

**Prioritising ‘most deprived’ children:
an evaluation of
Save the Children Australia’s
approaches to reducing inequality**

Evaluation Report

July 2016

“Sometimes I am reflecting on our projects – are we really targeting the children who really need us? We need to be clear who we really want to work with – MOST vulnerable and marginalised or just vulnerable and marginalised (emphasis added)...I would prefer that we worked with the most marginalised. We would work with less people, although donors like to reach more beneficiaries, but that would be ok.” (Interview with Save the Children staff in Indonesia)

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Abbreviations and Acronyms

Abbreviation	Full Name
ACFID	Australian Council for International Development
AIDS	Acquired Immune Deficiency Syndrome
ADPlan	Annual Development Plan
ANCP	Australian NGO Cooperation Program
CABA	Children Affected/Infected by HIV and AIDS
CCWC	Commune Committee for Women and Children
CHETONA	Comprehensive care and protection for children of sex workers and children infected/affected by HIV/AIDS
ChSW	Children of Sex Workers
CRSA	Child Rights Situation Analysis
CSP	Country Strategic Plan
CO	Country Office
DFAT	Department of Foreign Affairs and Trade (Government of Australia)
FGD/s	Focus Group Discussion/s
HIV	Human Immunodeficiency Virus
IEC	Information, Education, Communication
IMPACT	Improving Migrant Protection and Assistance for Children in Thailand
Lao PDR	Lao People's Democratic Republic
M&E	Monitoring and Evaluation
MCH	Maternal and Child Health
MEAL	Monitoring, Evaluation and Learning
MDGs	Millennium Development Goals
MoH	Ministry of Health
MNCH	Maternal and Newborn Child Health
MYBebi	Mamas, Yangfela and Babies Project
NGO	Non-Government Organisation
NTT	Nusa Tenggara Timur
PHC	Primary Health Care
SC	Save the Children
SCA	Save the Children Australia
SCSCP	Strengthening Community Systems for Child Protection
SCI	Save the Children International
SETARA	Strengthening Education Through Awareness and Reading Achievement
UNICEF	United Nations Children's Fund
UVP	Utero-vaginal prolapse
VHW	Village Health Worker
WHO	World Health Organisation

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Disclaimer

This evaluation report has been prepared by two independent consultants (Phillip Miller and Todd Ritter) employed by Orgnex Pty Ltd and commissioned by Save the Children Australia (SCA). The views presented in this report are those of the evaluation team members alone, and do not necessarily reflect the views of Save the Children, governments or the Department of Foreign Affairs and Trade (DFAT).

The evaluation team have done their best, in the time available, to ensure the accuracy and reliability of the information provided in this report. Any errors of fact nevertheless remain the responsibility of the evaluation team.



Photo 1: Focus Group Discussion in Cambodia, photo by Hok Eng.

Glossary of Terms

During the evaluation there were a number of key terms that were used extensively. Where appropriate the evaluators shared the definitions of these key terms with the evaluation participants.

‘Most vulnerable’ people can be considered as those with a high risk of being deprived of their rights due to individual or family circumstances (e.g., living in extreme poverty, in disaster-prone locations, in non-family care, of a group likely to suffer discrimination) (Save the Children, ‘Note on Terminology’, year unknown).

‘Marginalised’ people are those who are relatively powerless in society due to their lack of social, cultural or political influence and/or lack of economic resources. When applied specifically to children, marginalised children are those who belong to marginalised families and groups, or who live without family care and are thereby almost inevitably marginalised as individuals (Save the Children, ‘Note on Terminology’, year unknown).

In describing the **most vulnerable and marginalised children**, Save the Children (SC) agrees with United Nations Children’s Fund (UNICEF) that these are children who:

- have disabilities
- are internally displaced or refugees
- are living in institutions or temporary housing
- have been trafficked children or are migrants
- are in detention
- are living and working on the street
- are from ethnic minorities living in remote areas or following a nomadic or pastoralist way of life (Save the Children, ‘Note on Terminology’, year unknown).

‘Deprived children’ are disadvantaged children who individually suffer shortfalls in, or violations to, the realisation of their social, economic, cultural or political rights in absolute terms, and/or relative to other children, and their deprivation relates to specific areas of suffering such as nutritional, educational, economic (Save the Children, ‘Note on Terminology’, year unknown).

‘Prioritisation’ refers to giving preference to the most marginalised and vulnerable over other groups in terms of participation in the project and opportunity to access project benefits.

‘Engagement (with the project or project cycle)’ is defined as involving somebody in an activity, or to become involved or take part in an activity.

‘Consideration’ (of most vulnerable and marginalised) refers to how the interests/needs/aspirations etc. of these groups were taken into account or assessed.

Executive Summary

Save the Children Australia (SCA¹) commissioned an evaluation to assess its processes in prioritising the most deprived women, men, girls and boys. The objective of the evaluation is to examine the extent to which prioritisation of the most vulnerable and marginalised is being meaningfully considered in selected SCA projects funded by the DFAT through the Australian Non-Government Organisation Cooperation Program (ANCP) and analyse the relevance and effectiveness of the strategies adopted by each project. A mixed methods approach using primary and secondary data collection and analysis was used to understand the process of identification and prioritisation of the most vulnerable and marginalised women, men, girls and boys in seven SCA ANCP-funded projects, purposively selected from thirteen for thematic and geographical representation. Evaluators made in-country visits to four of the seven countries and conducted interviews with staff and partners through distance calls in the other three countries as well as with SCA staff. Primary data was collected in April and May 2016 through:

- Eighty-two interviews with 49 SCA and Save the Children (SC) Country Office staff (26 women, 23 men) (some through an interpreter), 20 in-country partners and community leaders (eight women, 12 men) (nearly all through an interpreter);
- Twenty-seven Focus Group Discussions (FGDs) with 299 project participants (122 women, 58 men, 71 girls, and 48 boys) in the four in-person visit countries (mostly through an interpreter);
- Online anonymous survey completed by 11 SCA (8 women, 3 men) and 44 SC Country Office staff (20 women, 23 men, 1 gender not specified). Seventy-eight staff were invited to participate in the survey and the response rate was 71% (79% for SCA staff and 67% for Country Office staff).

At the outset it should be mentioned that targeting most vulnerable and marginalised was neither a primary requirement which SC Country Offices were expected to consider in the design of the projects for ANCP funding nor a criteria during the project appraisal process by SCA when the projects under consideration in this evaluation were designed. Thus, the evaluation was not intended as a mechanism to measure progress against agreed objectives. Rather it is to give insights that will assist in moving forward with a clearer focus on disadvantaged groups. The main findings, triangulated from the analysis of the primary and secondary data sources are listed here for the purpose of providing a summary. The analysis underlying the findings can be found in the relevant parts of the Findings and Discussion sections.

- SC staff were almost unanimous in their opinion that it is highly important that SC programs should prioritise the most vulnerable and marginalised.
- There is a widely held, though not uniform, perception that projects are prioritising most vulnerable and marginalised groups. The perceptions were more prevalent among Country Office than SCA staff.
- Some projects clearly focused on most vulnerable and marginalised groups (Cambodia Strengthening Community Systems for Child Protection (SCSCP), Thailand Improving Migrant Protection and Assistance for Children in Thailand (IMPACT), Bangladesh Comprehensive Care and Protection for Children of Sex Workers and Children Infected/Affected by HIV/AIDS

¹ For the benefit of external readers, SCA is used throughout the report to refer to SCA's Melbourne Office
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(CHETONA), Ethiopia Maternal and Child Health (MCH)) that could be substantiated. Other projects included strategies to reach the most vulnerable and marginalised groups, though it was not their primary focus (Lao PDR Primary Health Care (PHC) or focused on groups that could be assessed as vulnerable or marginalised (Indonesia Strengthening Education Through Awareness and Reading Achievement (SETARA)) but not necessarily the most vulnerable. One project did not have a strategic focus on the most vulnerable and marginalised (Vanuatu Mamas, Yangfela and Babies Project (MyBebi)).

- All projects used a mix of approaches to identify and prioritise the most vulnerable and marginalised - the most common approaches being: program piloting or previous experience with the topic in the same location; targeting based on a geographical location; based on SC's Child Rights Situation Analysis (CRSA) and/or Country Strategic Plan (CSP); additional consultations with partners and stakeholders; and information from these sources was put into context through secondary data review in the proposal.
- The most vulnerable and marginalised were directly engaged during the design of the MCH project in Ethiopia and the refinement of the CHETONA project in Bangladesh. The other projects did not engage them directly during project design, although representatives of the most vulnerable and marginalised groups were usually consulted. Engagement of the most vulnerable and marginalised is higher during implementation, with more activity-based opportunities for feedback. There are few examples of engagement beyond the program activity level.
- Common enablers to prioritisation of the most vulnerable and marginalised amongst Country Offices were: continuation of previous projects; relationships and partnerships with government and other partners; and a situation analysis or consultation at design stage.
- Common constraints amongst Country Offices were: geographical locations selected based on feasibility; no policy guidance on populations to reach; lack of tools or guidance about approaches; lack of data availability.
- According to SC staff there is little guidance beyond the broad ambition to reach the 'most marginalised and deprived' that is articulated in the strategic planning documents. Despite this policy gap, Country Offices largely have a wide range of tools available to them to identify the most vulnerable and marginalised within the context of the individual projects. These have been applied differently but adequately in all sectoral areas. Consequently, the most vulnerable and marginalised were identified by each project team without the aid of specific policies or guidelines about targeting.

Building on these and other findings, recommendations for SCA, Country Office and Project level were developed. These are summarised below and explained in more detail in the Recommendations section.

For Save the Children Australia:

1. If necessary, negotiate with DFAT (or any other donor) for alignment between their expectations with SCA goal of using ANCP funds (or any other) to reach the most vulnerable and marginalised.
2. Develop and communicate a clear direction and programming expectations around targeting of the most vulnerable and marginalised in regards to ANCP (or any other) funding with the rest of Save the Children.
3. Ensure that SCA processes and templates promote inclusion of most vulnerable and

marginalised throughout the project cycle and that these can be tracked and reported on.

4. Develop an evidence base which can inform understanding across the sector about the benefits of improving the lives of the most vulnerable and marginalised and use this to help influence donor thinking and policies in Australia.
5. Make a concerted effort to continually review lessons learned and experiences and share them within SCA and other SC members through documenting project experiences, sharing at conferences, and publishing case studies etc.
6. Ensure adequate technical support is available from SCA to Country Offices to support them to meaningfully reach and include children with disabilities in their projects.
7. To the extent possible, promote the possibility within Save the Children International that future CRSAs and CSPs provide a specific focus on the most vulnerable and marginalised groups compared to more mainstream groups.

For Country Offices:

8. Undertake risk and vulnerability analyses with the most vulnerable and marginalised prior to, or within, the design phase of the project.
9. As part of the design phase in all projects, SC should include assessment of situation of children with disabilities.
10. Ensure adequate resources are available for identifying, and assessing the needs of, most vulnerable and marginalised prior to, or during, the design stage.
11. Strategies to reach and serve the most vulnerable and marginalised need to be more fully developed and costed at the design stage to ensure prioritisation can be implemented.
12. Country strategies and project documents need to provide shared understanding of terms such as 'most vulnerable', 'marginalised', 'deprived' etc.
13. Include indicators by which to measure success of prioritisation and participation of the most vulnerable and marginalised within the project Monitoring, Evaluation and Learning (MEAL) framework.
14. Assess the staff capacity requirements that are implicit to enable SC to better identify, understand and prioritise the complex needs of the most vulnerable and marginalised.
15. The ongoing participation of the most vulnerable and marginalised throughout the project cycle needs to be enshrined in each project strategy or MEAL framework (e.g., within accountability mechanisms, monitoring and evaluation processes, annual planning and reviews).

For Project Level

16. Take measures to ensure that project level structures such as committees and volunteers that SC establish as part of the project are inclusive of the most vulnerable and marginalised.
17. Bangladesh CHETONA – revisit the different causes of vulnerability for Children Affected/Infected by HIV and AIDS (CABA) and Children of Sex Workers (ChSW) and refine the project to better address vulnerability of CABA who face significant obstacles to education, protection and meeting basic needs.
18. Bangladesh CHETONA - an exit strategy should be developed which addresses the centrality of the role of the project partners in the lives of the most vulnerable children and avoids the children and parents being left more vulnerable than before once the project ends.
19. Vanuatu MY Bebi – specific strategies need to be developed to ensure young mothers (who

have been deemed the most vulnerable and marginalised group for this project) are participating in the project.

20. Cambodia SCSCP - consider approaches for better ensuring the confidentiality of individuals and households during village mapping and social services mapping that involve most vulnerable identification activities.
21. Ethiopia MCH project – ensure future radio-listening groups have explicit selection criteria that ensures that the most vulnerable and marginalised are selected to participate especially within the women and girl groups.

Introduction and Background

Save the Children's (SC) **Ambition for Children 2030** clearly establishes the priority of achieving change for the world's **most** vulnerable and marginalised children.

"We will do whatever it takes to ensure by 2030 all children survive, learn and are protected, with a focus on the most deprived and marginalised children... We will work to achieve the rights of all children, but we will put the most deprived and marginalised children first and advocate for others to do the same. We will judge our and other's successes against our ability to reach these children". (Save the Children Global Strategy Ambition for Children 2030 and 2016 –2018 Strategic Plan)

SCA strategy documents similarly express the commitment to ensuring the most vulnerable and marginalised are reached and lives improved as a result of its programming. The SCA 2016-2018 Strategy (2015) as well as the International Programs 2016-2018 Strategy (2016) both state, *"We will work with and for the most deprived children"*. In addition, the commitment to *"including and addressing the needs and rights of vulnerable and marginalised people and their representatives in all aspects of their aid and development activity"* is an obligation of all the Australian Council for International Development (ACFID) signatories to the Code of Conduct (which includes SCA) (ACFID 2014).

Against this background, SCA commissioned an evaluation of its processes to date in prioritising the most deprived women, men, girls and boys. The objective of the evaluation was to examine the extent to which prioritisation of the most vulnerable and marginalised was being meaningfully considered in the selected SCA projects funded by DFAT through the ANCP and analyse the relevance and effectiveness of the strategies adopted by each project to promote equitable access and participation.

Findings of this evaluation are intended to be used to enhance program design, implementation, monitoring and evaluation to better serve the most vulnerable and marginalised children in the targeted locations. It is expected that the findings will be applicable beyond the specific projects being reviewed. The evaluation was designed to provide technical staff in SC partners, governments and other similar non-government organisations (NGOs) with the concepts, empirical evidence, noteworthy case studies of different approaches and the operational elements necessary to develop more comprehensive vulnerability targeting mechanisms. Lessons learned will be documented and used to inform SCA's organisational thinking and practice in this area. SCA intends to share the findings with peers and other stakeholders to contribute to the broader development dialogue on effective prioritisation of marginalised and most vulnerable communities and individuals in development interventions.

SCA was looking for a balanced portfolio across their focus sectors of child protection, health, disaster risk reduction/climate change adaptation and education with representation from SC programming in Africa, South Asia, South-East Asia and the Pacific. Based on interviews with SCA senior management, it is the understanding of the evaluators that in the future targeting the most vulnerable and marginalised (or similar disadvantaged groups) will be a compulsory criterion for inclusion in the SCA ANCP-funded portfolio of projects. Therefore, the rationale of the evaluation was to understand how the most vulnerable and marginalised feature in the

current portfolio of ANCP-funded projects with a view to moving towards greater focus on this group in the future.

Methodology, Ethics and Limitations

The Terms of Reference for the evaluation is attached in Annex 1. A mixed methods approach using primary and secondary data collection and analysis was used to understand the process of identification and prioritisation of the most vulnerable and marginalised women, men, girls and boys in seven SCA ANCP-funded projects. Funding for this evaluation was provided by DFAT through its ANCP to SCA, and for this reason the evaluation is focused on ANCP projects.

The seven ANCP projects included in the evaluation were selected by SCA from their ANCP portfolio of thirteen projects through purposive sampling and practical considerations. SC Country Offices were invited to participate based on geographical and program diversity. Annex 2 lists the project names, countries, project types, start and end dates, and level of participation in the evaluation.

Seven countries were invited to participate, however three responded that they were not able to accommodate evaluator visits during the required timeframe. A revised design was decided by SCA to only undertake distance interviews using Skype (with a translator if required) with Country Office staff in those three countries. Thus, four countries (Bangladesh, Cambodia, Ethiopia, Vanuatu) agreed to 'full participation' (interview and focus groups by the evaluators in-country, and the online survey) and three countries (Indonesia, Lao PDR and Thailand) agreed to participating through remote interviews and the online survey. In the four 'full participation' countries focus group discussions (FGDs) and face-to-face interviews were conducted with SC and partner staff, community members and other stakeholders during in-country visits by the evaluators. In regards to the participation of SCA staff in the evaluation, the evaluators interviewed eight personnel (all based in SCA Melbourne office) consisting of members of the Programs Leadership Team in the International Programs Department, Regional Portfolio Managers and Project Support Teams.

An Inception Report which was prepared and approved by SCA, detailed and justified the methodology to be undertaken in the evaluation. This was followed during the execution of the evaluation and any limitations that are material to this process have been described in this section. Selection criteria were developed for inclusion in the survey, interview and focus groups and are included in Annex 3. Each participating country developed a list of participants for each method. The evaluators reviewed the list with country contacts, and probed and confirmed justifications for the selection.

Primary data was collected in April and May 2016 through:

- Eighty-two interviews with 49 SCA and SC Country Office staff (26 women, 23 men) (some through an interpreter), 20 in-country partners and community leaders (8 women, 12 men) (nearly all through an interpreter);
- Twenty-seven FGDs with 299 beneficiaries (122 women, 58 men, 71 girls, and 48 boys) in the four full participation countries (all through an interpreter). (See a breakdown of the number of participants per country in Annex 3);
- Online anonymous survey completed by 11 SCA (8 women, 3 men) and 43 SC Country Office staff (20 women, 23 men). Seventy-eight staff were invited to participate and there was a responses rate of 71% (79% for SCA staff and 67% for Country Office staff).

The aim of the survey was to obtain, in an anonymous medium, aggregate assessments, as well as assess differences based on demographic variables, if pertinent, pertaining to prioritising the most vulnerable and marginalised. An online survey was selected as it is an efficient mechanism to canvass the opinion of a wide range and large number of staff located in eight countries, and it provided an anonymous platform through which more frank and honest opinions might be expressed in comparison to face-to-face interviews. Semi-structured interviews were selected to elicit in-depth and rich information, tangible examples of experiences to support opinions and perceptions and an opportunity to probe key staff and partners. FGDs were chosen as the medium for gathering information at the community level as this allowed the evaluators to capture the opinions, perceptions and experiences of a cross-section of the beneficiary population in a way that interviews could not, given the time constraints.

Secondary data was collected through the provision to consultants of SC project documents, policies and guidelines as well as undertaking a brief narrative literature review of relevant publications through a keyword search of literature from other organisations' and searchable databases. Survey data was analysed in Microsoft Excel through frequencies and cross-tabulations and key findings reviewed against the evaluation questions. Qualitative data was analysed by developing themes based upon a review of the interview and focus group notes, a discussion of themes between the evaluators, and an assessment of the themes against the evaluation questions.

Results have been validated through multiple mechanisms. Firstly, through the triangulation of the data from the various sources (i.e. interviews, FGDs, survey, literature review). Secondly, a review of the findings and recommendations was undertaken by an SCA Advisory Committee (six SCA staff who volunteered to participate) to provide quality assurance, promote ownership within SC and assist the evaluators to leverage participation from the wider organisation. Thirdly, a group of external experts were engaged by SCA and Orgnex to provide an external peer review mechanism and assure coherence between the findings and recommendations. (See List of Save the Children Advisory Committee members and External Experts in Annex 4).

It should be noted that it was beyond the scope of the evaluation to independently assess who could be considered as most vulnerable and marginalised. Rather the evaluators have reviewed the approaches at country level that were used to determine who were the most vulnerable for each project. Where Country Offices have expressed views on how the groups being targeted compare with other vulnerable groups in the country or project area has also been presented in the findings.

Ethical approaches to undertaking the evaluation were adhered to at all stages, and guided by the ACFID Guidelines for Ethical Research and Evaluation in Development (ACFID, 2015) as well as by Save the Children Australia's policy on Child Protection. By adhering to this policy the evaluators took measures to ensure safe and respectful interactions with children and young people. These measures included only involving children in FGDs and never in one-on-one interview situations; ensuring another adult who was trusted by the children was present at least during the initial part of the FGD; applying advice from briefings with SC staff in regard to framing questions for children who were especially vulnerable e.g., those affected/infected by HIV and AIDS as well as children of sex workers. Two key ethical issues that were anticipated in the planning included: 1) Ensuring SC staff were able to contribute anonymously and without fear of reprisal; and 2) Ensuring no undue burden for the participation of the most vulnerable and

marginalised, including ensuring that their feedback was anonymous to the extent possible.

During each interview/discussion (as well as in the online survey), participants were advised of how they could provide feedback (including complaints) to people independent of evaluators about the conduct of the evaluators or nature of the evaluation should they wish to do so. The FGD participants and interviewees were assured that their feedback would be anonymous inasmuch as it would not be attributed to individuals or particular communities or organisations when reported. In cases where the characteristics of the participant made it possible to identify them, the evaluators took care that information was sufficiently aggregated or details changed so that no community, household or individual could be identified. All records of FGDs and interviews provided to Save the Children will not include the names of FGD participants or communities of the informants.

In the case of key informant interviews and FGDs, the evaluators obtained verbal informed consent from the participants after explaining the purpose, use of the information, time requirements, confidentiality and anonymity of the information provided, and complaint mechanisms. They also offered to answer any questions.

The evaluation contained the following limitations that need to be taken into account when assessing the findings and recommendations. Some limitations were identified prior to the data collection and feasible approaches incorporated in attempt to mitigate their impact.

1. Focus on ANCP projects. The focus of the review on ANCP-funded projects might have inadvertently limited the scope of possible relevant information obtained related to prioritisation, its challenges and enablers which might have been found in projects with other donors. This was partially mitigated through the literature review which included documents relating to programming beyond those funded by ANCP.

2. Country selection. In three countries, staff interviews were conducted remotely and no community opinions were sourced. The self-selection of participation may have introduced unintended bias as there may be differences in the nature of the programming, relationships between SCA and Country Offices, or in community perceptions in these three countries compared to the other four. In addition, with fewer interviews and sources of information, the evaluators obtained a less complete assessment of the situation in these three countries and were less able to triangulate information.

3. Loss of informants or poor recollection. All except two of the projects included in the evaluation started in July 2013 (one started in July 2015 and one in July 2012) – which places the design phase of the project as much as four years before this evaluation. An area of focus of the evaluation was the processes used and decisions made during the project design stage. Informants were not always involved at this stage. Informants who were involved may not have remembered details of the process of the project design or their recollection may not be entirely accurate given the length of time that had passed. The review of project documentation helped to verify the information from interviews and fill gaps.

4. Bias inherent in narrative literature review. Literature searching of the evaluation has not uncovered all possible arguments for or against an issue, we have not evaluated the quality of articles selected against specific criteria, and the evaluators' internal biases might have influenced the articles selected and used. The majority of the documentation reviewed has been

project documents, which have come from SCA unsolicited, so there is also inherent bias of the external evaluators only reviewing the documents that were provided. The evaluators also requested specific documents from SCA and at country level.

5. Save the Children bias. The topic under investigation is part of the role of SC, SCA and partner staff who were surveyed and interviewed. Participants may have felt that their professional reputations were being indirectly assessed which could have inadvertently influenced their responses. In addition, Country Offices were largely responsible for recommending the locations, groups and individuals that were selected for the evaluators to visit for interviews and FGDs; though they received guidance about selection criteria from SCA (which had been agreed with the evaluators) and the sample selection was also reviewed by the evaluators. Informants from only a small sample of project sites and communities were involved in the FGDs and interviews and thus the evaluators were unable to compare to ensure that this data was representative of all communities.

6. Participant conflict of interest. There are a number of SC staff members who were part of the evaluation Advisory Committee and also participated in the survey or interviews or both. Their involvement in the data collection could create the perception of a conflict of interest and reduce the credibility of the findings to some intended members of the evaluation audience. As the perceived implications of this conflict of interest were low and the benefits of the participation of these persons was high, all but one of these persons participated in the interviews and survey.

7. English as a second language. Interviews were conducted with SC staff through an interpreter, when requested by the staff member. However, the online staff survey was administered in English only. It is possible that not all staff properly understood all the questions in English, and it is possible that not all discussions were translated verbatim by the interpreters.

8. SCA staff responding to the online survey. SCA staff who responded to the online survey were asked to reply to questions from the perspective that took into account all of the projects that they were engaged with if they were involved with multiple ANCP projects. This ‘averaging’ of opinions could make some of the data relating to SCA views difficult to interpret with accuracy.

Findings and Discussion

The findings of the evaluation are grouped into four sections based on the nature of the nine evaluation questions provided in the evaluation Terms of Reference. Section One examines effectiveness, relevance, and efficiency and addresses the key evaluation questions one to four. Section Two examines changes in staff and partner awareness and attitudes and addresses evaluation questions six and eight. Section Three examines policies and procedures and addresses evaluation questions seven and nine. And Section Four examines enabler and constraint factors addressing evaluation question five.

These sections only present the findings as they relate overall to the key questions. Specific findings in relation to each of the seven projects that were studied are included separately in Annex 1. A summary of the overall online survey findings is presented in Annex 5.

