodized salt; preventive health care including immunizations; stimulation and pedagogical pre-schooling activities.

It is worth mentioning the background of the Wawa Wasi concept. The team was told that the idea was copied from Peru, where positive experiences had been gained in the late 1980s. The Resident Representative of UNICEF and his wife, in particular, were instrumental in launching the initiative in Bolivia. The Wawa Wasi started off as a milk-for-children scheme and gradually developed into what it is today.³⁹

Results and situation

According to data provided by UNICEF, the number of Wawa Wasi has increased steadily, from 25 in 1992 to 255 in 2002. The great majority of the Wawa Wasi are found in Cochabamba (nearly 90 percent, in 10 municipalities), the remainder being located in Potosí (four municipalities). The number of children attending has increased proportionately, from 625 in 1992-1993 to 6,438 children in 2002.

Analysing the results of the Wawa Wasi in the PROANDES area, the mid-term review (VIPFE, 2001:50) found the health and development indicators of the children who attend the Wawa Wasi to be satisfactory.⁴⁰

Though these above figures demonstrate impressive advances, the Wawa Wasi still have limited geographical coverage. As pointed out in the mid-term review (VIPFE, 2001:49), this limitation is related to the lack of institutionalisation of the programme into Government programmes.

³⁸ These workshops comprised the following participants: midwives, *responsables populares de salud*, and *vigilantes comunitarios de hechos vitales*.

³⁹ This information is based on a focus group interview with 8 women in Pajcha Pata Lux and a separate interview with the *Asesor Pedagógico*. The women maintained that the Wawa Wasi in their community was the first one established in Bolivia 13 years ago.

⁴⁰ 60% of the children demonstrate normal or superior levels of nutrition, 70% of the children of less than 2 years of age have followed a complete schedule of immunization, 70% of the children show adequate growth in relation to their age, and 90% of the children are well-developed psycho-motorically.

Impact

In several of the focus group interviews with parents and staff of the Wawa Wasi, a "vote" was taken at the end of the interview to determine where – among the five dimensions of poverty reduction – the impact of the Wawa Wasi had been most strongly felt. In every single case, the participants unanimously gave priority to the meals provided to the children (basic needs). In this connection it should be mentioned that the respondents were aware that the food is provided by the *Programa de Atención a Niñas y Niños Menores de 6 años (PAN)*, and not by UNICEF.⁴¹

Another point that was always made during the field work was that the children now are more lively, less timid and fearful, and much better equipped to interact socially. One mother in Pajcha Pata Lux (municipality of Anzaldo) made the point quite graphically: *"Those children who do not attend the Wawa Wasi, they tremble when they begin at school."* In Uchama Baja (municipality of Mizque), one member (woman) of the Junta Escolar expressed a sentiment that was often heard, to wit: *"the Wawa Wasi is the best thing that has happened in the community."*

Finally, a very commonly felt impact was the extra time that the women gained by having their children in the Wawa Wasi. This time was put to good use, either by taking animals to the field to graze (frequently stated), cleaning the house, or simply relaxing.

6.3.5 Kallpa Wawa

The Kallpa Wawa is the second component in the child development project of PROANDES (the first being Wawa Wasi). It was initiated as a programme for 3-6 year olds in late 1996 in four provinces of Northern Potosí. The Kallpa Wawa is complementary to the Wawa Wasi in that it focuses on the parents; teaching them how to take care of their children. The Kallpa Wawa, therefore, reaches the children through the indirect route via their parents.

Results and situation

According to data provided by UNICEF, a total of 35,725 parents in Potosí and Cochabamba participated in activities over the years 2001 and 2002. This was equivalent to 5 percent of the population in the municipalities covered, which indicates a rather limited degree of coverage.

Nevertheless, the mid-term review (VIPFE, 2001:50) gives the innovative models of Kallpa Wawa and Wawa Wasi credit for the growing awareness and demands, on the part of the municipal governments and communities, for activities within the area of infant development.

Impact

On revising the notes from the focus group interviews and other interviews during the field work, not much is recorded about the impact of the Kallpa Wawa. It may be inferred that the communities visited do not experience a great deal of impact from this component. Incidentally, the 2001 VIPFE mid-term review is also rather silent on the impact of the Kallpa Wawa.

In one community the beneficiaries (women) stated that they had learned something from the Kallpa Wawa, but that they had not yet succeeded in applying this. In Tujma Alta (municipality of Mizque) it emerged from a focus group interview that the trainers promoting the Kallpa Wawa did not arrive at the homes of those who lived at a distance from the village.

Nevertheless, the perception of limited impact may be related to the fact that the Kallpa Wawa seeks to engender a process of changing family attitudes and behaviour, which takes time. For this to succeed, it is essential that the professional level of the facilitators be improved.

⁴¹ Very often however, the food is prepared (cooked) by the mothers to children in the Wawa Wasi.

6.3.6 Yuyay Jap'ina (literacy programme)⁴²

The Yuyay Jap'ina was initiated by PROANDES in 1992 with the following objectives: develop pedagogic materials in Quechua and Aymara; train rural communities in basic arithmetic, reading and writing; and empowerment of women.

Results and situation

According to data provided by UNICEF, a total of 113,159 persons have attended literacy courses in Cochabamba and Potosí (under the aegis of PROANDES) over the period 1993-2002. Of this number, 61,374 are characterised as *promocionada*, which, it is understood, implies that they have completed the two-year literacy programme. The implementation of the programme has been concentrated in the years after 1998, when approximately 80 percent of the training has taken place.

The 1997 external evaluation of PROANDES found that Yuyay Jap'ina had been very successful in Northern Potosí. It was seen to have had an important impact in changing attitudes, building self-esteem, fostering women's intellectual, social and economic empowerment, in strengthening community organisation and management, and in building basic literacy skills. Interestingly, the empowerment impacts of the Yuyay Jap'ina were seen to be more significant than its more specific literacy impact (Bebbington, 1997:18).

Impact

The above, rather positive impact assessment, was made in 1997, i.e. before the bulk of the training took place under the Yuyay Jap'ina component. The beneficiary statements recorded during our field work, especially in Potosí, are not quite as positive.

Generally speaking, however, there is much user satisfaction with the literacy training, but there is dissatisfaction with the quality of the teaching and the practical arrangements for this.

