BASIC HUMAN NEEDS EVALUATION

of the

INDONESIA IODINE DEFICIENCY DISORDERS PROJECT

EVALUATION WORKPLAN

CIDA PROJECT NO.150/0019195

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Prepared for the
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<tr>
<td>ADB</td>
<td>Asia Development Bank</td>
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<td>BAPPENAS</td>
<td>National Planning Board</td>
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<td>BHN</td>
<td>Basic Human Needs</td>
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<td>BPS</td>
<td>Bureau Pusat Statistik</td>
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<td>CIDA</td>
<td>Canadian International Development Agency</td>
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<td>GOI</td>
<td>Government of Indonesia</td>
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<td>ICCIDD</td>
<td>International Council for Control of Iodine Deficiency Disorders</td>
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<td>IDD</td>
<td>Iodine Deficiency Disorders</td>
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<tr>
<td>MI</td>
<td>Micronutrient Initiative</td>
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<tr>
<td>MOEC</td>
<td>Ministry of Education and Culture</td>
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<tr>
<td>MOI</td>
<td>Ministry of Industry and Trade</td>
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<tr>
<td>MOH</td>
<td>Ministry of Health</td>
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<tr>
<td>NGO</td>
<td>Non-governmental Organization</td>
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<td>ODA</td>
<td>Official Development Assistance</td>
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<td>PRD</td>
<td>Performance Review Division (CIDA)</td>
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<tr>
<td>SUSENAS</td>
<td>National Socio-Economic Survey</td>
</tr>
<tr>
<td>TGR</td>
<td>Total Goitre Rate</td>
</tr>
<tr>
<td>TYG</td>
<td>Tim Yodisasi Garam (Inter-Ministerial Salt Iodization Team)</td>
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<tr>
<td>UNICEF</td>
<td>United Nations Children's Fund</td>
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<td>UI</td>
<td>Urinary Iodine</td>
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<td>USI</td>
<td>Universal Salt Iodization</td>
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<td>VGR</td>
<td>Visible Goitre Rate</td>
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<td>WB</td>
<td>World Bank</td>
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<td>WHO</td>
<td>World Health Organization</td>
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A. EVALUATION APPROACH

1. Introduction

The Performance Review Division (PRD) of CIDA is carrying out a broad corporate review of the Agency's performance in basic human needs (BHN) programming. BHN, in this context, includes projects conducted in six sectors considered to be fundamental to sustainable human development: primary health care, basic education, family planning, nutrition, water and sanitation, and shelter. Globally, 19 field studies are being conducted. The Indonesia Iodine Deficiency Disorders Control project, managed through UNICEF-Jakarta, is one of the projects selected for evaluation. This workplan presents the proposed approach to the evaluation, based on the generic framework to be applied for the review overall.

2. Purpose of the Evaluation

The purpose of this evaluation is to assess the results, effectiveness and efficiency of the IDD/Indonesia project as it is implemented through UNICEF-Jakarta in collaboration with the GOI. The analysis will take into account the achievements, critical issues and lessons learned of the project, specifically as these relate to the production, distribution, use and impact of iodized salt and more generally as they apply to the sustainable elimination of IDD.

3. Output of the Evaluation

The output of the evaluation will be a detailed report presenting the main findings of the data collection and analysis process. The report will follow the agreed Table of Contents proposed for all of the BHN Bilateral field studies as presented in Annex A.

4. Evaluation Team

Dr. Anne Bernard (team leader) a Canadian with 25 years experience in research and development activities in education and learning; institutional and human resources development; evaluation, monitoring and management.

Dr. Alain Lefevre, a Canadian medical doctor with extensive experience in sectors of tropical medicine and epidemiology, public health and health policy in positions of programme management, project development, monitoring and evaluation.

Ms. Susy Soenarjo, an Indonesian recently serving as Health Coordinator with CARE/Indonesia with broad prior experience as public health specialist and nutrition officer in the Dept of Health Promotion and Disease Prevention; field researcher in socio-cultural issues related to health, healthy life-styles and nutrition; and as project evaluator.

Areas of responsibility for each of the team members are outlined in Annex B.
5. **Evaluation Issues**

The evaluation will reflect the facts both that this project is part of a larger programme of CIDA support to IDD control in 13 Asian countries and managed in partnership with UNICEF and the respective national government; and that both UNICEF and Canada play leadership roles globally in realizing the targets of USI and IDD elimination by the year 2000. Limitations of budget and time, however, will restrict the majority of data collection and analysis to activities and results of the Indonesia project. Consistent with the "Framework of Results and Key Success Factors" (Annex C), but adding an additional element for "External Factors", collection and analysis of data will focus on the following:

5A. **Achievement of Results**

See "Available Data and Expected Results" (Annex D) for an elaboration of the types of information on *Outputs* and *Outcomes* already available through previous evaluation and monitoring activities; and on data on *Outputs, Outcomes and Impacts* remaining to be collected through this current evaluation. As a whole, the grid will be used as a data confirmation and collection tool to help guide the overall direction of interviews and document -- in addition to the issues to be pursued under the remaining categories of the Framework.

5B. **Development Factors**

- complementarity/compatibility of iodized salt national policy and regulatory systems with overall such systems an potential for synergy and value-added
- effective interpretation, implementation and monitoring of policy and processes at local levels
- creation of appropriate/adequate enabling legislation and implementing regulations
- appropriate targeting of high risk-groups within the country (for iodized salt access and, as appropriate, alternative remedial supplementation)
- adequate and feasible setting of progress-against goal targets (to enable effective monitoring and adjustments)
- movement toward self-financing capabilities of iodized salt processors, small and large-scale
- extent and impacts of cross-sector participation, especially of civil society and private sector actors
- community and household attitudes towards, access to and use of iodized salt
- complementarity and continuity with other donor, government and private sector policy and/or programme interventions, especially those related to micronutrients

5C. **Management Factors**

- cooperation of small and large-scale salt producers, processors and distributors and their capacity to sustain improved iodization procedures
- sufficiency and quality of stakeholder coordination and collaboration
- equity and efficiency of distribution and monitoring systems
effectiveness of UNICEF delivery mechanisms and effective use of its resources and available opportunities for collaboration and complementarity

sufficient clarity and efficient execution of mandate within and among relevant ministries

5D. External Factors

- institutional capacity at national and local levels, in private and public sectors
- collaboration with regional and international progress against IDD and USI goals
- links between IDD mobilization and capacity development and other BHN initiatives

6. Methodology

6.1 Multi-Criteria Analysis Approach

The multi-criteria analysis approach outlined in Annex E, in conjunction with the Framework of Results and Key Success Factors developed for Bilateral projects, will guide collection, analysis and presentation of the evaluation data.

6.2 Types of Data to be Collected

Both qualitative and quantitative data will be collected, disaggregated where appropriate by gender (this especially with respect to women as the probably chief buyers and "distributors" of salt within the home; and in terms of their personal use of salt during child-bearing periods). Quantitative data will include levels, standards and distribution rates of iodized salt produced and used; numbers, locations, types and capacities of salt producers and processors (industry, co-op and individual farmer); locations and accessibility of iodized salt use; extent of involvement by schools, community groups and other agents in mobilizing valuation of, demand for and use of iodized salt; amounts and categories of budgets spent on USI by different stakeholder groups (government ministries and provincial offices, private sector industries, co-operatives, donors - including UNICEF's application of the project budget).

Qualitative data will be used to help explain the above numbers and to gauge the likelihood of sustainability in the supply and demand "systems" which the project is attempting to create. These data will include producer and government (national and local level) assessments of the importance and cost-effectiveness of IDD prevalence and salt iodization; community attitudes toward IDD generally (ie interpretations of/concerns about "the problem") and perceptions of need for and accessibility of iodized salt. Data will also be collected on the nature and effectiveness of the social mobilization and education activities; of the coordination and collaboration within and between the various actors in the system: government, industry, donor, community group, families; and of the creativity and flexibility with which project activities are "adding-value" by 'piggy-backing' on/contributing to other BHN-related initiatives.

3
6.3 Data Collection Methods

Data will be collected, in Canada and Indonesia, through document and file review and interviews with CIDA, UNICEF, GOI and local stakeholder (industry, farmer, community) groups. Where possible and appropriate, focus-group meetings may be organized as a means of widening the reference base and, especially in the case of communities, reducing respondent stress. Wherever possible, field-site visits will include the Indonesian team member along with one Canadian members, so as to reduce in-country travel costs and, more importantly, help to ensure an accurate and sensitive socio-cultural interpretation of what is seen and heard. Any extensive linguistic interpretation required will be done by an interpreter contacted by the mission.

6.4 Evaluation Matrix

Annex F presents a matrix of evaluation issues and data collection sources. Annex G provides the Results Grid which will be used to display these dimensions of the data.

6.5 Project Sites to be Visited

The mission will include two-three site-visits outside Jakarta. Final selection depending on costs and availability of relevant local contacts at the time of the mission.(cf Site Visit Guide Annex H and draft Schedule of Activities Annex J).

Surabaya and Madura:
* salt producer and processing firms and salt producer co-operatives
* communities with high/low access to and/or use of iodized salt
* communities with strong/limited social mobilization and/or education experience
* local government offices of the MoH, MoEC, MoIT, BAPPENAS
* district control labs
* community health centres
* Women's Welfare Movement office
* Salt Association member office
* UNICEF representative

West Nusa Tenggara - Lombok and Bima
(as a high-incident IDD, MM and IMM area)
* community health centre
* Women's Welfare Movement
* local government offices of the MoH, MoEC, MoIT, BAPPENAS
* UNICEF representative
Bogor/West Java:
* Nutrition Research and Development Centre
* communities with strong/limited social mobilization and/or education experience
* communities with high/low access to and/or use of iodized salt
* local government offices of the MoH, MoEC, MoIT, BAPPENAS
* district control labs (as appropriate)
* community health centres
* Women's Welfare Movement office
* Salt Association member office (as appropriate)
* UNICEF representative

6.6 Interviews to be Undertaken

Interviews will be conducted with policy and/or technical officers of the organizations listed below; others are currently being identified and organized by the team member in Indonesia.