Section 1: Effectiveness, Efficiency and Relevance

This section assesses the extent to which the most vulnerable and marginalised were prioritised throughout the project cycle as well as the effectiveness, efficiency and relevance of the measures SC used to prioritise this group.

This section responds to the first four key questions prescribed in the Terms of Reference:

- Key Question 1: To what extent did the project design teams consider prioritising the needs of the most vulnerable and marginalised girls and boys, women and men when the project goal and objectives were being formulated? Were there any particular assumptions made?
- Key Question 2: How effectively are the selected projects engaging the most vulnerable and marginalised girls and boys, women and men in the project cycle?
- Key Question 3: How effective and efficient are the mechanisms that Save the Children has used in prioritising the most vulnerable and marginalised girls, boys, women and men?
- Key Question 4: How contextually and culturally relevant are the strategies adopted to prioritise the most vulnerable and marginalised in the selected projects according to data and evidence?

In assessing the engagement of the most vulnerable and marginalised during the project cycle, the following key phases were considered: the design phase, monitoring, review, planning, and management of the project during its implementation.

The four key evaluation questions will be addressed in turn in the context of each project in Sections 1.1, 1.2, 1.3 and 1.4 respectively.

1 Analysis of Findings

This chapter will provide a broad analysis of the extent to which the most vulnerable and marginalised were prioritised and engaged throughout the project cycle as well as the effectiveness and efficiency of the measures SC used to prioritise these groups. An analysis of the findings related to each country project is contained in Annex 1.

1.1 Consideration of Most Vulnerable and Marginalised During the Design Phase

At the outset, it is worthwhile pointing out that different projects had different understanding of most vulnerable and marginalised and deprived and sometimes these terms were not used to any significant degree. The tools and guiding documents used by different projects to identify different groups (which are described later) reflect how they considered and defined vulnerability and marginalisation. The terms most vulnerable and marginalised have been used by SCA as they are the area of interest for this evaluation and thus have been applied throughout.

“The most vulnerable target group of migrants are always our focus...(Our strategic plan is) quite particular about target groups.” (SC Staff Thailand, Interview)

Project design teams routinely considered prioritising the needs of the most vulnerable and marginalised, but to varying depths. All projects had some consideration of vulnerable and marginalised groups, but the extent to which projects were designed around the needs of the most vulnerable and marginalised varied considerably. However, all projects could substantiate prioritising vulnerable and marginalised beneficiaries (albeit not always the **most** vulnerable) at

the design phase.

A variety of approaches were used to identify and prioritise the most vulnerable and marginalised during the design phase. Each country used a unique mix of similar methods based upon the situation at the time of the project design. The mechanisms primarily consisted of program piloting or previous experience, geographical-based targeting, existing strategy or assessments (CRSA, CSP, alignment with government strategy), additional consultations with partners and stakeholders, and gathering primary data. This information was then put into context through a review of secondary data more relevant to the project area in the proposal. Table 1 below outlines the key mechanisms used by each project.

Table 1: Main approaches used in the prioritisation of most vulnerable and marginalised at design stage. Source: Staff interviews, staff survey and project documents.

Project	Main approaches used
Bangladesh – CHETONA	<ul style="list-style-type: none"> • Analysis of a variety of secondary data related to project objectives • Vulnerability and Policy Analysis • Consultations with stakeholders and partners • In revitalising the design, had consultation meetings with children and mothers • Approaches refined after pilot phase and builds on previous work with these groups
Cambodia – SCSCP	<ul style="list-style-type: none"> • Fit with SC’s need-based geographical priority provinces • CRSA • CSP • Project experience / continuation • Consultation with partners, community
Ethiopia – MCH	<ul style="list-style-type: none"> • Project experience / continuation • Stakeholder consultation • Secondary data review (maternal mortality ratio; regional child mortality rates; regional ante-natal care coverage; regional child marriage prevalence, etc.) • Updated strategies during implementation
Indonesia - SETARA	<ul style="list-style-type: none"> • Analysis of secondary data (e.g., literacy assessments, government data about access to educational services and educational achievement etc.) • Consultations with local authorities and schools • Project experience / continuation • Using information informally gathered during pilot phase in previous project in one location
Lao PDR – PHC	<ul style="list-style-type: none"> • Project experience / continuation • Geographical targeting – locations selected based on low health indicators which overlaps with high proportions of ethnic minority groups • Government policy decided geographical areas to prioritise

Project	Main approaches used
	<ul style="list-style-type: none"> • New primary data collection – comprehensive assessment before launching in new District
Thailand – IMPACT	<ul style="list-style-type: none"> • Project experience / continuation • Rapid consultation with stakeholders • NGO partner experience
Vanuatu - MYBebi	<ul style="list-style-type: none"> • Consultations with government (health department) • Use of secondary data related to health and nutrition • Redesigned project is a shift in focus to nutrition targeting all pregnant and lactating women and children under 5

The use of secondary data could be problematic to identify needs relevant to where to the type of programming planned by SC, especially for child protection projects. One SCA staff suggested that a common issue in prioritising child protection project locations is that income poverty can tend to dominate selection criteria as opposed to issues potentially more relevant to child protection risk such as migration. While this issue did not come up in the country level interviews, it stands that evidence should be consulted to determine whether poverty is associated with child protection issues in the host country, and if not, data from other relevant variables considered when selecting locations for projects to be undertaken.

According to the focus group discussions with project participants (including the most vulnerable and marginalised who were involved in the projects), there were inconsistent levels of engagement with the most vulnerable and marginalised across the projects during the design phase. To illustrate this, in CHETONA Bangladesh, children of sex workers and children affected/infected by HIV and AIDS confirmed that they were asked about their needs and issues during the design phase of the project. However, they couldn't recall being asked for their ideas about how to solve their issues. Not surprisingly, given the extent of their needs, they reported that the project did not reflect all of the issues they told SC about during the design phase. In the MYBebi Vanuatu project, none of the project participants mentioned that they were consulted as part of the design phase. Responses from interviews with SC staff, FGDs and the review of project documents about the consideration of the needs of the most vulnerable and marginalised is largely consistent with the findings of the staff survey. In the SC staff survey, SC staff overall indicated that the needs were considered 'extensively' (31%) and 'a fair amount' (48%) and that the needs were prioritised 'extensively' (31%) and 'a fair amount' (54%). (See Figure 1 which is contained Annex 2).

The project staff were not always in agreement with the processes used to identify the target

“I’m not comfortable with this [the extent we are reaching most vulnerable and marginalised]...Some marginalised groups are there, but we didn’t explicitly look at others as we were focusing on achieving the MCH project objectives, not objectives related to uterine prolapse or people with disability.” (SC Staff Ethiopia, Interview)

groups for the projects or reflected that the approaches may have been at the expense of prioritising the most vulnerable and marginalised. In the Ethiopia MCH project for example, project staff who were interviewed recognised that feasibility played a role in the selection of the *Kebeles*² in which the project worked and consequently they have not reached those in the most remote areas where people are more vulnerable and marginalised.

specifically about assumptions made in general according to their assessment Country Offices were aware of who were the most vulnerable and marginalised (as they were closer to the real situation) and used that understanding in the design of the projects or had undertaken a sufficiently rigorous level of examination of needs and vulnerability in order to make programming decisions. One staff member mentioned that this assumption was based on the understanding that there was a strong team in place in-country and this gave confidence to the process of assessment and analysis. Two interviewees stated that the analysis undertaken by country teams might be less rigorous than it could be.

Three of the four SCA staff who were asked during the prioritisation process mentioned,

‘We selected places where there is an office, good communications, good road, so we can get good reports. If we want to reach the most vulnerable, we need consultation and data. We choose these sites to make it easy for us. I hate it....If we could do it again we should run the project in places where they need us most. Not places that’s easiest. Having interest [from the community members] is a start but they need to be vulnerable’. (SC Vanuatu Staff, Interview)

Consultations with the most vulnerable and marginalised was one of the common methods of engagement applied during the design phase according to interview and survey data. Typically, the process of consultations included new primary data collection and stakeholder engagement. While the methods for the consultations were not systematically assessed by the evaluation, their purpose was to develop relationships and buy-in; ensure the understanding of the situation was updated; and to objectively collect and assess small-scale new primary data. In MCH Ethiopia for example, an assessment team visited the prospective project locations and met with government officials, local leaders, and representatives of the most vulnerable and marginalised groups. The projects in Indonesia, Vanuatu, Thailand and Lao PDR similarly described meeting with the most vulnerable and marginalised groups themselves was not always accomplished, and SC staff viewed meeting with the government and partners as a reliable way to obtain the views of most vulnerable and marginalised groups. The Bangladesh CHETONA and the Thailand IMPACT projects relied more extensively on project partners for their in-depth awareness of the situation of the most vulnerable groups.

² A ‘kebele’ is the name given to local administrative units in Ethiopia
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“The project design process should try to involve the beneficiaries (most marginalised and vulnerable group) more. It can be done through the focus group discussion or survey. However, due to the limited time and resources, this process is often left out.” (SC Staff Thailand, Interview)

The extent to which the project design teams consulted directly with the most vulnerable and marginalised to ensure that their aspirations were reflected in the articulation of the project goals and objectives was mixed. This relates to the fact that all of the projects were an extension of previous interventions in the same areas and thus SC relied upon information gained from those experiences

rather than invest in a round of consultations with beneficiaries, including the most vulnerable. Although children were the primary target group in the Indonesia SETARA project and pregnant and lactating mothers in the Vanuatu MYBebi project, SC did not consult with the participating children or mothers during the project design process. This links to Recommendation 8. This means that activities were not designed or prioritised based on inputs from these beneficiaries.

Consideration of children and adults with disabilities in the design phase has generally been

limited across all of the projects although it was widely discussed during interviews with SC and partner staff as well as some focus groups that this group should be considered to be amongst the most vulnerable. This shortcoming was especially made apparent in the Ethiopia and Indonesia projects during interviews with SC staff (it should be noted here that women with fistula were not labelled or perceived by Ethiopia project staff to have a disability, as the project has a focus on treatment for this group of women). Although the emphasis of ANCP on inclusion of people with disabilities prompted some effort to describe how the project might work with this group, the design did not reflect the needs of people with disabilities or ways to address those needs and thus ideas were not translated into implementation.

“People with disabilities were incorporated during the design in terms of statements. But no budget or strategy or activities to actually reach them were incorporated. The reporting requirements really harnessed our thinking through how to address this group”. (SC Ethiopia staff, Interview)

However, particularly in both the Ethiopia MCH and Lao PDR PHC projects, while the issue was not fully elaborated in the project design, both projects found strategies of working with people with disabilities through flexibly incorporating these most vulnerable groups in ongoing project implementation. This links to Recommendation 9.

Staff in Thailand, Cambodia, Indonesia and Bangladesh referred to the **contribution of the CSP and CRSA** in guiding the project to focus on the most vulnerable and marginalised groups during interviews. These organisational guiding documents can assist in this regard when they are updated and provide a focus on the most vulnerable and marginalised groups. Using the CRSA and CSPs was rated as the tool most relied upon by 31% and 9% of survey respondents respectively to prioritise the most vulnerable and marginalised during the design phase. (see Table 2 below).

The SC Staff Survey also illustrates the range of approaches utilised – see Table 2 below. Interviews with SC staff also showed that project teams used a variety of tools in the design phase which surfaced data from different sources and added varying depth to the understanding of the target group. Whilst the absence of a standardised approach to identify and prioritise the most

vulnerable and marginalised across ANCP projects allowed country teams to use tools which they saw as contextually appropriate, it also meant that the situation of this group was analysed to different depths in different countries.

Table 2: SC staff opinion of approaches relied upon most to identify and prioritise the most vulnerable and marginalised in the design stage (n=54).

Identification	Response Percent	Response Count
Community-based targeting (groups of community leaders and members determine eligibility)	19%	10
Undertake / commission new primary data collection with relevant groups (such as needs assessments, surveys or baseline surveys, interviews, focus groups, participatory learning appraisals)	15%	8
Geographic targeting (based on location and includes all within that location)	15%	8
Other approach (please specify)	15%	8
Government policies or strategies define most vulnerable and marginalised groups	11%	6
Secondary data review (reviewing data and literature from commonly available sources)	7%	4
Pilot project or other experience with the group	7%	4
Use an established definition of most vulnerable and marginalised	6%	3
Don't know / not sure	4%	2
Self-targeting (vulnerable / marginalised choose for themselves)	2%	1
Means test (eg: actual household consumption or income is compared to eligibility threshold)	0%	0
Proxy means test (eg. household consumption / income estimated through directly observable items)	0%	0
Prioritisation	Response Percent	Response Count
Prioritisation is based on a child rights situation analysis or other review of secondary / primary data	31%	17
Prioritisation is based on community expressed needs	19%	10
Prioritisation is based on existing geographical presence	13%	7
Prioritisation is based on country strategic plan	9%	5
Other (please specify)	9%	5
Prioritisation is by Save the Children leaders (Country or Melbourne)	7%	4

level)		
Don't know / not sure	6%	3
Prioritisation is based on donor preference, or where funding may be allocated	4%	2
Prioritisation is based on existing partnerships with other organisations	2%	1
Prioritisation is based on existing partnerships with government bodies	0%	0

1.2 Engagement of the Most Vulnerable and Marginalised in the Project Cycle

Needs assessment of the most vulnerable groups is key for prioritising project interventions and this was stated by a number of informants during the evaluation. Therefore, the active engagement of these groups in the project cycle largely facilitates the identification of their needs and prioritising their involvement in the project. In assessing the engagement of the most vulnerable and marginalised during the project cycle, the key phases that the evaluators considered were the design phase as well as planning, implementation, monitoring, review processes, and management of the project during its implementation.

Staff reported that there is a strong culture of participation within projects, even across the organisation, especially with respect to children. The CHETONA (Bangladesh), SCSCP (Cambodia), MCH (Ethiopia) and IMPACT (Thailand) projects have mechanisms which involve girls and boys as well as adults in the project cycle beyond participation in activities. SETARA (Indonesia) and MYBebi (Vanuatu)³ only include women and men in meetings etc. and through these interactions they participate in key points in the project cycle. Based on interviews with SC and partner staff as well as FGDs, it is clear that children and adults with disabilities have generally not been engaged effectively⁴ in any of the projects although they are recognised as a most vulnerable group.

The extent to which the most vulnerable and marginalised were engaged in the project cycle (beyond the design phase) was largely reflective of how well that same group was identified, and what commitments were made to them, during the design process. A variety of approaches to engage the most vulnerable and marginalised groups throughout the project cycle were used across the projects.

Survey results show that staff were of the opinion that the most vulnerable and marginalised groups were engaged 'effectively' (52%), but few thought they were engaged 'extremely effectively' (8%). About one-quarter (26%) indicated that their projects were engaging 'ineffectively' or 'extremely ineffectively', with 14% saying they were 'not able to assess'. There were differences in opinions about the effectiveness of engagement by country – Thailand, Ethiopia and Cambodia all had staff who rated their engagement as 'extremely effective' and

³ The only children that the MYBebi project targets are younger than two years so there is no expectation that SC would include children in the project cycle other than including under two's in the activities.

⁴ Effectiveness of the engagement among most vulnerable people is discussed in more detail in Annex 1 Project Level Analysis.

Vanuatu was the only country that had staff who believed the engagement was ‘extremely ineffective’. The low rating by Vanuatu staff was mostly consistent with the perception of informants as related through interviews and FGDs in Vanuatu. The breakdown of the perceived effectiveness of engagement by country is shown in Figure 2 in Annex 2.

According to the SC staff survey results, Indonesia, and Vanuatu staff indicated that the engagement of most vulnerable groups in project cycle was ‘not enough’, whilst the majority of Bangladesh, Cambodia, and Lao PDR suggested that the engagement ‘was about right’, and Ethiopia reporting an even 50%-50% split.

There is limited engagement of the most vulnerable and marginalised, or indeed any of the

We try to always involve children in the process – including in research and evaluation. It is standard to involve children’s views’ (SC Staff Cambodia)

direct project beneficiaries, in the overall management of any of the projects. While constraints to management-level participation are common (one SC staff suggested it would be too difficult for the most vulnerable to be able to contribute; others commonly pointed out the burden to them) most also reflected

that it was important for SC to continue to search for ways to enable this to happen. The MYBebi project in Vanuatu provides an example of where SC is empowering the community to take some ownership of the project outputs. The Santo component of the MYBebi project has established community committees comprised of elected female and male villagers who are involved in the project. The role of the committees is to organise and support community members to take follow up actions agreed during the SC trainings. Through this measure, SC has given a degree of responsibility for the project to the community and their role could be made more effective by ensuring they understand their role in reaching the most vulnerable and marginalised.

Community structures have been established by projects, or existing structures partnered with, in the following projects in order to strengthen ownership and sustainability: community committees established by SC in the Santo component of the MYBebi project; community task forces in Ethiopia; and child and youth clubs in Cambodia. Similarly, the SETARA project works through volunteer project facilitators to monitor the implementation of the project in Belu district. The evaluators were unable to verify the quality of the work of the community structures or facilitators across these projects, but the data confirmed that the approach is a strong initiative to provide a structure through which communities can take ownership and leadership of output level activities. However, the committees and facilitators largely do not include the most vulnerable and marginalised. This provides scope for SC to increase the meaningful engagement of the most vulnerable project participants through such structures. This links to Recommendation 16.

Adults and children with disabilities have not been engaged regularly in the projects. This reflects both the constraints to reaching this most vulnerable and marginalised group and also opportunities for expanding on approaches being trialled and refined. The DFAT requirement to show how the project includes people with disabilities has encouraged project staff in all countries to consider inclusion of people with disabilities, although projects (with the exception of Ethiopia MCH and Lao PDR PHC as mentioned elsewhere in the report) have not yet taken sufficient actions to significantly improve engagement with, and access for, this group.

Nevertheless, the PHC project in Lao PDR for example, which did not have initial strategies to include people with disabilities, has continued to develop and expand their approach over the course of the project to engage and incorporate this group.

Whilst certain mainstreaming activities are possible in some programming, such as ensuring people with disabilities can attend trainings or participate in awareness raising activities, other aims, such as ensuring children with disabilities access quality education or a health service, require a comprehensive programmatic approach. SC has not fully considered these realities and possibilities in designing the projects being studied, and the guidance, support and resourcing have not been adequate to result in children and adults with disabilities being targeted or accommodated in the ANCP projects being studied.

Engagement of women and girls was considered in each project where it was assessed that females faced disadvantage that needed to be overcome through the project. This is illustrated by the following examples. In Ethiopia MCH, the project ensured that girls at risk of early marriage were included in community task forces to ensure involvement of those whom the project was seeking to benefit. In Indonesia SETARA, the staff reported that data showed that girls performed better than boys in literacy assessments and thus the project did not develop different approaches to promote the participation of girls. In PHC Lao PDR, the project team identified that women from ethnic minorities were not accessing the health services and, in response, is working with government to further understand and address barriers to their participation. In MYBebi Vanuatu, the project is designed to improve nutrition of pregnant and lactating mothers and female participants in training activities have reported that the trainings have been appropriate to their needs.

Deliberate **engagement of men and boys** was not used regularly as a strategy within projects but there are two examples of where males were purposefully targeted in order to advance the project aims. The Cambodia SCSCP project attempted to recruit men to join project activities as a way to involve men in the ‘positive parenting’ approaches as men are often perpetrators of violence against children and are important role models in their families and communities. Similarly, young men who weren’t married as well as young fathers were targeted in the MYBebi Vanuatu project (which aims to improve nutritional status of mothers and babies) recognising that they played a significant role in ensuring the food security of the family.

1.3 Effectiveness and efficiency of prioritising the most vulnerable and marginalised groups

Projects use a wide range and mix of approaches that were or have the potential to be effective and efficient. They are effective in the sense of providing reliable direction about appropriate groups to target. They are considered efficient in that the resources required to undertake the prioritisation do not overshadow the potential benefits. All projects have used a mix of prioritisation approaches - rooted in organisational and previous project experience and/or project pilots - which have been both effective and efficient ways to understand and focus on most vulnerable and marginalised groups. The other mechanisms typically built upon the experience through secondary data review or consultations, or allowed for the prioritisation to continue to be refined during the project implementation through flexible program approaches or community-based targeting mechanisms (like village mapping).

The majority of the approaches commonly used in SC projects to prioritise the most vulnerable

and marginalised have been effective, in terms of their ability to reliably identify most vulnerable and marginalised groups, being fit for purpose and logical, as well as their contribution to achieving the project’s goals and objectives. Each approach has its strengths and challenges, however, developing the organisational skills and abilities to employ the appropriate techniques for the context is to a large extent about strategic priority. The mix of approaches used in a particular context will largely determine their combined efficiency, however, the evaluators have made some conclusions about the efficiencies of individual approaches, outlined in Table 3 below.

Table 3: Assessment of the effectiveness and efficiency of the most common prioritisation approaches. Source, evaluators’ assessment.

Mechanism	Effectiveness	Efficiency
CRSA	Variable scope and quality and inclusion of project topic; variable familiarity of analysis by staff	Expensive but benefits ideally applicable to multiple projects over multiple years; purpose of CRSA is in part to guide CSP and project design; much of background work / prioritisation done (if relevant)
CSP	Variable inclusion of project topic; variable familiarity of plan by staff	No new work required; purpose of CSP is, in part, to help guide projects; much of background work / prioritisation done (if relevant)
Pilot project or previous project experience	Specifically relevant to improving program for benefit of target groups – (possibly most vulnerable). Previous project may not be focusing on most vulnerable.	Work already undertaken.
Geographical targeting	Some issues have good specific data to prioritise; data analysis abilities prevalent among staff	Requires time to analyse and prioritise data specific to issue; political process of selecting locations
Consultations (new qualitative data collection)	Rapid techniques can contain bias; could perpetuate pre-determined outcomes; generates ownership by stakeholders.	Have costs, but perceived as invaluable (really ‘best-practice’) towards ensuring stakeholder participation, ensuring updated knowledge about issues.
Village mapping / social service mapping (community-based approaches to identifying MV/M)	Very effective (in good conditions) – can get local up to date knowledge about who are MV that can translate into action; if not functioning or poor quality, can be ineffective.	Requires resourcing, training, support to establish this as new process – and for it to occur at local level in many locations.

In the online survey of SC staff, staff were overwhelmingly supportive of the effectiveness of the main approach used in identifying and prioritising the most vulnerable and marginalised in their projects.

Informants from SCA and at country level (including SC and partners) mentioned the dilemma of accommodating the most vulnerable within a budget that did not plan for additional costs of reaching the most vulnerable. There were opportunities to revise budgets of ANCP projects annually in order to accommodate costs to reach the most vulnerable and marginalised but only the PHC Lao PDR project did this explicitly. Nevertheless, it was evident in the Indonesia SETARA, Bangladesh CHETONA and Ethiopia MCH projects that had additional funds been available, the project might have more effectively served the most vulnerable and marginalised. For example, staff on the SETARA project are not short on commitment to include children with disabilities as well as those who live with fear and violence. This coincides with the hope of SCA who share an understanding with Country Office SC staff that reaching the most vulnerable and marginalised often takes more time and resources and metrics of efficiency need to acknowledge this reality in design of new projects. This leads to Recommendations 1, 2 and 11.

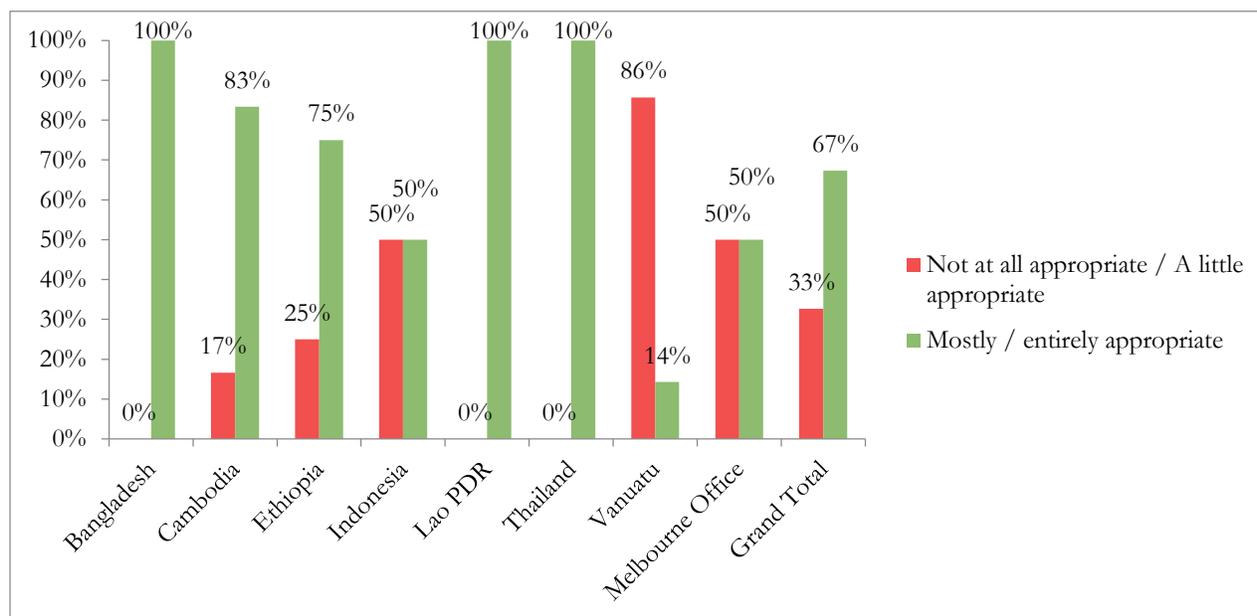
Through the SC Staff survey 51% of staff suggested that the approaches used to identify and prioritise most vulnerable groups were efficient i.e., ‘done at good quality and for an appropriate cost’ compared to 21% who believed that the ‘quality could be improved at the same or lower cost’. Only 13% suggested that ‘higher cost was needed to improve the quality of the process’. There were more skewed responses among staff who were more involved in the project design – a higher proportion of those with extensive or a fair amount of involvement in the design believed the quality was at good cost compared to those with less involvement in the design (see Figure 3 in Annex2).