The beneficiaries value the opportunity to become literate through the Yuyay Jap'ina, but they tend not to learn enough from the two years they are given to participate in the course. Very often, women said that they had learned how to write their names, and they would like to learn more. More time is needed, especially for the women who often have no prior knowledge of the alphabet. As one woman put it in Pasto Pampa (municipality of Pocoata): "We once had two years with the Yuyay Purichiq. We would like to continue learning. Now we have forgotten what we learned."

Some women also complain that the hours of teaching (usually given by a male Yuyay Purichiq (teacher)) conflict with their domestic chores and responsibilities. Others say they are too tired when they come to classes. Both women and men frequently experience limitations in their delicate motor functions (holding a pencil is a problem to many). Motor problems are attributed by beneficiaries to having been malnourished as children and adults.

Another problem relates to the pedagogical competence of the teachers. The team heard grievances – even from a male village leader (who had experienced the problem) – that the participants were reprimanded if they did not do their homework. For this reason, some decided to drop out of the course.

The beneficiaries did not highlight the other, non-literacy related dimensions of impact mentioned in the 1997 external evaluation of PROANDES, during our field work.

On balance, obviously the learning achievements in Spanish literacy are basic and take their time when the target groups are absolute illiterates and, in many cases, Quechua mono-lingual. Hence the need for continued support through the Vice-ministry for Alternative Education (VEA) for this kind of adult literacy programmes.⁴³

⁴² Yuyay Jap'ina is the Quechua word for "Get Knowledge."

⁴³ Sida actually supports VEA together with Holland, UNFPA and UNICEF.

6.3.7 Qolqe Wasi (Village Banks)

The Qolqe Wasi, which literally means house of money, is an offshoot from the Yuyay Jap'ina component. It became part of the "Training in Production" project, which built upon the experiences of the Yuyay Jap'ina, and it was initiated in 1997.

Numerous rural credit schemes have been launched in Bolivia over the last two decades. UNICEF's initiative – the Qolqe Wasi – provides small loans on a rotating basis at a monthly interest rate of 1.5% (plus a 0.5% contribution for savings within the system). It is focused mainly in Northern Potosí.⁴⁴

Results and situation

According to information provided by the *campesinos* in the communities Pasto Pampa and Machacamarca the status of the Qolqe Wasi in those communities is the following:

Table 2: Colqe Wasi in Potosí

	Pasto Pampa	Machacamarca
Year of launching	2000	2000
Start capital	18,600	16,600
Present capital (October 2002)	29,272	29,777
Number of loans given	71	105

As it appears from the table, a considerable number of small loans have been granted in the less than two years the Qolqe Wasi has been in operation in these communities. The loans have reportedly generated a range of economic activities (for example: production of *chicha* (traditional beer) and handicraft, and the purchase of a taxi), they have been invested in improvements of homes, and even used for the purchase of educational material and basic food needs. This would appear to respond well to the complex economic strategies of the community.

Impact

The beneficiaries stated that the large majority of the loans had produced positive economic results. This is likely to have had a positive impact on the incomes of the families involved. No cases have been registered in which the loan service has required the sacrifice of other incomes of the families. This last point reflects the pertinence of the investments made.

6.3.8 Municipal strengthening

Results and situation

According to data provided by UNICEF, at least 78 workshops took place under this component in Cochabamba and Potosí in 2001 and 2002. The workshops covered 11 different themes of general nature, including the following (more important ones): support in the elaboration of project profiles, participatory planning with a gender focus, leadership with a gender focus, social organisation, elaboration of *POAs*, and participation of women in productive development. The target groups for these workshops were the following: majors, council members, *Comité de Vigilancia*, district professionals, members of *OTBs* and leaders of women's groups.

⁴⁴ It should be emphasised that this section builds upon information gathered from visits to only two Qolqe Wasi (Pasto Pampa and Machacamarca).

Impact

The respondents interviewed during the field work knew little about this project, and, hence, it was not an issue that received much attention.

One of the mayors interviewed, however, did express his appreciation of the Municipal Strengthening component, but he said that the nature of this had been very general. He also did not attempt to hide his true opinion about the limitation insofar as the lasting impact, within the administration of the municipality: *"The lack of continuity of public servants is a great problem."*

6.4 Analysis of beneficiary assessments

It is clear from the statements and viewpoints of the beneficiaries that they perceive a lot of impact from the Sida support that has been implemented through UNICEF since 1989. The perceived impact has been varied. Whether *enough* impact has been achieved for the money invested cannot really be answered. This would require the existence of well specified impact objectives, baseline data, and information based on systematic impact monitoring. That, unfortunately, does not exist.

It is equally clear that the poverty reduction impact – in the eyes of the beneficiaries – is more than a matter of improving income and consumption. The beneficiaries did perceive poverty reduction in all of the five dimensions of poverty analysed by this evaluation: (1) basic needs, (2) livelihood, (3) resources and vulnerability, (4) social and political deprivation, and (5) psychological deprivation.

6.4.1 Specific cross-cutting themes

Two important themes that emerge in several projects/components and in many different contexts relate to the psychological dimension of poverty reduction: self-esteem and dignity.

The positive impact of improving the self-esteem of children and women is marked in connection with the intercultural and bilingual education activities and the child development centres (Wawa Wasi). The importance of being able to begin the schooling career in a child's own language and respecting its own culture should not be underestimated. The opposite (as in the past) would be tantamount to a rejection of the child's past, a negation of everything the child has learned at home before coming to school. The improved relations between school and parents plus grandparents also mean that children look upon their parents and grandparents with more respect. The latter become more supportive of the education of the children, and the separation between life at home and life at school becomes less pronounced. In fact, one could argue that there is a tendency for child education to become a community affair. This process creates an atmosphere that promotes the self-esteem of all involved. And a healthy degree of self-esteem in a child is something that may be regarded as a lasting impact, as well as a foundation on which to build a productive future.

Improved self-esteem is also an important feature in connection with the improved water supply and the solar heated showers. The possibility to be clean and hygienic, to have white teeth and so on is crucial for anyone's desire to interact with other people. If a *campesina* is ashamed of herself because she is dirty or with bad teeth, how can she be expected to take on a leadership role in the community?