In Canada:
CIDA: Asia Branch, Multilateral Branch
UNICEF-Canada: Development Education and International Offices
Kiwanis International: National IDD Committee

In Indonesia:

Canadian Embassy
Norm MacDonnell, Development Officer
Franciska Indarsini

UNICEF-Jakarta
Stephen Woodhouse, Representative
Ray Yip, IDD specialist
Roger Shrimpton, Nutrition specialist
Sunawang
Virginia Kadarsan

Ministry of Health: Directorate of Community Nutrition
Dr Benny Kodyat, Director
Dr Dini Latief, Chief, Sub-directorate of Nutrition Disorders
Ir Laksmi Palupi
Ir Eman Sumarna

Ministry of Industry and Trade: Drug and Food Control Directorate
JB Agra Kusuma
Sutopo
Ida
Centre for Research and Nutrition Development  
Dr H Muhilal, Head

BAPPENAS:  
Dr Fasli Jalal (Education Section)  
Dr Triono Soendoro (Health Section)  
Ir Irawati Susali  
Ir Dipo Alam

Ministry of Education and Culture: Dept of Basic Education

ADB: Family Health and Nutrition Projet

WB: Intensified IDD Control Project

Bureau Pusat Statistik (SUSENAS)

Iodized Salt Producers Associations (national and provincial)  
"Smart Salt Campaign" (?)  
Salt Production Plants (PT Garam and others)

Teachers Association of Indonesia  
Hudaya and staff

CARE-Indonesia  
Ann Thomson and staff

7. Schedule of Activities

The following schedule is proposed. Because of the limited lead time, some interviews were undertaken in Canada as part of the Workplanning process.

August 12-29  Interviews and file review in Ottawa-Hull
Sept 4        Arrival of Canadian team members in Jakarta
Sept 5/8-9    Interviews/file reviews by full team in Jakarta
Sept 10-18    Interviews/file reviews by Team Leader in Jakarta; fieldwork Bogor and neighbouring communities
Sept 10-18    Fieldwork by Canadian and Indonesian team members in Surabaya, Madura and NTB
Sept 19       Final interviews and Debriefing an Jakarta
Sept 20-21    Departure of Canadian team members
Sept 22-26    Feed-back/data collection interviews (CIDA)
Oct 15        Submission of draft report
Oct 30        Submission of final report
B. PROJECT STATUS

8. Logical Framework Analysis

The Indonesia IDD project is part of CIDA's 13-country Asia Regional Iodine Deficiency Disorders Project. Only one LFA was prepared for the umbrella project, differentiating the country projects only in terms of budget allocation (Annex I).

Descriptions of each country intervention focus are provided in the annexes of the enabling documentation for the overall project, however. For Indonesia, the significant commitment of the GOI to raising iodized salt production from 60% to 100% is noted, and the particular purposes of CIDA funding in support of this goal are identified as:

- advocacy at all levels of the private salt industry
- training
- monitoring systems and procedures
- establishing district control labs
- social mobilization for demand creation
- an economic study of the salt industry
- test kits

The evaluation will review these specific elements within the context of the overarching LFA expected results:

Goals -

i) reduced prevalence of IDD

ii) achievement of USI

Purpose-

i) increased proportion of households using effectively iodized salt (for Indonesia: to iodize 90% of all consumed salt by end 1996)

Outputs-

i) adoption of IDD/USI control

ii) regulations/legislation

iii) installation of properly functioning

iv) iodization plants

v) successful distribution of potassium iodate

vi) increased public understanding of IDD issues and prevention/solutions
9. Chronology of Events To Date

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<thead>
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<th>Dates</th>
<th>Events</th>
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<td>1990</td>
<td>Goal of Universal Salt Iodization/USI by 1995 adopted by the 43rd World Health Assembly/WHA</td>
</tr>
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<td>1990</td>
<td>USI and IDD elimination by Yr 2000 targets adopted by UNICEF Executive Board and the World Summit for Children. Canadian contributions to IDD control initiatives begun based on WSC commitment.</td>
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<tr>
<td>1991</td>
<td>CIDA-sponsored international Micronutrient Policy Conference &quot;Ending Hidden Hunger&quot; (Montreal)</td>
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<td>1992</td>
<td>Goal to eliminate IDD by 2000 adopted by 45th WHA and the International Conference on Nutrition</td>
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<tr>
<td>1992</td>
<td>GOI announced trebling IDD elimination expenditures</td>
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<td>1994</td>
<td>GOI Presidential Decree established a national salt standard setting conditions for salt manufacturing licenses</td>
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<td>1994</td>
<td>UNICEF submission of Asia IDD Control Project proposal to CIDA (September)</td>
</tr>
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<td>1994</td>
<td>&quot;Memorandum for the Minister&quot; to approve IDD project signed by CIDA President (December)</td>
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<td>1996</td>
<td>Contribution Agreement between CIDA and IDRC for monitoring visits by the Micronutrient Initiative (MI) team to selected country projects of IDD project, including Indonesia (January)</td>
</tr>
<tr>
<td>1996</td>
<td>UNICEF-contracted Cargill Technical Services study of the structure of the salt industry (Feb) recommending social marketing to improve consumer knowledge of US; assistance to manufacturers in improving iodization facilities; and more effective monitoring systems</td>
</tr>
<tr>
<td>1996</td>
<td>MI monitoring visit to Indonesia (July)</td>
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<tr>
<td>1997</td>
<td>ICCIDD Consultancy and Status Report (Feb) IDD Elimination Programme in Indonesia contracted by MI at request of GOI during MI monitoring visit (1996) &quot;to provide input to the country's IDD assessment and monitoring programmes... and assist Indonesia's MOH with future planning and targeting programmes...&quot;</td>
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10. Delivery Agents and Partnerships Employed

The project is funded at the Asia Regional level through a Contribution Agreement with UNICEF/NY, and managed through UNICEF-Jakarta. UNICEF-Jakarta, in turn, works in close partnership with the GOI, especially the Ministries of Health and Industry and Trade and with the Interministerial Salt Iodization Team (TYG) they have established. The GOI, in its turn, is establishing an increasing range of working relationships with the private sector and small farmer salt producers, with community groups and schools (in conjunction with the Teachers Association) and with media.

A further and potentially critical level of collaboration for the project is with the Regional Network, facilitated largely through the auspices of the ICCIDD which provides opportunities for considerable technical assistance.

Finally, and in conjunction with all of these, the Micronutrient Initiative plays a pivotal role as technical contact-cum-monitor for the project.

All of these linkages are key to the sustainability of the USI and IDD elimination targets Indonesia has set. Their nature, effectiveness and potential future development will be considered in the evaluation.

C. DESK ANALYSIS

11. Impact Assessment Data Available and Required

Data on the progress of IDD elimination and salt iodization production, quality and use are being collected on a regular basis in Indonesia through a variety of national and regional initiatives. *Inter alia*, the National Socio-Economic Survey, the MI and ICCIDD monitoring and technical assistance consultations and the (still somewhat embryonic) IDD/USI monitoring systems are all generating, analyzing and managing increasing amounts of data on the reach of iodized salt coverage, appropriate indicators for effective and efficient monitoring of IDD levels and measurement of IDD incidence.

It is not the intention of the BHN evaluation, given time and resources available, to collect extensive data on the biomedical aspects of IDD elimination and incidence. Rather, the focus of will be on bringing these data sets together to provide a comprehensive picture of where and how the IDD control efforts of the GOI, and the CIDA-UNICEF project within that, are going; what more is needed; and what the most appropriate future actions are.

Evaluative information on (i) the range, nature and impacts of the various collaborations on advancing the IDD and USI goals; (ii) the need for further efforts in this area; and (iii) the extent to which the IDD/USI work is being integrated with other BHN activities of UNICEF, the GOI or other donors appears so far to be limited. Some data is provided in UNICEF’s annual reports, and somewhat better elaborated in the MI 1996 monitoring. Collection of data on the outputs and impacts of the project in these issues will therefore be a major concern of the evaluation.
12. Models and Methods Developed by the Project

The decision by CIDA to operationalize its commitment to IDD elimination and USI in the Asia region through a bilateral Contribution Agreement with UNICEF is a model of partnership which holds both the potential for considerable and long-term advantage to both agencies in realizing these goals. It also holds some risk in terms of their respective abilities to manage and coordinate an efficient and effective programme; to promote local ownership; and to give adequate recognition/profile to the work of each (especially with respect to their respective funding publics. It also risks creating disruptive administrative demand. The effectiveness and impacts of the CIDA-UNICEF relationship will be considered in the evaluation.

The GOI is developing a number of models and methods of working with the private sector and with communities and local levels of government. These are mechanisms and processes which hold potential for improving coordination and integration in other health and social sectors as well as IDD/USI. These experiences will be assessed in the evaluation.

Innovative methods for increasing the efficiency and accuracy of measuring and monitoring IDD elimination levels and intervention strategies (USI, capsules etc) appear to be being developed. These will be further identified and evaluated.

