

EVALUATION REPORT

Evaluation of the UNICEF Brazil Country Programme (2017-2022)

UNICEF BRAZIL
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Evaluation of the UNICEF Brazil Country Programme (2017-2022) Final Report

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ABBREVIATIONS AND ACRONYMS

AAP	Accountability to Affected Populations
ABC	Brazilian Cooperation Agency
ADRA	Adventist Development and Relief Agency
AIDS	Acquired Immunodeficiency Syndrome
AL	Alagoas
AM	Amazonia
ANVISA	National Health Surveillance Agency
ART	Anti-Retroviral Treatment
BA	Bahia
BBC	British Broadcasting Corporation
BCO	UNICEF Brazil Country Office
C4D	Communications For Development
CA	Contribution Analysis
CEO	Chief Executive Officer
CNJ	National Justice Council
CO	Country Office
COAR	Country Office Annual Report
CONGEMAS	National Collegiate of Municipal Social Assistance Managers
COVAX	COVID-19 Vaccines Global Access
COVID-19	Coronavirus Disease 2019
CP	Country Programme
CPD	Country Programme Document
CPE	Country Programme Evaluation
CRAS	Centro De Referência De Assistência Social
CRBP	Child Rights and Business Principles
CRC	Child Rights Convention
CREAS	Centro De Referência Especializada De Assistência Social
CSO	Civil Society Organisation
DAC	Development Assistance Committee
DSEI	Indigenous Special Health District
ECA	Child And Adolescent Statute
ECD	Early Childhood Development
ENEM	Exame Nacional Do Ensino Médio
EQ	Evaluation Question
ERG	Evaluation Reference Group
FGD	Focus Group Discussion
FTA	Fixed Term Appointment
FUST	Fundo De Universalização Dos Serviços De Telecomunicações
GBV	Gender-Based Violence
GDP	Gross Domestic Product
GDPR	General Data Protection Regulation
HDI	Human Development Index
HIV	Human Immunodeficiency Virus
IBGE	Instituto Brasileiro De Geografia e Estatística
ICU	Intensive Care Unit
IDEC	Brazilian Institute of Consumer Protection
INGO	International Non-Governmental Organisation
IP	Implementing Partner

IPC	Infection Prevention and Control
IPEA	Applied Economics Research Institute
JUVA	Juventude Unida Pela Vida Na Amazônia
KII	Key Informant Interview
LACRO	Latin America And Caribbean Regional Office
LGBT	Lesbian, Gay, Bisexual, And Transgender
M&E	Monitoring and Evaluation
MA	Maranhão
MDS	Ministry of Social Development
MEAL	MEAL - Monitoring, Evaluation, Accountability and Learning
MEL	Monitoring, Evaluation and Learning
MMR	MMR - Measles, Mumps and Rubella
MPT	Ministério Público Do Trabalho
NA	Not Applicable
NC	Non-Certified
NGO	Non-Governmental Organisation
NUCA	Núcleo De Cidadania De Adolescentes
OCHA	Office For The Coordination Of Humanitarian Affairs
OECD	Organisation For Economic Co-Operation And Development
ORE	Other Resources Emergency
ORR	Other Resources For Regular Programmes
PAHO	Pan American Health Organization
PCU	Plataforma Centros Urbanos
PE	Pernambuco
PF4C	Public Finance for Children
PFP	Private Fundraising and Partnerships
PNAD	Pesquisa Nacional Por Amostra de Domicílios
PPC	Purchasing Power Parity
PPE	Personal Protective Equipment
PSEA	Protection from Sexual Exploitation and Abuse
PSFR	Private Sector Fund Raising
QA	Quality Assurance
R4V	Response for Venezuela
RAM	Results Assessment Module
RCCE	Risk Communication and Community Engagement
RJ	Rio De Janeiro
RR	Regular Resources
SAB	Semi-Arid Territory
SAFE	Safe Environments for Children, Adolescents and Families
SAS	School Active Search
SDG	Sustainable Development Goal
Seal/Selo	UNICEF Municipal Seal of Approval
SIM	Subscriber Identity Module
SNDCA	National Secretariat on The Rights of Children
SPME	Social Policy and Monitoring & Evaluation
SUAS	Sistema Único de Assistência Social
SUS	Sistema Único de Saúde
SWOT	Strengths, Weaknesses, Opportunities and Threats
TAM	Amazon Territory
TOC	Theory of Change
TOR	Terms of Reference

TSSC	Trilateral South-South Cooperation
TV	Television
TWG	Technical Working Group
UBS	Basic Health Unit
UK	United Kingdom
UN	United Nations
UNDIME	União Nacional Dos Dirigentes Municipais de Educação
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USD	United States Dollar
VAC	Violence Against Children
VMC	Venezuela Migration Crisis
WASH	Water, Sanitation and Hygiene
WHO	World Health Organisation

EXECUTIVE SUMMARY

This is an evaluation of the UNICEF Brazil Country Programme (2017-2022) and UNICEF Brazil's COVID-19 response. The UNICEF Brazil Country Office (BCO) commissioned and managed the evaluation, together with the UNICEF Latin American and Caribbean Regional Office (LACRO). The Evaluation Team (ET) conducted the evaluation between August 2020 and November 2021.

Overview of the Country Programme

The overall goal of the Country Programme (CP) is to reduce inequalities and promote the rights of children and adolescents in large cities and vulnerable municipalities in the Semi-Arid and Amazon regions of Brazil. It is organised around the following four main outcomes. By 2022:

- The most excluded boys and girls benefit from enhanced and inclusive public policies and services and actively participate in decision-making processes;
- Boys and girls have increased access to quality and responsive health, education and social protection programmes, and actively participate in the design, implementation and monitoring of these services;
- Brazil's child protection system will be strengthened in its capacity to prevent and respond to violence against children;
- Engaged citizens, including boys, girls and families, millennials, individual donors, and private sector partners, are driving public action for the realization of children's rights.

Following the Venezuela Migration Crisis (VMC), UNICEF launched its Humanitarian Action for Children (HAC) in 2019 to respond to the needs of displaced and migrant children and families entering Brazil from Venezuela. A COVID-19 humanitarian response was also initiated in 2020 under the regional HAC for 2020 and through a dedicated HAC the following year.

Evaluation Purpose, Objectives, and Intended Audiences

The evaluation serves both accountability and learning purposes and assesses the relevance, effectiveness, efficiency, sustainability, and coherence of the CP, in order to draw lessons and forward-looking recommendations that can inform the 2022-2026 Country Programme planning process. The primary users are UNICEF and the Government of Brazil.

Evaluation Methodology

The evaluation used a theory-based approach with mixed methods and a non-experimental evaluation design. Primary data sources included key informant interviews (KIIs) with high-level stakeholders as well as focus group discussions (FGDs) with adults and adolescents. In total, 65 interviews and 13 focus groups were conducted and three remote surveys were administered with municipal-level stakeholders and adolescents (334 responses). Existing secondary data was analysed and documents reviewed. A purposive and snowball sampling strategy was used to select municipalities and urban areas for data collection. The areas were also selected based on availability of key stakeholders involved in the UNICEF-supported initiatives. Data was collected remotely between November 2020 and February 2021 and analysis undertaken from March to September 2021.

Key Findings

Key findings and conclusions in relation to the relevance, effectiveness, efficiency, sustainability and coherence of the Country Programme are given below.

Key finding 1 (Relevance): The CP is considered highly relevant, especially at the subnational level, responding to diverse needs of populations, municipalities, partners

and institutions. UNICEF CP objectives and design respond to the needs of target populations and government priorities, and it has continued to do so as the context, priorities, policies and beneficiary needs have changed.