In terms of efficiency, from a community point of view, community members interviewed did not feel that SC put excessive demands on their time in involving them in the process of identification or participation in the project. Beneficiaries who were asked about this in FGDs felt their time investment was worthwhile for the benefits they received from the project to date.

1.4 Contextual and Cultural Relevance

SC staff believed that the strategies used to identify and prioritise the most vulnerable and marginalised were ‘mostly’ and ‘entirely appropriate’ with 67% rating this overall. Five out of eight countries/offices (including SCA) rated the appropriateness more favourably, two countries had an equal portion of favourable and non-favourable ratings, and one country rated the appropriateness less favourably (see Figure 4 below). The largely positive staff survey results reflect the findings from the interviews and fieldwork conducted by the evaluators and possible explanations for the more negative perceptions expressed by Indonesia and Vanuatu staff have been described above.

Figure 1: SC Staff opinion about the appropriateness of strategies used to identify and prioritise the most vulnerable and marginalised to the context and culture, by country (n=49). Source: SC staff survey.



Analysis of the cultural and contextual appropriateness of each project is discussed in Annex 1 within section (d) under each specific project.

The broad approaches used for prioritisation were culturally relevant in all projects. Strategies used to select geographical locations and specific groups to work with exemplify contextually and culturally appropriate decisions. Approaches which promoted contextual and cultural relevance were partnering (especially with local NGOs), community participation, and long-term engagement. Relationships with government departments such as in Lao PDR, Cambodia and Ethiopia, where SC works closely with the government as partners, promotes contextual and cultural relevance.

Related to these approaches, SC staff were often of the opinion that previous project experiences, staff experiences, secondary data review, consultations, were also important elements to ensure an updated understanding of the context. These had relevance to the prioritisation at design stage and also during implementation, and helped ensure that all of the projects were largely culturally appropriate in terms of the strategies that were adopted to prioritise the most vulnerable and marginalised. Where these approaches were absent, as was the case in the MYBebi project, the project runs the risk of not effectively reaching the most vulnerable and marginalised at the community level, due to using approaches that are not contextually appropriate for that target group.

Section 2: Changes in Staff Awareness of, and Attitudes about, the Most Vulnerable and Marginalised

In this section, the evaluation findings in regards to awareness of, and attitudes towards, prioritisation of the most vulnerable and marginalised will be presented. Specifically, this section will respond to two key evaluation questions, that is:

- Key Question 6: How clearly can Melbourne Office (SCA) and Country Office project staff articulate how the selected projects are considering and addressing the needs of most vulnerable and marginalised groups in the area?
- Key Question 8: What evidence is there to suggest there have been any changes in attitudes and knowledge among staff, partners or community members regarding prioritising the most vulnerable and marginalised girls and boys, women and men in society since the start of the selected projects?

2.1 Staff Ability to Describe how Projects are Considering and Addressing the Needs of the most Vulnerable and Marginalised

Only 30% of SCA staff rated their confidence in the accuracy of their understanding of how the most vulnerable and marginalised are being prioritised as 3 or 4 out of 4 (where 4 was equivalent to 'extremely confident') (see Figure 5 in Annex 2). The low levels of confidence amongst SCA staff is consistent with the levels of uncertainty about the country and project level practices that were

"It's easy to understand the support that a community needs, but don't see informed choices about why this community and not another one. It's also the same within the community. It varies from country to country. We don't see definitions of the most vulnerable and step by step about how this was applied to the project to conclude this is where we should work." (SCA staff, interview)

reported by SCA staff during interviews. The two SCA staff specifically asked about this said they did not have access to all of the information they needed (e.g., situation analyses) to make them fully confident that the Country Offices were reaching the most vulnerable and marginalised. It is also not surprising that the levels of confidence in understanding the approaches would be lower for staff who are further away from the point of implementation as their role is less engaged in those processes.

For SCA staff the level of engagement they had in the project development and/or provision of technical support influenced their level of understanding of how the project prioritised the most vulnerable. In interviews with SCA staff, they explained the processes that took place, how they had been involved in the processes or had reviewed the data and information used by country teams to make decisions about targeting. Through this involvement they gained knowledge of, and confidence in, the processes at country level. Further, one SCA staff member reported that being able to engage from the early stages of the project, e.g., during the contextual analysis, was important in order to influence how the design incorporates most vulnerable and marginalised. In the case of the Bangladesh CHETONA project which was under more scrutiny to

show that it was suitable for ANCP, SCA worked closely with the Bangladesh country team (including deploying technical support in the design period) as well as jointly analysing data and study results.

Based on interviews, other factors which determined the level of knowledge of project targeting amongst SCA staff included:

- The staff members' position in the organisation: detailed knowledge about how the project might be considering or addressing the needs of the most vulnerable tended to diminish the more senior the staff.
- How long the post-holder had been in the role.
- Staff workloads and the amount of time they can allocate to this aspect of their role.
- Types and nature of reports that are received and the amount of information about targeting that they contain.
- The amount of field visits conducted. Meeting the beneficiaries was seen as a critical way to understand the situation and how/if the project is reaching the most vulnerable.
- Resourcing available. If SCA has funds to invest in measures to assess the needs of the most vulnerable they can ensure it gets done rather than trying to influence how Country Office uses its resources which have not come from SCA.

It was reported in SCA that there was a high level of communication between SCA and Country Offices and generally close and positive working relationships that enabled support and shared understanding. This was despite reportedly high levels of turnover. From the other perspective, it was also mentioned that some of the technical advice from SCA needed to be more cognizant of the different contexts to ensure their support was relevant. In an interview with a Country Office staff member it was reported that the turnover of staff at SCA had caused some frustration as it necessitated repeated 'inductions' to help incoming SCA staff understand the context. This required the technical advisors to listen with a view to learning about the local context which project staff reported had sometimes not been forthcoming.

Country Office staff also demonstrated a strong ability to describe the processes that are being used to identify and prioritise the most vulnerable and marginalised groups. The evaluators triangulated information through field visits in Bangladesh, Cambodia, Ethiopia and Vanuatu. Through the field visits, the evaluators found high levels of correlation between SC staff, partner staff and project participants' descriptions of SC approaches to considering and addressing the needs of the most vulnerable and marginalised. This increases confidence in the accuracy of the articulation of approaches by Country Office staff and supports the survey results. While some are more involved in the process than others and thus more able to speak about the details, even staff who were not directly involved were generally aware of what had taken place at the design stage and what was taking place during project implementation. Furthermore, staff interviews gave the firm impression that the issue of who the project was reaching was one that was often discussed and problems worked through in an ongoing manner within the project teams.

"It's impossible for the project to know who are the most vulnerable – only the community know this." (Community Committee Leader, Bangladesh, interview)

As shown in Figure 5 (in Annex 2), the SC staff survey findings revealed 58% of Country Office staff rated their confidence in the accuracy of their understanding of how the most vulnerable and marginalised are being prioritised as 3 or 4 out of 4 (where 4 was equivalent to ‘extremely confident’). The findings from the fieldwork undertaken by the evaluators support the survey findings, and the levels of confidence expressed by SC staff in their ability to articulate the approaches used to reach the most vulnerable and marginalised is well-founded.

2.2 Changes in Knowledge and Awareness of Staff regarding Prioritisation of the Most Vulnerable and Marginalised

Staff in SCA and in all Country Offices self-rated their skills and knowledge in approaches to

“I think I have a better understanding as I implement the projects. We are targeting vulnerable and marginalised. There are also MOST vulnerable and marginalised and we don’t reach them. I have a better knowledge about this.” (SC staff, Indonesia, interview, emphasis added)

identify and prioritise most vulnerable and marginalised groups very highly. In the SC staff survey, few staff (seven percent) rated their knowledge and awareness as ‘poor’, with the overwhelming majority rating their knowledge and awareness as ‘fair’ (60%) or ‘excellent’ (33%).

During interviews, many staff members of SC and partner organisations were able to identify what they had learned through the

course of the project about prioritising the most vulnerable and marginalised. Staff also recognised changes in their attitudes that came about as a result of the acquisition of new knowledge. Twenty-five staff (including two from partner organisations) were asked to describe what they had learned through the project and Table 5 below shows a breakdown of the types of learning that staff reported. Only four staff members replied that they learned nothing or very little. Two of these respondents explained that they had been with SC for a long time and were pleased to see that the focus of SC had returned to the most vulnerable and deprived.

Table 5: Types of learning reported by SC and partner (n = 25) staff about most vulnerable and marginalised prioritisation (n=25, staff able to nominate more than one type) Source: Interviews with SC and partner staff.

Area of Learning identified in response to the Interview Question “What have you learned about what can be done to improve the prioritisation of the most vulnerable and marginalised?”	Number of Times Reported
How to reach/work with the most vulnerable and marginalised	4
Why it was important to reach the most vulnerable and marginalised	2
Issues/situation facing most vulnerable and marginalised	4
Why it was important to include people with disabilities and how to make project more accessible to this group	5
Program Management	1
Technical areas (child protection and fistula)	2
Need for guidelines/definitions to help understand SC expectations about the most vulnerable and marginalized	4

Area of Learning identified in response to the Interview Question “What have you learned about what can be done to improve the prioritisation of the most vulnerable and marginalised?”	Number of Times Reported
Need for technical advisors (on disability)	1
Nothing / very little	4

As reported in interviews, it is not surprising that SC and SCA staff awareness of the needs of vulnerable and marginalised grows as a result of them visiting project areas. This has sometimes led to a questioning of the targeting criteria being applied by SC after seeing unmet basic needs of the most vulnerable despite the project delivering on other fronts. However, two SC partners (in different countries) suggested that SC and partner NGO staff could improve their “empathy” and understanding towards most vulnerable and marginalised groups through more direct contact, “more visiting, more listening”.

The importance of having clear definitions of the most vulnerable and marginalised to aid the process of understanding expectations has become apparent for some SC field staff. One staff member, for example, expressed the need for consistent definitions and robust monitoring systems if all SC offices were going to have a focus on the most vulnerable and marginalised groups. In addition to the four SC staff member who mentioned learning that they needed clearer guidelines and definitions about the most vulnerable and marginalised, this need was mentioned in interview discussions about SC policies (see Section 3). This finding links to Recommendations 2 and 12.

“We learn by listening to the beneficiaries. This helps us to understand their needs. So we get their advice. We have learned that we need a strategy to reach community leaders. If there is an issue, we get called and then we tell the community leaders. Ideally we need to empower them to solve the problems and issues of children affected/infected by HIV and AIDS. This will take time. These children need more care and are prone to abuse and we need more leaders to watch out for their rights in the community.”
(SC partner staff, Bangladesh, interview)

16% of Country Office online survey participants responded that awareness of SC staff towards approaches to identifying and prioritising the most vulnerable and marginalised (in relation to ANCP projects) had increased a 'significant amount', 50% indicated 'a fair amount', 24% indicated 'low level change', and 11% indicated 'no change'. However, no SCA staff member responded that there was a

significant amount of change', only 11% (one person) of SCA staff believed there had been a 'fair amount' of change, 78% believed there was 'low level of change' and 11% indicated there was 'not change'.

2.3. Changes in Attitudes of Staff regarding Prioritisation of the Most Vulnerable and Marginalised

SC staff in Lao PDR, Ethiopia and Indonesia described changes in their attitudes towards

“When we saw reporting format (regarding disability), it made the team see how we could try to better address it.” (SCA Staff Ethiopia, Interview)

identifying and working with children and adults with disabilities. This is a direct result of involvement in the ANCP projects and provides one of the strongest pieces of evidence of an increase in staff knowledge and change in attitudes. These changes are leading to greater inclusion of people with disabilities, who are recognised as a most vulnerable and marginalised group, in these projects.

SC staff described examples of how the ANCP reporting requirements of disaggregating beneficiaries based on disability status had created dialogue and often catalysed programming changes. The programming emphasis was new for many people and by exposure, staff were learning about the needs of people with disabilities and becoming advocates for approaches for doing more, clearly showing attitude changes.

The Ethiopia MCH project evolved its strategy from the beginning of the project to find more ways to try to engage people with disabilities in the project including through its radio-listening groups. There was a sense of disappointment amongst staff as they had become more aware of the needs and felt compassionate towards people with disabilities but knew they could not undertake many activities with the budget they had.

In many ways, this experience is similar to the experience of Indonesian staff in regards to the SETARA project. They also needed to identify children with disabilities in the target schools in order to satisfy reporting requirements of ANCP. This was followed by an activity to raise teachers’ understanding of inclusive education. Whilst they can see that much

“There is not sufficient budget for them. (The project) is not explicitly designed for people with disabilities, but still we need to ensure they benefit...There are about 1,400. How much are we doing? Some for those who came to school, but not the remote ones for example.” (SC Staff Ethiopia, Interview)

more needs to be done in order to have an impact on the lives of the children with disabilities, who they consider as some of the most vulnerable and marginalised, lack of resources and skills limits their ability to do much more. This finding links to Recommendations 6 and 14. A partner staff in the project further broadened this shortcoming when reflecting upon other most vulnerable children who were not being assisted through the project.

The majority of Country Office staff undertaking the online survey believe there has been a ‘significant amount’ (13%) or ‘fair amount’ (51%) of change in staff attitudes towards approaches to identifying and prioritising the most vulnerable and marginalised. However, SCA staff had slightly lower opinions, with 22% indicating a ‘significant amount’, 56% indicating ‘fair amount’, and 22% indicating ‘low level of change’.

Section 3: Awareness and Utility of Policies and Procedures

In this section, the extent to which policies and procedures facilitated prioritisation of the most vulnerable and marginalised will be presented. Specifically, this section will respond to two key evaluation questions, that is:

- Key Question 7: How aware are Melbourne Office and Country Office staff about approaches, Save the Children policies and procedures of prioritising the most vulnerable and marginalised and the importance of working with these individuals and communities?
- Key Question 9: Do Save the Children policies and procedures facilitate prioritisation of the most vulnerable and marginalised countries, communities and people in programming? If so, how?

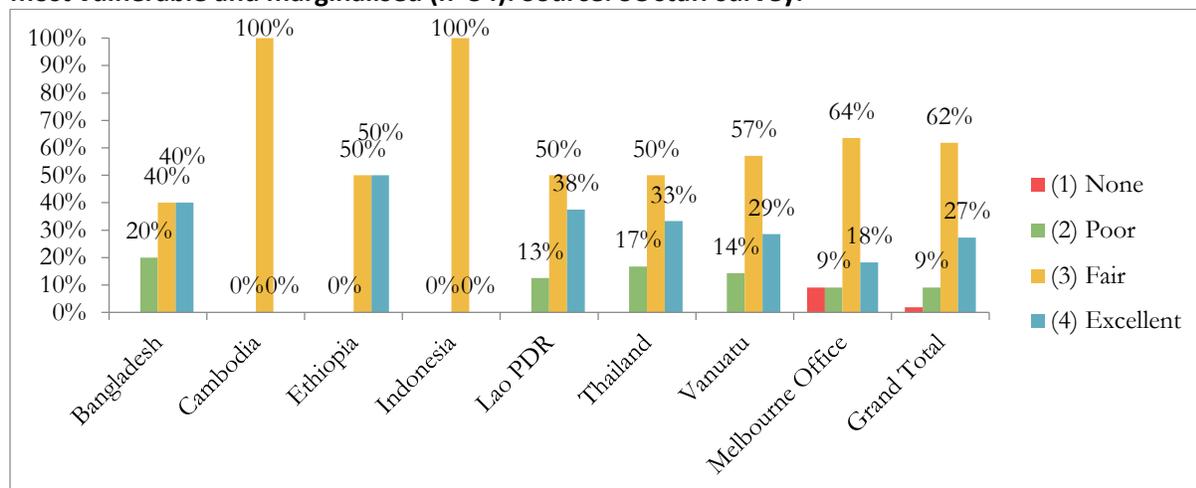
3.1 Awareness of Relevant Policies

There are numerous policy, strategy and guidance papers that Save the Children (both Save the Children International (SCI) and SCA) has produced which are relevant to targeting and that could be used to guide the ANCP projects. Based on the review of the literature provided by SCA, the most relevant documents are listed below:

- Every Last Child Launch Guidance Tool Kit
- Save the Children Accountability Tool Kit
- SC Sharing Information Guidelines
- Child Rights Situation Analysis Guidelines
- Save the Children 3-year Strategic Plan (2016-2018)
- Country Strategic Plans
- SCA Pacific Strategy
- SCA 2016 -2018 Strategy
- SCI Which Children 2030 Ambition
- SCA 2015 Disability Inclusion Policy
- SCA 2015 Disability Inclusion Guidelines
- SCA 2015 Program Policy Guidelines
- SCA 2015 Program Policy
- SCA 2015 Gender Program Policy Guidelines
- SCA 2015 Gender Program Policy
- Save the Children Child Protection Programming Toolkit Module 2: Guidelines for Conducting a Child Protection Situation Analysis

There was generally high self-reported awareness of SC policies and procedures across all countries related to most vulnerable and marginalised, as shown in Figure 6 below.

Figure 6: SC staff self-reported extent of awareness of policies or procedures related to prioritising the most vulnerable and marginalised (n=54). Source: SC staff survey.



However, when online survey participants were asked if they were aware of any policies or procedures that facilitate prioritisation of the most vulnerable and marginalised, only 58% (26 out of 45 who responded) replied yes. And when asked to name specific policies and procedures, only 40% (22 respondents) provided one. Six of these respondents suggested the child safeguarding policy as the policy that guided prioritising the most vulnerable and marginalised. However, this policy is not designed to guide programs to prioritise the most vulnerable or marginalised groups in their programming but rather provides guidelines for ensuring that, by participating in a SC project, children’s safety is not jeopardised.

This finding in the survey that there was a general sense from staff that SC had policies and procedures on prioritising the most vulnerable and marginalised without being able to actually name them was echoed in the interviews of SC staff. Twenty-eight SC staff were asked which SC policies and procedures were about reaching the most vulnerable and marginalised. Of these, 12 staff could not name any policies and two said that there were not any policies and procedures specifically for targeting the most vulnerable and marginalised. Three staff replied that there were many policies, but could not go on to specify one that was relevant. The responses to this question are shown below in Table 6. Note that the number of responses exceeds the number of staff interviewed because some staff described numerous policies and procedures.

Table 6: Breakdown of interview responses to the question 'What are the SC policies and procedures about reaching the most vulnerable and marginalised?' (n=22). Source: Online staff survey.

Policy or procedure	No. of times mentioned
Unable to name a policy	12
SCI Strategic Plan	6
Child Safeguarding Policy	5
Country Strategic Plan	4
Breakthroughs (paper)	2
CRSA	2
Disability Policy/Procedure	2
Gender Policy/Procedure	2
There are no policies	2
Code of Conduct	1
SCI Theory of Change	1
SCA Strategic Plan	1

When discussed in interviews, participants, especially Country Office staff, at times struggled to come up with examples or identify particular policies. One SCA interview respondent summarised well some of the policy challenges when they said:

“There are bits and pieces all over the place. The CRSA should include that, but I don’t think that it actually goes down to providing an easy snapshot of what information you might use for an equity analysis.” (SCA Staff, Interview)

Another constraint to awareness of policies was described by an Ethiopia staff member:

“There are so many policies and guidelines. We have them in a shared folder, but we can’t access it. Recently there is OneNet, but it is difficult to open.”

Based on the SC staff survey results, the self-reported awareness of policies and procedures was slightly better for the longer-term staff (see Figure 7 in Annex 2). Staff from Country Offices were more likely than SCA staff to report their awareness as excellent. As described above, the interview results do not support the claim by 91% of Country Office staff that they had a ‘fair’ or ‘excellent’ awareness of policies about reaching the most vulnerable and marginalised.

Staff survey results suggest there are some ways that SC policies and procedures help in the identification and prioritising of the most vulnerable and marginalised. A high 71% of staff overall (among the staff who reported being aware of SC policies and procedures) suggested policies and procedures helped ‘a fair amount’ or ‘extensively’, although SCA staff were less convinced than Country Office staff with no SCA staff suggesting they helped ‘extensively’, and 33% suggesting they did not help at all (see Figure 8 in Annex 2).

This is one of several examples of significant variance in the responses to the online staff survey

between SCA staff and Country Office staff and this trend warrants some interpretation. The differences tend to suggest that SCA staff were less convinced that the needs of the most vulnerable or marginalised were taken into consideration or effectively engaged in the project compared to the Country Office staff. For example, 12% of country office respondents reported that the needs of the most vulnerable and marginalised were considered 'not at all' or 'a little' (the lowest two of four response options) while 67% of SCA staff responded in the same way. Similarly, 69% of Country Office staff rated the level of engagement with the most vulnerable and marginalised as 'effective' or 'extremely effective', with 8% reporting not being able to assess compared to 27% of SCA staff who rated the engagement as 'effective' or 'extremely effective' with 36% responding 'they were not able to assess'.

These differences could be due to a number of reasons. Firstly, it is important to note that they are partly a function of the limitations of the online survey methodology. With only 11 SCA staff answering the online survey, one person's opinion can make an approximately 10% difference in the rating of a response. The internal situation of SCA also could provide some explanation. Some SCA staff support more than one project but were required to answer questions based on their "average" opinion of the projects covered. In addition, it was voiced to the evaluators that there has been a large degree of turnover amongst the SCA staff, so many were not present during the project design and/or some are relatively new to the projects.

The most frequently cited documents by Country Office staff during interviews were the current Global, Country Strategic Plans (2016-18) and Child Safeguarding policy when asked about which policies or procedures helped them reach the most marginalised and vulnerable. Staff could not suggest any SC tools that they could access to help them implement the goal of reaching the most vulnerable. SCA staff were the only respondents who mentioned the CRSA as a document which would be helpful in the process.

3.2 Utility of Policies

At the country selection level, SCA policies do not use prevalence of vulnerability or marginalisation or measures of deprivation to select the countries in which to invest ANCP funds. SCA selected the countries to be part of ANCP in order to fulfil a goal of having a portfolio that represented Africa, South Asia, South-east Asia and the Pacific. This geographical coverage was balanced with a desire for projects representing the sectoral spread of SC across child protection, health, disaster risk reduction/ climate change adaptation and education. Whilst this might not

"If there is a policy and commitment to work with the most vulnerable and most marginalised, then we have to put the resources there to take it seriously."
(SC Indonesia staff, interview)

have been a stated policy of SCA, there was no policy directive demanding consideration and comparison of vulnerability and marginalisation to determine the prioritisation of countries or projects.

At the project level, the ANCP requirements of disaggregating beneficiaries based on disability status was a common way that policies or procedures were reported to facilitate prioritisation of the most vulnerable and marginalised, albeit in relation to just one group. The creation of the CSPs and CRSA were

also common ways policies and procedures were believed to facilitate prioritisation according to SC staff interviewed.

There was near universal support amongst staff interviewed for the idea that it was important for SC to prioritise the most vulnerable and marginalised. Staff interviewed felt that the focus was part of SC's mission; others described how it was important ethically to ensure that those in need were being reached; and some felt that it was important for their own personal reasons. The sentiment in the quote below was echoed by a number of Country Office and SCA staff. An alternative perspective raised during two SC staff interviews was that some programs, e.g., those that strengthen health systems, are designed to benefit more broadly, which will also by default include the most vulnerable and marginalised. There was also the view that there is a trade-off - focusing on the most vulnerable, and dedicating resources towards this, could detract from the ability to reach a higher number of vulnerable who also have needs. The online survey reinforces these perspectives with 72% of the respondents stating that it is extremely important for SC to prioritise the most vulnerable and marginalised. Whilst it is not clear whether the general consensus around the importance for SC to be targeting the most vulnerable and marginalised has come about as a result of engaging in the projects or reflects more a predisposition that people working with SC might have to these attitudes, the commitment to this group provides a solid basis for the organisation in achieving greater alignment with the new strategic focus as it moves forward.

“If we don’t [prioritise the most vulnerable and marginalised] – who will? They are marginalised for a reason. SC should be trying to assist all children not just the most accessible or more appealing.” (SCA staff, interview)

SECTION 4: ENABLERS AND CONSTRAINTS TO PRIORITISING MOST VULNERABLE AND MARGINALISED

This section responds to the following key evaluation question:

- Key Question 5: What are the factors which act as enablers or constraints with regards to advancing precise prioritisation of most vulnerable and marginalised in the different project contexts?

Through staff and partner interviews, focus groups with project participants, online survey findings and project document review, a long list of factors were identified which act as enablers and constraints to most vulnerable and marginalised groups being prioritised for each country project. Many of these have been presented in previous sections under different headings. This section provides a list of factors that were common across countries, followed by factors that are relevant to SCA and donors. As many of these points have been discussed in depth previously, they are only briefly presented here. The enablers and constraints relevant to each country project have been included in Annex 1 under each country profile.

4.1 Enablers and Constraints that applied across Countries

The list of enablers and constraints in this section were common to multiple projects.