The issue of dignity is closely related to the above. But it is a different dimension. What is referred to here is the new environment in which teachers, doctors and nurses interact with children, students, parents, pregnant women and patients in general. It seems to be an environment where mutual respect is the new norm. This encourages more consciousness of, and hence insistence on, women's and children's rights being respected. It is, indeed, a positive development trend.

A word of caution is in order about causality. The objective of this evaluation is to assess the impact of

specific, Sida-funded activities. In all of the above positive tendencies, many different actors are involved, and Sida/UNICEF plays just one part which, in many cases, cannot be distinguished from the rest.

There is also a more problematic theme emerging from the beneficiary assessment. This relates to the social deprivation dimension of poverty: exclusion.

The issue of exclusion appeared in connection with access to health clinics, water supply, latrines and training through the Kallpa Wawa. This should not be regarded as a major criticism, but rather a word of warning and a call for special attention. The evaluation team is fully aware of the difficulties involved in reaching the most remote settlements and much has, indeed, been achieved in this regard. However, the team has also noted that in several cases those who live far away from the centre of activities tend not to receive the same attention. Unfortunately, the difficult-to-reach are usually also the most poor, and those in greatest need of support.

Having stated the above, it should be added that the anti-exclusionary effect of the EIB project, described above, has done a great deal to foster inclusion of indigenous and remote communities.

On a different note, a couple of rather surprising themes emerge. They relate to the livelihood dimension of poverty: the time saving resulting from the water supply and the Wawa Wasi. It may well be that time saving was an intended impact from the provision of water systems. This certainly appears as a valued impact in the eyes of the beneficiaries. The impact from the Wawa Wasi surprises on double counts: Having the children in the Wawa Wasi frees the hands of the women to do other things. In a modern society like Denmark, the day care centres have proved vital for the entrance of women into the labour market. The parallel is not far fetched; the principle of releasing the women from their child care responsibility, at least, is the same. The other surprise of the Wawa Wasi is the emphasis that parents place on the meals given, and not on the pedagogical activities and the pre-schooling of their children. This also shows just how poor the beneficiaries are, and how malnourished their children still are.

Another issue that arises relates to variations over time. It is interesting to reflect on the reasons why the 1997 external evaluation of the Yuyay Jap'ina component of PROANDES differs from our assessment (see section 6.3.6). The 1997 evaluation emphasised important impacts in changing attitudes, empowerment, strengthening community organisation and management. Our respondents did not emphasise those points. Instead, they focused on the literacy aspect. What can possibly account for this?

One plausible answer is that the first evaluation of Yuyay Jap'ina covered the period 1992-1997, which coincided with the launching of the *Ley de Participación Popular* in 1994. Surely, the beneficiaries at that time must have been enthusiastic about this new law and hence, it is likely that they looked for ways in which development projects, such as Yuyay Jap'ina, could be used to maximise their role in the participatory planning methods promoted under the new law. The period from 1998 to 2002, which undoubtedly was more present in the minds of our respondents, was characterised by crisis in the implementation of *Ley de Participación Popular*. In that environment, maybe the beneficiaries were disillusioned with the perspectives emphasised in the 1997 evaluation and, instead, leaned towards the basics: literacy training.

Finally, an observation should be made about monitoring. The lack of an impact monitoring system has already been emphasised. A reflection on the beneficiaries' statements, however, also gives rise to questioning the accuracy of some of the *output reporting*. The monitoring reports of the water systems installed provide information about the number of systems set up and the number of people that have ostensibly been covered. This *may be* accurate at the time when such systems are on the drawing board, but what is the situation one year later, or five years on? And what about the quality of the water?

Similarly, the reporting on the Yuyay Jap'ina indicates the number of *promocionadas*. While this may show the number of persons who have been enrolled in the two-year literacy programme, it says nothing about the level of literacy attained, or about drop-out rates and other problems of quality and retention of learning. In other words, a person recorded as *promocionada*, while formally enrolled, may not have attended all or even most of the courses offered over the two-year period, and she may not have attained the learning objective at all.

7 Sustainability

This chapter presents the evaluation team's analysis of the likely sustainability of the Sida-funded activities implemented through UNICEF.

In contrast, the foregoing chapter focused on the impact perceptions of the beneficiaries. The reason for this difference is that the field work methodology was geared primarily to eliciting the perceptions of the beneficiaries insofar as impact, which is directly felt by them. The assessment of likely sustainability also requires more analytical reflection and evaluation experience. Nevertheless, our analysis is based on observations made by the beneficiaries regarding certain aspects of sustainability.

7.1 Bilingual Education Project

The Education Reform has been implemented for nearly 10 years and the results demonstrate that it has established firm roots. The likely sustainability of the EIB project is closely intertwined with the continued implementation of the Education Reform.

The early resistance against EIB among some rural teachers and parents is continuously diminishing. In fact, as mentioned in section 6.1, parents today are generally supportive of the EIB.

The teacher training in EIB has also progressed and many formerly Spanish-only speakers have learned Quechua. More needs to be done, however, to ensure sustainability. The scarcity of educational material in Quechua also needs to be addressed. More local, Quechua native speakers need to be employed, and less politically-appointed teachers should find their way to rural schools.

Finally, while the implementation of the Education Reform has enjoyed substantial financial support from external donors (mainly at the central level), the departmental and municipal education authorities still have limited resources and depend, to some extent, on external support.

Despite these limitations, the integration of the EIB project with national policies and programmes suggests that there is a good sustainability perspective.

7.2 Health Education Project

The main elements of both of the components supported by Sida under this project have been incorporated into state policies.⁴⁵ This implies that the treasury finances an important part of the activities. Since the late 1990s, the municipalities have also assumed the responsibility of covering basic health service expenditures.

Nevertheless, sustainability is not guaranteed. Due to the economic crisis in Bolivia in recent years, the public institutions do not have sufficient economic resources to implement the process in a fully satisfactory manner. Various international donors thus continue to play an important role, and UNICEF – thanks, in part, to Sida – is certainly one of these.

Another problem is the lack of stability of employment among professional health workers. The main cause of this is the political culture and traditions in Bolivia, which result in frequent changes of staff at all levels. This means that constant capacity building is required and institutional memory is weak. It also means that sometimes staff is appointed not out of merit, but due to political affiliation. Several cases were reported in the field work of doctors, who are appointed by the prefectures, refusing to go out to the rural villages.