Key finding 2 (Effectiveness): UNICEF’s visibility, multi-sectoral expertise, and partnership approach have effectively promoted and contributed towards realising child rights in Brazil, specifically the more marginalised. Its intervention strategies are versatile, and work effectively in the Brazilian context. UNICEF Brazil has also demonstrated the importance of testing and scaling strategies in-country that complement UNICEF Strategic Plan (SP) strategies. Localised strategies (Seal and PCU) have opened doors and provided access to government infrastructure enabling UNICEF to achieve at the scale it has, which would not be possible without its own structures and resources.

Key finding 3 (Efficiency): The UNICEF CP is able to mobilise its planned resources and allocate these to deliver results in a highly economic and timely way. Partnerships with the private sector for resource mobilisation, and with implementing partners are key to achieving success. The UNICEF organisational structure within BCO and sub-offices is also key to deliver results given that its interventions’ focus is both at national and subnational levels and, whilst these are adequate to deliver results, further improvements are required.

Key finding 4 (Sustainability): UNICEF has demonstrated approaches that promote sustainability including in the areas of education, migration response and adolescent participation. Its direct contribution to policy dialogue has created strategic alliances with key partners at the national level (executive and legislative). Whilst the government’s capacity has improved, it is unlikely that it can continue services provided by UNICEF without ongoing support. UNICEF’s strategy to partner with and strengthen local organisation capacity is successful, however there are still weakness in certain areas. Frequent changes in the political landscape at national, state and municipal levels represents a major threat to the sustainability of the CP results and process.

Key findings 5 (Coherence): UNICEF’s CP cross-sectoral intervention strategies are coherent and complementary both at the national and subnational level and, combined with the intersectoral approach to programming, they allow UNICEF to advance child rights at the national and subnational level. UNICEF has successfully used its structures and teams to respond to two major emergencies, VMC and COVID-19. However, the CP and emergency responses are treated in silos, particularly in terms of funding, therefore there is imperfect coherence between development activities and emergency responses.

In essence, UNICEF is implementing two distinct programmes, one dictated by the CPD and the other by the two emergencies. This is not ideal for achieving overall CP coherence. It is recognised that UNICEF’s institutional approach (HAC) to emergencies created these limitations but the next CP provides an opportunity for UNICEF Brazil to test alternative approaches to integrated programming, capable of responding to humanitarian and development needs as a coherent CP. There is also external coherence, which has been achieved by clear mandates, roles and responsibilities amongst agencies.

Conclusions

Conclusion 1 (Relevance): UNICEF Brazil CP objectives and priorities were relevant and aligned to government priorities. These have enabled UNICEF BCO to strategically position itself well. It is a respected and accepted partner of the government, particularly at the subnational level, and other national and international entities working in Brazil. However, whilst its strategic positioning has been generally well aligned with needs, particularly those of the government, it would benefit from introducing processes that enable it to systematically and more regularly reflect, evaluate, and review to adapt its programmatic priorities, especially those set out in the CPD. These would provide a necessary sense check and maintain the relevance of the CP throughout the five-year cycle. They should be informed by appropriate consultations with wider groups of stakeholders and the latest evidence on emerging needs, both within the general population and specific groups and geographic locations. Also, as inequities are rapidly growing following the current political and economic situation, as well as the COVID-19 pandemic outbreak, new programmatic areas, specific target groups, and geographical specificities will need to be further prioritised in the new country programme.

Conclusion 2 (Effectiveness): UNICEF CP interventions successfully contributed to reducing inequalities and promoting the rights of children and adolescents in large cities and vulnerable municipalities in the Semi-Arid and Amazon regions of Brazil. Marginal groups were effectively reached through advocacy, partnership and different subnational strategies. Engagement through social mobilisation strategies such as the Seal and PCU initiatives strongly contributed to achieving results, especially the use of an inter-sectoral approach at the municipal level.

Conclusion 3 (Efficiency): UNICEF Brazil's ambitious but successful resource mobilisation strategy and approach serves as an example for other COs but major reliance on other funding resources (OR), whilst inevitable, poses high risk. The current structures, although adequate, could benefit from additional management support for its decentralised layer, as well as increasing opportunities for decision-making at these levels and expertise that currently predominantly exists at CO level.

Conclusion 4 (Sustainability): UNICEF's CP strategy of working with and through existing government structures at national and subnational levels, as well as through IPs, is conducive to sustain net benefits of its interventions. However, the high level of human and financial resource dependency on UNICEF to lead interventions, as well as factors such as political change, which are beyond UNICEF's control, are likely to continue to affect sustainability. UNICEF's highly successful approach for subnational engagement and capacity strengthening (Seal and lately PCU) has contributed to achieving positive results for promoting and realising rights of children. However, it is very resource-intensive and, despite using this approach for many years UNICEF does not yet have a plan in place on ways to reduce current dependencies. It continues to take the lead and municipalities remain accountable to it through participation and reporting. It will need to transition into a supportive role with higher level government institutions taking the lead and making participation/reporting mandatory as part of government reporting systems, which will also help to shift accountability. Whilst capacity strengthening has enabled UNICEF to support its partners, it needs to identify approaches by which it can embed this strategy into existing Brazilian institutions to ensure longer-term sustainability.

Conclusion 5 (Coherence): The Brazil CP is coherent. Without its cross-sectoral interventions and intersectoral approach, it would not be possible for UNICEF to achieve the scale of reach at the subnational level given its limited resources and structures. UNICEF can further add substantial value by encouraging and enabling the government, private sector and other organisations to use this approach to achieve more holistic responses to promoting and achieving rights of children. In the longer term, this can potentially reduce the need for UNICEF to be leading on these interventions and reduce dependencies. A clear strategy on how UNICEF will transition its emergency responses into development activities is lacking. UNICEF has shaped its identity and a clear role amongst UN agencies working in Brazil and could capitalise upon this by continuing to take on convening and coordination roles.

Recommendations

Recommendation 1 (Relevance): To ensure that the next CP responds to the changing country context, priorities and needs of the most marginalised children and their families, BCO should:

- 1.1 Ensure that the new CPD reflects the lessons learned on priority areas, and more explicitly addresses the intersectional inequalities on gender, race and ethnicity.
- 1.2 The above should be informed by evidence specifically collected for this purpose and consultations held with wider groups of stakeholders, specifically subnational government, programme participants, and other relevant partners including the private sector. Both new evidence and stakeholder consultations should also be used during the preparation of the CPD.

Recommendation 2 (Effectiveness): To ensure that UNICEF delivers results in the next CP:

- 2.1 With the support of DAPM and LACRO, BCO should rethink how and when programme performance is measured (specifically at outcome level). This will also mean helping to strengthen government departments (such as the Brazilian Institute of Geography and Statistics (IBGE)) and monitoring systems with a focus on disaggregated children data.
- 2.2 BCO could support LACRO with lessons learned on what has and has not worked using localised strategies such as the Seal. The Seal was recently evaluated by UNICEF New York's Evaluation Office and the findings can be used to inform this exercise. The regional office can then support the design of localised strategies and replication of pilot to scale strategies such as the Seal as test cases in new contexts.

Recommendation 3 (Efficiency): To better achieve results in the next CP, it is key that:

- 3.1 BCO, with the support of LACRO, introduces risk mitigation plan within its partnership and resource mobilisation strategies. This is to ensure that there is adequate commitment and potential availability of funding, in particular flexible funding, earlier on (or even at the start) of the programme to provide UNICEF greater funding security. UNICEF could start discussions about funding with private sector as part of the programme design consultations.

3.2 B4R approaches are further utilised, including by incorporating businesses as a stakeholder in the development of the CPD in order to influence them to integrate children's rights as part of their responsible business conduct and mobilise non-financial business resources such as skills and influence. This should help achieve more efficiently results in the new CP implementation.

3.3 Current linkages (both vertical and horizontal), and management structures, in particular of the programme team, should be strengthened and adapted to respond to the needs of different regions (such as the Amazon). Current mechanisms in place such as Technical Working Groups (TWG) and PMT provide a good starting point to build upon.