Enablers:

- **CRSA / CSP focus.** Some but not all projects were designed with direct relation to the CRSA and CSP. The structures of CSPs and CRSA can assist in the identification of the most vulnerable and marginalised groups, which can assist in prioritisation when decisions need to be made about what areas to focus on in programming and funding requests. There are prompts within the CRSA guidelines which suggest thinking about issues for ‘most marginalised’ or ‘marginalised’. Nevertheless, one SCA staff member interviewed had the opinion that the guidelines did not go far enough in enabling a focus on this.
- **Project continuation / pilot project approach.** All projects were a continuation of previous ANCP and/or other funded projects – some were scale-ups, some added on sectoral areas, some used the same approach but in a different geographical area. One project integrated a one-year pilot while two other projects (Cambodia and Ethiopia) unofficially referred to the projects as pilots because they intended to adapt and scale up the projects in the future (which might have reflected the individual perception of the staff rather than the organisational position). Continuation of previous projects that focused on the most vulnerable and marginalised has enabled updating of approaches in a known environment that was conducive to prioritising the most vulnerable and marginalised. The child marriage prevention component of the MCH project in Ethiopia was a continuation of the project in the same geographical areas. They were able to build on the successes and lessons from the initial project, and continue to improve on the approaches. The decision to undertake a pilot phase of the Bangladesh CHETONA project reflected a commitment to learning which was shared between the Country Office and SCA. The pilot phase was an opportunity for both teams to learn together and jointly manage the risks through co-creating strategies that tested ways of working with a most vulnerable target group.
- **Situation analysis, assessment or consultation at design stage.** Most Country Offices

Save the Children Australia's approaches to reducing inequality – Evaluation Report

discussed during interviews the practice of undertaking an assessment or situation analysis at the design stage for any new projects in addition to the ANCP projects reviewed here. Most of the ANCP projects (SCSCP Cambodia, MCH Ethiopia, IMPACT Thailand, SETARA Indonesia, CHETONA Bangladesh) underwent some sort of situation analysis based on staff reports. PHC Lao PDR discussed undertaking assessments when starting in new districts. Undertaking these assessments was viewed as an important way to ensure an updated understanding of the situation, a way to triangulate the secondary data which in some circumstances could not adequately represent the situation. It also served as a way to engage government and NGO partners, local leaders and community representatives, and the most vulnerable and marginalised groups in the design stage.

- **Motivated staff with strong commitment to reaching the most vulnerable and marginalised.** Nearly all staff interviewed believed that it was important for SC to try to reach the most vulnerable and marginalised, and this was supported by staff survey findings. During interviews, there were many examples of staff advocating for how more could be done to provide better outcomes for the most vulnerable and marginalised groups.

Constraints:

- **Clarity / guidance on terms and definitions.** Many interview participants discussed challenges with the terms ‘vulnerable’, ‘marginalised’ and ‘deprived’, as related and overlapping terms. Some suggested there were challenges to translate these terms, sometimes there was simply no direct translation. Others described the need to be clear about who is being talked about when these terms are used so that there can be consistency at country level and within SC overall about who is being targeted and whether or not efforts to reach them are successful. This links to Recommendation 12.
- **Staff capacity.** A small proportion of staff voiced a lack of experience and requested more support in how to go about identifying and prioritising the most vulnerable and marginalised groups, for example how to identify and support partners to include people with disabilities. This links to Recommendations 6 and 14.
- **Project continuation.** While the benefits of extending previous projects have been described above, there are risks to the effectiveness of this approach in prioritising the most vulnerable and marginalised. The tendency to continue and/or expand previous projects may be at the expense of an objective assessment of who are most vulnerable and marginalised groups at a broader level that could be prioritised.
- **Political constraints.** In countries where the government is actively involved and directive in determining the priorities and target groups/areas of NGOs, there is the risk that government priorities will compete, or conflict, with SC’s prioritisation (of the most vulnerable, marginalised or deprived).

SCA Enablers and Constraints

There were a number of enablers and constraints identified through interviews that are relevant at SCA level.

Enablers:

- **Theory of Change – be the voice.** The SC theory of change ‘Be the Voice’ component specifically refers to the goal of advocating for the most marginalised children or those in poverty. SCA staff highlighted that the ANCP project proposals were supposed to be designed around this theory of change. In order to align with the ‘be the voice’ principle there is a further opportunity to consider the most vulnerable and marginalised. This links to Recommendations 2, 3 and 8.
- **Staff technical support capabilities.** SC Country Office staff regularly suggested that SCA’s contributions improved their thinking around whether and how the project was reaching the most vulnerable and marginalised. This contribution was often in the form of questions and comments on project reports and similar documents that are shared back and forth between Country Office and SCA.

Constraints:

- **No specific criteria for when projects are designed.** As mentioned previously, there were not explicit expectations that most vulnerable and marginalised groups were to be the focus of the ANCP projects at the design stage. This links to Recommendation 2.
- **Proposal template and appraisal criteria.** The proposal template for the ANCP projects and appraisal document do not make specific reference to the most vulnerable and marginalised groups. While there is reference to the CSP and CRSA, and some respondents referred to the assumption that the CSP and CRSA prioritise the most vulnerable and marginalised, this leaves it to the Country Office to decide whether or not to include specific reference to the most vulnerable and marginalised. This relates to Recommendations 2, 3 and 7.
- **No emphasis in mid-term project evaluations.** Aside from gender and disability inclusion, there was no focus on the most vulnerable or marginalised groups in the Terms of Reference for the mid-term evaluations of two projects that were available for review. Projects undertaking end of project evaluations in the final year could incorporate this focus through evaluation questions if they planned to carry on the project with continued or additional emphasis on the most vulnerable and marginalised. This links to Recommendation 3.
- **Lack of tools or approaches to monitor reaching most vulnerable and marginalised.** SCA staff described how there were no specific tools or mechanisms to assess or monitor how projects were reaching the most vulnerable and marginalised groups. This links to Recommendations 5, 13 and 14.

ANCP/donor

There were a few enabling and constraining factors surfaced that are relevant to ANCP specifically and donors more broadly.

Enablers:

- **Flexible funding mechanism.** The benefit of ANCP funding being flexible compared to other sources was mentioned several times. Project funds can be shifted among SCA projects year by year; projects can scale up the approach to most vulnerable groups (if it was part of the original proposal and annual AdPlan). One SCA staff member suggested that it should be possible for SCA and Country Offices to focus new programs on most vulnerable and

marginalised groups using relatively resource intensive strategies with this funding.

- **Disability disaggregated reporting / inclusion requirements.** ANCP policy of ensuring there are disability inclusion plans and monitoring data that is disaggregated by disability status surfaced in many projects as catalysts to pursuing strategies to identify and reach this most vulnerable and marginalised group.
- **Funding thorough analysis.** ANCP funding is able to be used to undertake in-depth analyses that guide project direction. There were several examples of this occurring (e.g., Lao PDR PHC formative research into barriers for service access to ethnic minority women) within the projects reviewed. This links to Recommendations 4, 5, 8 and 9.
- **New AdPlan emphasis on Indigenous and ethnic minorities.** Changes to the 2016/17 AdPlan template included more emphasis on indigenous people and ethnic minorities. This can help facilitate the assessment of how projects are reaching (or not) these groups and when they overlap with the most vulnerable and marginalised, can also assess the extent to which projects are reaching these groups.

Constraints:

- **ANCP is match funding.** One staff member pointed out that ANCP is funding that is intended as a matching grant and is used to fill funding gaps. Thus, for projects for which SC's unrestricted funds (from public fundraising) are not the source of match funding, it needs to align with other donor source requirements which might not necessarily align with the priority of reaching the most vulnerable and marginalised.
- **Donor funding context.** One SCA staff member suggested that there are declining funds available overall. One implication of this is that there is a risk that SCA could shift focus towards ensuring funding at the expense of maintaining a focus on the most vulnerable and marginalised groups.
- **Shift in donor perspectives towards value for money.** A couple of Country Offices and SCA staff described the donor environment as one that emphasises the quantity of persons reached per unit of funding provided. It was suggested that more needed to be done to raise understanding of the complex needs of this group amongst donors, governments and the public as more resources and technical skills were needed to address the needs of the most vulnerable and marginalised.

“...The main avenue for improvement is intensive advocacy with key donors to make them realise that they can only achieve the goal of reaching the most marginalised and vulnerable if they stop counting how much each beneficiary costs and start looking at the broader picture when assessing project proposals. And when they start funding research into the real 'bang for your buck' - i.e. the hidden costs of NOT reaching the most marginalised and vulnerable.” (SC staff, Vanuatu, Survey)

Conclusions

From the interviews and the survey data, it is clear that SC staff are not aware of much guidance beyond a broad ambition to reach the ‘most deprived and marginalised’ that is articulated in SC strategic planning documents. Despite this policy gap, Country Offices largely have a wide range of tools available to them to identify the most vulnerable and marginalised within the context of the individual projects. While these tools have been applied differently, they have been sufficiently effective in all fields. Consequently, the most vulnerable and marginalised were identified by each project team without the aid of specific policies or guidelines about targeting.

It is also evident (see Section 1 and Annex 1) that some projects were reaching the most vulnerable and marginalised in terms of addressing their needs, and thus more guidance and policies are not an absolute prerequisite in this regard. As evidenced by the survey and interview results, the commitment of SC as articulated in the strategy documents is valued and being operationalised by staff. The internalisation of the new strategy which articulates the centrality of ‘the most marginalised and deprived’ (SC 3 Year Strategy 2016-18) has already resulted in all Country Offices (except Vanuatu, which had other priorities related to Cyclone Pam) adjusting their programming focus and questioning whether they are reaching the most vulnerable and marginalised.

The importance of identifying and understanding the needs of the most vulnerable and incorporating this information into the design of the project is required in order to ensure their inclusion. Without specific guidance about focusing on the most vulnerable, marginalised and deprived, the ANCP projects have largely started work on this goal and some have achieved strong alignment between the global ambition of SC and the ANCP project targeting. However, to ensure more uniform and effective inclusion across the projects there needs to be increased shared understanding of who constitutes the most vulnerable and marginalised, their situation, nature of their vulnerability, and risks they will face in respect to the project which can steer the design of the project. Further, SC needs to have the tools and processes in place through which it can check and review the participation levels and success of prioritisation within the project throughout its implementation.

Whilst SCA staff have expressed some uncertainty about how well Country Offices have reached the most vulnerable and marginalised, Country Offices express a strong desire to reach this group. In terms of moving forward, the evaluation findings show that in reality Country Offices and SCA actually share a commitment to reach the most vulnerable and marginalised, which has been solidified through recent changes to SCI strategic direction which prioritise the most marginalised and deprived. This sets a platform to build on. With consistent messaging from SCA, recognition of resource implications of reaching the most vulnerable and marginalised, as well as agreed processes and targets to put these aspirations into practice e.g., tools and technical support arrangements, SCA can use future ANCP projects (and potentially other funding sources as well) to advance the priority of reaching the most vulnerable and marginalised.

In some projects SC has already established mechanisms through which project participants can take a degree of ownership of the project and meaningfully support SC in the management of the project at community level. Unfortunately, these have not been designed in a way to ensure the participation of the most vulnerable and marginalised. Project level structures such as committees and volunteers can be more inclusive of the most vulnerable and marginalised and

it is very unlikely that they will participate in, or influence, these structures without concerted and focused efforts from SC. These measures would increase the meaningful engagement of the most vulnerable project participants through the structures that have already been developed and create models for other projects to increase their participation.

Project staff felt that their budgets to deliver the project were already tight. Country Offices and SCA acknowledged that working with the most vulnerable would require additional investments in the project strategy and staff capacity. This could mean increased budgets or decreased numbers of beneficiaries assisted within the same budget envelope. There were mixed perceptions about whether DFAT would be supportive of this and a number of staff felt that it tended to go against the current trend which was for greater reach per resource. Agreeing to some common expectations and ways of working between ANCP (DFAT), Country Offices and SCA around these areas would facilitate greater focus on the most vulnerable in the future.

Due to the relative flexibility built into the ANCP funding as well as its four-year funding commitment (albeit with annual reapplication for funding), there is the opportunity to use ANCP grants to advance the SC goal of bringing significant changes to the lives of the most deprived and marginalised children. With DFAT agreement, SCA could promote ANCP project funds as resourcing to help develop models that can effectively reach challenging target groups, including children with disabilities. Successful models and approaches could be applied within countries to other parts of SC programming and this could strengthen the linkages between the ANCP projects and broader programming.

The needs of the most vulnerable and marginalised are invariably complex and solutions to reduce their vulnerability require a comprehensive or holistic approach. Reaching the most vulnerable is a means to an end – addressing the causes of their vulnerability and marginalisation should be the aim. This will require SC to explore ways to more broadly address the needs of the most vulnerable and marginalised. This could be through greater advocacy or collaborative approaches with other organisations or SC moving away from single sector approaches to more holistic and comprehensive programming.

Funding programming that more effectively reaches the most vulnerable and marginalised could well present challenges to SC and SCA in relation to the ANCP funding stream if options for collaboration with other organisations or greater advocacy do not yield the required results. Whilst there is flexibility built into the ANCP funding, there is a need to ensure that SCA and DFAT share a similar understanding about targeting those that are more difficult to reach and the possible ramifications of this focus on beneficiary numbers, project costs and the ratios between them. A further limitation that was evident to some degree but likely to become more apparent, are human resource capacity constraints specifically relating to inclusion of the most vulnerable and marginalised within SC and partner organisations. This could require hiring additional staff, ensuring that new staff hired have the skills required or building the skills to deliver on commitments to the most vulnerable and marginalised amongst existing staff.

Children and adults with disabilities were well recognised as part of the ‘most vulnerable and marginalised’ in each country. SC’s social inclusion approaches, in most projects, did not include significant efforts to improve access for children and adults with disabilities or consider the possibilities for having broader impacts on this group through the project. Considering this in the design phase (based on an understanding of the needs and opportunities of people with disabilities) would facilitate developing mainstreaming measures or more comprehensive

programmatic approaches to ensure the aspiration of including people with disabilities is matched by appropriate budgeted project activities and strategies. Inclusion of children (and adults) with disabilities in programming is an area that SCA has put on the radar within the SC family through its DFAT-funded programming. However, this commitment has not been matched by technical leadership from SCA to country offices.

Recommendations

The recommendations have been divided into three groups, SCA, Country Office and Project Level, reflecting at which level the responsibility for the recommendation lies. The parts of the findings that relate specifically to recommendations have been shown explicitly in the narrative of the report and Annex 1.

For Save the Children Australia

1. If necessary, negotiate with DFAT (or any other donor) for alignment between their expectations with SCA's goal of using ANCP (or any other) funds to reach the most vulnerable and marginalised. Any parameters about reach, beneficiary numbers, complexity of targeting, need for comprehensive or holistic approaches to address multiple causes of vulnerability etc. can be agreed with DFAT as appropriate.
2. Develop and communicate a clear direction and programming expectations around targeting of the most vulnerable and marginalised in regards to ANCP (or any other) funding with the rest of Save the Children. This will pave the way for SCA to reach agreement with Country Offices about expectations around ANCP funding and targeting of the most vulnerable and marginalised. SCA needs to have internal clarity and communicate expectations to Country Offices prior to the next ANCP funding round.
3. Ensure that SCA processes and templates promote inclusion of the most vulnerable and marginalised throughout the project cycle and that these can be tracked and reported on. This will entail:
 - Amending SCA proposal template and proposal assessment criteria to include prompts in the proposal template which ensure that Country Offices are assessing who are the most vulnerable and marginalised groups related to their project area and justifying the inclusion or exclusion of these groups.
 - Amending the proposal assessment criteria to review the extent to which Country Offices are adequately assessing the situation and justifying the reasons for inclusion or exclusion. This will need to be done with regard to the linkages to other programming in country that the ANCP funded project contributes to.
 - Including tracking of how well SC is meeting its commitments to the most vulnerable and marginalised through reviews, evaluations and monitoring processes (including SCA monitoring visits) where appropriate by inclusion in Terms of References.
 - Including in Terms of References for baseline and end-line surveys, the assessment of the situation of the most vulnerable and marginalised
 - Amending reporting templates so that they can capture this progress and surface areas of improvement in reaching the most vulnerable and marginalised.
4. Develop an evidence base which can inform understanding across the sector about the benefits of improving the lives of the most vulnerable and marginalised and use this to help influence donor thinking and policies in Australia. This could include commissioning a systematic literature review looking at organisational policy and program approaches in SC technical areas of expertise that have worked at improving conditions for most vulnerable

and marginalised groups at the organisational and country levels. Include an analysis of social return on investment of reaching the most vulnerable and marginalised groups compared to more mainstream groups, or develop one based upon SCA's program experience. Compile experiences and develop models that can demonstrate innovative ways to have positive impacts on the lives of the most vulnerable and marginalised.

5. Make a concerted effort to continually review lessons and experiences and share them within SCA and other SC members through documenting project experiences, sharing at conferences, and publishing case studies etc. Compile and share learning from different approaches of reaching the most vulnerable and marginalised through ANCP funded (and other) projects across countries implementing ANCP funded projects (e.g., efforts to increase participation of people with disabilities in Lao PDR, Cambodia, and Ethiopia). This can help establish SCA as a leader within the Save the Children family with a clear focus on reaching the people who are hardest to reach.
6. Ensure adequate technical support is available from SCA to Country Offices to support them to meaningfully reach and include children with disabilities in their ANCP projects.
7. To the extent possible, promote the possibility within SCI that future CRSAs and CSPs provide a specific focus on the most vulnerable and marginalised groups compared to more mainstream groups.

For Country Offices

8. Undertake risk and vulnerability analysis with the most vulnerable and marginalised prior to, or within, the design phase of the project. The information gathering process should include consultations directly with the most vulnerable and marginalised children (or whichever group the project is considering targeting) to inform the aspirations and design of the new projects or to assure its relevance if it is a continuation of an existing project. Risk mitigation strategies should be developed within the project for the risks identified with the most vulnerable and marginalised to, at least, ensure 'do no harm' principles.
9. As part of the design phase in all projects, SC should include an assessment of the situation of children with disabilities. This information should facilitate decisions around mainstreaming or comprehensive programming measures to ensure the aspirations of including children with disabilities is matched by appropriate budgeted project activities and strategies.
10. Ensure adequate resources are available for identifying, and assessing the needs of the most vulnerable and marginalised prior to, or during, the design stage.
11. Strategies to reach and serve the most vulnerable and marginalised need to be more fully developed and costed at the design stage to ensure prioritisation can be implemented.
12. Country strategies and project documents need to provide shared understanding of terms such as 'most vulnerable', 'marginalised', 'deprived' etc. Within each project, who constitutes these groups and the source of data that informed this understanding as per

the project context should be articulated. Ideally this understanding should inform the project goals.

13. Include indicators by which to measure the success of prioritisation and participation of the most vulnerable and marginalised within the project Monitoring, Evaluation, Accountability Learning (MEAL) framework. Link these to higher level indicators (through applying consistent definitions) and this will allow SCA and Country Offices to track their progress at program and country level.
14. Assess the staff capacity requirements that are implicit to enable SC to better identify, understand and address the complex needs of the most vulnerable and marginalised. Take measures to raise the capacity of staff (including partners) so that they are confident and able to work as effectively as possible with the most vulnerable and marginalised.
15. The ongoing participation of the most vulnerable and marginalised throughout the project cycle needs to be enshrined in each project strategy or MEAL framework (e.g., within accountability mechanisms, monitoring and evaluation processes, annual planning and reviews). Focused reflection and learning exercises should be undertaken to understand how/if these groups are being reached, which groups are being (unintentionally) excluded, and what could be changed to ensure broader inclusion.

At Project Level

The evaluators have not developed recommendations specific for each of the seven projects that were included within this evaluation. This does not imply that the projects for which there are no recommendations are perfect. The recommendations for Country Offices above apply to each of the projects. Further the evaluators gathered more information from the four countries visited (as opposed to the three for which only remote interviews with conducted with staff and partners) and thus developed a deeper understanding of the projects in Bangladesh, Cambodia, Ethiopia and Vanuatu than the other countries.

16. Take measures to ensure that project level structures such as committees and volunteers that SC establish as part of the project are inclusive of the most vulnerable and marginalised. This should be done in consultation with the communities based on a shared understanding of the need to ensure the views of these groups are represented. These measures should increase the meaningful engagement of the most vulnerable project participants in management of project related community level activities through the structures that have already been created.
17. Bangladesh CHETONA – revisit the different causes of vulnerability for Children Affected/Infected by HIV and AIDS (CABA) and Children of Sex Workers and refine the project to better address vulnerability of CABA who face significant obstacles to education, protection and meeting basic needs.
18. Bangladesh CHETONA - An exit strategy should be developed which addresses the centrality of the role of the project partners in the lives of the most vulnerable children and avoids the children and parents being left more vulnerable than before once the project ends.

19. Vanuatu MYBebi – Specific strategies need to be developed to ensure young mothers (who have been deemed the most vulnerable and marginalised group for this project) are participating in the project. These strategies should start with identifying who these women and girls are in each target community and increasing understanding of their needs and how they can participate, so that the project can be relevant to them. In future programming, SC needs to sharpen its processes of identifying target communities (as well as its processes to promote inclusion) to ensure young mothers can and are being reached.
20. Cambodia SCSCP - Consider approaches for better ensuring the confidentiality of individuals and households during village mapping and social services mapping that involve most vulnerable identification activities.
21. Ethiopia MCH project – ensure future radio-listening groups have explicit selection criteria that ensures that the most vulnerable and marginalised are selected to participate especially within the women and girl groups.

Annex 1: Project Level Analysis

Bangladesh Comprehensive Care and Protection for Children of Sex Workers and Children infected/affected by HIV/AIDS (CHETONA) Project

a) Extent that Needs of the Most Vulnerable and Marginalised were considered in the Design Phase

SC identified children of floating⁵ sex workers (ChSWs) and children affected/infected by HIV and AIDS (CABA) as most vulnerable and marginalised. SC assessed their vulnerability and marginalisation in terms of the stigma and discrimination they faced in accessing education and health services as well as undertaking day to day activities within their communities. This was revealed through a vulnerability assessment, policy analysis and baseline study. FGDs with the children and their families plus interviews with SC and partner staff confirmed that the rationale for selection of these children in the project was well founded and justified in terms of their vulnerability and marginalisation.

The first of four years of the CHETONA project was implemented as a pilot, which greatly assisted the team's ability to identify and prioritise the most vulnerable and marginalised groups. SC staff stated that it was important to test the feasibility of working with the most vulnerable groups, namely ChSWs and CABA, and determine whether this was a suitable project for ANCP. This approach supported SC to establish relations and trust with the target groups, which was of critical importance. It also helped to better understand their needs, which shaped the design of longer-term programming.

The majority of Bangladesh SC staff undertaking the online survey indicated that the project design phase identified the needs of the most vulnerable and marginalised 'extensively' (60%) with fewer reporting 'a fair amount' (20%) or 'a little' (20%) based on the methods/approaches that they have used. The same pattern was present for the extent to which the staff believed that the needs were prioritised, with 80% responding 'extensively' and 20% reporting 'a fair amount'.

b) Effectiveness of Engagement of Most Vulnerable and Marginalised in the Project Cycle

It was reported that SC spent several months identifying the children who would be initially targeted during the preparation of the project. In 2015, it was reported in interviews with project staff that SC conducted FGDs with targeted children and mothers to find out their needs and expectations in revitalising the project focus and interventions.

In regards to engagement during the implementation phase, discussions with ChSW and CABA, as well as interviews with SC and partner staff, revealed that the children were routinely asked by SC's partner organisations for their feedback about the activities and what ideas they had for the project. Beyond this, the project did not regularly engage the most vulnerable and marginalised in planning and monitoring stages of the project, and the formal systems did not always include obtaining other feedback from the children. This links to Recommendations 11 and 13. Nevertheless, the children felt a real connection with the project (through the partner organisation) and described a sense of solidarity with the other children as well as feeling the partner organisation staff genuinely cared for them. This relationship in building the trust needed to work with CABA, ChSW and their parents/caregivers is important.

⁵ 'Floating' is a term commonly used with sex workers in Bangladesh, resulting from a policy of closing brothels, thus sex workers are self-employed and not attached to a fixed site.

“We share what we have learned with our friends and classmates. We try to convince the people who know but don’t act on what they know. We want the project to grow bigger and reach more people.”
(FGD, children of sex workers, Bangladesh)

Eighty percent of the SC Bangladesh staff who responded to the survey were of the opinion that the CHETONA project was ‘effectively’ engaging the most vulnerable and marginalised throughout the project cycle (and the other 20% rated the engagement as ‘ineffectively’). The high self-assessment of the Bangladesh team is supported by their

project activities, which demonstrated strong investments in engaging the most vulnerable (i.e., CABA, ChSWs, and their parents/caregivers) throughout the project cycle. The high level of engagement was entirely appropriate given that the target groups’ relationships with other institutions, relatives and community members were very fragile due to stigma. Working effectively with these most vulnerable children required high levels of trust as questions of disclosure of HIV status and their parent’s occupation were sensitive issues that were core to the level of engagement. This links to Recommendation 18. In order to continually identify new vulnerable and marginalised project participants, the targeted children and their families were engaged to spread awareness of the project through word of mouth within their community networks. While the project has been effective in engaging the children (who can be considered the most vulnerable and marginalised) in the project cycle, SC can build on the strong relationships to engage them further in the formal planning, monitoring and review processes. This links to Recommendations 15 and 16.

c) Effectiveness of the Prioritisation Mechanisms of the Most Vulnerable and Marginalised

The Bangladesh CHETONA project has been built around the groups that SC views as the most vulnerable and marginalised and this is reflected in the articulation of the project goal and three objectives which are:

- **Goal: Increase care and protection** for CABA and ChSWs in five districts through improved child protection systems and enhanced community support
- **Objective 1: Systems strengthening.** Strengthen national and community child protection systems to increase protection for CABA and ChSWs
- **Objective 2: Improving access to services.** CABA and ChSWs have improved access to their rights including the right to education, health and psychosocial care
- **Objective 3: Building community capacity.** Target communities have increased awareness, reduced stigma and discrimination towards CABA and ChSWs

To deliver on the third objective, the project has opted to raise awareness and understanding of the wider community. The strategy has involved working with children outside of the defined target group but within the target communities in order to reduce the risk that singling out CABA and ChSWs will unintentionally raise stigma and possibly disclose the situation of the children. These measures are appropriate and reflect the prioritisation of the most vulnerable rather than diluting this focus. Whilst the logic of this approach is sound as is the selection of the most marginalised, access to education and health remains precarious for many CABA that are being targeted through the project.