D. KEY ISSUES

13. Key Issues Identified by Previous Evaluations, Reviews, Audits and Monitoring

From "Elimination of IDD in Southeast Asia: Report of a Regional Consultation 24-26 Feb/97" (coordinated by WHO/SEA-RO, Indonesia participated through MOIT and MOH officers associated with the CIDA/UNICEF IDD project:

"Identification of a combination of clinical, biomedical and programme indicators are necessary to track progress towards IDD elimination. There is a need to address...their interpretation and relationship in the current environment of implementation of USI programmes....The three indicators are widely being employed, taking into consideration issues related to acceptability, technical feasibility, cost and performance (sensitivity, specificity and reliability). The process indicator relates to salt iodization. It is expressed as the proportion of the population consuming adequately iodized salt...measured by titrimetric method. The impact indicators include goitre prevalence...and urinary iodine. The population groups covered are school-age children in the age group 6-12 years [also pregnant women and lactating mothers?] examined in the areas using the 'EPI 30 cluster method'. (These) three indicators...assess different aspects of IDD status in a community and thus help to track progress towards elimination of IDD...To understand the status of IDD Elimination Programmes, the results of these indicators should be viewed in their totality" (pg35) emphasis added
From "Review of the IDD Elimination Programme in Indonesia" (undertaken by the MI, July 1996):

Monitoring:
"There is need to strengthen internal quality assurance with written procedures and regular sampling and testing and to focus these efforts on large producers. In addition, external quality assurance at provincial level needs to be standardized through guidelines, training and work with the Salt Producers Associations. Clear and consistent procedures should be developed for licensing, certification and revocation. Coverage data should be used to guide IDD interventions and impact assessment. Salt monitoring should be incorporated as part of the SUSENAS core survey. Mobilization of teachers for awareness building should include use of salt testing in community-based monitoring." (Executive Summary,3)

Impact Assessment:
"Prevalence data should be used for impact assessment rather than as a monitoring tool. VGR (Visible Goitre Rate) and/or UI (Urinary Iodine) could be used to strengthen impact assessment. Here is need for improved coordination between MOH and MOIT for responses to data collected. SUSENAS data could be used to target interventions" (Executive Summary,4)

Programme Support:
"The key need is to develop a common integrated plan of operations, responsibilities and resources between Health, Industry, BAPPENAS and International Agencies. The programme should be monitored by an intersectoral body preferably based in BAPPENAS. It is also proposed that a high level advocacy event/Future Search Conference be organized to review and endorse such a plan to eliminate IDD by the year 2000 and sustain it thereafter." (Executive Summary,5)

14. Key Issues Identified by Persons Interviewed

Interview with Dr Venkatesh Mannar, Executive Director, Micronutrient Initiative and member of MI monitoring team:

Options should be considered for a changing role for UNICEF. The initial concentration on advocacy to recognize the importance of IDD elimination and of salt iodization as the key sustainable means to that end has been reasonably successful. The next 2-3 years should focus on enabling a sustainable system of reliable iodized salt production and distribution, to ensure a 'standardized recognition' of the product and a dependable product.

Options should be considered for a higher profile for the IDD/USI initiative in Canada: possibilities for closer links with development education activities of Kiwanis' National IDD Committee, for example. IDD is Kiwanis' global service programme focus; $5mill has been generated in Canada, all directed through UNICEF. This is potentially a good partner for CIDA in raising the Canadian public profile of the issue as part of ODA and BHN.
For sustainable value, consideration should be given to what wider and longer-term role the Inter-ministerial Salt Team might play beyond IDD/iodized salt. As key and powerful actors (Industry, Trade, Health, Education, Bureau of Statistics), could this mechanism be used for enhancing collaboration and integration on a wider range of BHN issues?

Interview with CIDA, Multilateral Branch

Is UNICEF coordinating and consulting as effectively as it could around issues of the IDD project: integrating the IDD work in that of its other programming initiatives, and ensuring complementarity of actions and extension of value through association with other donors (especially WHO and WB)?

From UNICEF's perspective, what does it consider the positives, negatives and possible improved strategies of executing CIDA (or other donor) activities. For example, in terms of reporting requirements, accommodating changing donor priorities and policies, maintaining coherence within UNICEF's own changing mandates (eg deriving from UN reform initiatives and its Convention of the Rights of the Child programming framework)?

Note: No officers from Asia Branch were available for interviews due to the holiday period. It is intended to conduct these as combined data feedback-collection interviews following the mission.

15. Other Evaluation Issues to be Addressed

The Indonesia project is funded as part of a regional programme of IDD elimination activities. This Asia programme has a counterpart in Africa. Though no detailed data will be collected due to the limitations of the BHN evaluation TORs, an attempt will be made to assess the actual, and potential, strengths and weaknesses of this model.
Annex A

PROJECT EVALUATION REPORT

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Executive Summary (5p.) (Both English and French versions) ..................................................
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Team Members-Areas of Responsibility

Anne Bernard

**Team Leader:**
- Coordinates the desk review: assign responsibilities to team members according to areas of responsibilities described in the approved TORs
- Coordinates the preparation of the workplan and the input of other team members
- Prepare and submit workplan
- Act as Team Leader for field work and provide overall direction
- Institutional aspects including inter-agency collaboration, UNICEF's management including reporting issues, monitoring and policy issues
- Coordinate the preparation of the final report and the input of the various team members
- Prepare and submit draft report
- Upon receipt of the comments from CIDA, prepare and submit final report
- Relationship between private sector enterprises and implementing agency (includes fundraising)
- Training plans

Alain Lefevre
- Participate in the desk review as per direction provided by team leader, review files and conduct appropriate interviews
- Provide input into workplan preparation
- Field work: covers the following areas- health issues specific to IDD control, general health issues, and community health strategy
- Provide input into final report as per areas of responsibility
- Community level data collection, covering training, public education

Susy Soenarjo
- Participate in the desk review as per direction provided by team leader, review files and conduct appropriate interviews
- Provide input into workplan preparation
- Field work: covers the following areas - community- level data collection, community health, and local capacity building
- Assist in the planning of the schedule for field work, plan and confirm appointments with key representatives of partner agencies. (If necessary make logistical arrangements).
- Organize site visits and methodology (interview protocols, introductions)
FRAMEWORK OF RESULTS AND KEY SUCCESS FACTORS

A. Results

☐ ACHIEVEMENT OF RESULTS  What progress is being made toward achievement of results at the output, outcome and impact levels?
  - Actual vs. intended results in the partner country.
  - Actual vs. intended benefits to Canada.
  - Unintended results.

B. Development Factors

☐ RELEVANCE  Does the project make sense in terms of the conditions, needs or problems in which it is intended to respond?
  - Consistency with needs and priorities of targeted beneficiaries/country/region based on a sound understanding of the local context.
  - Consistency with CIDA policy, priorities and programs.
  - Consistency with Canadian foreign policy, including potential benefits to Canada.
  - Consistency with the efforts of local organizations and other donors addressing the same needs or problems.

☐ APPROPRIATENESS  Are the project resources, capacities and selected strategies sensible and sufficient to achieve intended results?
  - Stakeholder satisfaction with and commitment to intended results and methods chosen to achieve them.
  - Canada’s capacity to provide goods and services required to achieve intended results.
  - Resources and services designed and delivered in a manner that effectively responds to conditions (including risks), needs or problems identified.
  - Application of lessons from development experience.

☐ COST-EFFECTIVENESS  Is the relationship between costs and results reasonable?
  - Comparison of costs with relevant benchmarks, where feasible, taking into consideration results achieved.
  - Actual expenditures correspond to planned expenditures or significant variances fully justified.

☐ SUSTAINABILITY  Will project benefits continue after completion of project activities?
  - Stakeholders take charge of project activities.
  - Commitment of sufficient financial resources to maintain project benefits, where applicable.
  - Adequate institutional capacity and on-going relevance to maintain project benefits.
  - National and international environment conducive to maintenance of project benefits.

C. Management Factors

☐ PARTNERSHIP  Is there shared responsibility and accountability for project results?
  - Active participation of recipients and beneficiaries in project design, implementation and monitoring/evaluation.
  - Clear definition, understanding and acceptance of roles and responsibilities of project participants.
  - Partners in management have the appropriate authority and tools they need to make decisions and take action.

☐ INNOVATION AND CREATIVITY  Does the project explore new ideas and approaches to achieve its results?
  - Experiment with new project design and procedures.
  - Calculated risk taking to achieve results.
  - New partnerships to achieve results.
  - Lessons learned from innovations recorded, reported and disseminated.

☐ APPROPRIATE HUMAN RESOURCE UTILIZATION  Are suitable human resources involved and used well?
  - Good match between project needs and knowledge, expertise and personal skills of all major project participants.
  - Adequate management of project personnel.

☐ PRUDENCE AND PROBITY  Is financial information complete, accurate, and reliable? Are financial resources being used economically?
  - Sound financial management policies and procedures, including budgeting, accounting and reporting systems and practices.
  - Adequate strategies and practices respond to the nature and level of risk to project funds and assets.
  - Contracting and contract management in accordance with sound contracting policies and practices.

☐ INFORMED AND TIMELY ACTION  Do we anticipate and respond to change based on adequate information?
  - Effective networks and processes to identify and assess important trends and events in the project environment.
  - Effective monitoring and reporting systems and appropriate and timely response to opportunities and problems.
Table 1: KEY ISSUES AND INDICATIVE QUESTIONS FOR REVIEW OF BHN

CAPACITY DEVELOPMENT AND SUSTAINABILITY:
The extent to which BHN projects and other activities address capacity development and sustainability. The link between these two concepts is summarised as follows: "The ability and opportunity that individuals, groups, organisations, institutions and governments have in a given context to solve their problems to attain sustainable development".

PARTNERSHIP AND LOCAL PARTICIPATION:
The degree to which those managing the project and beneficiaries are involved in all stages of the project cycle from planning to evaluation. To what extent, for example, do CIDA, the CEA, the local partner and the beneficiaries have the same understanding of the results to be achieved? What approaches and methodologies have worked best in fostering partnership and participation?

GOVERNANCE:
The capacity and willingness of governments to foster equity and distribution. To what extent have governments and indeed CIDA made the link between good governance and basic human needs? To what extent have CIDA projects and other activities fostered policy dialogue on BHN issues with host governments?

CULTURAL DIMENSION:
The need for sensitivity and knowledge of the local environment (social, cultural, and political) for successful BHN intervention. To what extent do cultural factors enable or hinder ownership of knowledge and technology?

PROGRAM COHERENCE:
A consistency between BHN interventions and (1) corporate policies, priorities and programming frameworks, (2) the four levels of intervention and (3) CIDA programming channels. Is there a consistency with needs and priorities of the targeted beneficiaries, country, region? Is there consistency with CIDA policy, priorities, programming framework and BHN activities? Is there a consistency with Canadian foreign policy, including potential benefits to Canada?

INTERNATIONAL HUMANITARIAN ASSISTANCE (IHA):
The links between IHA and other CIDA BHN programming. To what extent is there co-ordination between emergency and other BHN activities? To what extent has BHN of targeted food groups been met by emergency assistance (timely and effective)?