⁴⁵ This also applies insofar as the health component under PROANDES. For this reason, a separate section is not devoted to that component.

On balance, the likely sustainability of the health activities supported by Sida through UNICEF is considered relatively good, owing to the integration with national policies and programmes.

7.3 PROANDES

As the issues regarding sustainability are similar to many of the components under PROANDES, some of these are analysed together.

7.3.1 Water and sanitation

By and large, the water systems seen during the field work functioned and appeared to be well maintained. This is due in part to the high quality of the systems and the relatively simple technology applied (gravity systems).

Water committees have been established to administer the systems, collect membership/user fees, and ensure regular cleaning and maintenance.⁴⁶ It should be added that there is a tradition in many Andean communities of maintaining communal systems of irrigation, which implies a certain readiness also to maintain the systems for drinking water. Much depends, however, on the capacity and willingness of the users to pay their fees. It would appear that in most cases sufficient money is collected to pay for the regular and ongoing maintenance. It is more questionable, however, whether the communities are in a position to finance major overhauls, when the water systems will require that in the future.

The evaluation team saw much deterioration of the latrines. It seems that the training in how to use and maintain these has not been adequate. Several latrines inspected had not been properly finished off (lack of doors, steps, unplastered adobe walls).

Furthermore, there has been very little, if any, health education and supervision of families receiving latrines.

The general picture is that there is relatively weak integration of these activities within the departmental and municipal structures, where the set-up for handling water and sanitation remains weak. Sustainability in the short to medium term is therefore very likely, while the long-term future looks more uncertain.

7.3.2 Wawa Wasi and Kallpa Wawa

The sustainability of the service deliveries through the Wawa Wasi and the Kallpa Wawa is highly questionable. The cost is high and wholly dependent on support from the local government and external donors.

As mentioned above, the ability of the government system to finance programmes such as the Wawa Wasi and the Kallpa Wawa is affected by the economic crisis. Perhaps the situation in the municipality of Mizque, where 39 Wawa Wasi are operated, is symptomatic. The teachers have the privilege of government pay (*item fiscal*) in only 18 out of these. Those lucky enough to be on the government payroll earn BOB 420 per month; those who are not earn only BOB 162 per month (paid by PAN). The latter group of teachers, actually, had not received their pay since March 2000 (seven months before the evaluation).

Nevertheless, the teachers stay on, and many are willing to undertake the capacity building of new teachers (based on their own experience), if UNICEF should terminate its support for this. However, some kind of structure and support would probably be needed for this to take place.

⁴⁶ The same situation obtains insofar as the solar heated showers, where special user committees have also been set up.

7.3.3 Yuyay Jap'ina

The sustainability of the service deliveries through the Yuyay Jap'ina is questionable, mainly because adult literacy programmes have not been institutionalised as State policies with any priority.

Having stated that, it should be mentioned that the experience of the Yuyay Jap'ina was taken into account when the Government formulated the *Plan Nacional de Alfabetización para la Vida y la Producción* (VIPFE, 2001:51).

7.4 Analysis of the likely sustainability

Given the deficient monitoring system, the diverse range of projects, and the length of the period under study, this evaluation is no exception to the general rule that the sustainability criterion is analysed in hypothetical terms.

The overall conclusion of the evaluation team is that the greatest likelihood of sustainability is found in the projects that have become integrated with national policies and programmes (EIB and health). On the other hand, the activities that have been implemented by UNICEF more or less in isolation (Yuyay Jap'ina, Wawa Wasi, Kallpa Wawa) have substantial limitations insofar as sustainability. In the case of the latter activities, UNICEF, in fact, has acted more or less in the manner of an NGO taking responsibility for the delivery of specific services.

However, while it is the preferable route to follow, the anchoring of UNICEF activities within the framework of public policies is no guarantee of sustainability. That would presuppose a perfect state with no financial limitations. As the Bolivian Ministry of Finance pointed out, it is not sufficient to obtain formal commitment from the authorities (VIPFE, 2001:39). The financial and human resources available to the involved government entities impose the limit on their ability to ensure sustainability.

In some cases, UNICEF might still prefer to work more directly with the municipalities and communities. This would be particularly relevant if specific, innovative models were to be tested with a view to later scaling-up into government policies and programmes. In such cases, however, realism needs to prevail when it comes to the *campesinos'* ability to pay user fees in the poorest parts of Potosí and Chuquisaca. In some communities visited by the team, paying a user fee of just one Boliviano per month presented a problem to many.

The economic crisis, and its manifestations at both government and community levels, underscores the pervasive and substantial dependency on external donor support in Bolivia. This has developed almost to the point of becoming a permanent state of affairs – at least in the minds of many of the beneficiaries and local government officials interviewed by the team. As one mayor said, when he was confronted with the fact that UNICEF would withdraw from his municipality at the end of the year and asked how he would ensure the continuation of activities: *"They will continue, but I don't know how. It is always possible to get funds from the international donors."*

The Bolivian Government, however, is not only suffering from economic problems. The political culture and traditions that result in frequent changes of staff at all levels is a serious threat to the likelihood of achieving sustainability in any programme implemented through the government structures.

If a UNICEF programme is not integrated with national policies and programmes, then it becomes all the more important to ensure an optimal integration with livelihood strategies of the target groups. This would call for tailor-made solutions at the project level, rather than the application of "blueprint" options regarding the design of a water system, for example. Ongoing impact monitoring could help

keeping project activities in line with the livelihood strategies, which is likely to change over time, of the target groups.

Finally, the attention given to the termination of projects is inadequate. It appears that projects are finished as a function of the funding available or the duration of the project period that is defined for an intervention. One of the mayors interviewed stated this very clearly: *“There is a lack of an exit strategy for PROANDES, especially when one takes into consideration that UNICEF is closing so many different activities at the same time.”*

8 Conclusions and Recommendations

The foregoing two chapters have already offered substantial analysis and some conclusions. What follows below are a few additional, but more global conclusions. Finally, although the Terms of Reference did not ask for recommendations, a few recommendations are made.⁴⁷

8.1 Overall conclusions

The overall conclusion of the evaluation team is that there has been a lot of important poverty reduction impact from the Sida-funded projects implemented through UNICEF since 1989, but there is a series of limitations insofar as sustainability.