The difficulties faced by children affected/infected by HIV and AIDS who faced impoverishment as their parents fell sick and died was an underlying cause of vulnerability of CABA and was not experienced by ChSWs. Their prevailing vulnerability came out strongly in each of the FGDs with the children and families affected by HIV and AIDS, as well as interviews with project partner staff. This links to Recommendations 1 and 17. These significant needs

were not well considered by SC, and consequently the logic of the project activities has not been well developed to adequately address the situation of the children affected/infected by HIV and AIDS. SC has not differentiated the causes and the degree of vulnerability and marginalisation between the two target groups in the project design or implementation. The measures in place that prioritise the most vulnerable and marginalised do not reflect the acute material, protection and educational needs of children affected/infected by HIV and AIDS which are implicit in the goal and second objective of the project. This links to Recommendation 17.

d) Contextual and Cultural Relevance

Interviews with partner staff as well as the project beneficiaries in Bangladesh showed that the local partner organisations had a track record of effective engagement at the local level with the target groups. This provided a high degree of understanding of the context and culture as well as appropriate ways to challenge norms and attitudes when necessary. The Bangladesh CHETONA project is actively trying to change discriminatory beliefs held within communities and institutions in order to increase tolerance of the target groups in their communities and families. According to the reports from SC and partner staff as well as discussions with the children and adults being assisted through the project, attitudes are improving indicating that these measures are culturally appropriate. The fact that stigma is a main area that the project is attempting to address shows a good alignment between the prioritisation of the most vulnerable and the culture and context in which they live. The high relevance of the project is supported by the high online survey ratings that the Bangladesh SC staff gave themselves in the contextual and cultural appropriateness of their strategies.

e) CHETONA Bangladesh Enablers and Constraints to Prioritising Most Vulnerable and Marginalised

Enablers:

- **Working through committed local partners with established links to the target communities.** SC has selected partners with close links to the particular communities and/or a demonstrated track record of working with these target groups. The project effectively leveraged these advantages to identify and work with the children affected/infected by HIV and AIDS as well as the children of sex workers despite these groups being particularly difficult to reach.
- **Using children who are participating in the project to reach out to other children affected/infected by HIV and AIDS to enter the project.** Through this mechanism the project continues to overcome one of the inherent challenges in identifying and reaching the most vulnerable and marginalised target group. It also gave the opportunity for the children to invest more into the project and increase their ownership.

Constraints:

- **Difficult to identify.** Floating sex workers and children affected/infected by HIV and AIDS are difficult to identify.
- **Need for confidentiality.** There was need to ensure that the status of people living with HIV and AIDS and the profession of the sex workers were concealed as much as possible. Some of the children and adults engaged in the project have not disclosed their HIV status or their profession for fear that this will cause them to be discriminated against or ostracised. To respect and mitigate the risk of inadvertently revealing their status to other community members, the project team also works with other members of the

communities who are also needy. This necessary strategy means that project resources are used for children who are not the most vulnerable and marginalised as well as the primary target group.

Cambodia Strengthening Community Systems for Child Protection Project

a) Extent that Needs of the Most Vulnerable and Marginalised were considered in the Design Phase

Children and families at risk of abuse are the key population groups prioritised by the Strengthening Community Systems for Child Protection (SCSCP) Project. One of the three SCSCP project objectives specifically refers to the “marginalised”: *“At least 2,340 children, **mostly marginalised and disadvantaged**, in Prey Veng province, benefit from an increase in knowledge and application of positive parenting techniques by their parents/caregivers”* (emphasis added) (SCSCP project proposal).

A variety of approaches were used to assess the vulnerability of the groups targeted. The SCSCP project exemplifies how the combination of a project continuation, aligning with the Child Rights Situation Analysis (CRSA) and Country Strategic Plan (CSP) and a local consultation process can enable a project to focus on the most vulnerable and marginalised groups.

The project was a continuation of a previous child protection project also in the same location, of which the experiences and evaluation informed the new project and allowed a continuation of local partnerships. In addition, the Country Office had been through a strategic planning process of narrowing their geographical focus to eight Provinces that were assessed as “most in need” based on a prioritisation that included reviewing key health, education, child protection and other indicators.

The 2014 Cambodia CRSA contained an assessment of the child protection systems (see adjacent quote). The recommendations included strengthening the child protection systems while also improving attitudes towards child rights among adults, both of which are in direct alignment with the SCSCP project objectives.

“Two key underlying factors (to a lack of child protection) are weaknesses in state child protection systems and services (including lack of investment, lack of capacity, poor coordination between different entities and legislative and policy gaps), and social norms and attitudes towards children.” (SC Cambodia, CRSA 2014)

One project partner staff member interviewed supported the justification that Prey Veng Province is one of the provinces in Cambodia with the most need based on its high poverty and migration, and Prey Veng tied for the lowest score of the nine prioritised provinces by SC in Cambodia, based on their internal assessment of key indicators. SC and partner staff interviewed indicated that the project focused on the most vulnerable and marginalised groups during the design phase - children experiencing violence, sexual abuse, or having migrant or poor parents were consistently suggested in interviews and focus groups as the most vulnerable and marginalised groups in Cambodia.

The majority of SC Cambodia staff who completed the online survey suggested that the most vulnerable and marginalised groups were identified ‘a fair amount’ (67%) with 33% thinking they were identified ‘extensively’ (33%) (no ratings were made for ‘a little’ or ‘not at all’). Similarly, half of the staff believed that the most vulnerable and marginalised groups were prioritised ‘extensively’ (50%) and half ‘a fair amount’ (50%) (no ratings were made for ‘a little’ or ‘not at all’).

b) Effectiveness of Engagement of Most Vulnerable and Marginalised in the Project Cycle

The SCSCP project worked to engage most vulnerable and marginalised children throughout the project through identifying target beneficiaries. SC staff reported that there were a 'reasonable proportion' of most vulnerable and marginalised represented in the child and youth clubs that the project worked with. In addition, the project engaged children with disability in the child and youth clubs as well as children not going to school. This links to Recommendation 5.

“Not much engagement. Still need to mobilise or engage them more to be involved. Need to train more on meaning of children with disability. There are multiple definitions of marginalised for example so this is a challenge.” (SC Staff, Cambodia, Interview)

Three most vulnerable and marginalised beneficiaries who had received case management from the project participated through interviews in the project mid-term evaluation. In addition, the case management approach uses participatory principles so that the most vulnerable and marginalised who are receiving case management are involved in decisions around their own care.

Children clearly were engaged with the project throughout the project cycle. During implementation, the SCSCP project partnered with child and youth clubs, based in schools and comprised of mostly 10-18 year olds in school girls, but some out of school children as well. The child and youth clubs are engaged in a variety of activities from being provided trainings, to participating in village mapping, to attending CCWC meetings to being the voice of young people to their local government. While data is not specifically collected on who are the most vulnerable or marginalised, it was reported by project staff that some of the club members are known to be most vulnerable or marginalised (for example data is collected about children with disabilities participating in activities). Representatives from these groups are asked to participate beyond the project level activities through attending project review meetings and participating in youth-led action research activities held in the beginning of the project.

One implementing partner suggested that there was a desire on the part of their organisation to have more participation of the most vulnerable target groups (children and women) in the project areas, but they were constrained largely by the groups' ability, willingness, and challenges of knowing who the groups were.

Online survey data complements the staff and partner interview opinions. Seventeen percent of the six Cambodia SC staff participating in the online staff survey responded that the most vulnerable groups were engaged 'extremely effectively', 50% responded they were engaged 'effectively', and 17% responded they were engaged 'ineffectively' (17% stated they were 'not able to assess').

c) Effectiveness of the Prioritisation Mechanisms of the Most Vulnerable and Marginalised

There is sound justification that the groups prioritised within the SCSCP project reflect the most vulnerable and marginalised groups. The prioritisation was developed over time through project experience and shaped by strategic directions outlined in the CRSA and CSP. The most vulnerable children, those experiencing violence, neglect due to migration of parents, and other factors, were being targeted and reached throughout the project. Cambodia made use of two community-based approaches, social services mapping and village mapping, to identify the most marginalised groups as part of the project activities or in collaboration with government partner activities. The two mapping approaches used similar methods of working

with community stakeholders to identify persons or households based on indicators who could then be referred for proper services. This approach was locally based and thus could be very effective as stakeholders are aware of local issues or have access to relevant data.

d) Contextual and Cultural Relevance

One objective of the Cambodia SCSCP project is to work closely with government to strengthen the child protection system more broadly. One strategy towards achieving this is working with commune level, Commune Committees for Women and Children (CCWC⁶). CCWCs are comprised of local community leaders and thus reflect the community culture and context. SC staff report ongoing engagement with CCWCs which is a way to update their understanding of the context on an ongoing basis.

The SCSCP project in Cambodia had program strategies that were attempting to shift cultural norms. In Cambodia, SC has been trying to improve parental attitudes and behaviour towards children to reduce violence against children. This has the potential of being viewed in local cultural terms as culturally inappropriate, however staff report that communities are accepting of the information and view it as positive. In addition, the project work closely with relevant government partners and ensure that the project is aligned to government policies and priorities, and the Cambodia government has recently signed off on a National Action Plan to stop corporal / physical punishment of children in all settings, including the home.

e) Cambodia SCSCP Enablers and Constraints to Prioritising Most Vulnerable and Marginalised

Enablers:

- **Community-based approaches to identification.** social services mapping is an example of community-based approaches used semi-regularly by the project and government counterparts for identifying local most vulnerable and marginalised people and households. They have enabled an ongoing and updated way to identify the most vulnerable and marginalised people who could then be referred for relevant services the project is supporting and/or are otherwise available.
- **Government definitions.** Cambodian government national orphan and vulnerable children guidelines (Ministry of Social Affairs, Veterans and Youth Services, 2011) provides a definition for vulnerable children based on set indicators. This has facilitated the ability for SC to prioritise groups that align with the national definition, as was the case for the SCSP project.

Constraints:

Hard to identify groups / hidden issues. Even with systems in place for the most vulnerable groups to be identified and referred within the project, individuals can be hard to find (e.g. migrants) or issues may not be readily disclosed (e.g. violence). This can make an accurate assessment of the situation difficult and create challenges to reaching them through activities.

⁶ CCWCs are committees who report to commune councils, are comprised of local leaders and have a mandate for women and children's issues.

Confidentiality. Project staff and partners acknowledged the need to improve confidentiality of the local community-based identification process. That is, ensuring that while needs are identified and responded to, only people who need to know are aware of the issues so the process does not contribute to further stigma. This links to Recommendation 20.

Ethiopia – Improving Maternal and Child Health Care Project

a) Extent that Needs of the Most Vulnerable and Marginalised were Considered in the Design Phase

The Ethiopia Maternal and Child Health Care (MCH) project focused on early marriage prevention and MCH, and was a continuation of a previous early marriage prevention project in the same three Woredas (Woredas are third level administrative divisions within Ethiopia, after Regions and Zones) that was ongoing for many years. According to SC project staff and in the project proposal, the target project region was well justified in terms of the prevalence of traditional practices such as early marriage being amongst the highest in the country. Furthermore, the rates of maternal mortality at the time of the project design were described by staff as uniformly poor nationwide. Community leaders and groups participating in the interviews and focus groups reinforced that young girls at risk of early marriage were very vulnerable. Girls who marry early are at greater risk of maternal complications such as fistula⁷ (which typically results in severe marginalisation), and government officials interviewed confirmed that maternal mortality rates in the project Woredas were poor and an area where intervention was prioritised.

Ethiopia SC staff who responded to the online survey had lower levels than most countries regarding the extent to which they believed that the project considered the needs of the most vulnerable and marginalised. 37.5 percent thought that the needs were identified in the design stage ‘extensively’, 37.5% ‘a fair amount’, and 25% only ‘a little’. They responded in a similar pattern when asked if the project prioritised the needs of the most vulnerable and marginalised at the design stage with 25% believing that the needs were prioritised ‘extensively’, 50% said ‘a fair amount’, and 25% said only ‘a little’. Interviews similarly suggested that staff believed that the vulnerable groups of girls at risk of early marriage, fistula patients, utero-vaginal prolapse (UVP) patients, and women during pregnancy were appropriately being targeted by the project. However, some staff suggested that not all vulnerable groups, especially people with disability, received the same consideration (excluding fistula and UVP patients, who have an acquired functional disability, for whom the project regularly prioritised and involves in project activities). One staff member felt strongly that the focus of the project at the health systems level tended to benefit people who were near to or accustomed to using the health centre, and while there were health development army (community health worker) strategies, the people more in need or further away from the services were excluded.

b) Effectiveness of Engagement of Most Vulnerable and Marginalised in the Project Cycle

SC Ethiopia project staff and the project proposal stated that there were consultations undertaken during the design phase which included local leaders from project areas, community groups (called community-task forces) which included most vulnerable and marginalised girls, representatives from child-led school clubs and out of school adolescent

⁷ An obstetric fistula is a hole between the vagina and rectum or bladder that is caused by prolonged obstructed labour, leaving a woman incontinent of urine or feces or both (<https://www.fistulafoundation.org/what-is-fistula/>). Girls married early are at greater risk of obstetric fistula which often results in abandonment by family and friends (SCA project proposal).

reproductive health clubs. Staff also reported that direct consultation with most vulnerable groups did not happen during the design, but rather through their representatives, such as the Ministry of Women's Affairs. This links to Recommendation 8. During implementation, the MCH project has incorporated stakeholder views through quarterly review meetings, where representatives of the most marginalised have been invited to attend. The most vulnerable and marginalised have participated in activities such as community task forces (in addition to a range of local leaders, girls at risk of child marriage are part of the group); mother support groups (who identified and included pregnant women in their groups – who were justified by staff as most vulnerable groups within the project); radio listening groups (which included groups of people with disability); groups of students (which was reported by SC staff to at times include most vulnerable and marginalised children). This links to Recommendation 5.

One area where engagement of most vulnerable groups was not effective was an initial project strategy of working with out of school adolescent sexual and reproductive health clubs. Their purpose of being involved was “to improve girls’ participation in the prevention of maternal and child mortality, and prevention of other social and cultural risk factors in their communities” (Mid-Term Review). The review stated that the activities were assessed as having unclear outcomes, and activities were subsequently stopped with this group.

SC staff who participated in the online survey ranked the effectiveness of the engagement with most vulnerable groups as amongst the highest, with 13% reporting that the engagement was done ‘extremely effectively’, 63% responding that the engagement was done ‘effectively’, 13% responding that the engagement was done ‘ineffectively’, no one reporting that the engagement was done ‘extremely ineffectively’, and 13% reporting they were ‘unable to assess’.

c) Effectiveness of the Prioritisation Mechanisms of the Most Vulnerable and Marginalised

That the project was a continuation of a previous project contributes to its effectiveness as a mechanism of prioritising the most vulnerable. At the time of the design, the previous child marriage project was nearing the end of a three-year (ANCP-funded) project. Building on the staff experience, evaluations, and lessons learned, SC capacity to prevent early marriage could only improve and is an effective way to ensure the reach to most vulnerable groups improves. The consultation process, a significant aspect in the project design, was led by the SC Deputy Country Director and Director of Business Development, and included consultations with a range of stakeholders and staff who worked on the previous project. While the evaluators were not able to review the assessment visit report (it could not be located by staff), staff described the process as one where stakeholders contributed to the prioritisation of target groups and project locations. The project proposal states, *“These representatives also actively participated in prioritising intervention areas. It was from these conversations that the need for a stronger focus on MNCH as a strategy for prevention and response to child marriage arose.”* Working to address child marriage prevention through the additional strategy of MNCH, a government priority under MDGs, also served as a less confrontational entry point.

While the selection logic is sound and fit to the context, there were examples provided where the most vulnerable and marginalised were not entirely considered. For example, SC staff suggested that the Kebeles (or local administrative areas) where the project was implemented were selected in cooperation with local authorities, but that the Kebele selection was also based on feasibility or distance to the main road, and therefore did not prioritise the most vulnerable and marginalised, who are more remote and given the distances, have less access to services. Several SC staff reported that the project was thought

of as a pilot (however no evidence of this was found in the mid-term review or project proposal), which could be expanded based on the lessons learned to more remote areas where the difficulty in reaching and engaging people was reported to be significantly harder.

d) Contextual and Cultural Relevance

In the Ethiopia MCH project, there were decisions to be made about which geographical areas (Woredas) the project would work in once the broader region was selected. A culturally appropriate approach to undertaking this selection was through consulting with government partners.

“We were considering most vulnerable children at the time of the project design. (A team) went to Gondar [the project location] to identify the most vulnerable areas and did this in consultation with government partners who recommended to work in three Woredas. Criteria considered were the poorest, the most remote, and areas not covered by other NGOs. The recommendation came from partners and stakeholders”. (SC Staff Ethiopia, Interview)

This could be viewed as a culturally appropriate selection process that could potentially be at odds with one that prioritises the most vulnerable and marginalised. Some Ethiopia staff suggested that while it is important to work with government, there are often political justifications for decisions that override the commitment to the most vulnerable or marginalised. Another SC Ethiopia staff argued that the Kebeles selected (within the three Woredas) were not the most remote and thus the project was not reaching the most vulnerable and marginalised. Unless the stakeholders are committed to the same extent to reaching the most vulnerable, the outcome may not be entirely aligned with a priority to the most vulnerable and marginalised.

The MCH project had program strategies that were attempting to shift cultural norms. In Ethiopia SC has been trying to change norms around early marriage of young girls. This has the potential of being viewed in local cultural terms as culturally inappropriate, however staff report that communities are accepting of the information and view it as positive. In addition, the project works closely with relevant government partners and ensure that the project is aligned to government policies and priorities; and ending child marriage is an official government policy.

e) Ethiopia MCH Enablers and Constraints to Prioritising Most Vulnerable and Marginalised

Enablers:

- **Flexibility within project to further address people with disability.** Flexibility exists on the part of the Country Office, SCA and ANCP to evolve the approach towards people with disability in the project. This began with a non-specific plan but evolved into forming local disability listening groups such as radio listening groups and incorporating awareness and rights information into the radio programs broadcast throughout the program area.
- **Favourable selection criteria.** Criteria for selection for the Woreda geographical areas included the most vulnerable and marginalised. While formal selection criteria were not established for radio listener groups, staff and partners reported that requests were made to the Kebele administrators who established the groups to try to ensure that the most vulnerable and marginalised were included in the formation of the groups. In addition, groups were established specifically for people with disability.

Constraints:

- **Geographical feasibility.** Kebeles that were easier to reach were prioritised for project

activities rather than the more rural, difficult to reach locations. Staff attributed this choice to the project being a pilot (harder to reach locations would be targeted in a future project), and project delays at initiation.

- **Unfavourable selection criteria.** Criteria for participation in aspects of the project could favour the better off, for example, some youth radio listening group members were selected based on being good students rather than being most vulnerable and marginalised. This links to Recommendation 21.
- **Government policy.** Government does not prioritise people with disability (not including their commitment to prevent and treat fistula), making it more challenging for SC to address this group as the project has been committed to working closely with government in all aspects.

Indonesia – Strengthening Education Through Awareness and Reading Achievement (SETARA) Project

a) Extent that Needs of the Most Vulnerable and Marginalised were considered in the Design Phase

The Strengthening Education Through Awareness and Reading Achievement (SETARA) project aims to improve quality of education in two districts in Indonesia. The project illustrates how pragmatism and an understanding of vulnerability at different levels featured in the design phase. Pre-existing programming was a significant factor in deciding to work in slums in Cilincing, North Jakarta as well as in Belu district in Nusa Tenggara Timur (NTT) province because there was a desire by SC to build on existing work and relations. These choices were also supported by secondary data about the two provinces which they found rank poorly in terms of education and other socio-economic indicators. In urban North Jakarta, SC defined vulnerability in terms of students who had the poorest access to quality education and came from socio-economically deprived backgrounds. In Belu, SC also identified children who were from poor socio-economic backgrounds and lacked the family support to boost their development. SC used a literacy assessment to inform the design of the project, which showed the need for early childhood educational interventions and also gave insights into the socio-economic background of the students. SC found that the vulnerable students were those who attended non-government religious schools (madrassas) and those who lived in remote areas of Belu district.

However, SC Indonesia staff conceded that there were certainly children who could be considered more vulnerable in both the target areas who were not targeted by the project. For example, SC avoided the most remote schools in Belu district (which they believed were more in need) because it was felt that their financial and human resources were insufficient to reach these areas. In Cilincing, project staff contended that working children, children with disabilities, and children who were living on the street, and were out of school, would be more vulnerable than the students they were targeting, but they could not be reached with the present project design. This links to Recommendations 1 and 11. SC and partner staff had the opinion that, whilst there was a significant need for literacy support in Belu, the intended project outcome of improved literacy does not reflect the greatest need of the children being targeted or the perceptions of the children's needs by their parents in North Jakarta. This links to Recommendation 8.

All Indonesia SC staff who responded to the online survey had the same opinions about the extent to which they indicated that the project identified and prioritised the needs of the most vulnerable and marginalised in the design stage. All (100%) responded that the needs were identified 'a fair amount', and all (100%) responded that the needs were prioritised 'a

fair amount’.

b) Effectiveness of Engagement of Most Vulnerable and Marginalised in the Project Cycle

According to interviews with project staff, the children were not engaged during the design of the project. In terms of engaging the vulnerable groups identified by the project (students in remote communities in Belu and students in private *madrassas* in Cilincing, who were from socio-economically disadvantaged backgrounds and in schools that were poorly resourced),

“Lots of children who are very vulnerable miss out on the project benefits e.g., orphans (in orphanages), homeless children, children of single parents...There are sexual abuse cases – homeless children are vulnerable to sexual abuse and violence. They need protection until some of their problems are solved.”
(SC partner staff, Indonesia, interview)

based on interviews with SC and partner staff as well as monitoring reports, the project has successfully reached them through the project activities. However, the project has not included these children in the planning, monitoring or review processes. This links to

Recommendations 3 and 8. Parents (mostly mothers) of the vulnerable or marginalised students targeted in the project have been engaged through the parents’ associations whilst the stakeholder meetings mostly consist of men. However, according to a SC project staff, the mothers were not involved in planning or design of the project.

The Indonesian SETARA project staff considered children with disabilities as amongst the most vulnerable groups but, according to SC and partner staff, this group has not been engaged effectively through the project to date. Efforts to engage them have extended to identifying children with disabilities in the North Jakarta component of the project and trainings to teachers about disability inclusion. However, a number of staff said they were neither sufficiently resourced nor skilled to assist teachers to take the measures required to support children with disabilities to receive quality education and teachers are struggling as a result. In sum, except through participation in project activities, the project has not effectively engaged vulnerable or most vulnerable and marginalised in the project cycle. This links to Recommendation 6.

c) Effectiveness of the Prioritisation Mechanisms of the Most Vulnerable and Marginalised

The mechanisms undertaken by SC can be considered as logical, fit for purpose and effective as they facilitated SC to reach its goal of working in the most vulnerable communities. The goal of the SETARA project in Indonesia has been to improve access to high quality education in the most vulnerable communities. To achieve this goal, SC has used secondary data and drawn upon their understanding of the two project areas (gained through previously working in these areas) in order to identify the most vulnerable communities. Although it was beyond the scope of this evaluation to validate the data used, it is clear that SC have taken significant steps to justify the selection of slum areas in Cilincing, North Jakarta and remote parts of Belu district in NTT province as the most vulnerable areas which rank poorly in terms of education and other socio-economic indicators.