POLICY DIALOGUE
CIDA’s influence on multilateral institutions or global fora; To what extent has Canada had influence with respect to BHN in the policies and programmes of international development agencies and in international fora?
## Annex D

### Available Data and Expected Results (Indonesia)

<table>
<thead>
<tr>
<th>Sources: UNICEF Reports – DI assessment 1996</th>
<th>DRAFT</th>
<th>DRAFT</th>
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<tbody>
<tr>
<td><strong>MACRO</strong></td>
<td><strong>Outputs</strong></td>
<td><strong>Outcomes</strong></td>
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<tr>
<td><strong>Level</strong></td>
<td><strong>Objectives-Level Immediate Results</strong></td>
<td><strong>Purpose-Level Short-Term Impacts</strong></td>
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<tr>
<td></td>
<td><strong>(1 month to 1 year)</strong></td>
<td><strong>(1 year to 5 years)</strong></td>
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<tr>
<td><strong>1. Policy</strong></td>
<td><strong>LAWS AND PROGRAMS:</strong></td>
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<tr>
<td></td>
<td>Five Year Plan of the Government elimination of IDD through USI by year 2000</td>
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<td>Presidential decree (No 69/1994) license to manufacturer and national salt standards (30-80 ppm iodate)</td>
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<td></td>
<td>Before end of 1996 producers are required to conform to Indonesian National Standards Ministerial decree</td>
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<td></td>
<td>Requirements for salt iodization with KI03. Quality Assurance and for packaging, transport, storage</td>
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<td></td>
<td>Authority of the Government responsible for inspection and investigation</td>
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<td>Penalties for non-compliance</td>
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<td></td>
<td>Standards of iodized salt, and KI03 levels</td>
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<td></td>
<td>Licensing and registration of manufacturers with viable and operating plants</td>
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<td></td>
<td>Clarify procedure for issuing or revoking license</td>
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<td></td>
<td>Plan of routine quality assurance activities with partnership</td>
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<td></td>
<td>Economic study of salt industry study of salt production iodization (Cargill 1996?)</td>
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<td></td>
<td>Advocacy at all levels of the Government for USI</td>
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<td></td>
<td>IEC strategy for public education and social mobilization</td>
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<td></td>
<td>Public service advertising (Dec-May 97) through 40 national and regional newspapers and TV shows, IDD stamps</td>
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<tr>
<td><strong>2. Laws</strong></td>
<td><strong>Effective iodized salt legislation</strong></td>
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<td></td>
<td>Master Plan for technical support of salt farmers and large producers, marketing and financial support by Gvt and other sources</td>
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<td></td>
<td>Meeting to review legislation, regulation and interaction of prevalence IDD and consumption of iodized salt or oil capsule coverage</td>
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<td><strong>3. Regulation</strong></td>
<td>National Salt Committee coordinated by MOIT with limited integration of other sectoral programs</td>
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<td></td>
<td>Replacement by National IDD Committee under MOH to advise the Project Director and at the provincial level under Assistant Governor.</td>
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<td><strong>4. National program</strong></td>
<td>Plan of operation btw MOH, MOIT, BAPENAS and agencies</td>
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<td></td>
<td>Sustainable elimination of IDD (WHO/UNICEF Stat, ICCIDD)</td>
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<td>Achievement of Universal Salt Iodization (USI) (WHO/UNICEF Stat, ICCIDD)</td>
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<td>Credit assistance for producers so that they modernize their plant</td>
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<td>Integrated program between salt farming and fishin</td>
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<td>Level</td>
<td>Objective (Realsables) (1 month to 1 year)</td>
<td>Outcome Purpose-Level (BUT) (1 year to 5 years)</td>
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<tr>
<td>MESO</td>
<td>SALT IODIZED (INCLUDING QUALITY): 1. Advocacy at all levels of the private salt industry for USI with MOIT representatives and private salt producers that conclude a detailed workplan for 1997 and following years</td>
<td>→ Achievement of Universal Salt Iodization (USI) (annual production in tons/year of salt and iodized salt, percent of food grade salt effectively iodized (MOIT, ICCIDD statistics)) 90% in 1996? Objectif chiffre?</td>
</tr>
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<td>2. Installation of iodization plants or facilities at point of production (number of &gt;5000 tons (mobil) and Potassium iodate (number of kg and CDNS, % iodate / iodide)</td>
<td>→ Installation of properly functioning iodization plants (Small producers low-quality salt decrease)</td>
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<td>Clear guidelines for typical hydro milling, draining, washing, and titration every four hours monitor still production and check product, record data</td>
<td>→ Management of industry data base, Internal quality assurance for large and small producers (75%), External quality assurance (level?)</td>
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<tr>
<td></td>
<td>Monitoring and technical training of producers and traders; strengthening MOH-MOIT data and action through salt association</td>
<td>Elimination of leakage of un-iodized salt</td>
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<td></td>
<td>Meeting (Oct.96) to identify causes and solutions of leakage un-iodized salt</td>
<td>Total production capacity 600 000 t, actual iodization in 1996 Suse纳斯 only 480 0001 &gt; 30 ppm iodate, un-iodized salt 90 000 t, inadequately iodized 150 000 t.</td>
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<td>3. Control Management QA of large-scale salt producers</td>
<td>→ SUSENAS Annual data to district level (consumption and prevalence) report to MOIT and MOH</td>
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<tr>
<td></td>
<td>4. Iodized salt Monitoring System (titration-testing kits)</td>
<td>→ Increased Internal quality assurance of iodized salt by routine purchase quality equipment and supplies, suspect equipment and storage area, rapid test kit every hour and titration every four hours monitor salt production and check product, record data (production staff, MOIT Stat, ICCIDD)</td>
</tr>
<tr>
<td>1.</td>
<td>Public Institutions  • MOIT  • MOH</td>
<td>→ Increased External quality assurance by increased proportion of salt sample adequately iodized between upper and lower limits during a period of one month, adequacy of external monitoring process, list of producer to monitor, monitoring plan, district inspection, record data production staff, MOIT Stat, ICCIDD)</td>
</tr>
<tr>
<td>2.</td>
<td>Private Institutions 2.1 Large-scale salt producers</td>
<td>→ Increased monitoring indicators (en routine: clear responsibility, guidelines) at the wholesale level: proportion of iodized salt sold that meet government standards, quantity of iodine losses during transport and storage in warehouse, rapid test kit of salt in warehouse for corrective action (MOH, MOIT)</td>
</tr>
<tr>
<td>2.2</td>
<td>Salt Farmer Association</td>
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<td>2.3</td>
<td>Whole sale and resellers</td>
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</table>

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**MOE**

**SUSenas**

**MOEC**

**Saltiodization**

**MOEC**

**USI**

**SALT**

**MOEC**

**SUSENAS**

**MOEC**

**USI**

**SALT**
| Level   | IEC Goal | IEC Action | IEC: Strategy | IEC: UNICEF strong message campaign | 60 000 IDD leaflets, 15¢ | 2→ Control Management retailers. Training for teachers. | Training course Oct.96 module, testing kit into produced for teachers | 3)→ Iodized salt Monitoring System: i) quality assurance by MOH at retail level by MOH at schools by teachers (BIOC) iii) biological impact (goitrogenic salt consumption) | → SUSENAS Annual district and MOH Base map (1995 data) of iodized salt consumption • salt module in the N 1996 250 000 houses • 340 000 rapid tests • increased access to iodized salt • increased consumption • high risk vs lower areas → (UNICEF reports, ICIID, MOEC, MOH, SUSENAS statistics) → Training: UNICEF: program issues. Training to integrate district activities and monitoring. | → IDD prevalence decreased → Social mobilization (demand creation and sustainability- willingness of small incremental cost) → increased awareness of IDD among consumers through community-based monitoring by teachers (public understanding of difference between iodized and non-iodized salt, use of non iodized salt at home = qualitative assessment by focus groups); ways in which school based testing can provide classification for a community and how to correct the situation develop a information kit according school-based classification of community → percentage of communities with acceptable proportion of households with adequately access to iodized salt and proportion of households consuming effectively iodized salt through representative household survey (SUSENAS or other institution to be clarified) → Prevalence assessment of IDD for the country: Proposed prevalence assessment completed for all the 364 districts. In areas with clinical goiter rates > 30%, measurement of urinary iodine or use of ultrasounds in school children or to guide a program of capsule distribution and communities monitoring activities. MOH capsule program, external quality assurance at retail level, verification of impact program, promotion campaign (operational research??) Monitoring at the retail level: proportion of iodized salt sold that meet government standards, quantity of iodine losses during transport and while at the retailer, rapid test kit of salt in ware houses (MOH, MOIT) Centres sentinel in risk areas (criteria?) | Effects Goal : Level (5 years to 25 years) | → Sustainable elimination of IDD (WHO/UNICEF Stat, ICCIDD) → Reduction of the prevalence of IDD, through: i) decreased percentage of total goitrogenic salt consumption ii) proportion of adequate urinary iodine excretion levels (NM > 50 µg/g, moderate IDD btw 25-50 µg/g) and iii) adequate TSH serum level (N < 5-10 µg/mL) in high risk areas for reproductive aged women 15-45, pregnant women, and children under 15 y and for newborns iv) Cretinism disappeared (WHO/UNICEF, MOH Stat, ICCIDD) |
Annex E

MULTI-CRITERIA ANALYSIS TOOL:

A RANKING SYSTEM FOR KEY SUCCESS FACTORS

CAC International, Montréal

June 6, 1997
GENERAL BHN PERFORMANCE REVIEW METHODOLOGY

To assure a maximum level of comparability among the numerous projects evaluated in the Basic Human Needs performance review, it is essential that the evaluation teams pursue data collection using common methodologies and tools, conduct analysis according to common analytical frameworks, and present information, conclusions, recommendations according to standardised themes and formats. Evaluation findings and conclusions should be comparable regardless of the projects' size, nature, sector of intervention, or delivery/management mechanism.

Comparability across projects evaluated is assured through the use of the following common elements.