In the opinion of the evaluation team, the most important factors that have determined the poverty reduction impact are the following:

- The activities have responded to the historical demands of the rural population; above all within the areas of education, health and water.
- These demands have been transformed into state policies, which have provided a strong legal framework (*Ley de Participación Popular* and *Ley de Reforma Educativa*), public resources and investments within these two areas.
- The international donor community, including Sida and UNICEF, have supported the implementation of these laws. In some cases, they have even gone beyond that. UNICEF played an important role in the early 1990s in connection with the ideas and initial experiments that ultimately led to the EIB.

On the other hand, the evaluation team has also registered activities that have been implemented over several years with little impact. This is, however, also a source from which lessons can be learned. In the opinion of the evaluation team, the determining factors for the lack of impact are the following:

- The interventions had not been sufficiently tested in the specific context before they were implemented on a large scale. This has led to problems in terms of management and incompatibilities between the technical models offered and the local management capacity required for operation and maintenance.
- Some of these interventions were of the type that "drops down from the sky" and, because they were donor funded, the communities accepted the projects without questions asked.
- Some of the activities were implemented without adequate follow-up, and when the projects were ended prematurely, a rapid deterioration ensued.

The Social Development Programme has contained a mix of service delivery and institutional development/capacity building. The balance tilts towards an over-weight of service delivery, but it is difficult to aggregate the numerous project activities over the 13-year period evaluated.

With some exceptions – EIB being the most notable one – UNICEF has not been sufficiently focused on the launching of pilot activities that could be tested with the explicit purpose of possible scaling up into government policies and programmes.

⁴⁷ During the final debriefing session at the Sida office in La Paz, a number of more project-specific recommendations were presented and discussed.

8.2 Recommendations

To take the last point from the conclusions first, UNICEF should, in the future, apply their considerable expertise to launch and test – in close collaboration with the Government of Bolivia – innovative pilot activities in areas of Government priority and community demands. The conditions under which possible scaling up into government policies and programmes should be done, should be made explicit from the outset. In other words, a clear Government commitment should be established before a new programme is launched.

The second recommendation is closely linked to the one above: it relates to the definition of clear "exit strategies." Ideally, the exit strategy of any programme or project activity should be formulated already in the design stage. As a general rule, projects activities should not be terminated before the objectives have been reached; if this is done, it is basically abandonment, not the achievement of development objectives. This kind of phase-out strategy necessitates well-defined project impact targets and regular monitoring of their achievement.

One project component would appear to merit special attention: the Wawa Wasi. This component is highly regarded among the beneficiaries and, in the view of the evaluation team, this is perhaps the component that has achieved the most significant level of impact. Yet it is also one of the components with the least likelihood of attaining sustainability in the services delivered. Somehow, this paradox calls for special consideration.

Finally, consideration should be given to the possibility of negotiating conditions and contract-like agreements with the municipalities and the Government to ensure the continuation and sustainability of some of the project components that are about to terminate in the near future.

Appendix 1

Terms of reference for the evaluation of the social development program through Unicef during the period 1989-2002

Background

Sweden has supported the social development program through Unicef since 1989. The Swedish support totals 165 million SEK during the period 1989-2002. The program consists of 12 projects, some of which have reached 120 municipalities (of 315), whereas other projects have been more geographically concentrated.

Since 1989, Swedish support to the program has focused on three projects; Bilingual Education, Health Education and PROANDES (integrated rural development). The program has a multidimensional view on poverty and aims to achieve better living standards for the poor through a number of different components. When the current agreement ends by December 31 2002, Sida is planning to continue supporting two components of PROANDES; water and sanitation and alphabetization (human development for women).

An external evaluation of PROANDES was carried out in 1997, which led to some adjustments of the program. An evaluation of the Bilingual Education project and an evaluation of the administrative management of the social development program was carried out in early 2002. An impact evaluation for the project Health Education is expected to be carried out before the end of the year. These studies, complemented with the yearly monitoring reports and the progress reports from Unicef, should all form a basis for the current evaluation. In addition to these studies, an overall desk study of area development projects (including Proandes) was carried out by Sida during 2002, the results of which has influenced these terms of reference and which should also provide a basis for the current evaluation.

Purpose

The main purpose of the study is to assess the poverty reduction impact and likely sustainability of the social development program. The evaluation should provide an assessment of the results of the program in relation to its objectives and the development problem that the program addresses. For purposes of learning, good and bad experiences should be highlighted. The evaluation should be carried out with a gender-perspective as well as a poverty-perspective and with active participation of the target group in the evaluation.

Scope of the study

The study shall focus on the interrelated themes of poverty reduction, sustainability and learning. The analysis of these themes should be based on a multidimensional definition of poverty and a gender-perspective, with the participation of the target group.

The consultants should attempt to make an impact evaluation of the effects of the projects on *poverty reduction*, although the base for an impact evaluation is weak. Best practices should be identified, as well as less positive experiences. The interaction between program objectives, project activities and outcomes should be studied for this purpose. Poverty should be studied in a multidimensional perspective, focusing more on manifestations of poverty, opportunities and capacities rather than income levels.

The evaluation should consider whether the reviewed projects are built on adequate understandings of

the nature and extent of poverty in the project areas and whether the chosen intervention strategies are effective and relevant to the problems at hand. As stressed by much recent research, poverty is a complex and variable condition that needs to be understood in its local context and from the points of view of the poor themselves. Even within a restricted project area, there can be many ways of being poor and many ways of coping with poverty. The evaluation should examine the project in relation to the livelihood strategies and conditions of differently situated groups of poor people. Have the projects adopted to macro and structural factors that influence the possibilities for poverty reduction?

The *sustainability* of the program and of physical results should be assessed, focusing on whether the program is characterized more by implementation or by institutional development. This issue contains two main dimensions; the integration of projects within the administrative systems and policies of Bolivia, and the integration of project activities with the livelihood strategies of the affected populations. The first dimension is largely about solutions to problems of organizational bypass, but it also concerns the integration of projects within their wider policy environments - the question of government commitment is very important. How has the program contributed to the development and implementation of government policy in the areas concerned? The other dimension is a question of participatory approaches to project design and implementation and about the extent to which projects are driven by the needs and demand of their intended beneficiaries rather than by supply factors.