3.4 Staffing capacities should be enhanced at field office (FO) level with expertise that only currently exists at Brasilia level (e.g. Early Childhood Development (ECD) and social policy). Further reviews to understand the specific staffing levels and expertise required will be important before decisions are taken in this regard.

Recommendation 4 (Sustainability): To ensure sustainability of the next CP, it is important to:

4.1 Working jointly with key stakeholders, develop a sustainability plan that clearly outlines ways in which UNICEF will mainstream programme processes and strategies into existing government systems. This will require increased stakeholder engagement and developing partner capacity as well as strengthening government and other private sector systems as well as strengthening and expanding its strategic alliances.

Recommendation 5 (Coherence): Continue influencing and providing support (in the form of tools, evidence, methodology) to the government and private sector to adopt an intersectoral approach within their own planning, and implementation processes for more integrated responses to promoting and achieving rights of children.

1. BACKGROUND

1.1 Country Context

1.1.1 Social, Economic, Political Context and Government Priorities

The CP was formulated against the backdrop of a complex country context and dynamics¹, including the 2016 presidential impeachment process, and a large public health response to the Zika virus outbreak. Throughout the current CP cycle, Brazil has continued to face a political and economic crisis. The presidential elections and the change in the political landscape in 2019, along with the humanitarian response to the VMC in the north of the country, as well as the COVID-19 outbreak added additional layers of complexity to the Brazilian context.

1.1.2 The Situation of Children and Adolescents in Brazil

As the fifth largest country in the world, Brazil has an estimated population of over 210 million people, of whom 53.7 million are children and adolescents (under 18 years of age)². More than half of Brazilian children are Afro-descendants. Children also account for more than one third of the country's 821,000 indigenous people³.

Brazil has one of the most advanced laws in the world concerning children's rights. The best interests of the child have been a guiding principle in laws for children, including the Brazilian Constitution (1988), and the Statute of the Child and Adolescent⁴. Both of these are largely in line with the Convention on the Rights of the Child (1989). In addition, the Brazilian Child Rights Guarantee System (SGD) is a mechanism established for the promotion, implementation, defence, and monitoring of children's rights at the federal, state, and municipal levels, comprehensively covering the set of laws, policies, regulations and services that are necessary for ensuring children's rights.

Despite the progress on legislation that aims to guarantee children's rights, there are still many challenges to its full implementation. Many inequalities persist in the Brazilian context and millions of children and adolescents remain deprived of their fundamental rights and exposed to different forms of vulnerabilities and rights violations.

1.1.3 Poverty, Health and Social Protection

Although poverty (SDG 1) has been considerably reduced in Brazil during the last decade, with over 26 million people being lifted out of poverty from 2003 to 2013, in recent years progress has slackened⁵. Likewise, significant progress has been achieved in relation to children, yet this has not benefited all Brazilian children and adolescents in the same way. High levels of overall poverty persist, especially among children and adolescents: multidimensional poverty still affects six out of ten children and adolescents (32 million), and 34.4% children and adolescents still live in monetary poverty (about 18 million). Furthermore, of the 27 million children and adolescents who experience multiple deprivations, 18 million are black or brown; and of the 10.2 million with extreme deprivations, some 7.2 million are black or brown⁶.

¹ UNICEF, 2016.

² IBGE, 2019.

³ UNICEF, 2020.

⁴ Federal law n° 8.069/1990

⁵ Cruces et al., 2016; Vakis et al., 2015.

⁶ UNICEF, 2018.

In the last few decades, Brazil has significantly reduced infant and under-5 mortality (SDG 3). Between 1990 and 2017, the rate of infant mortality dropped from 47.1 to 13.4 deaths for every thousand live births, and the rate of under-5 mortality had a reduction of 71%, from 53.7 deaths per thousand live births in 1990 to 15.6 deaths in 2017. In 2016, however, the infant mortality rate rose for the first time in 26 years. This increase (of about 5% compared to the previous year) may have been partly due to the Zika virus epidemic⁷. The North and Northeast States have the highest infant mortality rates. Moreover, indigenous girls and boys are more than twice as likely to die before their first birthday as other Brazilian children are⁸.

The rate of HIV detection in children under five has been used as an indicator for monitoring vertical transmission of HIV in Brazil. In the last ten years, the rate of infection has dropped from 3.5 cases per 100,000 inhabitants in 2007, to two cases per 100,000 inhabitants in 2017 (drop of 42%). In the same period, however, there was an increase of 21.7% in the HIV detection rate in pregnant women. The rate observed in 2017 was 2.3 cases per 1000 live births and, in 2017, it increased to 2.8 per 1000 live births. This increase could be explained, in part, by the expansion of prenatal diagnosis and the consequent improvement in the prevention of vertical HIV transmission⁹. HIV seriously affects adolescents, as evidence by the 53% increase in the number of new cases among boys and girls aged 15 to 19 years between 2004 and 2015¹⁰.

In Brazil, 38.6% of infants under 6 months are exclusively breastfed, which is well below the South American average of 57.3%¹¹. Brazilian children also face the double burden of malnutrition, where both underweight and overweight cases coexist. Even though the country has reduced child malnutrition considerably, it remains a serious public health problem in the Amazon, where approximately 40% of indigenous children are affected by chronic malnutrition¹². On the other hand, the increase in consumption of ultra-processed foods, rich in fat, salt and sugar, with low levels of vitamins, has led to obesity¹³.

Social protection for children is essential for reducing and preventing child poverty. In Brazil social protection is recognised as an essential public policy, particularly post 1988 Federal Constitution. Social protection in the country is organised under the Unified System of Social Assistance (SUAS), which plays a role in protecting the most vulnerable groups including children by offering services, programmes, projects and benefits where necessary. As of December 2020, an estimated 14.2 million families were included as beneficiaries of the Bolsa Familia Programme¹⁴, and since April 2020, 67.8 million individuals were covered by the Emergency Aid Programme, including previous Bolsa Familia beneficiaries.

Despite these efforts, a considerable portion of the population is not covered by cash transfer and emergency assistance programmes: while the number of low-income households increased between 2018 and 2019, the number of households benefiting from the Bolsa Familia programme decreased over the same period¹⁵. The Unified Social Assistance System (SUAS) has undergone an important decrease in funding over the past years¹⁶. Some 48% reduction in federal transfers to states to cover social assistance services occurred in 2019 against 2016, pressuring the capacity of states and municipalities to provide sufficient and satisfactory services at the local level. In 2020, the federal transfers focused on the COVID-19 pandemic response, putting aside other essential local needs¹⁷.

⁷ UNICEF, 2019a.

⁸ Ibid.

⁹ Ministry of Health, 2019.

¹⁰ UNICEF, Retrieved on <https://www.unicef.org/brazil/hiv-aids-e-sifilis>

¹¹ Global Nutrition Report, 2020.

¹² Araújo et al., 2016.

¹³ Martins et al., 2013.

¹⁴ CECAD 2.0. Tabulador do Cadastro Único.

¹⁵ Menezes-Filho & Komatsu, 2020.

¹⁶ IPEA, 2020.

¹⁷ FONSEAS, 2021.

1.1.4 Education

Universal access to education remains a challenge for Brazil. Even though the percentage of school age children who were out of school fell from 19.6% to 3.7% between 1990 and 2019, 1.1 million children and adolescents remain out of school¹⁸. In 2019, 12.5% of children aged 11 to 14 years had some degree of discrepancy between their actual age and their school grade age¹⁹. The dropout rate increases as children transition from elementary to high school, from 8.1% for 14-year-olds to 14.1% for 15-year-olds.