1. Use of the Framework of Results and Key Success Factors

All evaluations will be conducted using the Framework of Results and Key Success Factors as the methodological basis of assessing success and addressing overall review issues. The Framework is designed to generate a consistent body of information which can be aggregated across a number of projects. It consists of three sections:

✓ Results, a descriptive presentation of the progress towards achievement of objectives and results (both intended and unintended) at the levels of outputs, outcomes and impact;
✓ Development Factors, an analytical appreciation of the developmental effectiveness of the project results, particularly in terms of the differences the project has made in the lives of beneficiaries;
✓ Management Factors, an analytical appreciation of project delivery and management elements that may explain why the project was successful or not.

The use of the Framework will be conditioned on the nature of the project being evaluated. Use of judgement in adopting the Framework will be a key ingredient in its successful application. The BHN Performance Review therefore adds an additional section, External Factors, in order to more adequately address the larger context within which the project was carried out.

2. Presentation of qualitative and quantitative project results

The achievement of results is assessed by comparing actual versus intended results according to indicators defined in project documents at the three levels of the LFA. In those cases where results were poorly or incompletely defined in the project documents, the project evaluation team develops suitable indicators on the basis of principal stakeholder commentary. Unintended results – both positive and negative – are documented on the basis of available information from interviews and document review.

• Project results are presented in common format, a Results Grid, according to level (macro, meso, micro) and time horizon (outputs, outcomes, effects). This descriptive presentation provides a succinct overview of project results, both intended and unintended, in the partner country and in Canada. Evaluative conclusions concerning the significance of these results will be addressed in the final report as part of the overall performance of the project (see Item 5 below).
Where adequate information exists, the evaluation team situates results achieved with reference to more global objectives such as CIDA thematic/sector policies, ODA policy and priorities, and/or global BHN objectives.

3. Use of Key Success Factors to explain the why and the how of the results documented

Comparability of evaluation results requires a high level of prior agreement on the definition and relative importance of a large number of variables, most of which are qualitative in nature. Given the essential role of each Key Success Factor in producing the results documented, it is necessary to measure the relative contribution of each Factor, in terms of its strength and/or weakness. This is accomplished by assessing the project's compliance with the indicators for each Success Factor, a process in three steps.

- The evaluation teams, in consultation with the CIDA staff responsible for the Review, develop and use common definitions and understandings of Key Success Factors and their supporting indicators, as they apply to the portfolio of projects to be evaluated and the thematic interest of the Review. Additional indicators have been added to those already cited in the Framework.

- A ranking system is used to determine the degree of achievement of each indicator. The ranking system consists of a series of descriptive statements, representing a range of situations that illustrate the criterion in question. The range of situations extends from the "ideal" to the "worst case" scenario. The statements are drafted in terms that make them applicable across the full portfolio of projects evaluated.

The various evaluation teams will select the statement that best describes their assessment of the project status according to each indicator. The evaluation team's assessment according to each indicator will be supported by a concise presentation of the supporting evidence, argument, or demonstration.

4. Judging the impact of External Factors

Recognising that external factors (beyond project control) do affect the results obtained, a project's performance rating is adjusted to take into consideration external factors affecting results. The achievement of results in the face of constraints is a sign of greater project performance than the achievement of results when blessed with fortuitous opportunities that amplify results. Such a consideration is necessary to make projects with few constraints comparable to those with greater constraints.

When external factors totally impede the achievement of project results, project performance is calculated on the basis of success factors only. When no causal relationship can be identified (through documentation, observation or interview), the evaluation team notes the external factors at play without judging their impact on project results.

- The following examples of external factors have been shown to exert positive and negative influence on project results and are particularly targeted for assessment:
5. Assessment of overall project performance

An assessment of overall project performance is provided in a synthesis of the findings concerning results, development factors, management factors and external factors. The professional judgement of the evaluation team will be brought to bear on this issue, framed in formats common to all the evaluations in the Review portfolio.

- Project results at three levels (outputs, outcomes, effects) are judged according to a four-point scale: Significant, Notable, Limited, Negligible. The contribution of outputs to outcomes, and of outcomes to goal-level objectives, is also commented on.

- External factors are rated for their relative impact on project delivery and results achievement according to a four-point scale: Significant impact, Notable impact, Limited impact, Negligible impact. With a additional category, Don't know, for those situations where the evaluation team cannot reasonably attribute an impact on project results to external factors.

- The performance of each Development and Management Factor is the combined performance of its constituent indicators. The performance rating of each Factor is recorded one axis of a performance diamond (similar to the ‘development diamond’ used by the World Bank), with separate diamonds for Development Factors and Management Factors. The use of this technique will facilitate i) rapid comprehension of the strengths and weaknesses in success factors for each project evaluated, and ii) comparison of strengths and weaknesses among the projects in the BHN Performance Review portfolio.

6. Use of performance ratios

A number of ratios are used to express the relationship between different project elements in such a way as to synthesise information and facilitate comparison from one project to another. While the ratios are not “evaluative” as such, they provide useful quantitative statements to document evaluation findings. Nevertheless, the use of ratios depends on the availability of appropriate data.

- The following ratios are likely to be found in all evaluations in the BHN Performance Review portfolio; others may be added.

  ✓ outputs achieved vs. outputs planned, by component;
  ✓ outcomes and effects achieved vs. outcomes and effects planned;
  ✓ project investment (contribution from all sources) vs. results;
  ✓ management costs vs. program costs;
  ✓ expenditures on Canadian personnel vs. local personnel;
  ✓ CIDA funds vs. funds from other sources;
  ✓ external funds vs. local contribution;
  ✓ gender disaggregation of project beneficiaries;
• Gender disaggregation of project field teams; management and boards of implementing agencies.

• Evaluation team members will calculate these ratios and rate them according to a five-point scale: Very good, Good, Satisfactory, Unsatisfactory, Very Unsatisfactory.

7. Use of common data collection methods, analytical tools and formats

The evaluations use a number of other common data collection methods, analytical tools and formats. These include:

✔ evaluation matrix (Issues and data sources);
✔ types of documents consulted;
✔ categories of respondents interviewed;
✔ thematic interview guides;
✔ stakeholder network mapping;
✔ Evaluation Report Table of Contents;
✔ Executive Summary format.
# Multi-Criteria Analysis Grid

## Results

1. **Significant**  **Notable**  **Limited**  **Negligible**
   - Project outputs
   - Project outcomes
   - Project effects

2. __________
   - Project results are contributing to goal-level objectives
   - Project results contribute somewhat to goal-level objectives
   - Project results are not contributing to goal-level objectives

3. __________
   - Project outputs are consistent with intended outputs and produce expected outcomes
   - Project outputs are somewhat consistent with intended outputs and produce expected outcomes
   - Project outputs are somewhat consistent with intended outputs but do not produce expected outcomes

## External Factors

- Negative impact is significant
- Negative impact is notable
- Negative impact is limited
- Negative impact is negligible
- Don’t know
- Positive impact is significant
- Positive impact is notable
- Positive impact is limited
- Positive impact is negligible
- Don’t know
DEVELOPMENT FACTORS

□ RELEVANCE
(be assessed from the perspective of the results achieved, and not from the perspective of the project plan)

1. Consistency with needs and priorities of targeted beneficiaries/country/region based on a sound understanding of the local context 40
   - Project results are consistent with needs and priorities of targeted beneficiaries; project implementation and results are based on a sound understanding of the local context.
   - Results are somewhat consistent with needs / priorities; the understanding of the local context is sound.
   - Results are somewhat consistent with needs and priorities, but the understanding of the local context is incomplete.
   - Results are inconsistent with needs and priorities; there is little or no understanding of the local context.

2. Consistency with CIDA policy, priorities and programs 20
   - Project results are consistent with policy, priorities and program, and correspond to project’s impacts and outputs.
   - Project results are somewhat consistent with policy, priorities and program, and respond somewhat to project’s inputs and outputs.
   - Project results do not correspond to project’s inputs and outputs and are somewhat consistent with policy, priorities and program.
   - Do not correspond to input outputs are not consistent with policy, priorities and program.

3. Consistency with Canadian foreign policy, including potential benefits to Canada 20
   - Results are consistent with Canadian foreign policy, with significant benefits to Canada.
   - Results are partially consistent with Canadian foreign policy, with some benefits to Canada.
   - Results not consistent with foreign policy, with some benefits for Canada.
   - Results are not consistent with foreign policy, with no benefits for Canada.

4. Consistency with the efforts of local organisations and other donors addressing the same needs or problems 20
   - Project is fully consistent and/or complementary with efforts of other donors.
   - Project is somewhat consistent and/or complementary.
   - Project is not consistent and/or complementary.
   - Project runs counter to the efforts of local organisations and other donors addressing the same needs or problems.
1. Stakeholder satisfaction with and commitment to results and methods used to achieve them
   - Fully satisfied with results and methods / showed active support during project implementation
   - Somewhat satisfied with results and methods / showed active support during project implementation
   - Somewhat satisfied with results and methods / limited commitment during project implementation
   - Some dissatisfaction with results and methods / no commitment during project implementation
   - Strong dissatisfaction to results and methods / resistance during project implementation

2. Canadian capacity to provide goods and services required to achieve results
   - Full capacity to provide goods and services, as required, throughout full project cycle
   - Satisfactory capacity to provide goods and services, as required, throughout full project cycle
   - Limited capacity to provide goods and services, as required, throughout full project cycle
   - Some capacity to provide goods and services, demonstrating improvement throughout project cycle
   - Consistent and general incapacity to provide goods and services, throughout full project cycle

3. Effective design and delivery of resources and services, responding to conditions, needs, problems
   - Fully effective design/delivery of resources/services, responding to conditions/needs/problems
   - Generally effective design/delivery of resources/services, responding to most conditions/needs/problems
   - Somewhat effective design/delivery of resources/services, partially responding to conditions/needs/problems
   - Generally ineffective design/delivery of resources/services, responding to few conditions/needs/problems
   - Totally ineffective design and delivery of resources and services, poorly responding to conditions/needs/problems

4. Application of lessons learned from development experience
   - Documented use of relevant lessons learned, applied throughout project cycle
   - Timely use of relevant lessons learned to effect positive change in project strategy/management
   - Untimely/ineffective use of lessons learned to effect change in project strategy/management
   - No use of lessons learned in design and delivery
   - Project designed and implemented in contradiction to lessons learned
# COST EFFECTIVENESS

1. Actual expenditures correspond to planned expenditures or significant variances fully justified

1-A Allocation of costs to project priorities

- Project costs are fully in line with project priorities
- ... largely in line ...
- ... partially in line ...
- ... largely inconsistent ...