The issue of institutional development or service delivery does not necessary have to be seen as an issue of either or. A mix of the two may represent a deliberate strategy. The task of evaluation is not so much to assess the relative advantages and disadvantages of capacity building and service delivery in general terms, as to consider the strengths and weaknesses of different mixes of project activities for different purposes and in different types of contexts.

The level of coordination with national authorities and with local authorities and the extent of local and government ownership should be studied. What is the capacity of the country institutions and national institutions? Does the program contribute to empowerment of the poor to control these institutions? Could the program have used a different strategy in order to achieve better results in the coordination with local and national authorities?

The project design and implementation should also be studied to assess if the program facilitates problem solving capacities and learning among the people involved. What is the level and extent of participation? Does the program promote information dissemination and consultation, shared control or transfer of authority and control over decision-making and resources?

Is there a definition of phase out and of when the goals for the program are completed?

The main report shall be written in English and should not exceed 45 pages, excluding annexes. The report should contain an executive summary of no more than four pages. It shall be submitted to Sida on paper and on diskette. It should be written in an easily accessible language.

Implementation

Through the study the evaluation team shall keep in touch with the responsible program officer in La Paz. The development cooperation office will assist the evaluation team in providing it with documents in Sida files and archives. The team will be responsible for collection of data from other stakeholders.

A selection of the cases for field study shall be presented to Sida no later than three weeks into the assignment. At the same time a presentation of the methodology to be used during the field visits shall be presented (a more precise version than that outlined in the consultants technical proposal).

A draft report from the study shall be presented to Sida no later than November 15 2002, and a final report on December 10, 2002.

Budget

Sida estimates that 6 weeks for three to four consultants will be necessary for the evaluation, totalling 18 to 24 man weeks. At least one, and possibly two of the consultants should be local. Sida also believes that out of the estimated minimum, at least 70 per cent (4-5 weeks) should be used for studies in Bolivia, and of this time a minimum of three weeks should be used for field visits.

Qualifications

The following are compulsory qualifications to be met by the tenderer:

1. Staff resources for performance of the services

- The evaluation team should have necessary expertise in evaluation and area development theory. A thorough understanding of relevant socio-cultural, economic and political conditions in the project areas is also required, as is experience in using rapid data collection methods. The team leader shall have the managerial experience necessary for the task.
- The tenderer shall specify the qualifications of each team member and attach their individual *curricula vitae* (including name, address, education, professional experience, and publications). Reference persons (with telephone numbers and e-mail addresses) should be stated.
- The tenderer shall specify any previous engagements of the proposed team members with the programs and projects under review.

2. Technical proposal

- The tenderer shall present his/her understanding of the evaluation assignment.
- The technical proposal shall include a reasonably detailed description of the proposed study design and data collection methods.
- The tender must satisfy the requirements above regarding reporting.
- The tenderer shall provide a time and work plan for the evaluation, including a) a manning schedule specifying the tasks to be performed and the time to be allocated to each of the team members, and b) estimates of the time required for the different tasks of the assignment.

3. Price and other commercial conditions

- The tenderer shall present a budget, specified for the different components of the assignment as well as for the different staff categories. Fees shall be distinguished from reimbursable costs. All fees shall be stated hourly. All costs shall be stated in Swedish Crowns (SEK), exclusive of (Swedish) VAT, but including all other taxes and levies. Individuals, however, shall state their fee exclusive of (Swedish) social security charges.
- The tenderer shall state any minor reservations on his/her own part against the draft contract and Sida's Standard Conditions, and propose alternative wordings, which may not imply significant changes, as well as complete the articles left open in the draft contract.
- The consultants should be fluent in Spanish.
- Translators for the indigenous languages should be contracted by the team.
- At least two local consultants should be included in the team and can be assigned by Sida in La Paz.
- The local consultants shall be responsible for planning the case studies, in coordination with the international consultants and Sida in La Paz.
- The team should include both male and female researchers.
- A representative of Sida should be included in the evaluation team as working member or as an observer.

Annexes

1. Poverty Reduction, Sustainability, and Learning. An evaluability assessment of seven area development projects. Anders Rudquist, Ian Christoplos, Anna Liljelund. Sida Studies in Evaluation 00/4, 2000.
2. Sida Evaluations Newsletter – Guidelines for evaluation managers and consultants
3. Sida Evaluations Data Work Sheet

Appendix 2

Overview of Field Work

Department	Municipality	Community	Participants			Project	Component
			Female	Male	Total		
Chuquisaca:	Yamparaez		2	7	9	EIB Health Literacy	
		Lavadero	4		4	EIB Health	
	Tarabuco	Miskhamayo	9	7	16	EIB Literacy	
		Ciénega	4	–	4	Health Literacy	
	Zudañez		2	1	3	Health	
		Paraqti	3	5	8	EIB	
		Pirhua Mayo	5	1	6	EIB	
			29	21	50		
Cochabamba:	Mizque	Uchama Baja	5	7	12	Proandes	Wawa Wasi
		Tujma Alta	2	38	40	Proandes	Health Literacy Kallpa Wawa Wasi
	Anzaldo	Pajcha Pata Lux	4	6	10	Proandes	Water Solar Showers
		Tijraska	5	32	37	Proandes	Wawa Wasi Water
	Sacabamba		0	6	6	Proandes	Water Sanitation Health Literacy Kallpa Wawa Wasi
		Toma Punku	5	13	18	Proandes	Sanitation
			21	102	123		

Department	Municipality	Community	Participants			Project	Component
			Female	Male	Total		
Potosí	Betanzos	Tecoya	10	9	19	EIB	
		Betanzos	30		30	Health	
	Chaqui	Baños Chaqui	28	4	32	Health	
	Ravelo	Corral Mayo	17	13	30	Proandes	Water Sanitation
		Yurubamba	36	48	84	Proandes	Water Sanitation Literacy
	Pocoata	Cruce Esquina	7	28	35	Proandes	Water Yuyal Jap'ina Kalpa Wawa
		Pasto Pampa	17	6	23	Proandes	Water Sanitation Qolqe Wasi Yuyal Jap'ina
	Uncia	Machacamarca	10	6	16	Proandes	Literacy Solar Showers Kalpa Wawa Water
		Antacucho	13	9	22	Proandes	Water Kalpa Wawa
			168	123	291		
		Total	218	246	464		