Although the literacy rate for 2018 was 93.23%²⁰, illiteracy is a significant problem that affects children, especially those who are 8-9 years old²¹. Indigenous children have the highest dropout and failure rates in the country. The failure rate among indigenous students is over 11%. In 2018 alone, more than 15,000 indigenous children dropped out of school. At the same time, black children have almost twice the failure rate of white children (13.7% against 7.3%) and more than double in the case of age-grade distortion (31% compared to 15%) and dropout (4.35% compared to 2.09%).

Girls' school performance is either equal to or slightly higher than boys', who are 6.4% more likely to repeat their grades²². The dropout rates and low school performance are, among other reasons, linked to child labour, which affects 1.8 million children and adolescents between 5 and 17 years of age²³, mainly black boys performing paid work in urban areas and girls involved in unpaid housework²⁴.

1.1.5 Racism, Discrimination and Intolerance

Racism is one of the main forms of discrimination affecting Brazilian children. The Atlas of Violence²⁵ shows that the homicide rate of black youth in Brazil jumped by 13.3% from 2008 to 2018 (from 53.3 to 60.4 homicides per 100,000 inhabitants). Homicides are the leading cause of young male mortality in 2020, accounting for 55.6% of deaths among young people between 15 and 19 years of age. In relation to gender-based violence (GBV), in 2018, a woman was murdered in Brazil every two hours and the vast majority (68%) of the victims were black²⁶.

1.1.6 Violence

Violence is a major problem in Brazil, especially armed violence (SDG16). According to data from the Ministry of Health, 11,804 adolescents were assassinated in 2017²⁷, the highest number globally in absolute terms. All children can be vulnerable to violence, abuse, and neglect. Such violations can take place in a home environment under the care of parents and other family members, or outside the home. This is viewed by the National Secretariat of the Rights of the Child and the Adolescent as one of the most pressing issues in Brazil today²⁸.

All children, particularly girls, are at high risk of sexual violence. In 2018 Children under 13 accounted for more than half of the number of registered rapes²⁹. In 2019, according to the Dial National Human Rights report, Brazil registered 17,000 cases of sexual violence against children and adolescents, of which 82% of the victims were girls (0 to 18 years old) and 87%

¹⁸ UNICEF, 2021.

¹⁹ IBGE, 2019.

²⁰ World Bank, 2018.

²¹ UNICEF, 2019a.

²² UNICEF, 2019b.

²³ IBGE, 2020.

²⁴ UNICEF, 2015.

²⁵ IPEA, 2020.

²⁶ Ibid.

²⁷ UNICEF, 2019

²⁸ Racism, violence still assails Brazilian children and teenagers, Agência Brasil, 16/07/2020

²⁹ IPEA, 2020. Atlas da Violência.

of the offenders, were men³⁰. Sexual violence practices also reach the online world. In 2019, there were over 46,000 complaints of child and adolescent pornography on the internet³¹. To address these increases in child violence in 2019, UNICEF developed a framework to reduce the impact of armed violence. Because of COVID-19, millions of children are now living in places that have instituted some form of confinement, including lockdowns and stay-at-home orders. These measures have disrupted the formal and informal protective systems that generally identify and respond to risks affecting children³². Indeed, 90% of acts of violence against children occur in the home yet reports of violence against children fell by 18% in March 2020 year on year³³.

1.1.7 Child Marriage and Adolescent Pregnancy

Brazil ranks fourth globally in the number of married female persons under 18 years old. Estimates show that 26% of women aged 20 to 24 years in Brazil were first married or in a union under 18 years of age. Child marriage is also linked with living in rural areas and poor households, and having less education³⁴.

Adolescent pregnancy also occurs more often among girls who are socially vulnerable, with less education and who have cultural and financial barriers to access public services. The adolescent pregnancy rate (68.4 per 1000 adolescents) is still above the global rate (46 per 1000) and the Latin American rate (65.5 per 1000). However, there has been a long-term trend of reduction of adolescent pregnancies. In 2017, 459,000 babies were born to adolescents aged 15–19 years and 29,000 to adolescents aged 10–14 years of age, a drop of 36% and 24%, respectively, since 2000³⁵.

1.1.8 UNICEF’s Role and Support in Brazil

Brazil is considered as an example for other countries particularly in terms of social policy and emergency response. UNICEF uses lessons learned in Brazil to facilitate knowledge exchanges between Brazil and other countries sharing good practices via the South – South Cooperation initiative. UNICEF provides technical support, via qualified staff and experienced partners to national and subnational governments as well as guidance and materials. In addition, UNICEF provides reporting and analysis of the progress that subnational governments are making against specific indicators and accreditation via the Seal.

1.1.9 The COVID-19 Pandemic in Brazil

In 2020, Brazil was strongly affected by the COVID-19 pandemic. By July 2021, the country had 19,391,845 confirmed cases and 542,756 deaths. While the Southeast region has been the most affected, the virus has quickly spread to the most vulnerable territories, with 6,325,889 cases and 154,906 deaths reported in the North and Northeast regions³⁶. Although the effects of COVID-19 are generally milder in children as compared with adults³⁷, children’s health and wellbeing has been severely affected, in particular by the socio-economic impacts of the pandemic. Estimates show that the situation for children living in multidimensional poverty around the world has increased by 15 per cent since the start of the pandemic, which is approximately 150 million children³⁸.

³⁰ Disque Direitos Humanos Relatório 2019, Ouvidoria Nacional de Direitos Humanos

³¹ 2019 Activity Report, Childhood Brazil.

³² COVID-19: Protecting Children from Violence, Abuse, and Neglect in the Home, UNICEF, 2020.

³³ Racism, violence still assail Brazilian children and teenagers, Agência Brasil, 16/07/2020.

³⁴ UNICEF, 2019c; Plan International Brasil, 2019.

³⁵ The Lancet, 2020.

³⁶ Ministry of Health, 2021.

³⁷ WHO, 2020.

³⁸ UNICEF, 2020.

2. EVALUATION OBJECT

This report presents the findings from the evaluation of UNICEF Brazil's CP (2017–2022). UNICEF Brazil CO commissioned and managed the evaluation together with UNICEF LACRO. It was conducted between August 2020 and November 2021. The evaluation covers the implementation of the CP from 2017 to the first quarter of 2021. The CP is due to end in 2022. The CP had an initial budget of US\$94,495,000.00 to implement the programme components. This was revised in 2017 to include programme management and special purpose increasing the total integrated budget to US\$129,447,355. Following the VMC, a specific outcome was added to the CP in 2018.

2.1 UNICEF Brazil Country Programme

UNICEF Brazil's CP was designed and implemented in a complex and oft-difficult context, as described above. Its goal is to "support Brazil to facilitate the generation and sharing of knowledge to identify the most excluded children and monitor and measure progress to fulfil their rights". Building on the UNICEF proposition, the programme focuses on the most vulnerable groups using regional strategies and measure success using the indicators derived from the UNICEF Strategic Plan and the Sustainable Development Goals. This engagement to provide capacity development and policy advice at municipal, state and federal levels is in line with the five pillars of the United Nations Partnership for Development Framework (UNPDF). The intended rights holders are children, adolescents and their families, especially the most marginalised and vulnerable groups, while duty bearers primarily include state actors (municipal, state and national bodies), including judicial institutions; teachers, social workers and health workers; and parents and guardians.

The programme is guided by the outcomes in the UNICEF Strategic Plan (2014-2017)³⁹, the Sustainable Development Goals⁴⁰, the five pillars of the United Nations Partnership for Development Framework (UNPDF, 2018-2022)⁴¹ and UNICEF Gender Action Plan (2018-2021)⁴². The population groups targeted by the CP are children who are excluded from public policies and services; have access to social policies but lack quality services; and are victims of violence, discrimination, exploitation, neglect and abuse and children vulnerable to disasters.