1-B Allocation of costs to budget line items

- Actual expenditures correspond fully to planned/revised expenditures
- Actual expenditures correspond somewhat to planned expenditures, significant differences are fully justified
- Actual expenditures correspond somewhat to planned expenditures, significant differences are not fully justified
- Actual expenditures correspond somewhat to planned expenditures, significant differences are not justified
- Actual expenditures do not correspond to planned expenditures, variances are not justified

1-C Allocation of costs between program and overhead

- Administration and overhead are below 20%
- ... 20% to 30%
- ... 30% to 40%
- ... 40% to 50%
- ... over 50%

1-D Relationship between costs and results

- Results achieved exceed planned, at lower cost
- Results achieved exceed planned, at cost
- Results and costs correspond to planning estimates
- Results lower than planned, at cost
- Results lower than planned, at higher cost
- No identifiable results at lower cost
- No identifiable results, at planned or higher costs
□ SUSTAINABILITY

1. Stakeholders take charge of project activities (understood to include all levels, i.e., both beneficiaries and implementers; communities, NGOs, government agencies, etc.)
   - All stakeholders take the full lead in project activities
   - All stakeholders participate in project activities as agents and/or actors
   - Some stakeholders participate in project activities
   - Disinterest in project activities on the part of important stakeholders
   - Hostility to project activities from influential and/or important stakeholders

2. Commitment of sufficient financial resources to maintain project benefits
   - Recurrent costs to maintain benefits are reasonably assured (budget commitment, cost recovery, user contribution, investment renewal)
   - Financial sustainability of project benefits integrated in project design and implementation, with partial success
   - Financial feasibility of maintaining project benefits determined and acted on as part of phase out strategy, with success uncertain
   - Inadequate resource pool, constituted a l'improviste, transferred at project close
   - No provision for recurrent and/or maintenance costs; no self-financing plan

3. Adequate institutional capacity and on-going relevance to maintain project benefits (understood to include both beneficiaries and local implementers)
   - Project benefits maintained by local institutions who have developed capacity at least in part through project activities
   - Responsibility for maintenance of project benefits assumed by local institutions with credibility but limited capacity
   - Responsibility for maintenance of project benefits assumed by local institutions with little credibility or capacity
   - Capability developed in local staff, but no institutional structure to profit from their experience
   - Project-dependent structures fall at project end; low capability transfer/development with local staff

4. National and international environment conducive to maintenance of project benefits
   - National/international environment strongly favourable to the maintenance of project benefits
   - . . . somewhat favourable . . .
   - . . . a neutral factor . . .
   - . . . somewhat unfavourable . . .
   - Dramatic tendencies/events put project benefits at risk

5. Project results develop the capacity of targeted beneficiaries to maintain benefits
   - Fully
   - Somewhat
   - Little
   - Not at all

31
MANAGEMENT FACTORS

PARTNERSHIP (refers to all vertical and horizontal interactions among project stakeholders)

1. Active participation of recipients and beneficiaries

- All recipients and beneficiaries fully participate at all stages of the project
- Most recipients and beneficiaries participate in many / most stages of the project
- Sporadic and uneven participation of some recipients and beneficiaries in some stages of the project

2. Project management structures are coherent with a partnership approach

- Management structures encourage the development of shared ownership and decision making, trust, and mutual gain
- Shared ownership and decision making, trust, and mutual gain develop in spite of management structures
- Management structures impede the development of shared ownership and decision making, trust, and mutual gain

3. Major stakeholders share a common understanding of project objectives and purposes

- Strong common understanding, renewed periodically throughout the project
- Common understanding is assured at project outset and are unquestioned during project execution
- Some misunderstandings develop during project execution and are resolved
- Some misunderstanding develop during project execution, but are not resolved
- Major differences in understanding throughout the project

4. Clear definition, understanding and acceptance of roles and responsibilities by project participants

- Roles and responsibilities are defined and documented, with periodic updating as required, supported by all participants
- Periodic informal dialogue and clarification of roles and responsibilities
- Periodic confusion over roles and responsibilities, with eventual resolution
- Periodic protest over roles and responsibilities, negatively affecting project performance
- On-going conflict over roles and responsibilities, at whatever level, endangers implementation

5. Partners in management have appropriate authority and tools they need to make decisions and take action ("tools": institutional capacity, human and other resources, and savoir faire)

- Coherence between authority and tools at all governance levels; management at all levels makes timely decisions and take informed action in favour of basic human needs
- Authority and means are largely coherent, but management is unable to act decisively in favour of basic human needs
- Authority / means mismatch lead to decisions and action that work against basic human needs
1. Experiment with new project design and procedures 25
   - Experimentation leads to improved performance and institutional learning
   - Experimentation leads to institutional learning but does not improve performance
   - Experimentation leads to institutional learning but lessens performance
   - Experimentation lessens performance and adds nothing to institutional learning
   - Experimentation significantly risks project implementation and institutional performance

2. Calculated risk-taking to achieve results 25
   - Documented risk analysis informs risk-taking that leads to improved results
   - Risks are analysed and avoided with no effect on results achievement
   - Fortuitous risk-taking leads to improved results
   - Risks are taken which lessen the results achieved
   - Risks avoidance decreases results achieved

3. New partnerships to achieve results 25
   ("New partnerships" is understood to include multilateral collaboration, internal CIDA arrangements, inter-sectoral Canadian collaboration, Canadian-local arrangements, and broad civil society participation, including local private sector)
   - Inclusion of new partnerships contributes to improved intended and positive unintended results
   - Inclusion of new partnerships contributes to improved intended results
   - Inclusion of new partnerships has no apparent effect on intended results but contributes to positive unintended results
   - Inclusion of new partnerships has no apparent effect on intended or unintended results

4. Lessons learned from innovation recorded, reported and disseminated 25
   - Dissemination of lessons learned contributes diffusion of innovations and replication
   - Lessons learned are disseminated without apparent diffusion or replication
   - Lessons learned are reported to appropriate levels but they are not disseminated
   - Lessons learned are recorded but not reported to appropriate levels for subsequent action
   - Lessons learned are not recorded
APPROPRIATE HUMAN RESOURCE UTILISATION

1. Good match between project needs and knowledge, expertise and personal skills of all major project participants ("Project participants" include both Canadian and partner country actors, at all levels of project management and implementation)

<table>
<thead>
<tr>
<th>Fully adequate match</th>
<th>Somewhat adequate match</th>
<th>Somewhat inadequate match</th>
<th>Completely inadequate match</th>
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</thead>
<tbody>
<tr>
<td>Technical skills vs. Technical requirements of project</td>
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<td>Cross cultural experience to address cultural challenges</td>
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<tr>
<td>Capacity to transfer skills and knowledge in a sustainable way</td>
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<tr>
<td>Adaptation of the rhythm of project implementation to absorptive capacity of target groups and/or institutions</td>
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</tbody>
</table>

2. Adequate management of project personnel

- Written, clear cut and comprehensive definitions of roles, tasks levels of authority and levels of communication regarding personnel management . . .: Exist_____ Partially_____ No_____

- Personnel management procedures are applied on a timely and supportive basis . . .: Consistently____ Occasionally____ Rarely____ Not applied____

- Program/project managers respond to needs of their personnel for timely support in the course of project implementation and/or to alleviate fundamental weaknesses in personnel that impede program/project implementation . . .: Responsive and timely____
  Responsive but not timely____
  Somewhat responsive and timely____
  Somewhat responsive but not timely____
  Not responsive____
PRUDENCE & PROBITY

1. Sound financial management policies and procedures, including budgeting, accounting and reporting systems and practices

<table>
<thead>
<tr>
<th>SYSTEMS / PROCEDURES</th>
<th>APPROPRIATENESS</th>
<th>EFFECTIVENESS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Appropriate</td>
<td>Somewhat Appropriate</td>
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<tr>
<td>Accounting</td>
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<td>Budgeting</td>
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<td>Reporting</td>
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<tr>
<td>Budget variances</td>
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</tbody>
</table>

2. Adequate strategies and practices respond to the nature and level of risk to project funds and assets

A) __There is a clear and written understanding of the level of risk for the project, and of their possible effects on project assets. __There is little or no understanding of risk and there is no sound strategy to protect assets.

B) __All transactions concerning project assets are documented and include appropriate internal control procedures and mechanisms to protect assets. __Transactions are rarely or altogether not documented; there are few or no internal control mechanisms and no mechanisms to protect assets.

3. Contracting and contract management in accordance with sound contracting policies and practices

A) Contract procedures are applied: __Rigorously __Partially __Poorly

B) Definitions provided in contracts of goods and services required are: __Well defined __Somewhat defined __Poorly defined

C) The relationship between the quality/quantity of goods and services and contract costs are: __Relevant and cost effective __Somewhat relevant and marginally cost effective __Not relevant and not cost effective

D) __Contracts include clear definition of roles, responsibilities and accountability for quantity/quality delivery, with adequate holdback mechanisms. __Definitions of roles, responsibilities and accountability are less clearly defined, with weak holdback mechanisms. __Definitions of roles, responsibilities and accountability are unclear; there are no holdback mechanisms.
INFORMED & TIMELY ACTION

1. Effective networks and processes to identify and assess important trends and events in the project environment
   - Project management has adequate information, in timely fashion, with appropriate capability to assess
   - Project management is informed of trends and events, but lacks capability to analyse and assess
   - Project is not informed in timely fashion
   - Project is isolated from its environment

2. Effective monitoring and reporting systems
   - Monitoring/reporting system fulfils management and funding agency's information requirements
   - Systems are largely adequate for management and funding agency's requirements
   - Systems are minimally adequate for local management, but inadequate for CEA and/or CIDA
   - Systems are inadequate for management requirements at any level
   - Systems mislead management at all levels

3. Appropriate and timely response to opportunities and problems
   - Project management is highly responsive to opportunities and problems, acting on the basis of sound information
   - Project management is attuned to opportunities and problems, but lacks capacity to act
   - Project management has the capacity to act, but remains unresponsive to opportunities and problems
## Performance Review Matrix of Issues, Indicators and Data Sources