Note: The table comprises Sida-funded Unicef activities studied by the Evaluation Team

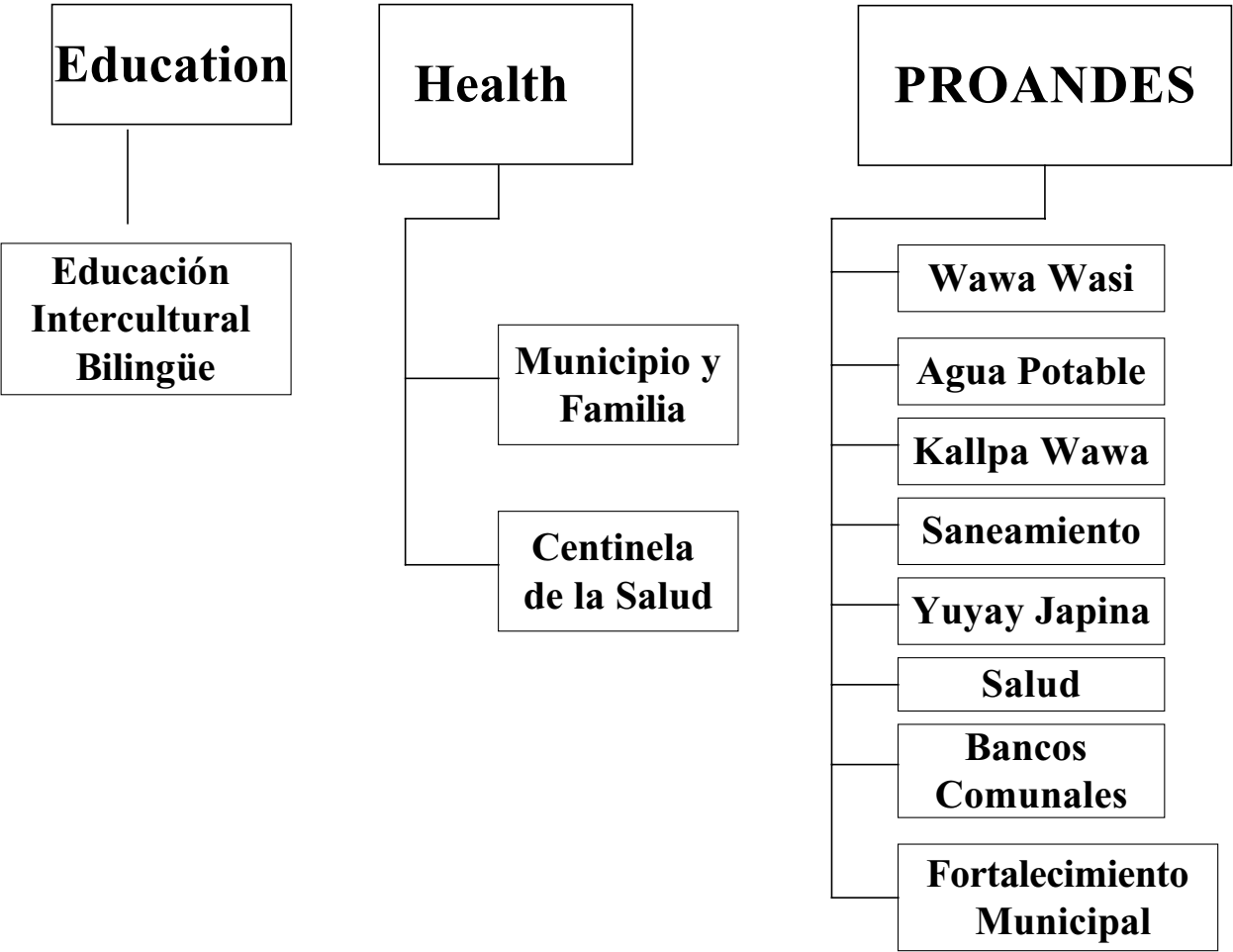
Appendix 3

Standard Impact Assessment Matrix

Indicators	++ Very Positive	+ Positive	No Change	- Negative	— Very negative
Poverty Indicators					
1. Basic Needs (food, water, sanitation, shelter, clothing, health status etc)					
2. Livelihood (non-farm employment, farm production, income, food security etc)					
3. Resources/ vulnerability (assets, access to services, literacy, knowledge, safety nets, coping and escape strategies etc)					
4. Social and Political deprivation (right, participation, security, liberty, exclusion etc)					
5. Psychological deprivation (self- esteem, dignity, opportunity, choice etc)					
6. Gender Indicators - girls enrolment in education, participation of women in public life and decision making positions at local and national level etc					

Appendix 4

Social Development Programme - overview of projects and components



Appendix 5

Bibliography – Documents Consulted

Agreement between the Government of Sweden and UNICEF on Support to Bolivia 1995-1997. Signed in New York, 16 October 1995.

Agreement between the Government of Sweden and UNICEF on Support to Bilingual Education, Education and Communication for Women and Family Health and PROANDES in Bolivia 1999-2001. Signed in La Paz, 12 March 1999.

Bebbington, Anthony, et.al. 1997. External Evaluation of UNICEF-PROANDES, Bolivia: The Andean Sub-Regional Program of Basic Services Against Poverty. Final Report.

Final Report on the Usage of Funds for the Government of Sweden. POANDES Bolivia - PBA-SI-98/0514-1. 1999. UNICEF, La Paz.

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Öström, Nils; Carol Benson and Gonzalo Vargas. December 1998. Appraisal of UNICEF Project Proposals for Rural Development in Bolivia 1999-2001.