Analyses of bottlenecks that prevent children from exercising their rights in Brazil informed the structure of the CP. The CP includes four main programme components: (a) enhanced policies for excluded children; (b) quality social policies for vulnerable children; (c) prevention of and response to extreme forms of violence; and (d) engaged citizenry and participation⁴³. Another programme component is included in support of programme efficiency and effectiveness. After the onset of the VMC in 2018, VMC response was included as a programme component (881).

Key bottlenecks that have hampered the realisation of child rights in Brazil and hence have informed the CP priorities are given below:

- **Exclusion of children from public policies:** (a) the absence of data, evidence and research on the most excluded groups; (b) the limited knowledge of rights-holders on how to demand their rights; and (c) the limited qualifications of some policymakers to formulate and finance specific policies targeting the most vulnerable
- **Poor-quality services:** (a) prevalence of social norms, cultural practices, behaviours and environments not conducive to good practices; (b) limited information on the part of duty-bearers; (c) low qualifications of social sector professionals, especially at

³⁹ Health; HIV/AIDS; Nutrition; Education; Child protection; Social inclusion; organizational effectiveness.

⁴⁰ 5 10 16 17 1 2 3 4 6 8

⁴¹ UNICEF Brazil Country Programme Document 2017-2021

⁴² UNICEF Brazil Country Programme Document 2017-2021

⁴³ UNICEF Brazil Country Programme Document 2017-2021

subnational levels; (d) inadequate infrastructure; and (e) limited cross-sectoral coordination between social assistance, education and health services.

- **Prevalence of violence in Brazil:** (a) social norms and cultural practices leading to the acceptance of violence, racism and discrimination; (b) gaps in or inadequacy of policies and legislation in preventing violence, supporting victims and investigating rights violations; (c) insufficient or ineffective violence notification, prevention and response systems, including existing difficulties to implement intersectoral policies
- **Engagement of children, families, millennials, individual donors and private sector partners in driving public action for the realization of child rights include:** (a) the indifference of segments of Brazilian society towards the plight of the most vulnerable and excluded children; (b) insufficient information and misperceptions by segments of society on the reality faced by the most vulnerable children, including violations of their rights; (c) limited scope for private sector social investment related to children's rights; (d) perceived lack of compatibility between the private sector and the work of UNICEF; (e) inadequacy of participation channels for children; and (f) a low level of familiarization of rights-holders with ways to contribute effectively to public debates⁴⁴.

The CP is guided by a results framework with clear articulation of programme components, related outcomes, outputs, and the linkages to relevant National Priority SDGs, UNPDF and UNICEF Strategic Plan outcomes as well as related articles of the Convention on the Rights of the Child (CRC), major partners/partnership frameworks and indicative resources allocated for each programme outcome. During the period of the CP, the results framework has evolved and additional results have been added, including those related to COVID-19 and VMC, both of which are funded via the HAC and are therefore not formally part of the CP. A summary of the programme results framework is provided in Table 1 below.

Two types of strategies are used for implementing programme activities:

- **Implementation strategies** that include evidence generation, policy dialogue and advocacy, capacity development, and partnerships, identification and promotion of innovation and South-South Cooperation.⁴⁵
- **Subnational/local delivery strategies** mainly consist of the UNICEF Municipal Seal (SELO), and Platform of Urban Centres (PCU) but also include UNICEF's School Active Search (SAS) strategy, Successful School Pathways strategy; Adolescent Citizenship Groups (NUCA); Youth Aware project; and the Baby Week initiative.

The programme is set up to work in partnership with government, private sector, civil society and other relevant networks. These are identified in the CPD as follows:

- Government: Ministries of Social Development; Health, and Justice Education; Sport Brazilian Cooperation Agency (ABC); Congress; National Justice Council;
- Youth Networks, media networks, National Indian Foundation (FUNAI), youth and adolescent networks, National Union of Municipal Education Managers, National Indigenous Peoples' Foundation adolescent networks and National Early Childhood Development (ECD) Network
- Private Sector and civil society research institutions

⁴⁴ UNICEF Brazil Country Programme Document 2017-2021

⁴⁵ Brazil Programme Strategy Note 2016

Table 1: Programme components, outcomes, outputs and related UNPDF/ UNICEF SP outcomes, National priority SDGs, CRC articles

Programme components	Outcomes	Outputs	National priority SDGs ⁴⁶	UNPDF outcomes	UNICEF Strategic Plan outcomes	Related articles of the CRC
1. Enhanced Policies for Excluded Children and Adolescents	By 2021, the most excluded boys and girls benefit from enhanced and inclusive public policies and services and actively participate in decision-making processes.	1.1 Improved evidence-based policies to address the causes of exclusion of boys and girls (knowledge and evidence)	1, 2, 3, 4, 5, 6, 8, 10, 16, 17.	6. Promotion of a peaceful, fair and inclusive society, through social participation, transparency and democratic governance, respecting secularism of the state and guaranteeing human rights for all	1. Health; 2. HIV/AIDS; 4. Nutrition; 5. Education; 7. Social inclusion	3, 6, 7, 12, 18, 23, 24, 28, 29, 31
		1.2 Boys, girls and families from excluded populations with increased participation in institutional fora, knowledge and skills to demand their rights (participation –demand))				
		1.3. Specialized programmes for the most excluded boys and girls (specialised programmes-supply)				
		1.4 Specialized interventions on nutrition for indigenous under five children in priority DSEIs (indigenous nutrition interventions) ⁴⁷				
		1.5 Work closely with network of corporate partners to source and deliver hygiene kits and targeted communication to vulnerable families in poor urban neighbourhoods in Brazilian capital cities in response of the COVID-19 pandemic (WASH/COVID) ⁴⁸				
2 - Quality Social Policies for Vulnerable Children and Adolescents	By 2021 boys and girls have increased access to quality and responsive health, education and social protection programmes, and actively participate in the design, implementation and monitoring of these services.	2.1. Families, communities and civil society have increased knowledge on health practices, and government agencies and health professionals provide culturally, and age and gender responsive health services (health – social norms and quality).	1, 2, 3, 4, 5, 10, 17.	1. Social development strengthened throughout the territory, with the end of poverty through access to quality goods and public services, especially in education, health, social protection, food security and nutrition and decent work, with equity and an emphasis on gender, race, ethnicity and generational equality	1. Health; 2. HIV/AIDS; 4. Nutrition; 5. Education; 7. Social inclusion	3, 6, 18, 23, 24, 28, 29, 31, 32
		2.2 Girls and boys have increased permanence in the basic education system, based on intersectoral policies addressing diversity, including contextualized education (education – management and quality)				
		2.3. Government at national and subnational levels has improved capacity to implement intersectoral policies for social protection with emphasis on the most vulnerable children (social protection - management and quality)				
		2.4 Families, communities, civil society, private sector and governments have adopted comprehensive actions and integrated policies to promote Early Childhood Development (integrated policies for ECD)				

⁴⁶ Information from the [CPD](#)

⁴⁷ Not initially in the CPD

⁴⁸ The COVID-19 response was part of the HAC not the initial CPD and related results areas