### Data Collection Methods

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<th>Interviews in Country</th>
<th>Site Visits in Field</th>
<th>Focus Groups in Field</th>
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<tbody>
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<td>II PROJECT DESCRIPTION</td>
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<td>4. Project Description</td>
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<td>6. Development Factors</td>
<td>-Relevance</td>
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<td>8. External Factors</td>
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<td>9. Overall Project Performance</td>
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<td>-Performance ratios</td>
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### Performance Review Matrix of Issues, Indicators and Data Sources

#### Data Collection Methods

<table>
<thead>
<tr>
<th>Issues</th>
<th>Indicators</th>
<th>Document Review</th>
<th>Interviews in Canada</th>
<th>Interviews in Country</th>
<th>Site Visits in Field</th>
<th>Focus Groups in Field</th>
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<tr>
<td>IV BHN THEMES AND ISSUES</td>
<td>- Capacity development</td>
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<td>- Mobilization and utilization of resources</td>
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<td>- Contribution to international targets</td>
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<td>V LESSONS AND RECOMMENDATIONS</td>
<td>11. Lessons Learned and Recommendations</td>
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<td>- For country programs</td>
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<td></td>
<td>- For projects</td>
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</table>
Annex G

RESULTS GRID

<table>
<thead>
<tr>
<th>Level</th>
<th>Outputs Objectives-Level Immediate Results (1 month to 1 year)</th>
<th>Outcomes Purpose-Level Short-Term Impacts (1 year to 5 years)</th>
<th>Effects Goal-Level Long-Term Impacts (5 years to 25 years)</th>
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</thead>
<tbody>
<tr>
<td>Macro-Level (Policy, laws, regulations, national programs)</td>
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<tr>
<td>Meso-Level (Institution)</td>
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<tr>
<td>Micro-Level (-Community -Household -Individual)</td>
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</table>
Annex H

Site Visit to Communities

1. Objectives

Community site visits are intended to achieve several purposes:

a) to gather data on the general level of health and socio-economic development, paying particular attention to evidence of IDD-related health/development problems and taking into account the presence or absence of community "mobilization" activities related to community groups, the school, local government departments, public and/or donor advocacy projects etc.

b) to gather data on general knowledge, attitudes and practice of community members with respect to BHN issues eg basic health care, education, water and sanitation, community participation.

c) to gather data on the accessibility of iodized salt e.g. where is it sold? how is it displayed? what is its relative cost? what non-iodized products are available and how are these displayed and priced? what are the sellers and/or marketers attitudes, practices and future plans concerning salt products? what distributors do they deal with and under what terms? what is their awareness of the government's IDD/USI policies and what are their responses to promotional messages?

d) to gather data on household and individual use of iodized salt e.g. what are peoples' attitudes and knowledge about iodized salt - do they recognize it, give priority to it, trust its quality, know how it relates to health and development? how many families in the community buy it and how regularly? where do they get their information about it? how is the salt stored? who in the family uses it?

e) to gather data on school-based activities as these relate generally to the involvement of the school and teachers in community development issues and specifically as they relate to iodized salt e.g. inclusion of the issues of IDD and USI in the curriculum; students involvement in salt testing and advocacy with their families; knowledge and attitudes of students, teachers and principals about the relationship between food types, nutrition and general well-being.

On the basis of all of the above, the evaluation will attempt to assess the outputs, outcomes and impact of the project at the community level; what environmental, socio-economic and institutional factors appear to facilitate and/or impede "success"; and what further or different actions are suggested.
B. Methodology

The emphasis of the site visits is on process, rather than impact, data. Within the limitations of the BHN evaluation TORS, selection of communities for these visits cannot be by random or even purposive sampling, and the resulting analysis will not, therefore, allow generalizable comment about the impacts of the project over the whole country.

Rather, the aim is to try to get a 'snap-shot' of what the status of iodized salt seems to be at the community level, and -- from the perspective of the people directly involved with its selection and use -- an idea of the factors influencing this status. Selection will be limited to communities within travelling distance of Jakarta-Bogor and Surabaya-Madura. Within these boundaries, and on the advice of the Indonesian team member, UNICEF, CIDA and relevant ministries, communities will be selected on the basis of some variation in their general development and health status; their experience with social mobilization and education activities; and their perceived access/non-access to iodized salt.

Data will be collected through observation; "expert" interviews with relevant community spokespeople (local government officers, community leaders, teachers, traditional and government-sector health workers, salt sellers); and individual and focus-group conversations with community members, families and students. A special effort will be made to talk with mothers and young women.

For all community site visits, priority will be given to ensuring an evaluation group composed of one of the Canadian and the Indonesian member, a local interlocutor (preferably non-government) and a UNICEF fieldworker associated with the IDD project.
<table>
<thead>
<tr>
<th>NARRATIVE SUMMARY</th>
<th>EXPECTED RESULTS</th>
<th>MEANS OF VERIFICATION</th>
<th>RISKS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Goal:</strong> The sustainable elimination of iodine deficiency disorders (IDD) in 13 countries in Asia.</td>
<td>Reduction of the prevalence of IDD in target countries.</td>
<td>UNICEF/WHO statistics; NGO statistics, i.e. ICCIDD et al; Confirmation of UNICEF/WHO statistics by Canadian resources i.e. IDRC and other international nutrition councils.</td>
<td>That political will is insufficient to ensure the sustainability of USI/IDD control beyond the mid- and end-decade goals; That over-enthusiasm for the mid- and end-decade goals leads to inaccurate reporting.</td>
</tr>
<tr>
<td></td>
<td>Achievement of USI in target countries.</td>
<td></td>
<td>That hard currency not be available within target governments to ensure continued procurement of potassium iodate.</td>
</tr>
<tr>
<td><strong>Purpose:</strong> The expansion of effective USI and IDD control programs in 13 countries in Asia.</td>
<td>Increased proportion of households using effectively iodized salt.</td>
<td>UNICEF reports; Reports from CIDA-engaged monitor; NGO statistics, i.e. ICCIDD et al.</td>
<td>That motivation of private sector manufacturers to ensure continued iodization of salt is not maintained, either due to lack of political will (enforcement of legislation) and/or due to lack of profitability.</td>
</tr>
<tr>
<td><strong>Outputs:</strong> Country-specific activities including: Installed iodization plants; procured potassium iodate; effective iodized salt legislation; iodized salt monitoring systems; trained health, salt sector, information and other personnel; increased public awareness on IDD issues and prevention/solution;</td>
<td>Adoption of USI/IDD control regulations/legislation</td>
<td>UNICEF reports; Reports from CIDA-engaged monitor; CIDA Field Rep. reports based on visual verification.</td>
<td>That political will is insufficient to adopt/enforce USI legislation and support communications strategies to increase public use of and proper storage of iodized salt.</td>
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<tr>
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<td>Installation of properly functioning iodization plants; Successfully distributed potassium iodate.</td>
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<td></td>
<td>Increased public understanding of IDD issues and prevention/solution.</td>
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<tr>
<td><strong>Outputs:</strong> CIDA Contribution ($CDN) (*Amount of Contribution Agreement; ** 6%)</td>
<td>CIDA Contribution ($CDN) (*Amount of Contribution Agreement; ** 6%)</td>
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<tr>
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<td>Bhutan 405,000 Maldives 13,500 Vietnam 1,730,000</td>
<td>Vietnam 1,730,000</td>
<td>PTL: Jim Melanson (Director Asia Regional)</td>
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<tr>
<td></td>
<td>Cambodia 135,000 Myanmar 480,000 Subtotal 11,845,500</td>
<td>Subtotal 11,845,500</td>
<td>PRO: Sonya Rabeneck (Nutrition Specialist)</td>
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<tr>
<td></td>
<td>China 1,080,000 Nepal 500,000 Overhead** 670,500</td>
<td>Overhead** 670,500</td>
<td>FMA: Cindy Beeman (Asia Branch)</td>
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<td>India 2,025,000 Pakistan 2,000,000 Subtotal* 11,845,500</td>
<td>Subtotal* 11,845,500</td>
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<td>Indonesia 1,850,000 Sri Lanka 560,000 Monitor. 154,500</td>
<td>Monitor. 154,500</td>
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<td>Laos 351,000 Thailand 450,000 TOTAL 12,000,000</td>
<td>TOTAL 12,000,000</td>
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<td><strong>Note:</strong> Short run execution of project activities; project monitoring/evaluation; project reporting.</td>
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</table>

The table above outlines the narrative summary, expected results, means of verification, and risks associated with the project. It also includes the CIDA contribution and the project team members.
### Indonesia Iodine Deficiency Disorders Project Evaluation
Canadian International Development Agency/UNICEF