However, the two project areas are vulnerable for different reasons. SC, to an extent, took these differences into account in deciding which communities and schools to target. SC defined vulnerability as students who had the poorest access to quality education and came from socio-economically deprived backgrounds. SC substantiated that the vulnerable students were those who attended non-government religious schools (*madrassas*) in Cilincing and those who lived in remote areas of Belu district. In drilling down further, SC applied an element of pragmatism. SC avoided the most remote schools in Belu district (which they

believed were more in need) because the project financial and human resources were seen as insufficient to reach these areas. This links to Recommendation 11. In Cilincing, SC asked interested schools to submit proposals to indicate their level of need, positivity towards the Literacy Boost concept, and willingness to work with SC. Given the resourcing available, these final targeting measures are reasonable.

d) Contextual and Cultural Relevance

According to the SC project staff, the Indonesia SETARA project applies similar broad programming approaches in rural Belu to urban North Jakarta, that is, advocacy, capacity building, and strengthening committees. However, the project has different target groups taking into account the different contexts and nuanced approaches in the design phase to decide how to reach the most vulnerable students. In North Jakarta, SC works with private madrassas, as the most vulnerable students attend these institutions due to lack of availability of public schools. In Belu, SC focuses on early childhood care and education centres, as a literacy assessment found very poor rates of literacy amongst grade two students in mostly rural schools in Nusa Tenggara Timur (NTT) province (where Belu district is situated). In North Jakarta SC had to narrow down the list of over a hundred schools where the situation was similar by using an application process to test the commitment of the school. In Belu, SC used a different approach and have established model centres in each sub-district and are working through teachers' working groups and the education authority to replicate models beyond these schools. Half of the Indonesia SC staff completing the online staff survey had unfavourable perceptions of contextual and cultural appropriateness of the prioritisation approaches. The survey findings contradict the interview findings. One SC Indonesia staff member reported that the North Jakarta (slum) component of the project could be more contextually relevant if it addressed some of the many social issues (beyond illiteracy) that prevail in the slum areas. Possibly this perception was more common and influenced the survey results of others also. This links to Recommendations 8 and 11.

e) Indonesia SETARA Enablers and Constraints to Prioritising Most Vulnerable and Marginalised

Enablers:

- **SC staff and government partners' commitment to reaching the most vulnerable and marginalised:** SC has engaged the education department from early in the project in the selection of the target schools and communities. Thus, they share an understanding of, and commitment to, the approach of reaching the most vulnerable and marginalised. This has been reinforced throughout the project by continued strong engagement and relationship building.
- **Comprehensive assessment using a variety of tools including firsthand assessment of possible schools:** SC devoted time and resources to identify schools and communities to work in based on firsthand assessment, review of secondary data, third party literacy assessment, reviewing applications from schools, and meetings with stakeholders. This enabled the project to confidently prioritise the most vulnerable and marginalised for inclusion in the project.

Constraints:

- **Lack of resources to overcome remoteness:** In Belu, there are communities which are more remote (and assumed to be more vulnerable) which the project does not reach. Working with these villages (and the most vulnerable and marginalised in these communities) would have meant a more costly approach for which the project did not

- have sufficient budget. This links to Recommendation 11.
- Lack of staff expertise and funds to support inclusion of children with disabilities: SC has identified the children with disabilities and acknowledged that this group represents the most vulnerable and marginalised in the areas where the project operates. SC is unable to accommodate these children in the project due to lack of expertise in SC and resources that the teachers require to give them quality education. This links to Recommendation 6.

Lao PDR Primary Health Care (PHC) Project

a) Extent that Needs of the Most Vulnerable and Marginalised were considered in the Design Phase

The Primary Health Care (PHC) project has been operating in Lao PDR for over 20 years. The project supports the government and follows the World Health Organisation (WHO) PHC approach of improving health for all through systems strengthening. By improving health for all in the project areas, the project seeks to improve health for the most vulnerable and marginalised that are located in the project areas. The geographical selection for the project was decided by the Lao PDR government, who has a policy of working first in locations where the health indicators are worse off. Project staff reported that the provinces with the worst health indicators are the ones with the highest ethnic minority population proportions. The project thus works in two provinces where there are large ethnic minority populations, who were widely considered by the SC staff in interviews as the most vulnerable and marginalised groups. The project did not consider the needs of people with disability (considered a most vulnerable and marginalised group) in the design, but mid-way through this group has subsequently been prioritised through the development of partnerships with two disability NGOs and the piloting of a disability inclusion strategy. This links to Recommendation 5.

Of the SC Lao PDR staff who participated in the online survey, 43% responded that the needs of the most marginalised and vulnerable were identified at the design stage ‘extensively’, with 38% responding they were identified ‘a fair amount’ (0% responded ‘a little’ or ‘not at all’). Similarly, 38% responded that the needs of the most marginalised and vulnerable were prioritised at the design stage ‘extensively’, with 63% responding they were prioritised ‘a fair amount’ (0% responded ‘a little’ or ‘not at all’).

b) Effectiveness of Engagement of Most Vulnerable and Marginalised in the Project Cycle

Two staff members interviewed indicated that there was no engagement with most

“The target groups participated in the household (baseline) survey, and that is pretty much it.... (As we are focusing on supporting government health systems) unless we strongly suggest and drive local accountability mechanisms – there is little space in that type of project for end users to input.” (SC Staff Lao PDR, Interview)

vulnerable and marginalised groups during the project design stage, however, one did report that there were women representatives from government and non-government stakeholders who were engaged during the design (pregnant women and remote women were suggested by an SC staff member as a most

vulnerable group).

A variety of approaches were reported by the project staff and partners during interviews about engagement during implementation. There have been recent consultations with representatives from ethnic minority groups to review findings from formative research on barriers to health service access. Community leaders have been consulted whenever planning

begins for PHC support in a new province, though staff interviewed were not sure of the extent to which community leader involvement represented the most vulnerable and marginalised for this project. This links to Recommendation 8. One project activity included scholarships to health centre staff from ethnic minority groups, who were reported to be involved in the planning around that activity. There was no evidence of most vulnerable or marginalised groups involvement in project management level activities. One SC staff thought that it would not be appropriate for people from ethnic minority groups to be involved in project management-related activities because it would be very difficult for them. This links to Recommendation 15.

Three-quarters of SC staff in Lao PDR (75%) who participated in the online survey responded that the project's level of engagement with the most vulnerable and marginalised groups was 'about right' with 25% suggesting it was 'not enough'. In addition, 75% responded that the level of project engagement with the most vulnerable and marginalised was 'effective' with 25% replying that it was 'ineffective'. In summary, there are methods of engagement, but not in the design, and not extensive approaches, and most SC staff think the level is appropriate.

c) Effectiveness of the Prioritisation Mechanisms of the Most Vulnerable and Marginalised

While project staff report that the health indicators for ethnic and minority groups are improving, the project continues to adjust its approach to reaching these groups. This is because ethnic minority groups were not being reached as expected by the mobile clinic outreach strategy, and as well, the project needed to address the barriers to access beyond location through community-based behaviour change approaches. The mechanisms whereby SC Lao PDR prioritised people with disability was a response to the inclusion of disability to the monthly tracking of program indicators which showed that people living with disabilities were either not accessing services or health staff were unclear about the definition of disability. Midway through the project, SC entered into partnerships with two disability focused organisations, undertaken staff and government partner initial awareness raising and is in the process of designing and piloting an initial disability inclusion strategy. The approach that Lao PDR PHC project has taken to improve service access for people with disabilities was reported by staff and disability partner organisations as a logical, participatory, step by step approach, which partners believe is an effective way to begin a long-term process of disability inclusion. Whilst it is too early to assess the efficacy of this strategy, the approach could provide an opportunity for SCA to start developing approaches which the other projects that are struggling to work out ways to include people with disabilities, could learn from. **This links to Recommendation 5.** In addition, to improve access of the ethnic minorities (who are considered a most vulnerable and marginalised group in this project) to the health services, the Lao PDR PHC project is undertaking formative research (mid-way through the project) to inform their strategy to better reach these groups. They have held consultations with stakeholders including people from the most vulnerable groups to review findings of the research and discuss strategies for ways forward to overcome barriers for ethnic minorities.

d) Lao PDR PHC Enablers and Constraints to Prioritising Most Vulnerable and Marginalised Enablers:

- **Government policy about priority geographical areas.** The Lao PDR government has selected 26 districts nationwide that are priority for improvement of health indicators due to their poverty levels. For the PHC project, the districts selected by the government for SC PHC support aligned with districts of high populations of ethnic minority groups

(considered the most vulnerable and marginalised by SC).

- **Openness to assess, evaluate and adjust approaches.** The strategies to address needs of the two main most vulnerable and marginalised groups targeted by the project (people with disability and ethnic minority groups) uses assessment and learning to inform project adjustments and evolution. For example, an evaluation and subsequent formative research was carried out related to service access for ethnic minority women to first establish their level of service access and then assess the barriers to their access. Strategies are in the process of being adjusted to try to better meet their service needs. The disability inclusion strategy is beginning with a pilot district that will be assessed for how scale-up can be accomplished.

Constraints:

- **System strengthening approach.** As the project operates at a health system strengthening level, staff reported that it is challenging to institute a focus on the most vulnerable groups through government systems as opposed to SC-led stand-alone efforts. SC may have strategies to achieve progress but it is more intensive to integrate these into government policy and systems.
- **Resource intensive.** It has been time and resource intensive to undertake the disability inclusion approach with two additional partners, which required engagement and approval from ANCP and government partners. As well, approaches that focus on ethnic minorities require understanding and addressing local community-level barriers. This in turn requires formative research, and local, culturally appropriate approaches (such as IEC in local languages or with no words at all; adapting video to reflect local cultural realities). This links to Recommendation 11.

Thailand - Improving Migrant Protection and Assistance for Children in Thailand (IMPACT) Project

a) Extent that Needs of the Most Vulnerable and Marginalised were considered in the Design Phase

The IMPACT project in Thailand aims to ‘facilitate the delivery of effective health, education and child protection services for migrant children and their families in urban and rural settings in Thailand’ (SCA ANCP IMPACT ADPlan). All SC Thailand staff and the one implementing partner interviewed reported that migrant children were among the most vulnerable and marginalised groups in Thailand. SC staff reported in interviews that migrant children represented a very vulnerable and marginalised group as many are in Thailand illegally, are at risk of exploitation and are not able to access basic health, education and other services out of fear of recrimination. SC Thailand staff stated in interviews that they have a clear organisational strategic focus on migrant groups and children in particular (six out of 11 country targets in the 2016-2018 Thailand Strategic Plan are relevant to migrant groups), which guided the focus of the project.

The majority (67%) of Thailand SC staff who completed the online staff survey responded that the needs of the most vulnerable and marginalised were identified and prioritised in the design phase ‘extensively’ (the highest percentage of any county) and 33% responded that the needs were considered ‘a fair amount’ (0% responded ‘a little’ or ‘not at all’). SC Thailand staff widely confirmed during interviews that the most vulnerable and marginalised groups were considered in the design.

b) Effectiveness of Engagement of Most Vulnerable and Marginalised in the Project Cycle

There were divergent opinions amongst the SC Thailand staff who completed the online survey about how effectively the project engaged the most vulnerable and marginalised groups throughout the project cycle, with 40% reporting the project engaged most vulnerable and marginalised groups ‘extremely effectively’, 20% reporting ‘effectively’ and 40% reporting

“The project design process should try to involve the beneficiaries (most marginalised and vulnerable group) more. It can be done through the focus group discussion or survey. However, due to the limited time and resources, this process is often left out”. (SC Staff Thailand, survey)

‘ineffectively’ – the highest ‘ineffectively’ proportion of any country. Examples were provided by staff and the implementing partner about how groups were engaged. One staff reported that there was a needs assessment at the beginning of the project which engaged migrant families. Staff reported there being a project accountability

system – target groups are aware how to be in touch and register any issues or suggestions. A staff member reported that this mechanism had been utilised by migrant families to provide feedback on the project and ask for assistance. However, staff also find that the groups do not participate, reportedly due to time and life constraints, and one staff suggested that SC needed to improve the ways that the most vulnerable and marginalised groups are engaged in the project. Some staff reported that engagement with the most vulnerable groups was an area they could do more, *“probably could do better in involving (most vulnerable and marginalised groups) in the project cycle. (This could help) to empower them to be problem solvers... not just waiting for other people to assist them”* (SC Staff Thailand, Interview). This links to Recommendations 13 and 15.

c) Effectiveness of the Prioritisation Mechanisms of the Most Vulnerable and Marginalised

In the Thai context, as a middle-income country, donor funds are scarce, and the government is hesitant to work with migrants due to legal uncertainties, so the justification for working with this group is logical. Staff reported that the ways the particular migrant groups were selected to work with were primarily based upon previous projects and relationships with local NGOs as well as a rapid assessment with stakeholders at the time of the project design. Working with partners close to the groups in areas where there are existing relationships that can be strengthened is an effective (and efficient) approach to targeting.

d) Contextual and Cultural Relevance

Ensuring cultural and contextual appropriateness during the design of the Thailand IMPACT project, was assisted by undertaking a situation analysis according to the SC Thailand staff. The CRSA and CSP were reported to provide updated context information that guided program direction. Working with government and local partners and engaging staff from the local area were also reported to be important ways to ensure that the local culture was understood in the prioritisation strategies as local staff input into the prioritisation approaches ensured they were culturally and contextually relevant. SC works with local NGOs who have long term relationships with the target groups of primarily Burmese migrants, which was reported to assist in ensuring prioritisation approaches were relevant to the migrant groups. The following quote from a Thailand SC Staff summarises well opinions about how context and culture are understood to be incorporated into projects.

“It is an [geographic] area we are working in already, so [we] know the context and have local staff from the project areas. [We] work with partners, who are local NGOs. Local partners have been working there for something like 30 years.

We only conduct a few activities ourselves, most are done by local partners. Also, if we hire new staff, we look for staff who have worked in the area before, someone who can speak the language used in the refugee camps". (SC Staff Thailand, Interview)

e) Thailand IMPACT Enablers and Constraints to Prioritising Most Vulnerable and Marginalised

Enablers:

- **Strategic focus on target groups.** Migrant groups are a clear focus of the Thailand strategic plan. In addition, ANCP funds to Thailand were restricted to work with Myanmar refugees and migrants.
- **Partner NGO strengths.** Working with and through partner NGOs who have long-term experience with the most vulnerable groups, and relationships with the groups and relevant networks, can facilitate the identification of needs and the ability of SC to meet the needs.

Constraints:

- **Partner capacity and experience.** The NGO partners each have locations where they have experience and partnerships. The geographical scope of partners limited the ability to reach some of the most vulnerable and marginalised groups in locations where need may have been greater as a result of their existing scope. Not having previous experience in disability was a significant constraint to reaching people with disabilities more readily, though this is being addressed through capacity building and learning from experiences. NGO capacity and confidence in child protection work is also being addressed. This links to Recommendation 6.
- **Lack of data / difficult to track outcomes of most vulnerable groups.** Migrant groups are very difficult to track due to their legal status, frequent movements, and tendency not to register. District / sub-district data collection is required to estimate numbers of people; however different sources usually have conflicting information. As migrant groups can return to their host country or move to other areas internally, it is difficult to determine the outcomes of project activities.

Vanuatu MYBebi project

a) Extent that Needs of the Most Vulnerable and Marginalised were considered in the Design Phase

In the MYBebi (Mamas, Yangfela and Babies) project in Vanuatu, the most recent redesign of the project in 2015 shifted the focus to nutritional services for mothers and children. However, had nutritional vulnerability, e.g., rates of undernutrition or prevalence of food insecurity been the primary determinant of where to work, it is likely the target areas would have been different. According to the project staff, ease of access for SC staff was the main reason for selecting the target villages on Efate Island. It was reported by SC staff that in the hinterland of Efate there are non-targeted villages that are more in need of access to nutritional services. This probably related to the targeting for the original MYBebi project which continued in villages which had access to health services. While in Santo, the provincial health department administration was consulted in deciding the ten MYBebi target villages for the redesigned MYBebi project which focused on nutrition and this has helped SC reach some of the most nutritionally vulnerable communities. In Santo, the local health worker reported that vulnerability and marginalisation were considered in deciding the broad geographical areas of working and target communities and FGDs in target communities confirmed this. However,

it was not common practice to use measures (such as prevalence of malnutrition) to identify the most vulnerable villages or households within these areas. A health worker claimed that SC's targeting could have been more in line with vulnerability and the project health and nutrition goals and approaches could have been more aligned with the needs of the most vulnerable people in the most vulnerable communities had the consultations extended to sub-provincial level health department staff who had better and more intimate knowledge of the communities and their needs.

Few Vanuatu SC staff who completed the online staff survey responded that the needs of the most vulnerable and marginalised were identified in the design phase 'extensively' (14%), with 57% responding 'a fair amount', 29% responding 'a little', and 0% responding 'not at all'. SC staff similarly responded that the needs of the most vulnerable and marginalised were prioritised in the design phase 'extensively' (14%), with 86% responding 'a fair amount', 0% responding 'a little', and 0% responding 'not at all'.

b) Effectiveness of Engagement of Most Vulnerable and Marginalised in the Project Cycle

The most vulnerable and marginalised people that the MYBebi project wanted to reach were single mothers and their children as they were seen by SC as most at risk of malnutrition. Based on interviews with SC and partner staff as well as discussions with community members, it is clear that SC has had limited success to date in ensuring their engagement in the project and these groups were not consulted as part of the design phase. This links to Recommendation 8. Consequently, the impact on their lives is likely to be less than optimal, unless remedial measures are undertaken to bring the most vulnerable (i.e., young mothers) into the project. Unpublished data collected by SC in 2014 shows that 6% of the mothers are young (mothers below 20 years) in the targeted communities of the MyBebi project in Vanuatu. The low numbers of young mothers could indicate a mismatch between the targeting and the aim of the project. However, as this group do represent the most vulnerable and marginalised (according to SC) and are mentioned as the target group in the project documents, efforts to ensure their inclusion in the project are warranted. This links to Recommendation 19. It should be noted that in the case of Vanuatu, there has been considerable upheaval in the project with a shift in sectoral focus just prior to the project being suspended for nine months due to shifting resources to the Cyclone Pam response. The adaption of the project design to prioritise the most vulnerable and marginalised has therefore understandably not been a priority of the Country Office. Thus, it is possible that SC's engagement with the most vulnerable and marginalised might have been further advanced if this interruption had not occurred.

In Santo the approach of trying to reach as many community members as possible through the trainings is an appropriate approach as it reflects the egalitarian nature of these communities and nullifies the risk of creating divisions within communities. The need for the nutritional education was appreciated across the different segments within the communities but it was widely acknowledged that young mothers, adolescent girls and young women needed their own space in SC training events to explore the issues they face as low levels of confidence limit their engagement in mixed groups and they did not seem to be effectively engaged in the project.

SC Vanuatu online staff survey respondents had a mixed response to the effectiveness of the engagement of the most vulnerable and marginalised groups, with 0% responding that they were engaged 'extremely effectively', 43% responding 'effectively', 14% responding 'ineffectively' and 29% responding 'ineffectively', the only country with any 'ineffectively' responses.

c) Effectiveness of the Prioritisation Mechanisms of the Most Vulnerable and Marginalised

The MYBebi project in Vanuatu does not explicitly aim to reach the vulnerable or marginalised in its goal, purpose or four nutrition related objectives. However, the stated purpose of the project is ‘to improve the health of children aged 0-2 years and their mothers, particularly teenage mothers, in 30 communities in three provinces in Vanuatu’. SC staff interviews confirmed that this target group was considered the most nutritionally vulnerable and hence were the primary beneficiaries of the project. Noting that husbands and fathers also contribute to the food security, health and nutritional status of families, and are key agents who can facilitate women and children to access health and nutritional services, they were also targeted through the project.

SC has relied upon local leaders and the community committees they established to ensure that the most vulnerable are being reached by the project. This approach has proved problematic as the purpose of the project and hence the reasons for targeting young mothers does not seem to be fully understood by local leaders. This links to Recommendation 15. Consequently, adolescent and unmarried mothers, who are considered the most vulnerable group that need to be prioritised by the project, have not participated in the few project activities to date in Efate. Due to stigma against unmarried mothers and the sensitivity of dealing with pregnancies from rape (often with men wellknown to the family) that was reported to exist throughout Vanuatu, SC know that young, single mothers are frequently extremely vulnerable and marginalised. It is unclear whether SC has put in place any specific measures that take stigma, lack of confidence, psychological trauma etc. into account in order to help the project achieve its purpose in terms of reaching teenage mothers. The very limited support systems for children and mothers experiencing violence as well as strong social norms presents significant challenges to SC to deal with, or refer these cases, through their programming should they surface. Thus, whilst the prioritisation mechanisms cannot be considered as fit for purpose in terms of reaching the most vulnerable the difficulties that SC would face in promoting a more comprehensive approach are considerable.

d) Contextual and Cultural Relevance

Addressing gender inequity through programming was flagged as having the potential to challenge cultural norms. In Vanuatu, which reportedly has very high levels of violence against girls and women (Vanuatu Women’s Centre, 2011)⁸, there was a degree of frustration from a staff member about not being able to reach young mothers through their programming. The project also had no mechanisms in place to respond to the needs of women and girls who had survived or were experiencing sexual or physical violence. Thus, similar to working with people with disabilities, the question arises about whether the project (which focuses on nutritional information) is fully equipped to deal with a broader range of vulnerabilities. SC are also implementing a Child Protection programme in communities in Vanuatu and there is the opportunity for this project to complement the MYBebi project. A proposed SC policy response to make it mandatory to incorporate prevention and response measures to violence against children in all new programming will challenge SC in Vanuatu to consider a more comprehensive approach in the future. Developing these mechanisms which challenge ingrained social norms and in the virtual absence of specific government services is a

⁸ The Report of the Vanuatu National Survey on Women’s Lives and Family Relationships (May 2011) found that 51% of women had experienced physical violence and 44% had experienced sexual violence in their lifetimes.

http://countryoffice.unfpa.org/filemanager/files/pacific/pacific_vaw/day2/2.6_vwc_meeting_on_vaw_in_fiji.pdf (retrieved 18 May 2016)

challenge which other organisations targeting women and girls in Vanuatu also experience. Given the constraining environment, it will be difficult for SC in Vanuatu even in the medium term but possibilities to build the capacity of health workers to better respond to issues facing young women could be part of a more comprehensive approach. This links to Recommendation 1.

The approach applied to the MYBebi project of reaching as many community members as possible through trainings, at least in Santos, is culturally appropriate in that it is not divisive. It also reflects the reality that the need and desire for nutritional information is widespread and that chronic malnutrition cannot be addressed without community level support to change behaviours and capacities. However, the present practice of not providing separate groups for young women does not take into account the cultural barriers to young people participating freely in spaces with their elders, particularly in conversations around sensitive topics. SC staff report that, according to emerging data on malnutrition, the project is not being implemented in the parts of Vanuatu where there the worst rates of malnutrition can be found. As a better picture of malnutrition in Vanuatu develops, there is the opportunity for the MYBebi project to build on what it has learned to date and expand to reach more nutritionally vulnerable families. Eighty-six percent of the SC staff in Vanuatu completing the online survey opined that the strategies to identify and prioritise the most vulnerable and marginalised in the MYBebi project was either ‘not at all appropriate’ or ‘a little appropriate’ contextually or culturally (see Figure 6). This echoed the perception of staff that MYBebi was not reaching the most vulnerable as assessed through interviews. This links to Recommendation 11.

e) Vanuatu MyBebi Enablers and Constraints

Enablers:

- **Motivated communities with active leadership.** The communities remain enthusiastic and interested in the project activities, despite the interruption to the project. This provides opportunity for SC to work closely with them to find ways to ensure young (unmarried) mothers and their babies (who are considered the most vulnerable and marginalised) are brought into the project more directly.
- **Motivated staff with strong commitment to reaching the most vulnerable and marginalised.** The staff commitment provides a solid platform from which the project can sharpen its focus to develop better ways to reach the young unmarried mothers and their babies.
- **New nutritional data can help hone targeting.** If the project wants to reach the most nutritionally vulnerable young mothers and children in the future, nutritional data is becoming available which SC could use to expand or change their target areas.

Constraints:

- **Weak mechanisms to include young unmarried mothers (most vulnerable group).** The project has not developed the sophisticated and focused mechanisms and approaches that are needed to reach the most vulnerable and marginalised young mothers.
- **Pressure to deliver outcomes.** A lot of time has been lost and there is pressure to deliver outcomes in the short time remaining, whilst reaching the most vulnerable demands more time and refocus. This limits the options that SC has to refine its approaches during the present project cycle.

Annex 2: Figures and Graphs

This annex contains some of the graphs (figures) compiled by the evaluators to represent the SC staff online survey results as referred to in the Evaluation Report.

Figure 2: Staff rating about extent to which needs were identified (n=9 SCA and n=43 Country Office) and prioritised (n=10 SCA and n=44 Country Office). Source: Online staff survey. The y axis indicates the percentage of survey respondents who responded with that answer.

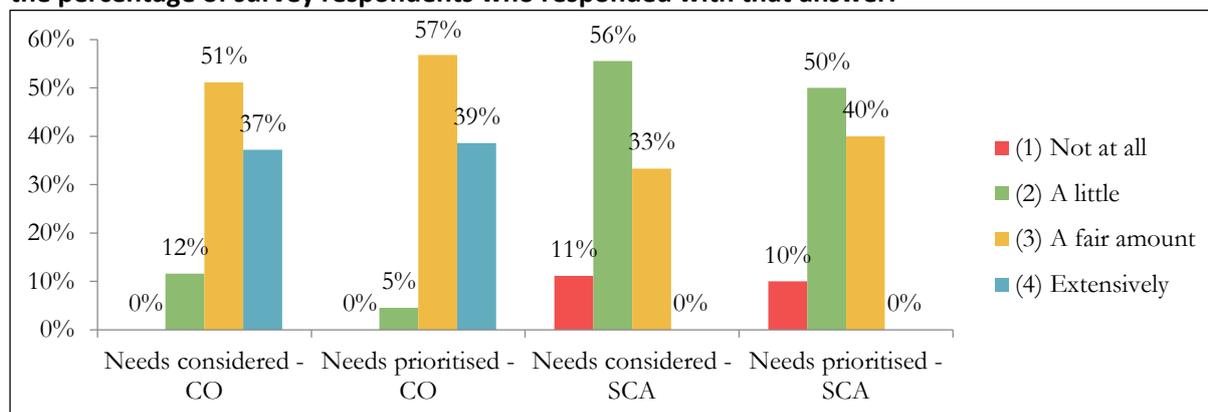


Figure 3: SC Staff opinion about how effectively project engaged most vulnerable and marginalised by country (n=50). Source: SC Staff survey.