3 - Prevention and Response to Extreme forms of Violence	By 2021, Brazil's child protection system strengthened in its capacity to prevent and respond to violence against children	3.1. Families, communities, civil society, private sector and governmental agents in prioritized states with increased knowledge on the impact of violence on the lives of children (social norms/cultural practices changed)	5, 10, 16, 17	6. Promotion of a peaceful, fair and inclusive society, through social participation, transparency and democratic governance, respecting secularism of the state and guaranteeing human rights for all	5. Education; 6. Child protection	2, 4, 19, 20, 23, 34, 35, 37, 39
		3.2. Gaps in the legal, political and institutional framework related to prevention, assistance and response to violence against children mapped and addressed. (legal, political and institutional framework strengthened).				
		3.3. Improved cross-sectoral coordination and public services, at national and subnational levels, to benefit child witnesses, victims and perpetrators. (quality services consistent with human rights principles available to child victims and Perpetrators- quality and management of child protection services)				
4 - Engaged Citizenry and Participation	By 2021, engaged citizens, including boys, girls and families, millennials, individual donors and private sector partners, are driving public action for the realization of children's rights.	4.1. Citizen engagement is increased to support the realization of boys' and girls' rights. (communication and public advocacy- engaged citizens))	16, 17	6. Promotion of a peaceful, fair and inclusive society, through social participation, transparency and democratic governance, respecting secularism of the state and guaranteeing human rights for all	7. Social Inclusion; organizational effectiveness	12
		4.2 Increased non-financial contributions from individual donors, private and public sector partners for the realization of boys' and girls' rights.(partner and donor mobilisation)				
		4.3 Adolescents mobilized and with increased knowledge and opportunities to participate in public forums of decision-making processes. (participation- engaged adolescents)				
5 - Programme effectiveness	Country programme is efficiently designed, coordinated, managed and supported to meet quality programming standards in achieving results for children	5.1 UNICEF utilizes guidance, tools and resources to effectively design and manage programmes. (programme coordination)		7. Strategic partnerships established to strengthen and promote international cooperation and contribute to the reduction of inequalities within and between countries	1. Health; 2. HIV/AIDS; 4. Nutrition; 5. Education; 7. Social inclusion	3, 6, 7, 12, 18, 23, 24, 28, 29, 31
		5.2 Public policy and partnerships with media and other key influencers to promote and protect children's rights.(external relations)				
		5.3 UNICEF utilizes guidance, tools and resources to effectively influence the design, implementation, monitoring, evaluation and dissemination of development policies and programmes that promote, guarantee and impact children's rights. (programme monitoring and evaluation)				
		5.4 Increased number of countries engaged with Brazil and UNICEF in South-South cooperation initiatives to improve the situation of children in their country and in Brazil (South-South cooperation)				

Source: Brazil Country Programme Document 2017-2021; Brazil Programme Strategy Note, 2016

Results related to VMC and COVID-19 responses are not formally considered part of the CP since UNICEF Board-approved documents do not include emergency resources. Activities related to COVID-19 and VMC response interventions are considered within the HAC. VMC results are given under Table 2 below. The VMC response is not a formal CP component.

Table 2: Results areas for VMC response

	Outcome	Outputs
Venezuelan Migration Crisis ⁴⁹ response (outcome 881 ⁵⁰).	Ensure access to public services for children and families on the move.	881.1 Health systems strengthened to identify and address nutrition issues and monitor nutrition trends (nutrition)
		881.2 Boys and girls, adolescents and women on the move and in host communities equitably access essential health services with sustained coverage of high-impact preventive and curative interventions (health)
		881.3 Women and children on the move have access to sustainable safe drinking water and adequate sanitation. (water, sanitation and hygiene)
		881.4 Children on the move are protected from violence, exploitation and abuse and are able to access services and exercise their rights (child protection)
		881.5 Children on the move are supported to access education opportunities while enhancing capacity of schools in host communities (education)
		881.6 Children and their families are consulted for the elaboration & monitoring of the project and have access to life saving information and protective practices on access and use of services. Adolescent migrants are engaged as peer educators. In order to reduce discrimination and xenophobia, the host community is made aware of the rights and needs of the migrant population. (cross sectoral support)

Geographically, the CP has been implemented across almost 80% of municipalities in the Amazon and the Semi-Arid and in 17 capitals. UNICEF has a large presence in Brazil with nine zone/field offices and a Country Office (CO) located in Brasilia. Annex 14 provides information regarding geographical coverage, target population and UNICEF offices in Brazil.

⁴⁹ Results Matrix CPD 2017-2021

⁵⁰ VMC was part of the HAC not the initial CPD and related results areas

2.1.1. UNICEF Social Mobilisation and Capacity Strengthening Strategies

UNICEF uses a range of strategies at the subnational level in Brazil. However, the two main strategies evaluated as part of this evaluation are the Platform for Urban Centres (PCU), and the Municipal Seal of Approval (Seal). Figure 1 below shows the geographical areas where the Seal and PCU are implemented.

Figure 1: Map of UNICEF implementation



Source: own elaboration with UNICEF data.

The UNICEF Municipal Seal of Approval is a long-standing social mobilisation and capacity strengthening strategy that is considered equity-focused, to support the most deprived regions in Brazil. During its latest cycle, the Seal was in place in 1924 of the 2314 municipalities (83% of the total of eligible municipalities in the Amazon and the Semi-Arid) in the Semi-arid and Amazon regions that are eligible to participate. These regions were selected because of their disproportionately high rates of inequity and vulnerable children.

Participation from the municipalities is voluntary and a number of municipalities are awarded the Seal of Approval at the end of the cycle, a certification process that is aimed at “stimulating healthy competition among municipalities and rewards success with visibility for efforts and achievements aimed at ensuring the rights of children and adolescents”⁵¹. The current edition of the four-year cycle ended in 2020 and was due to be reviewed. Aligned with the CP components and results areas, the current edition (2017-2020) of the UNICEF Seal has four main objectives:

⁵¹ UNICEF Brazil Strategy Note, 2016.

1. Reach children and adolescents excluded from public policies
2. Improve the quality of existing public policies for children and adolescents
3. Prevent and tackle extreme forms of violence against children and adolescents
4. Promote community participation, especially among adolescents

The Platform for Urban Centres is implemented in 10 major cities in Brazil, as shown in Figure 1. The current edition and the four-year cycle also ended in 2020. The strategy “aims to bring together the diverse sectors of society to reduce the interurban inequalities affecting children and adolescents living in large Brazilian cities”⁵². Jointly with governments, NGOs, the private sector, and community leaders, the PCU aims to ensure that children, adolescents and their families have access to programmes and services in education, health, information, professional development, sports, leisure, culture, participation, and protection. The current cycle of the PCU has four main objectives (aligned with CP objectives and results areas):

1. Reducing adolescent homicide
2. Preventing school exclusion
3. Promoting early childhood development
4. Adolescent sexual and reproductive rights

To achieve these objectives, the PCU focuses on collecting disaggregated data, supporting public policies for vulnerable children, promoting adolescent and community engagement and networking, and building partnerships to strengthen inter-sectoral planning and services. For an urban area to be considered improved by the PCU, three criteria must be satisfied.

2.1.2 Country Programme Budget

The CP budget, as given in the CPD, consisted of five programme components (see Table 3). The budget was further elaborated in the Management Plan (2017-2021) with two additional components ‘Management’ and ‘Special Purpose.’ This provided an ‘Integrated Budget’ for the CP. Types of funding to finance the integrated budget included; Regular Resources (RR), Other Regular Resources (ORR), Institutional Budget (IB) and Private Sector Fund Raising (PSFR)⁵³. The total planned integrated budget for the CP was USD 129,447,355 million. The total amount allocated to address all programme components of the CP was USD 94,495 million. This also includes a programme effectiveness component, created to ensure efficient and effective programme management, monitoring and evaluation and South South Cooperation.

UNICEF planned to use multiple funding types to finance the CP. 95% of the funding was to be mobilised from Other Regular Resources (ORR) whilst only 5% was already available from Regular Resources (RR). UNICEF needed to mobilise a majority of the funding during implementation to finance the CP (through ORR funding): The five programme components included in the CPD needed a total of US\$ 94, 495,000 for the programme to be fully implemented. This includes US\$ 4,495,000 (5%) from RR and US\$ 94, 495,000 (95%) from ORR. Whilst RR funds were already available for the programme period UNICEF needed to mobilise ORR funding during the CP implementation. UNICEF would fund the ‘Management Component’ from Institutional Budget (IB) and the ‘Special Purpose’ component from OR-

⁵² UNICEF Brazil Strategy Note, 2016.