#### Schedule of Activities  
Annex J

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Activity</th>
<th>Persons Involved</th>
<th>Place</th>
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</thead>
</table>
| Friday, 05 Sept. | 09.00-12.00 | Team Meeting                      | 1. Anne Bernard (AB)  
2. Alain Lefevre (AL)  
3. Susy Soenarjo (SS) | Hotel        |
|               | 14.00-16.00 | Briefing with UNICEF & CIDA       | 1. Stephen Woodhouse  
2. Roger Shrimpton  
3. Ray Yip  
4. Sunawang  
5. Virginia Kadarzan  
6. Ernest  
7. Darmajat Natonegera  
8. Charles Rycroft  
9. Henny Bufeim  
10. Norm MacDonnel  
11. Franciska Indersiani  
12. Anne Bernard (AB)  
13. Alain Lefevre (AL)  
14. Susy Soenarjo (SS) | UNICEF       |
| Monday, 06 Sept. | 09.00-10.30 | Meeting w/ Dr. Triono Soendoro, PhD, 
& Ir. Irawati Susalit | 1. Anne Bernard (AB)  
2. Alain Lefevre (AL)  
3. Susy Soenarjo (SS)  
4. UNICEF Officer | BAPPENAS       |
|               | 10.45-12.15 | Meeting w/ Dr. Fasli Jalal, PhD.  | 1. Anne Bernard (AB)  
2. Alain Lefevre (AL)  
3. Susy Soenarjo (SS)  
4. UNICEF Officer | BAPPENAS       |
|               | 14.30 - 16.00 | Meeting w/ DR. Dipo Alam | 1. Anne Bernard (AB)  
2. Alain Lefevre (AL)  
3. Susy Soenarjo (SS)  
4. UNICEF Officer | BAPPENAS       |
| Tuesday, 09 Sept. | 09.30-09.30 | Meeting w/ Nutrition Directorate - MOH | 1. Anne Bernard (AB)  
2. Alain Lefevre (AL)  
3. Susy Soenarjo (SS)  
4. UNICEF Officer | MOH          |
|               | 10.30-12.00 | Meeting with Prof. Dr. Ir. Hidayat Syarif | 1. Anne Bernard (AB)  
2. Alain Lefevre (AL)  
3. Susy Soenarjo (SS)  
4. UNICEF Officer | BAPPENAS       |
|               | 14.00 - 17.00 | Meeting w/ Ministry of Industry and Trade | 1. Anne Bernard (AB)  
2. Alain Lefevre (AL)  
3. Susy Soenarjo (SS)  
4. UNICEF Officer | MOIT         |
|               |           |                                   | 1. Ir. I.B. Agra Kusuma  
2. Ir. F.T. Tanduk, MA.  
3. Ir. Sutopo, MPP.  
4. Ir. Rr. Diah Juli P.  
5. Drs. Pieter Sampe |              |
<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Activity</th>
<th>Persons Involved</th>
<th>Place</th>
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<td>Wednesday</td>
<td>07.00-12.00</td>
<td>Travel to Indramayu</td>
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<td>10 Sept.</td>
<td>13.00-14.30</td>
<td>Visit salt fields/factories</td>
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<td>15.00-17.00</td>
<td>1. Drop to local market/warung (kiosks) 2. Talk w/ the communities</td>
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<td>17.00</td>
<td>Travel to Bandung</td>
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<td>Thursday</td>
<td>08.00-10.00</td>
<td>Meeting w/ BAPPEDA I (Prov. Level) &amp; Development Bureau - Office of Governor</td>
<td>1. Anne Bernard (AB) 2. UNICEF Officer</td>
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<td>Thursday</td>
<td>08.00-09.30</td>
<td>Meeting w/ BAPPEDA I (Prov. Level) &amp; Development Bureau - Office of Governor</td>
<td>1. Alain Lefevre (AL) 2. Susy Soenarjo (SS) 3. UNICEF Officer</td>
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<td>PKK Office</td>
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<td>16.00-17.30</td>
<td>Visit PT. Budiono &amp; PT Garam</td>
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<td>18.00-21.00</td>
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<tr>
<td>Date</td>
<td>Time</td>
<td>Activity</td>
<td>Persons Involved</td>
<td>Place</td>
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<tr>
<td>Friday,</td>
<td>09.00-10.00</td>
<td>Meeting w/ Teachers Association (PGRI)</td>
<td>1. Anne Bernard (AB) 2. UNICEF Officer</td>
<td>Bandung</td>
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<td>12 Sept.</td>
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<td>Meeting w/ Salt Producers/Distributors</td>
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<td>14.00-17.00</td>
<td>Travel back to Jakarta</td>
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<td><strong>TEAM 1:</strong> Anne Bernard (AB) &amp; UNICEF Officer</td>
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<td>10.00-12.00</td>
<td>1. Drop to local market 2. Talk to communities 3. Talk to teachers</td>
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<td>PT. Garam</td>
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<td></td>
<td>13.00-19.00</td>
<td>Travel back to Surabaya</td>
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<td>Saturday,</td>
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<td><strong>TEAM 1:</strong> Anne Bernard (AB)</td>
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<td>13 Sept.</td>
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<td>Draft report</td>
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<td><strong>TEAM 2:</strong> Alain Lefevre (AL), Susy Soenarjo (SS) &amp; UNICEF Officer</td>
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<tr>
<td></td>
<td>09.00-11.00</td>
<td>Travel to Mataram</td>
<td>1. Alain Lefevre (AL) 2. Susy Soenarjo (SS) 3. UNICEF Officer</td>
<td>Surabaya</td>
</tr>
<tr>
<td></td>
<td>14.00-16.00</td>
<td>Meeting w/ PKK</td>
<td></td>
<td>PKK Office, Mataram</td>
</tr>
<tr>
<td>Sunday,</td>
<td></td>
<td><strong>TEAM 1:</strong> Anne Bernard (AB)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 Sept.</td>
<td></td>
<td>Draft report</td>
<td></td>
<td>Hotel, Jakarta</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>TEAM 2:</strong> Alain Lefevre (AL), Susy Soenarjo (SS) &amp; UNICEF Officer</td>
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</tr>
<tr>
<td></td>
<td>09.00-17.00</td>
<td>Travel to Gangga/Bayan &amp; talk to communities</td>
<td>1. Alain Lefevre (AL) 2. Susy Soenarjo (SS) 3. UNICEF Officer</td>
<td>West Lombok, NTB</td>
</tr>
<tr>
<td>Date</td>
<td>Time</td>
<td>Activity</td>
<td>Persons Involved</td>
<td>Place</td>
</tr>
<tr>
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</tr>
<tr>
<td>Monday,</td>
<td>07:00-09:00</td>
<td>Travel to NRDC Bogor</td>
<td>1. Anne Bernard (AB) 2. UNICEF Officer</td>
<td>Bogor</td>
</tr>
<tr>
<td>15 Sept.</td>
<td>09:15-12:00</td>
<td>Meeting with NRDC officers</td>
<td>1. DR. Muhial 2. DR. Djamadians Abunain 3. others</td>
<td>NRDC Office</td>
</tr>
<tr>
<td></td>
<td>13:00-15:00</td>
<td>Travel back to Jakarta</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>16:00-17:00</td>
<td>Meeting with World Bank</td>
<td></td>
<td>WB Office</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>TEAM 2:</strong> Alain Lefevre (AL), Susy Soenarjo (SS) &amp; UNICEF Officer</td>
<td>1. Alain Lefevre (AL) 2. Susy Soenarjo (SS) 3. UNICEF Officer</td>
<td>Mataram, NTB</td>
</tr>
<tr>
<td></td>
<td>08:00-09:00</td>
<td>Meeting with Provincial Health Officers</td>
<td>1. Kakanwil Depkes Propinsi NTB 2. Kadikes DATI Propinsi NTB 3. Other related officers</td>
<td>Kanwil/Dikes Office</td>
</tr>
<tr>
<td></td>
<td>09:30-10:30</td>
<td>Meeting with Provincial MOIT</td>
<td></td>
<td>MOIT Office</td>
</tr>
<tr>
<td></td>
<td>11:00-12:30</td>
<td>Meeting with Provincial BAPPEDA &amp; Development Bureau - Office of Governor</td>
<td></td>
<td>BAPPEDA Office</td>
</tr>
<tr>
<td></td>
<td>14:00-</td>
<td>Visit salt farmer in East Lombok</td>
<td></td>
<td>East Lombok</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Tuesday, 16 Sept.</strong> <strong>TEAM 1:</strong> Anne Bernard (AB) &amp; UNICEF Officer</td>
<td>1. Anne Bernard (AB) 2. UNICEF Officer</td>
<td>Jakarta</td>
</tr>
<tr>
<td></td>
<td>09:00-10:30</td>
<td>Meeting with Teachers Association (PGRI)</td>
<td></td>
<td>PGRI Office</td>
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<tr>
<td></td>
<td>11:00-12:00</td>
<td>Meeting with Health Education Centers (Pusat PKM) - MOH</td>
<td></td>
<td>PKM Office-MOH</td>
</tr>
<tr>
<td></td>
<td>14:00-15:30</td>
<td>Meeting with DR. Ir Suroso (MENPANGAN/ Ministry of Food)</td>
<td></td>
<td>MENPANGAN Office</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>TEAM 2:</strong> Alain Lefevre (AL), Susy Soenarjo (SS) &amp; UNICEF Officer</td>
<td>1. Alain Lefevre (AL) 2. Susy Soenarjo (SS) 3. UNICEF Officer</td>
<td>Mataram, NTB</td>
</tr>
<tr>
<td></td>
<td>08:00-09:30</td>
<td>Meeting with Teachers Association (PGRI)</td>
<td></td>
<td>PGRI Office</td>
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<tr>
<td></td>
<td>10:00-17:00</td>
<td>Visit school(s) &quot;Asyik&quot; Magazine</td>
<td></td>
<td>Central Lombok (?)</td>
</tr>
</tbody>
</table>
### Wednesday, 17 Sept.

**TEAM 1**: Anne Bernard (AB) & UNICEF Officer
- **Time**: 09.00-11.00
  - Visit CARE Indonesia
  - 1. Anne Thomson
  - 2. Iskandar
  - 3. Budi Rahardjo
  - 4. Nugroho Tomo
  - 5. Armunanto
- **Time**: 13.00-16.00
  - Others

- **Place**: Jakarta

**TEAM 2**: Alain Lefevre (AL), Susy Soenarjo (SS) & UNICEF Officer
- **Time**: 08.30-10.30
  - Presentation of visits
  - 1. BAPPEDA Officer(s)
  - 2. Provincial Health Officers
  - 3. Provincial MOIT Officers
  - 4. Teachers Association
  - 5. Salt producers & Distributors
  - 6. PKK
  - 7. Others
- **Time**: 12.00-
  - Travel back to Jakarta

**Place**: Matsaram, NTB

### Thursday, 18 Sept.
- **Time**: 09.00-13.00
  - Presentation of visits
  - 1. Anne Bernard (AB)
  - 2. Alain Lefevre (AL)
  - 3. Susy Soenarjo (SS)
- **Place**: BAPPEDA Office

### Friday, 19 Sept.
- **Time**: 09.00-13.00
  - Presentation of visits
  - 1. Anne Bernard (AB)
  - 2. Alain Lefevre (AL)
  - 3. Susy Soenarjo (SS)
- **Place**: UNICEF

### Saturday/Sunday, 20 Sept.
- **Time**: 09.00-13.00
  - Travel back to Canada