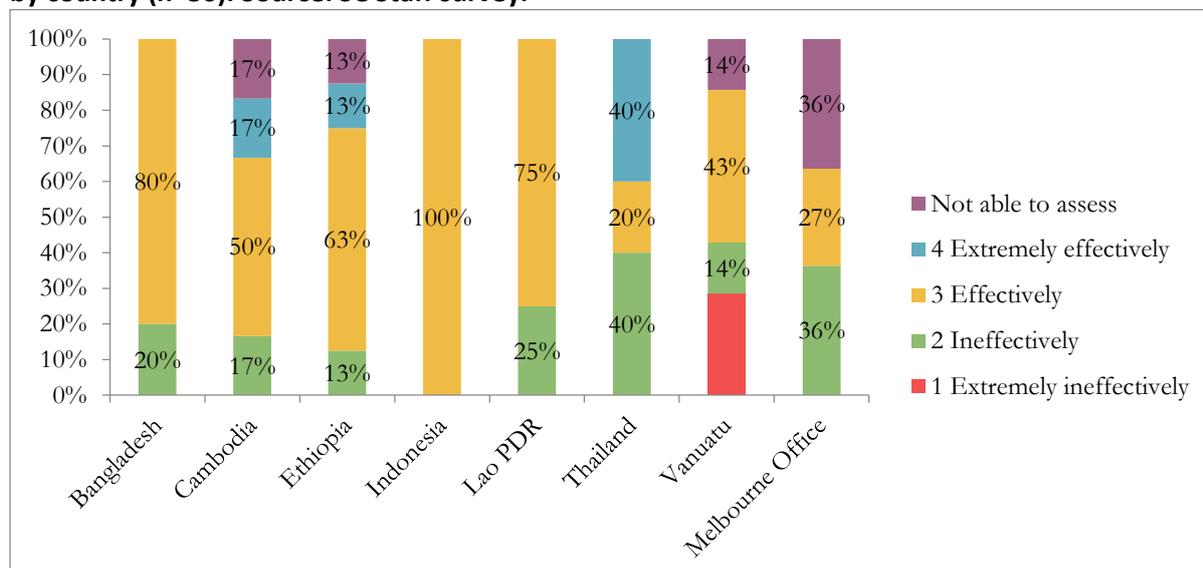


Figure 4: SC staff ratings on categories of efficiency based on level of involvement in the project design (from 'not at all' to 'extensively') (n=53). Source: SC staff survey

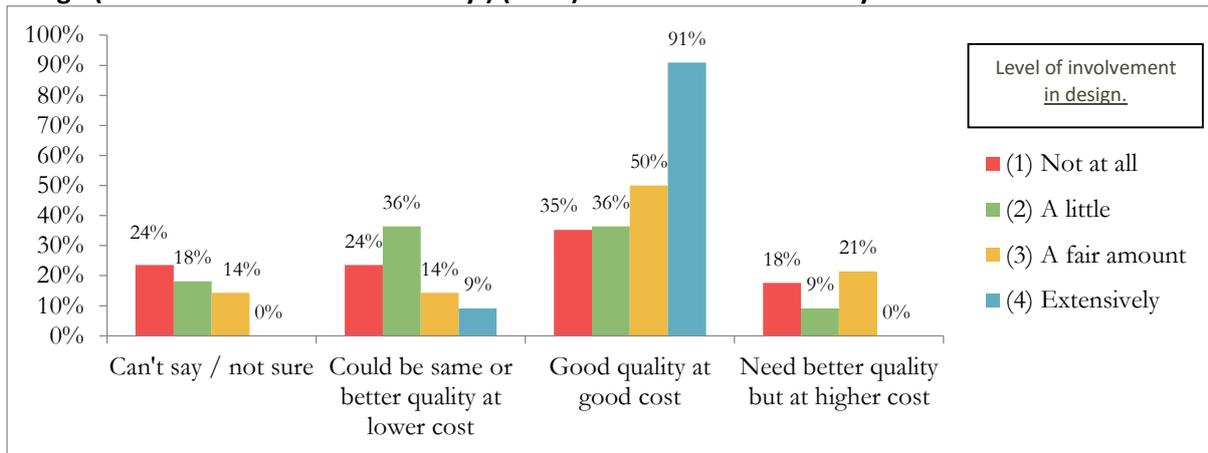


Figure 5: SC staff self-reported levels of confidence (rated on a 4 point scale with 1 being 'not at all confident' and 4 being 'extremely confident') in accuracy of understanding of how most vulnerable and marginalised are being prioritised in ANCP projects (CO n=39; SCA n=10). Source: SC staff survey.

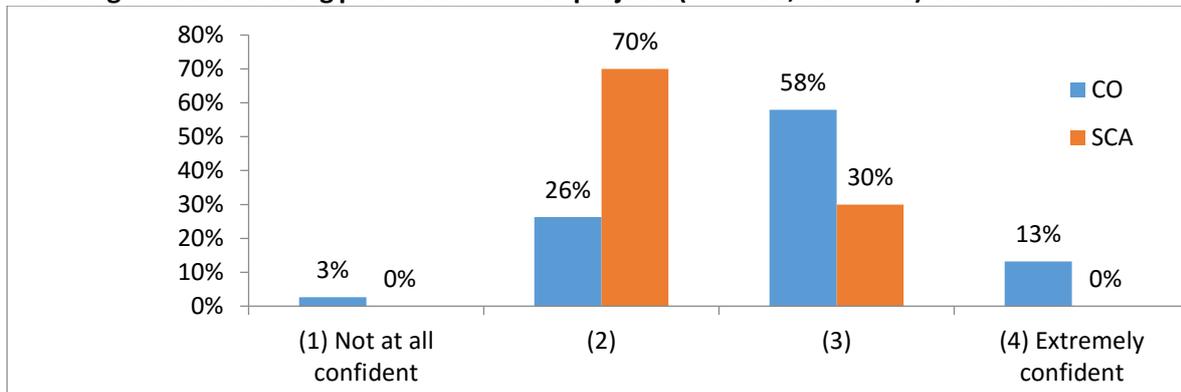


Figure 6: SC staff self-reported awareness of policies by years working with SC and by office location (n=54 for both). Source: Online staff survey

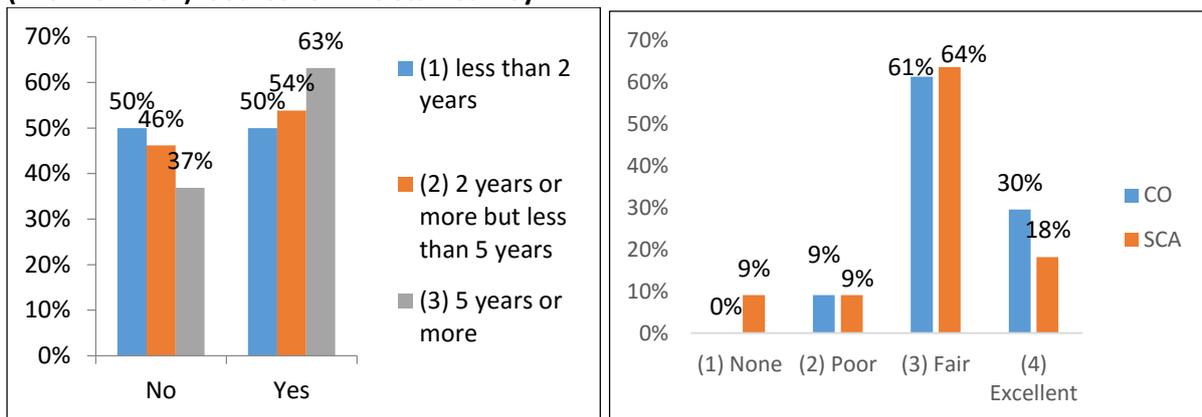
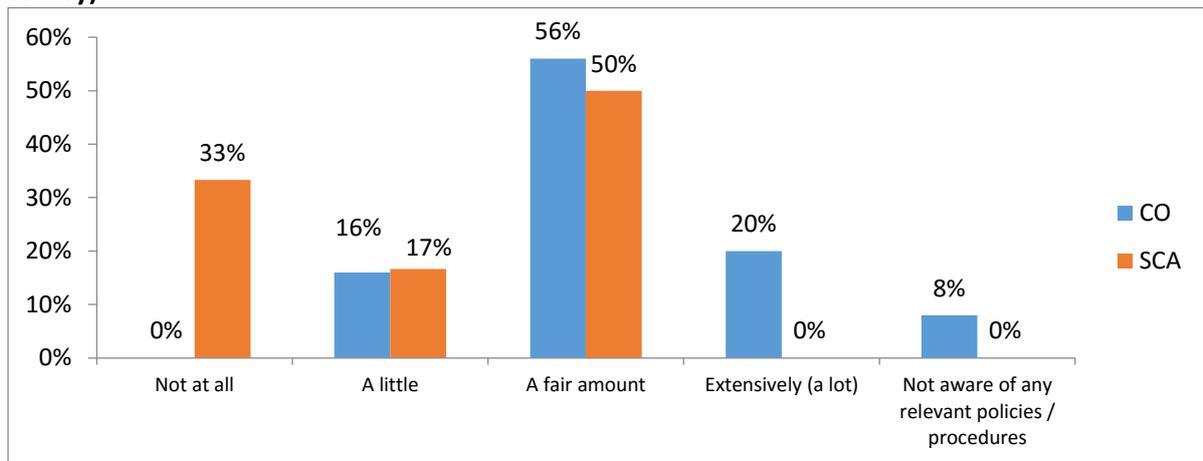


Figure 8: SC staff opinion about the extent to which SC policies and procedures help in the identification and prioritising of most vulnerable and marginalised (n=31) (Source online staff survey)



Annex 3: Evaluation Terms of Reference



TERMS OF REFERENCE

PRIORITISING 'MOST DEPRIVED' CHILDREN: AN EVALUATION OF SAVE THE CHILDREN AUSTRALIA'S APPROACHES TO REDUCING INEQUALITY

BACKGROUND

Globally there are 2.2 billion children. Half of these live in poverty and 400 million children live in extreme poverty (less than 1.25\$ a day)⁹. According to UNICEF¹⁰, the most vulnerable and marginalised children include:

- Children with disabilities
- Internally displaced and refugee children
- Children living in institutions or temporary housing
- Trafficked children and migrant children
- Children in detention
- Children living and working on the street.
- Children from ethnic minorities living in remote areas or following a nomadic or pastoralist way of life.

Marginalisation of people is the foremost reason for inequalities worldwide. Empirical evidence highlights that inequality is detrimental for the pace and sustainability of growth. It slows down economic growth, increases health and social problems and generates political instability.

One of the core approaches to address inequality is to ensure that investments effectively reach their intended population. The credibility and effectiveness of development efforts is intensified when resources reach those most in need. To address this, programs are increasingly being required to show their results, while ensuring that the most vulnerable and marginalised groups are fairly benefitted. Therefore precise targeting of most vulnerable and marginalised groups is essential to maximise impact on key development indicators or to optimise resource disbursements in the face of their constraints.

One of the obligations in the Australian Council for International Development (ACFID)¹¹ code of conduct states that 'signatory organisations will ensure that they respect and protect the human rights of people from vulnerable and marginalised groups and an appropriate focus is given to promoting these in their aid and development activities'.

Save the Children Australia is committed to advancing fairness in all aspects of our programming, ensuring it is considered throughout all phases of the project lifecycle from situational analysis and design through to implementation, monitoring and evaluation. Save the Children Australia believes that prioritising the most vulnerable and marginalised in its work is fundamental to the realisation of all children's rights and in reducing inequality.

⁹ According to World Bank data (2013)

¹⁰ UNICEF (2014), The State of the World's Children

¹¹ The Australian Council for International Development (ACFID) is the peak body for Australian non-government organisations (NGOs) involved in international development and humanitarian action. The ACFID Code of Conduct (the Code) sets out over 50 Principles and 150 Obligations.

PURPOSE AND SCOPE

The purpose of the evaluation will be to examine the extent to which the selected development projects are working for the most vulnerable and marginalised children and to analyse the relevance and effectiveness of the strategies adopted by each project to prioritise the needs of the most vulnerable and marginalised communities and the children who live in them. The selected projects are addressing the sectoral areas of education, health, child protection and disaster risk reduction/ climate change in six countries.

Findings of this evaluation are to enhance program design, implementation, monitoring and evaluation to better serve the most vulnerable and marginalised children in the targeted locations. It is expected the findings from this evaluation will be applicable beyond the specific projects being reviewed. The evaluation is designed to provide technical staff in Save the Children partners, governments and other similar NGOs with the concepts, empirical evidence, noteworthy case studies of different approaches and the operational elements necessary to develop more comprehensive vulnerability targeting mechanisms. Lessons learned, will be documented and used to inform our organisational thinking and practice in this area. We will share our findings with peers and other stakeholders to contribute to the broader development dialogue on effective prioritisation of marginalised and most vulnerable communities and individuals in development interventions.

We are seeking to engage an external consultant to evaluate the specific approaches that have been adopted to address prioritisation of the most vulnerable and marginalised across a sample of projects being implemented in Asia, Pacific and Africa with funding from the Australian Department of Foreign Affairs and Trade (DFAT).

OBJECTIVES AND KEY QUESTIONS

The objective of the evaluation will be to examine the extent to which 'prioritisation of the most vulnerable and marginalised' is being meaningfully considered in each of the selected projects and analyse the relevance and effectiveness of the strategies adopted by each project to promote equitable access and participation.

Key questions to be answered:

- To what extent did the project design teams consider prioritising the needs of the most vulnerable and marginalised girls and boys, women and men when the project goal and objectives were being formulated? Were there any particular assumptions made?
- How effectively are the selected projects engaging the most vulnerable and marginalised girls and boys, women and men in the project cycle?
- How effective and efficient are the mechanisms that Save the Children has used in prioritising the most vulnerable and marginalised girls, boys, women and men?
- How contextually and culturally relevant are the strategies adopted to prioritise the most vulnerable and marginalised in the selected projects according data and evidence?
- What are the factors which act as enablers or constraints with regards advancing precise prioritisation of most vulnerable and marginalised in the different project contexts?
- How clearly can Melbourne Office and Country Office project staff articulate how the selected projects are considering and addressing the needs of most vulnerable and marginalised groups in the area?
- How aware are Melbourne Office and Country Office staff about approaches, Save the Children policies and procedures of prioritising the most vulnerable and marginalised and the importance of working with these individuals and communities?
- What evidence is there to suggest there have been any changes in attitudes and knowledge among staff, partners or community members regarding prioritising the

most vulnerable and marginalised girls and boys, women and men in society since the start of the selected projects?

- Do Save the Children policies and procedures facilitate prioritisation of the most vulnerable and marginalised countries, communities and people in programming? If so, how?

METHODOLOGY

An independent, external consultant or team of consultants will be recruited to lead this evaluation. It is anticipated the methodology for this evaluation will comprise:

- Literature review of relevant country, regional and Save the Children documentation;
- Desk review of Save the Children project level documentation from each of the six projects, including monitoring and evaluation reports and beneficiary data;
- Survey of project staff in Save the Children offices in Melbourne and corresponding countries;
- Interviews with relevant key informants among Save the Children staff in Melbourne and six Country Offices;
- Field work and interviews with relevant key informants at project level in the six countries, including children and other relevant community members, government officials, relevant technical and policy advisors, INGO representatives etc.;
- Focus group discussions with project beneficiaries in the six countries;
- Qualitative and quantitative data will be used for the evaluation;
- Findings will be discussed with selected expertise outside of Save the Children before formulating the recommendations.

Save the Children Australia's Program Quality Team will work with the consultant to identify key documents for review, agree the list of key informants (internal and external to Save the Children), and provide input on the proposed survey and interview tools to be administered. The Program Quality Team will also work with the consultant to set up the peer review process with external experts to help inform final recommendations.

DELIVERABLES

The key outputs for this evaluation are:

- a) A final report that concisely presents the main findings with regards the overall objective and key questions outlined in this Terms of Reference and key recommendations for consideration regarding an organisational capacity building strategy on prioritising the most vulnerable and marginalised. The final report, incorporating feedback from Save the Children and other relevant stakeholders, will be no more than 40 pages (ex annexes) and include an executive summary, introduction, background, methodology, scope and limitations, key findings and recommendations;
- b) A presentation to Melbourne Office staff and a slide deck which can be used in feeding back to Country Offices.

In addition, the consultant will provide Save the Children Australia:

- An inventory of all background materials reviewed during the study (bibliography).
- Any data gathered and analysed during the study (survey results and notes from interviews).

THE CONSULTANT - QUALIFICATIONS

The successful consultant should have the following qualifications:

- Advanced degree in Social Sciences, Economics or related field of study
- Significant knowledge and expertise on standards of project design and implementation, with specific experience in developing country contexts
- Prior experience in conducting quantitative and qualitative research studies/evaluations as well as demonstrated experience in leading research/evaluation teams
- Experience in addressing social inclusion issues, particularly gender and disability
- Experience working in multi-cultural environments
- Demonstrable experience in monitoring and evaluating strategies and approaches, including the development and use of quantitative and qualitative data collection tools and participatory evaluation methods
- Strong analytical skills
- Excellent report writing skills

TIMEFRAME

60 days between February and June 2016. An indicative timetable is outlined below. This will be refined according to the starting date.

Date	Event/Activity
25 th February 2016	Contract signed Detailed workplan and agreed timeframe Sharing and review of key documents and data Initial Briefing
26 th February 2016 – 18 th March 2016	Literature review Develop Methodology for review including survey and interview tools Agreement on methodology and tools Agree list of key informants for survey and interviews Set up interviews
19 th March 2016 – 18 th May 2016	Survey with relevant Save the Children staff in Melbourne and Country Offices Interviews with key stakeholders in Australia and six countries (including Save the Children staff and relevant external respondents)
19 th May 2016 – 2 nd June 2016	Data Analysis Discussion of initial findings with external experts
3 rd June 2016	Submit draft report to Save the Children Australia
15 th June 2016	Submission of final report to Save the Children Australia

MANAGEMENT AND LOGISTICS

The consultant will report to Save the Children Australia's Program Quality Advisor. Save the Children will agree with the consultant the key informants for interview in each of the selected countries and will support the scheduling of interviews. Save the Children Melbourne will provide the consultant with contact details for all relevant staff for the survey and will work with the consultant on the peer review process to gather input from external experts to inform the final report. The consultant is solely responsible for administering the survey and interviews.

CONFIDENTIALITY

All data collected during this exercise will become the property of Save the Children and will not be shared with third parties without the express permission of Save the Children.

INSURANCE

Any external consultants involved in this evaluation will be required to have in place insurance arrangements in accordance with Save the Children Australia's consultant procurement policy and the specific requirements of this Terms of Reference.

OTHER

Save the Children is committed to ensuring a safe environment and culture for all children with whom we come in contact during the course of our work. All external consultants involved in this evaluation exercise will be required to comply with Save the Children's Child Safeguarding Policy and sign the Code of Conduct.

EXPRESSIONS OF INTEREST

Expressions of interest are requested from suitably qualified candidates and addressing the following:

- An outline of the proposed methodology to complete the evaluation.
- Response to the criteria as set out in the 'consultant - qualifications'.
- Consultant daily rate.
- Examples of at least three similar reports or studies produced in English, and for which the consultant is sole or lead author
- Details of 3 professional referees

Expressions of interest that do not cover these requirements will not be considered.

Deadline for submission of expressions of interest is **25th January 2016**.

Submissions should be sent to Manoja Wickramarathne, Program Quality Advisor at Save the Children Australia: manoja.wickramarathn@savethechildren.org.au

Please contact Manoja Wickramarathne if you have any questions related to this evaluation or submission process.

Annex 4: Summary of Projects

Country	Program Type	Program Name	Start Date	End Date	Face to Face Interviews	Distance Interviews	Focus Group Discussions with Beneficiaries
Cambodia	Child Protection	Strengthening Community Systems for Child Protection (SCSCP)	Jul-13	Jun-17	X		X
Vanuatu	Health	MYBebi Nutrition	Jul-15 (for revised project)	Jun-17	X		X
Ethiopia	Health, Child Protection	Improving Maternal and Child Health Care in Amhara Region	Jul-13	Jun-17	X		X
Bangladesh	Child Protection	CHETONA (Comprehensive care and protection for children of sex workers and children infected/affected by HIV/AIDS)	Aug-14	Jul-17	X		X
Lao PDR	Health	Primary Health Care Program Laos	Jul-12	Jun-17		X	
Thailand	Health / Nutrition, Education, Child Protection	Improving Migrant Protection and Assistance for Children in Thailand (IMPACT)	Jul-13	Jun-17		X	
Indonesia	Education, Health / Nutrition	Strengthening Education through Awareness and Reading Achievement (SETARA)	Jul-13	Jun-17		X	

Annex 5: Evaluation Participant Data

		Bangladesh	Cambodia	Ethiopia	Vanuatu	Total
SC Staff Interviews	F	3	1	2	3	9
	M	2	6	7	2	17
Government / Local Leader Interviews	F	0	5	3	0	8
	M	2	4	2	4	12
Partner NGO Interviews	F	3	2	0	0	5
	M	0	0	1	0	1
External Stakeholder	F	0	0	1	3	4
	M	1	1	0	0	2
Community / Volunteer FGD	W	21	30	38	33	122
	M	11	9	18	20	58
	G	35	11	14	11	71
	B	19	3	20	6	48
Total # Interviews		11	18	16	9	54
Total # FGDs		8	6	6	7	27
# FGD included MV		8	1	5	0	14

Distance Interviews	SC Staff Interviews		External Partner Interviews		Total	
	F	M	F	M	F	M
Indonesia	5	1	0	2	5	3
Lao PDR	2	2	2	0	4	2
Thailand	4	1	1	0	5	1
Melbourne Office	6	2	0	0	6	2

Annex 6: Evaluation Participants Data

Data Source	Group	Criteria
Interview	Melbourne Staff	<ul style="list-style-type: none"> Member of one of the 7 ANCP-funded project teams (whether involved in the planning of this particular ANCP project or not) Department Heads, Portfolio Managers, Department Program Heads, ANCP Manager who have involvement with strategy or program around reaching the most vulnerable.
Interview	County Office Staff	<ul style="list-style-type: none"> Member of one of the 7 ANCP-funded project teams (whether involved in the planning of this particular ANCP project or not) Involvement in ANCP project planning or implementation Leadership role overseeing strategy or program around reaching the most vulnerable.
Interview	Partner organisation staff	<ul style="list-style-type: none"> Involvement in ANCP project planning or implementation Involvement in strategy or program around reaching the most vulnerable
Interview	Community Leaders	<ul style="list-style-type: none"> Involvement in ANCP project planning or implementation Involvement in strategy or program around reaching the most vulnerable
Survey	Melbourne Staff	<ul style="list-style-type: none"> Member of one of the 7 ANCP-funded project teams Member of an ANCP-funded project team not on list of 7 specific countries Department Heads, Portfolio Managers, Department Program Heads, ANCP Manager who have involvement with strategy or program around reaching the most vulnerable.
Survey	Country Office Staff	<ul style="list-style-type: none"> Member of one of the 7 ANCP-funded project teams Involvement in ANCP project planning or implementation Leadership role overseeing strategy or program around reaching the most vulnerable.
Focus Group Discussion	Men, women, girls and boys	<ul style="list-style-type: none"> Member of community in project target area, and among intended beneficiaries Aware of project Involved in planning process of the project

Annex 7: FGD and Interview Questions Guides

Introductions

Explanation of:

- Evaluation objectives
- Type of information that is being sought and why
- That the responses of the person / group will be recorded (either on computer or on paper) so that it can be analysed by the evaluators later. Some quotes of what was said might be used in the report, but like all information gathered, will not be attributed to any individual or community
- That there will not be opportunity to consult with participants prior to the evaluation report being finalised
- How findings will be communicated to participants
- Potential benefits and consequences of participation, including potential risks
- No reimbursements or incentives will be provided for participating in the evaluation (unless Save the Children advise the evaluators otherwise)
- That the evaluation has been commissioned and is managed by Save the Children with funds provided by the Government of Australia through DFAT
- Contact details for someone independent of the research process for inquiries and complaints
- That the participant's involvement is voluntary and they can quit the group at any time or chose to not answer any question put to them
- The name of the evaluator and interpreter as well as the company they are engaged by.

A. LEAD QUESTIONS FOR SAVE THE CHILDREN COUNTRY OFFICE AND FIELD STAFF

To cover Key Question 1:

1. Did you consider most vulnerable and marginalised groups as part of the design phase? If so, how were the most vulnerable groups identified prior to or as part of the design phase?
2. To what extent do you think the goals and objectives of the ANCP project/s reflect the aspirations of the most vulnerable and marginalised?
3. How were the most vulnerable men/women/girls/boys and disabled people considered and engaged during the design process?
4. What processes were used to compare the needs of various vulnerable groups?
5. How was prioritisation amongst various options of vulnerable groups (M/W/G/B/PWD) managed?
6. What factors influenced the decisions about which groups to prioritise or what are the challenges?
7. Hypothetically, if you had the chance to redesign the project, what changes would you make regarding the identification and the prioritisation of vulnerable groups?
8. What were the strengths of the identification approaches used?
9. What were the weaknesses of the identification approaches used?

To cover Key Question 2:

1. How were the most vulnerable groups engaged during the implementation phase (e.g., what benefits did they receive?); monitoring and evaluation phases; annual planning phases; other stages?
2. How were women and girls engaged during the implementation phase; monitoring and evaluation phases; annual planning phases; other stages?
3. How were people with disabilities engaged during the implementation phase; monitoring and evaluation phases; annual planning phases; other stages?
4. In your opinion, how effective and appropriate it was in engaging them? What are the reasons for your answer?
5. Can any project results (outputs / outcomes) be attributed to vulnerable group engagement?
6. How did Save the Children promote accountability to the most vulnerable and marginalised throughout the project?
7. How effective are feedback loops that have been put in place to facilitate inputs from communities informing changes to Save the Children processes?
8. Has our project reached most vulnerable and marginalised? If yes, what sort of changes has the project brought to their lives?