⁵³ **Regular resource:** Voluntary contributions from public and private sector donors. This type of funding is not restricted and used for both programme implementation and UNICEF’s institutional budget.

Other resources: Voluntary contributions from public and private sector donors, which is restricted, as specified in agreements. It is used for programme implementation. This type of funding is further categorised as:

Other resources for regular programmes (ORR): received for the purpose of implementing UNICEF programmes.

PFPR(PSFR) income. PSFR income is raised from private sector, including individual giving and corporate donors as well as foundations

Table 3: UNICEF Brazil CP budget by programme components, 2017-2021 (million US\$)

Programme Component (PC)	Regular Resources	Other Resources Regular	Total Planned	% Total integrated budget
PC1: Enhanced Policies for Excluded Children and Adolescents	1 800 000	15 000 000	16 800 000	13
PC2: Quality social policies for vulnerable children	445 000	34 000 000	34 445 000	27
PC3: Prevention of and response to extreme forms of violence	1 800 000	13 000 000	14 800 000	11
PC4: Engaged citizenry and participation	450 000	14 000 000	14 450 000	11
PC5: Programme effectiveness	--	14000000	14 000 000	11
Total programme budget	4 495 000 (5%)	90 000 000 (95%)	94 495 000	73
PC6: Management (IB)			11,419,880	9
PC7: Special purpose (OR-PFP (PSFR))			23,532,475	18
Total integrated budget (RR/OR/OR-PFP/IB)			129,447,355	

Source: Brazil Country Management Plan 2017-2021 (US\$ M) Revised to include changes after the 2016 PBR approval (18-04-2017)

Programme budget for the five programme components accounted for 73% of total integrated budget. More budget, almost one-third (27%) was allocated for Component 2: 'Quality social policies for vulnerable children' and 18 percent for Special Purpose. This indicates the level of effort that UNICEF intended to put into its upstream work as well as create contingency funding for unforeseen events. The remaining budget was almost equally allocated across other components. For a breakdown of the integrated budget, refer to Annex 8.

UNICEF Brazil's Other Regular Resources come from multiple sources namely Governments, Intergovernmental Organisations, via Inter-organisational arrangements, and National Committees as well as private sector fundraising (PSFR) which includes individual giving and corporate donors as well as foundations. Local fundraising is a main source for this type of funding and brings in steady growth in income. During the CP period, the amount received from these sources is given in Table 4 with resources incrementally increasing each year and being highest for 2019 and 2020. Over half of the income received during the last four years of the CP has been from Brazil PSFR.

Table 4: OR funding received (2017-2020)

OR Fund Type	Income Received per Year			
	2017	2018	2019	2020
Brazil - 0540	10,552,863	11,557,411	12,190,847	7,346,455
Brazil PSFR (includes local fund raising)	8,003,519	8,770,631	6,875,579	5,106,746
Governments	1,165,612	340,875		447,688
Inter-Organisational Arrangements		90,000	1,104,259	
National Committees	1,383,732	2,355,905	4,211,009	1,792,021
Grand Total	10,552,863	11,557,411	12,190,847	7,346,455

Source: UNICEF Planning Officer (US\$ M)

Private sector fundraising (PSFR) has been a key source of funding during the whole CP Cycle and for the HAC. Income from private sector includes that received from individual giving and corporate donors as well as foundations. UNICEF has successfully raised \$28,756,475 from the private sector. This is over 50% of the total OR funding (from 2017-2020). Income from private sector across each year has remained similar at just over eight million USD from 2017 to 2018 but has slightly declined since 2019 as shown in Table 5.

Table 5: Income from Private Sector Fundraising

OR Fund Type	2017	2018	2019	2020	Total
Brazil PSFR	8,003,519	8,770,631	6,875,579	5,106,746	28,756,475

Source: BCO Planning Office

Funds for emergency response are from the Humanitarian Action for Children (HAC) appeals. Funds for activities related to COVID-19 and the migration crisis are considered within the HAC. The planned funds for both of these are provided below.

Table 6: UNICEF Brazil planned budget for COVID-19 (2020) and Migration Crisis Response (2018-2020) (million US\$)

Emergency	Planned budget
COVID-19 (2020)	12,001,714
Migration response (2018-2020)	41,334,000

Source: UNICEF Brazil Planning Officer (US\$ M)

The addition of the planned budget coming from the HAC appeals meant that UNICEF Brazil would have 41% more funds (CPD and HAC combined giving total of \$182,783,069).

2.1.3 Reconstructed Theory of Change

An overarching programme theory of change (or ‘reconstructed’ ToC) was developed during inception phase to summarise the individual theories of change, articulated in the Brazil Strategy Note (2016), for each programme component. Other relevant information was also taken into consideration including implementation and subnational strategies, as well as the political, institutional and other contextual information to identify key assumptions (internal and external). This provided the evaluation team (ET) with a comprehensive understanding of the programme, and the intended pathways to planned changes as reflected by the programme outcomes. The reconstructed ToC has been revised based on available evidence and can be found in Annex 21. A simplified high-level version of the CP ToC is presented in Figure 2.

The ToC together with the evaluation framework have been used as tools to guide the evaluation process, including design of data collection instruments and data analysis to address the evaluation questions. The ToC has also been used to identify the potential contribution of the programme inputs, activities and strategies to the planned chain of results.

Using the reconstructed ToC, the evaluation sought to test that:

- The reconstructed programme ToC delivers UNICEF’s results at output level and contributes to outcomes with the intended impact of reducing inequalities and promoting the rights of children and adolescents in Brazil;
- The programme strategies, in particular subnational (local delivery) strategies (Seal and PCU) were integrated and applied effectively to achieve results;

UNICEF Brazil’s reconstructed ToC is based on the logic that for change to happen it needs to work simultaneously across multiple fronts. Given UNICEF’s predominantly supporting and facilitating role in Brazil, the change pathways from outputs to outcomes and impact are