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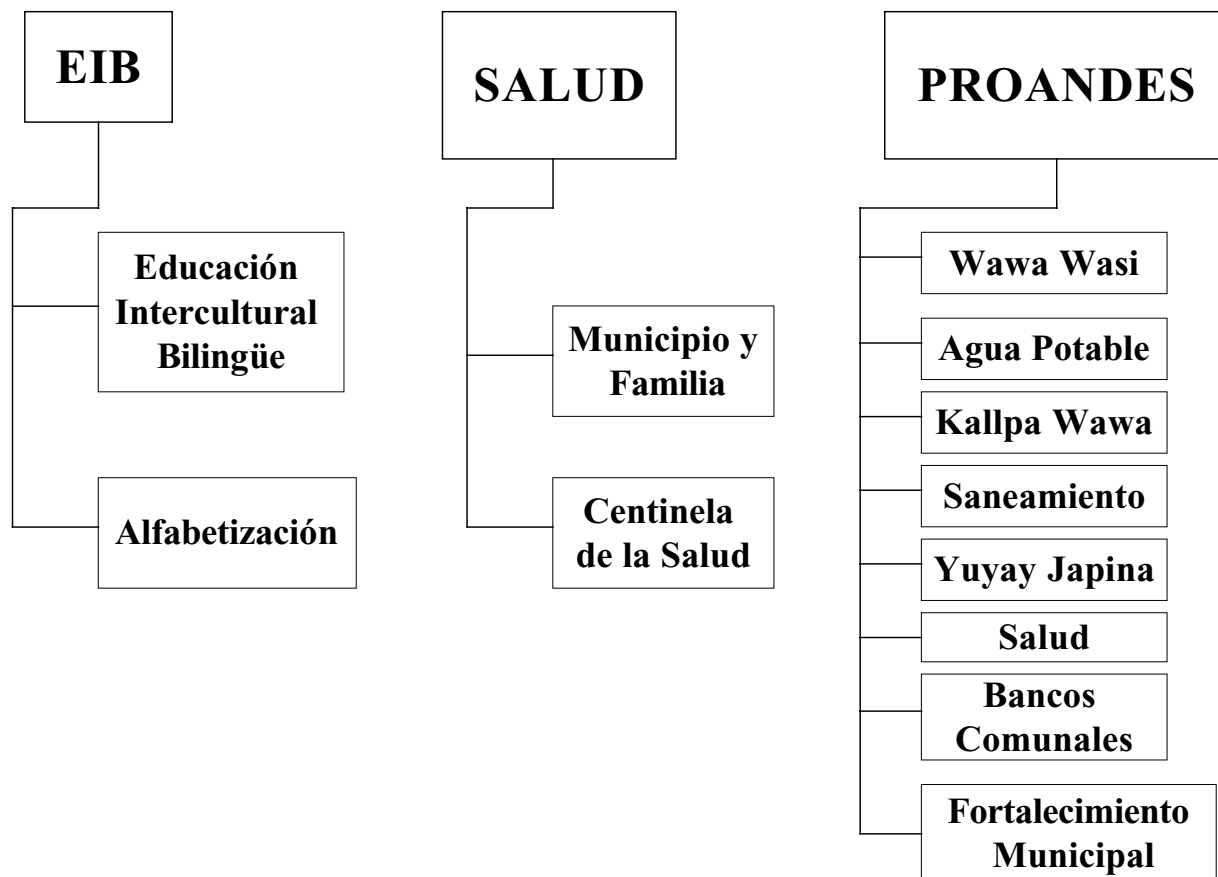
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Valdés, Teresa; and Ingmar Armar. April 1994. Evaluation Report on PROANDES: Sub-Regional Programme for Basic Services Against Poverty - UNICEF, Bolivia. InDevelop AB, Uppsala.

VIPFE. November 2001. Revisión de Medio Termino. Programa de Cooperación: Bolivia-UNICEF. La Paz.

Appendix 6

Componentes por proyectos UNICEF/ASDI



Recent Sida Evaluations

- 03/29 Institutional Development Programme (RCI) at the Ministry of Education in Mozambique**
Karin Schulz, Grayson Clarke, Maria Catela, André Calengo
Department for Democracy and Social Development
- 03/30 Sida's Communication Initiatives in Central America, Tanzania and West Balkan 1999–2002**
Nina Wernberg, Per Østerlund, Gunnar Olesen
Information Department
- 03/31 Collaboration between Sweden and the Public Universities of Nicaragua**
Edgardo Moreno, Thomas Alveteg
Department for Research Cooperation
- 03/32 Fundación de Periodistas para el Desarrollo de Guatemala (FUPEDS): Formación de periodistas para el desarrollo**
Jocke Nyberg, Violeta Contreras
Department for Democracy and Social Development
- 03/33 Baltic Agricultural Run-Off Action Programme 1998–2002: Siauliai, Matsalu-Haapsalu and Väinameri Projects**
Tomas Hertzman, Dan Vadjnal, Valts Vilnitis
Department for Central and Eastern Europe
- 03/34 Office of the Status of Disabled Persons, OSDP South Africa: Impacts of it's Activities**
Safoora Sadek, Peter Winai
Department for Democracy and Social Development
- 03/35 Sida's Support to the Univeristy Eduardo Mondlane, Mozambique**
Tom Alberts, Berhanu Abegaz, Peter Coughlin, GUnnar Jehrlander, Else Skjønberg, David Wield with the collab. Salomão Manhiça
Department for Research Co-operation
- 03/36 Enterprise Development Programmes in Tanzania and Zambia**
Kim Forss, Mikael Lundström, Oliver Saasa, Fortunata Temu
Department for Infrastructure and Economic Co-operation
- 03/37 IOM Regional Counter-Trafficking Programme in the Western Balkans**
Carolina Wennerholm, Eva Zillén
Department for Central and Eastern Europe
- 03/38 The Swedish Helsinki Committee Programme in the Western Balkans, 1999–2003**
Lars Weiss
Department for Central and Eastern Europe
- 03/39 Sida's Program Twinning Cooperation between Municipalities in Sweden and in Countries of the South**
Bo Andréasson, Lennart Königson
Department for Central and Eastern Europe
- 03/40 Project on Reviving and Constructing Small Water Harvesting Systems in Rajasthan**
Pankaj Kumar, B M Kandpa
Department for Asia

Sida Evaluations may be ordered from:

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Phone: +46 (0)8 779 96 50
Fax: +46 (0)8 779 96 10
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A complete backlist of earlier evaluation reports may be ordered from:

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