To cover Key Question 3:

1. How did the processes which prioritised the most vulnerable and marginalised that were used contribute to the projects achieving their expected goals, outcomes and outputs?
2. How effective were the processes used to prioritise the most vulnerable marginalised throughout the project? (e.g., how fit for purpose were the prioritisation processes?)
3. How logical were the processes used?
4. What other processes were considered or could have been considered by Save the Children to prioritise?
5. How appropriate was the amount of staff and community time devoted to prioritisation?
6. If you consider all the actual staff time and costs that were incurred to identify and prioritise the most vulnerable and marginalised, do you think the process was efficient? Why/Why not?
7. How efficient and effective are the prioritisation approaches employed by Save the Children in the ANCP project compared to any other approaches that you have seen in the country office, partner agencies or similar NGOs?
8. During the prioritisation process, how did you take into account the real and opportunity costs that might be incurred by the most vulnerable and marginalised in accessing the services/ activities supported by the project?
9. How were staff time and costs taken into account in determining the prioritisation processes that were applied?

To cover Key Question 4:

1. What measures did Save the Children take to understand the context and culture in the project area during the design phase?
2. How did Save the Children ensure its understanding of the context remained fresh throughout the duration of the project?
3. How was this understanding applied to developing the strategies that were applied to prioritising the most vulnerable and marginalised m/w/b/g/pwds in the ANCP project?
4. How were the views of the most vulnerable and marginalised m/w/b/g/pwds taken into account in developing understanding of the culture and context?
5. What were the challenges and enabling factors in prioritising in light of specific cultural contexts?

To cover Key Question 5:

1. What has Save the Children learned about what can be done to improve prioritisation of the most vulnerable and marginalised?
2. What examples are there of processes that enabled/challenged prioritisation objectives to be reached?
3. What internal (e.g., within Save the Children) and external factors (apart from culture and context) enabled and inhibited prioritisation?
4. Do you see ways in which the prioritisation process can be improved?
5. Would you think it could be adapted to different contexts? How?

To cover Key Question 6:

1. How did you come to understand the needs of most vulnerable and marginalised groups?
2. How have relationships and communication processes between Melbourne Office and Country Office facilitated or hindered shared understanding of the needs of most vulnerable and marginalised groups?
3. [for country and field office staff] What kind of support do you receive from Melbourne Office? Does this meet your requirements?
4. What more would you like to know about the needs of most vulnerable and marginalised or how to meet these needs through your project? How does this knowledge gap affect your work?
5. What has made it difficult or easy to put into practice knowledge about identifying and prioritising the needs of the most vulnerable and marginalised?

To cover Key Questions 7 and 9:

1. What are the Save the Children policies / procedures about prioritising the most vulnerable? How familiar are you with these policies and procedures?
2. How usual is it for staff to implement these policies and procedures?
3. How important is it to prioritise the most vulnerable and marginalised? Why?
4. How could the Save the Children policies and procedures for prioritising the most vulnerable and marginalised be improved?

To cover Key Question 8:

1. How has your level of knowledge about prioritising most vulnerable and marginalised [of Save the Children and partner staff as well as community members] changed?
2. How have your attitudes towards prioritising most vulnerable and marginalised changed over the course of the ANCP project?
3. Where did you gain knowledge and understanding about prioritising most vulnerable and marginalised?
4. How have you applied your knowledge (and attitudes) of these processes to your practice and project implementation?
5. What has inhibited increasing levels of knowledge (and attitude) about prioritisation? What has facilitated it?

B. LEAD QUESTIONS FOR SAVE THE CHILDREN MELBOURNE OFFICE STAFF

To cover Key Question 1:

1. How do you ensure and support Country Teams identify the most vulnerable and marginalised groups (especially women and girls) prior to or as part of the design phase? What do you think were the strengths and weaknesses of the identification approaches used?
2. How do you ensure or support country teams to consider and engage the most vulnerable groups (especially women and girls and people with disabilities) during the design process? What processes were used to compare the needs of various vulnerable groups?
3. How was prioritisation amongst various options of vulnerable groups managed?
4. What factors influenced the decisions about which groups to prioritise?
5. What assumptions were made regarding the vulnerable groups identification and their prioritisation?
6. To what extent do you think the goals and objectives of the ANCP projects reflect the aspirations of the most vulnerable and marginalised?
7. What different advice about prioritisation would you give Country Offices if the opportunity arose to redesign the project?

To cover Key Question 2:

1. How were the most vulnerable groups engaged during the implementation phase; monitoring and evaluation phases; annual planning phases?
2. What are the results (outputs / outcomes) that can be attributed to vulnerable group engagement?
3. How did Save the Children promote accountability to the most vulnerable and marginalised people throughout the project?
4. How do you receive or find out about feedback from communities? How does this influence your decision-making?

To cover Key Question 3:

1. How did these prioritisation processes contribute to the projects achieving their expected goals, outcomes and outputs?
2. How fit for purpose are the processes used in different countries?
3. What other processes were considered or could have been considered by Save the Children to better prioritisation?
4. How were staff time and costs taken into account in determining the prioritisation processes that were applied?

To cover Key Question 4:

1. How do you support or ensure that Save the Children Country Office staff understand the context and culture and apply this to strategies to prioritise the most vulnerable and marginalised?

To cover Key Question 5:

1. What has Save the Children learned about what can be done to improve prioritisation of the most vulnerable and marginalised?
2. What examples are there of processes that enabled prioritisation objectives to be reached?
3. Which factors can be replicated, improved or adapted to different contexts?

To cover Key Question 6:

1. How did you come to understand the needs of most vulnerable and marginalised groups?
2. How have relationships and communication processes between Melbourne Office and Country Office facilitated or hindered shared understanding of the needs of most vulnerable and marginalised groups?
3. What information gaps exist? How do these information gaps affect practice?
4. What has made it difficult or easy to put into practice knowledge about identifying and prioritising the needs of the most vulnerable and marginalised?

To cover Key Questions 7 and 9:

1. What are the approaches and Save the Children policies / procedures about prioritising the most vulnerable?
2. How important is it to prioritise the most vulnerable and marginalised? Why?
3. Which Save the Children Australia and Save the Children International policies and procedures address / provide guidance about prioritising the most vulnerable?
4. How familiar are you with these policies and procedures?
5. How usual is it for staff to implement these policies and procedures?
6. Could amendments to policies or procedures improve their utility?
7. Are there gaps in institutional policies and procedures that inhibit understanding and application of prioritisation of the most vulnerable and marginalised? What are the gaps?

To cover Key Question 8:

1. How has your level of knowledge about prioritising most vulnerable and marginalised of Save the Children and partner staff as well as community members changed during the time you have engaged with ANCP projects?
2. Where did you gain knowledge and understanding about prioritising most vulnerable and marginalised?
3. How have you applied your knowledge of these processes to your practice and project implementation?
4. How have you increased the capacity of other staff about the way they perceive importance or prioritisation and applying their knowledge?
5. What has inhibited increasing levels of knowledge about prioritisation?

Focus Group Discussion Guide

Introductions

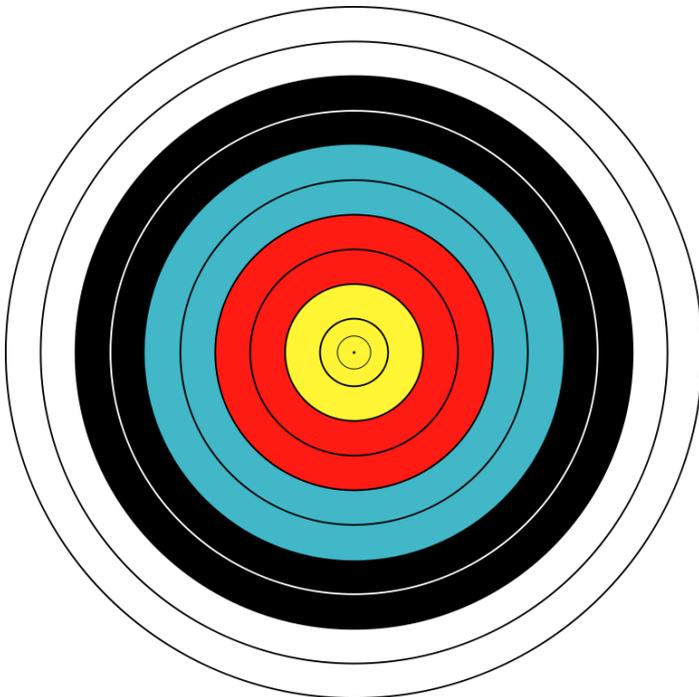
Explanation of:

- Evaluation objectives
- Type of information that is being sought and why
- That the responses of the person / group will be recorded (either on computer or on paper) so that it can be analysed by the evaluators later. Some quotes of what was said might be used in the report, but like all information gathered, will not be attributed to any individual or community
- That there will not be opportunity to consult with participants prior to the evaluation report being finalised
- How findings will be communicated to participants (In order to comply with Core Humanitarian Standards, evaluation findings should be shared with project communities. This will be the responsibility of Save the Children and the intent of Save the Children to do so, or withhold the findings, will be established prior to the fieldwork, and conveyed to participants)
- Potential benefits and consequences of participation, including potential risks
- No reimbursements or incentives will be provided for participating in the evaluation (unless Save the Children advise the evaluators otherwise)
- That the evaluation has been commissioned and is managed by Save the Children with funds provided by the Government of Australia through DFAT
- Contact details for someone independent of the research process for inquiries and complaints
- That the participant's involvement is voluntary and they can quit the group at any time or chose to not answer any question put to them
- The name of the evaluator and interpreter as well as the company they are engaged by.

To cover Key Question 1:

1. Describe how you were selected for participation in the ANCP project?
2. Does everyone in your community participate and benefit from the project?
3. Who is excluded? Why are they excluded?
4. What criteria was used by Save the Children or partner to decide who would be the most important groups to be selected to benefit from the project?
5. When the project was being designed, how were you involved in deciding who the project should focus on (i.e., the selection criteria)?
6. How were you involved in the design of the project? What opinions and ideas of yours have influenced the design of the project?
7. Describe all the ways you are involved in the project?
8. Who are the most vulnerable and marginalised people in your community? What makes them vulnerable and marginalised?

9. Thinking back to the time the project was first being talked about with Save the Children/partner, what were your expectations of the project? What did you want the project to achieve (and who would benefit from these achievements)?
10. Have your expectations been met?



Illustrate the expectations described by the group and present a series of pictures of targets each one pertaining to a specific expectation. The targets can have scores ranging from 0 to 10 (from outside to inside). Provide FGD participants with small pieces of paper of different colours. Ask them to place a marker on different targets to show how close the project came to fulfilling their expectations. A marker on the centre indicates total fulfilment (10) and a marker on the outer indicates complete fulfilment (0). After all participants have placed their markers, ask them why they placed their markers where they did. Provide another opportunity for participants to

move their markers after the discussion. Photograph the targets.

To cover Key Question 2:

1. How were you involved in monitoring the project and making sure the project delivered what it was supposed to?
2. Referring back to how you defined the most vulnerable and marginalised, how are those groups involved in the project?
3. In what ways do you think you could have been more involved in the project?
4. Thinking back to when you first heard about the project, how did you expect to be involved? E.g., what contribution did you expect to make? In what ways did you expect to be involved in planning, managing and monitoring the project?
5. To what extent were your expectations met?
6. If you have ideas about how Save the Children (or partner) could improve the project, how do you give feedback to Save the Children (or partner)?
7. Has Save the Children ever not done what you expected or what they committed to? How do you hold Save the Children to account?

To cover Key Questions 3 and 4:

1. How were the cultural norms of your community taken into account during that process? In your community how do you support people with extra needs? Are there other ways the project could have used to prioritise?

2. What has the project achieved? What changes has it helped to bring about in your household and your community?
3. Do you think the project could have achieved its goals if Save the Children hadn't identified the most vulnerable and marginalised?
4. Has being part of the project caused you to make choices about how you spend your time? What are some of the choices you have made? Do you think the time you have spent on the project has been worthwhile? Why do you say that?

Annex 8: List of Save the Children Advisory committee members and External Experts

Evaluation Manager/s

Manoja Wickramarathne, Program Quality Advisor

Advisory Committee Members

Anna Bauze, Health and Nutrition Advisor

Karen Flannagan, Child Protection Manager

Robyn Mildon, Head of Centre for Evidence and Implementation

Georgina O'Hare, Program Manager

Ann Rowley, Program Manager

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Annex 9: Data from the online survey

Save the Children Staff Survey, Prioritising Most Deprived Children Evaluation

1. Are you female or male?

Answer Options	Response Percent	Response Count
Female	51.9%	28
Male	48.1%	26
<i>answered question</i>		54
<i>skipped question</i>		1

2. Which Save the Children office do you work in?

Answer Options	Response Percent	Response Count
Melbourne Office - International Programs - Technical Assistance Section	5.5%	3
Melbourne Office - International Programs - Program Quality Section	3.6%	2
Melbourne Office - International Programs - Program	10.9%	6

Management Section			
Bangladesh - Main Office	9.1%		5
Bangladesh - Field Office	0.0%		0
Cambodia - Main Office	9.1%		5
Cambodia - Field Office	1.8%		1
Ethiopia - Main Office	3.6%		2
Ethiopia - Field Office	10.9%		6
Lao Peoples Democratic Republic - Main Office	3.6%		2
Lao Peoples Democratic Republic - Field Office	10.9%		6
Indonesia - Main Office	3.6%		2
Indonesia - Field Office	3.6%		2
Thailand - Main Office	7.3%		4
Thailand - Field Office	3.6%		2
Vanuatu - Main Office	10.9%		6
Vanuatu - Field Office	1.8%		1

Office		
	<i>answered question</i>	55
	<i>skipped question</i>	0

3. How many years have you worked with Save the Children?

Answer Options	Response Percent	Response Count
Less than 6 months	13.0%	7
More than 6 months but less than 2 years	20.4%	11
2 years or more but less than 5 years	27.8%	15
5 years or more but less than 10 years	22.2%	12
10 years or more	16.7%	9
	<i>answered question</i>	54
	<i>skipped question</i>	1

Answer Options	(1) None	(2) Poor
Please answer on a scale of 1 to 4; with 1 being the lowest (none) and 4 being the highest (excellent)	0	4

Answer Options	(1) None	(2) Poor
Please answer on a scale of 1 to 4; with 1 being the lowest (none) and 4 being the highest (excellent)	1	5

Answer Options	(1) Not at all	(2) A little
How involved were you in the design of the ANCP program?	18	12
How involved were you / are you in implementing the ANCP program?	3	11
During the time that the ANCP project goals and objectives were being created (even if you were not directly involved), in your opinion, were the needs of the most vulnerable and marginalised identified by the	1	10

project design team?
 During the time that the ANCP project goals and objectives were being developed (even if you were not directly involved), in your opinion, how much were the needs of the most marginalised and vulnerable prioritised by the project design team?

1 7

7. Please use the space below if you wish to add any comments about your responses to Question 6.

Answer Options	Response Count
	23
<i>answered question</i>	23
<i>skipped question</i>	32

8. Below is a list of common approaches used by projects to IDENTIFY the most marginalised and vulnerable populations. Which approach would you say was relied upon the most during your project design or implementation phases (please tick / check one). Please tick (check) the “other“ box if the approach you relied upon the most is not listed, and please describe it in the space provided below.

Answer Options	Response Percent	Response Count
Government policies or strategies define most vulnerable and marginalised groups	11.1%	6
Use an established definition of most vulnerable and marginalised	5.6%	3
Secondary data review (reviewing data and literature from commonly available sources)	7.4%	4
Undertake / commission new primary data collection with relevant groups (such as needs assessments, surveys or baseline surveys, interviews, focus groups, participatory learning appraisals)	14.8%	8

Means test (eg: actual household consumption or income is compared to eligibility threshold)	0.0%	0
Proxy means test (eg. household consumption / income estimated through directly observable items)	0.0%	0
Community-based targeting (groups of community leaders and members determine eligibility)	18.5%	10
Geographic targeting (based on location and includes all within that location)	14.8%	8
Self-targeting (vulnerable / marginalised choose for themselves)	1.9%	1
Pilot project or other experience with the group	7.4%	4
Don't know / not sure	3.7%	2

Other approach (please specify)	14.8%	8	
	<i>answered question</i>		54
	<i>skipped question</i>		1

Answer Options	1 Extremely ineffective	2 Ineffective
Please select one number on the scale of 1-4, with 1 being extremely ineffective and 4 being extremely effective	1	6

10. If you would like to add any comments about identification, please write in the space below.

Answer Options	Response Count
	15
<i>answered question</i>	15
<i>skipped question</i>	40

11. Common ways projects prioritise the most marginalised and vulnerable during the design phase (make decisions about which groups to focus on) are listed below. Of these common prioritisation approaches, please select one that was relied upon the most during the project design phase. If the approach you relied upon the most is not listed, please tick / check the “other” box and describe the approach below.

Answer Options	Response Percent	Response Count
Prioritisation is based on donor preference, or where funding may be allocated	3.7%	2
Prioritisation is based on community expressed needs	18.5%	10
Prioritisation is based on a child rights situation analysis or other review of secondary / primary data	31.5%	17
Prioritisation is based on country strategic plan	9.3%	5
Prioritisation is based on existing geographical presence	13.0%	7
Prioritisation is based on existing partnerships with other organisations	1.9%	1
Prioritisation is	0.0%	0

based on existing partnerships with government bodies			
Prioritisation is by Save the Children leaders (Country or Melbourne level)	7.4%		4
Don't know / not sure	5.6%		3
Other (please specify)	9.3%		5
<i>answered question</i>			54
<i>skipped question</i>			1

Answer Options	1 Extremely ineffective	2 Ineffective
Please select one number on the scale of 1-4, with 1 being extremely ineffective and 4 being extremely effective	1	7

13. If you would like to add any comments about PRIORITISATION, please write them in the space below.

Answer Options	Response Count
	13
<i>answered question</i>	13
<i>skipped question</i>	42

14. Regarding your first choices about identification (Q8) and prioritisation (Q11) during the planning and implementation phases, please choose one statement from the list below that you believe is most true.

Answer Options	Response Percent	Response Count
Good quality at good cost - The approaches used were efficient - they resulted in a good quality process of identification and prioritisation of the most marginalised and vulnerable at a cost that is acceptable	50.9%	27
Could be same or better quality at lower cost - We could have selected more efficient	20.8%	11

approaches - other approaches which could have resulted in the same or better quality process of identification and prioritisation of the most marginalised and vulnerable at the same or lower cost.		
Need better quality but at higher cost - We could have selected different approaches that would have been more costly but would have achieved a minimum standard quality process of identification and prioritisation of the most marginalised and vulnerable.	13.2%	7
Can't say / not sure	15.1%	8
	<i>answered question</i>	53
	<i>skipped question</i>	2

Answer Options	1 Extremely ineffectively	2 Ineffectively
Please select one answer on a scale of 1 to 4, with 1 being 'extremely ineffectively' and 4 being 'extremely effectively'	2	11

16. Overall, which statement best describes your opinion about the ANCP project's level of engagement with the most marginalised and vulnerable throughout the project cycle

Answer Options	Response Percent	Response Count
It was not enough	50.0%	25
It was about right	50.0%	25
It was too much	0.0%	0
	<i>answered question</i>	50
	<i>skipped question</i>	5

17. Can you briefly describe any features of the ANCP project design, goals, or objectives that resulted from the engagement of the most marginalised and vulnerable?

Answer Options	Response Count
	36
<i>answered question</i>	36
<i>skipped question</i>	19

Answer Options	1 Achievements not at all related to identifying and prioritising	2
Please select a number on a scale of 1-4; where 1 is 'not at all related' and 4 is 'completely related'	2	14

19. Can you briefly describe any project outcomes that resulted from the engagement of the most marginalised and vulnerable during the project cycle?

Answer Options	Response Count
	36
<i>answered question</i>	36
<i>skipped question</i>	19

20. How appropriate were the strategies used to identify and prioritise the most marginalised and vulnerable for the context and culture of the country at the time?

Answer Options	Response Percent	Response Count
Not at all appropriate	2.0%	1
A little appropriate	30.6%	15
Mostly (but not entirely) appropriate	51.0%	25
Entirely appropriate	16.3%	8
<i>answered question</i>		49
<i>skipped question</i>		6

21. Please add any comments about Q20 in the space below, if you wish

Answer Options	Response Count
	10
<i>answered question</i>	10
<i>skipped question</i>	45

22. What would you say are the main challenges to identifying and prioritising the most marginalised and vulnerable during ANCP project design? Please tick all that apply.

Answer Options	Response Percent	Response Count
Time to undertake	58.0%	29

identification process		
Cost of undertaking full analysis	48.0%	24
Lack of cooperation of project participants	12.0%	6
Inexperienced and weak partner organisations	18.0%	9
Staff capacity to collect and analyse new primary data before or during project planning	42.0%	21
Cost of collecting new primary data before or during project planning	40.0%	20
Lack of policy or guidance from Save the Children about the best approach	32.0%	16
Project size	14.0%	7
Project culture/environment	16.0%	8
Cultural context	18.0%	9
Availability of financial resources	42.0%	21
Availability of tools	22.0%	11
Low priority at Melbourne Office level	10.0%	5

Low donor priority	10.0%	5
No challenges I can think of	8.0%	4
<i>answered question</i>		50
<i>skipped question</i>		5

23. Are there any other challenges you would like to mention?

Answer Options	Response Count
	18
<i>answered question</i>	18
<i>skipped question</i>	37

24. What would you say are the main factors that support (or facilitate) the process of identifying and prioritising the most marginalised and vulnerable during ANCP project design? Please tick all that apply.

Answer Options	Response Percent	Response Count
Time to undertake identification process	52.0%	26
Cost of undertaking full analysis	42.0%	21
Cooperation of project participants	48.0%	24
Experienced and strong partner organisations	40.0%	20
Staff capacity to	50.0%	25

collect and analyse new primary data before or during project planning		
Cost of collecting new primary data before or during project planning	30.0%	15
Policy or guidance from Save the Children about the best approach	36.0%	18
Project size	12.0%	6
Project culture/environment	12.0%	6
Cultural context	8.0%	4
Availability of financial resources	44.0%	22
Availability of tools	36.0%	18
Priority at Melbourne Office level	22.0%	11
Donor priority	20.0%	10
No enabling factors I can think of	4.0%	2
	<i>answered question</i>	50
	<i>skipped question</i>	5

25. Are there any other enabling factors you would like to mention?

Answer Options	Response Count
	12
<i>answered question</i>	12
<i>skipped question</i>	43

26. Are there any Save the Children policies / procedures that you know of that facilitate the identification and prioritisation of the most marginalised and vulnerable?

Answer Options	Response Percent	Response Count
Yes	57.8%	26
No	42.2%	19
	<i>answered question</i>	45
	<i>skipped question</i>	10

27. If yes, can you name them:

Answer Options	Response Count
	22
<i>answered question</i>	22
<i>skipped question</i>	33

28. How much do Save the Children policies / procedures help in the identification and prioritisation of the most marginalised and vulnerable?

Answer Options	Response Percent	Response Count
Not at all	6.5%	2

A little	16.1%	5
A fair amount	54.8%	17
Extensively (a lot)	16.1%	5
Not aware of any relevant policies / procedures	6.5%	2
<i>answered question</i>		31
<i>skipped question</i>		24

29. Do you have any suggestions for changes to Save the Children policies or procedures to improve the identification and prioritisation of the most marginalised and vulnerable?

Answer Options	Response Count
	30
<i>answered question</i>	30
<i>skipped question</i>	25

Answer Options	1 not at all important	
Please respond on a scale of 1 to 4, where 1 = not at all important at all and 4 = extremely important	0	4

31. Since the start of the ANCP project, do you think there have been any changes amongst Save the Children staff (Melbourne Office and Country Office) in awareness of approaches to identifying and prioritising the most marginalised and vulnerable?

Answer Options	Response Percent	Response Count
No change	10.6%	5
Low level change	34.0%	16
Fair amount of change	42.6%	20
Significant amount of change	12.8%	6
<i>answered question</i>		47
<i>skipped question</i>		8

32. Since the start of the ANCP project, to what extent do you think there have been any changes amongst Save the Children staff (Melbourne Office and Country Office) in attitudes about the importance of identifying and prioritising the most marginalised and vulnerable?

Answer Options	Response Percent	Response Count
No change	14.6%	7
Low level change	29.2%	14
Fair amount of change	45.8%	22
Significant amount of change	10.4%	5
<i>answered question</i>		48
<i>skipped question</i>		7

33. How would you compare the approaches used by Save the Children in identifying and prioritising the most vulnerable and marginalised with other NGOs?

Answer Options	Response Percent	Response Count
Save the Children does better than other NGOs	27.1%	13
Save the Children is about the same as other NGOs	31.3%	15
Save the Children does not do as well as other NGOs	8.3%	4
I am not able to compare as I'm not sure what other NGOs do	33.3%	16
answered question		48
skipped question		7

Answer Options	1 Not at all confident	2
Please select on a scale of 1-4	1	20

Answer Options	1 Not at all confident	2
Please select on a scale of 1-4	1	17

36. Is there anything else you would like to add?

Answer Options	Response Count
	15
<i>answered question</i>	15
<i>skipped question</i>	40

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