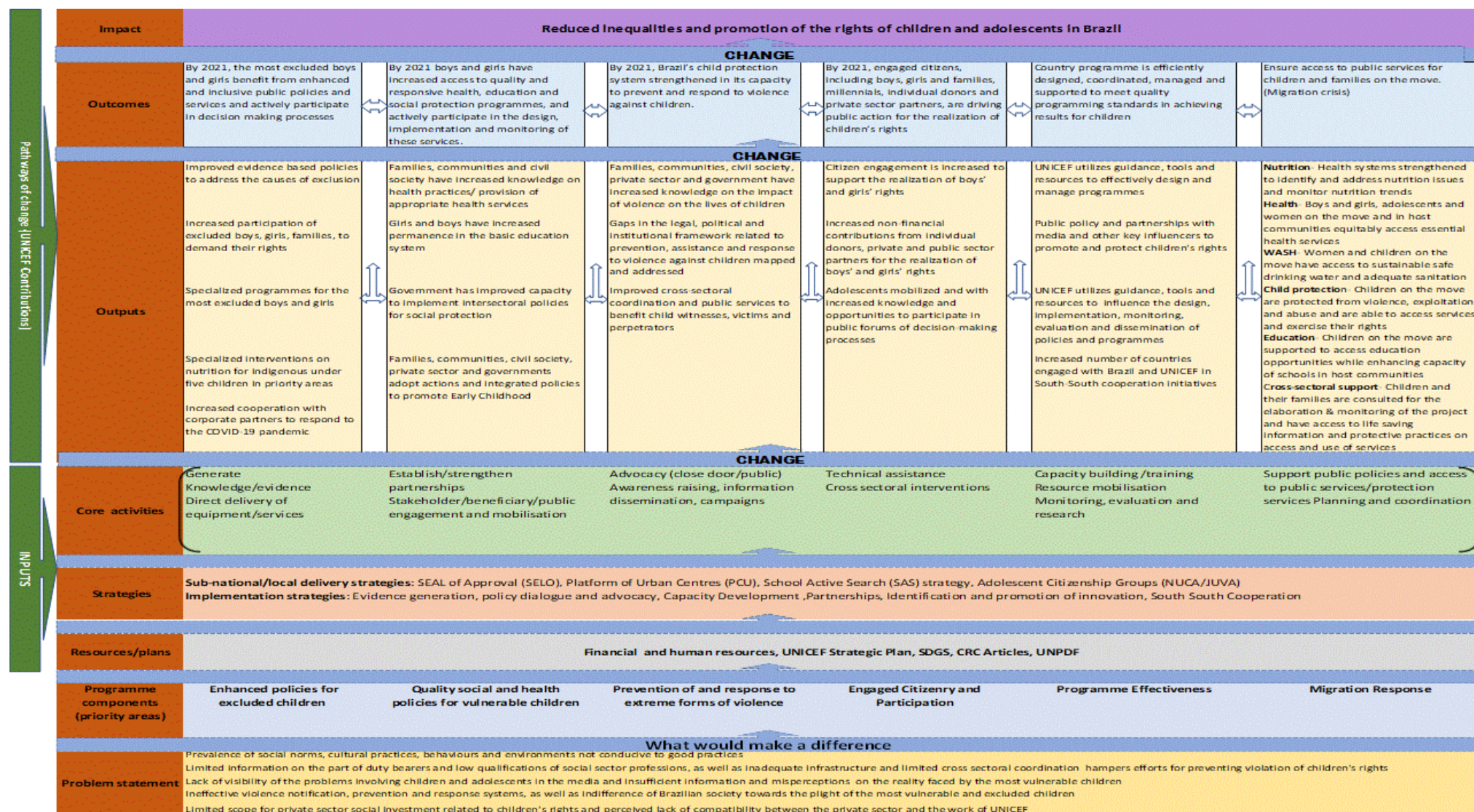
dependent on a combination of mutually reinforcing and complementing strategies and activities linked to the CP components (priority areas). In order to deliver the activities, availability of financial and skilled human resources are essential inputs.

Local delivery/subnational strategies, in the form of PCU and Seal, and implementation strategies guide UNICEF's actions in the form of programme activities. By supporting activities within one or more output, using the financial and human resources available, and leveraging one or more of these strategies, UNICEF contributes to changes at the outcome level.

For example, a set of activities have been designed and implemented so that:

- The most excluded boys and girls benefit from enhanced and inclusive public policies and services and actively participate in decision making processes (outcome 1);
- This might involve increasing participation of boys, girls and families from excluded populations in institutional fora, and providing them with knowledge and skills to demand their rights (Output 1.2).
- This could mean working at subnational level via the PCU and Seal strategy, building local level capacities, using trainings, and engaging with these beneficiaries via workshops and seminars;
- At the same time UNICEF might also be generating evidence and using this for close door dialogue to influence policies to address the causes of exclusion of boys and girls (output 1.1);
- And in addition, simultaneously working in partnership and supporting the Ministry of Health to promote breastfeeding and healthy complementary for indigenous under 5 children in priority DSEIs (output 1.4).

Figure 2: UNICEF Brazil simplified reconstructed ToC



3 EVALUATION PURPOSE, OBJECTIVES, SCOPE, INTENDED AUDIENCE AND MANAGEMENT

3.1 Evaluation Purpose

This is the first CP evaluation (CPE) commissioned by UNICEF Brazil. It comes at a time when the current CP is at the end of its five-year cycle. The evaluation is both summative and formative. First, for the summative part, it aimed to achieve a better understanding of the types of results and achievements, both intended and unintended, stemming from the CP and its implementation at the subnational level, taking into consideration all the activities carried out between January 2017 and the first quarter of 2021. For the formative part of the evaluation, the goal was to identify lessons learned and core areas of work for the design and implementation of the next CPD (2022-2026). In this regard, the CPE is expected to review the relevance, effectiveness, efficiency, coherence and sustainability of CP delivery strategies across the different CP components.

The CPE sought to draw conclusions on the validity and appropriateness of the reconstructed ToC, draw lessons learned, identify best practices, and provide concrete recommendations for ways in which the intervention strategies can be strengthened. The evaluation has led to the formulation of several actionable recommendations that are intended to inform the planning process for the next CP, including prioritisation of themes, results and geographical areas of work, strategic positioning, funding, management, and staffing. There is a strong intent, by UNICEF, to use the evaluation as a form of stakeholder engagement in preparation of the new CP, which is now in its preliminary phase.

3.2 Evaluation Objectives

In the Terms of Reference (ToR) of the CPE, the following specific objectives were defined:

- To identify key lessons of the ongoing CP implementation which can inform the design and implementation of the next CPD and related Management Plan;
- To make future interventions more relevant, help strategically position UNICEF and better respond to national and subnational needs to advance child rights in Brazil;
- To provide an independent assessment of progress towards expected results of the CP, and the programme's contribution to national development goals.
- To review the strategies for delivering CPD outcomes, identifying key strengths, weaknesses as well as learnings to inform the next CPD;
- Ultimately the evaluation should be able to identify what works, what doesn't and what lessons might be replicated in-country and in other UMICS of the region.
- To support the development of the next UNICEF Brazil CP;
- To strengthen the accountability of UNICEF Brazil to national stakeholders.

3.3 Evaluation Scope

- **Programmatic scope:** The evaluation covers the 2017-2021 CP and the current editions of the Seal and PCU, the two cross cutting intervention strategies. Within the CP, it covered all components, corresponding activities, outputs, outcomes and inputs as presented in the CPD Strategy Note and Implementation Plan. Other initiatives that were reviewed at subnational level included UNICEF's SAS strategy, Successful School Pathways strategy, Adolescent Citizenship Groups (NUCA), Youth Aware project, and The Baby Week initiative. This was done in a light touch way so that the focus remained on the Seal and PCU.

- **COVID-19:** During the data collection phase, UNICEF requested the evaluation include an assessment of UNICEF's COVID-19 response, therefore it was added into the scope of the CPE.
- **Time scope:** The CPE covered the period between January 2017 and March 2021.
- **Geographical scope:** The CPE had within its scope all the municipalities and urban areas where UNICEF has been implementing its interventions within the evaluation timeframe. This included the 1,924 small-sized vulnerable municipalities of the Seal initiative and 10 large urban centres within the PCU.
- **Evaluation criteria:** The CPE covered five of the criteria of the OECD namely: relevance, effectiveness, efficiency, coherence and sustainability.
- **Excluded from the scope:** This was an evaluation of the CP and it did not evaluate specific projects and initiatives, or provide findings and recommendations for these. This means that detailed programme level evaluation questions, which may be of specific interest to section heads, were not covered.

3.4 Intended Audiences

The primary users of this evaluation are the UNICEF CO, Field Offices and LACRO, Government of Brazil at national and subnational levels, and targeted beneficiaries. Secondary users include UN agencies, other national and international organisations, donors, the private sector, partners and research institutions with interest in the evaluation findings. Annex 6 includes a detailed table of users and uses of the evaluation.

3.5 Evaluation Management

UNICEF BCO together with LACRO managed the evaluation. The Evaluation Reference Group (ERG) provided external insight and perspectives to the CPE. Their contribution included technical expertise in areas relevant to the CPE. LACRO, as part of the ERG, provided guidance and support throughout the evaluation process and together with the Representative was responsible for the final review and sign-off of evaluation deliverables.

4 EVALUATION DESIGN AND METHODS

4.1 Evaluation Framework

The TOR for the CPE listed a total of ten evaluation questions organised under five OECD/DAC evaluation criteria⁵⁴. These were adjusted and transformed into an evaluation framework where overarching evaluation questions were listed, whilst more specific questions included in the TOR, were used to develop areas for inquiry and tools. The final evaluation framework included a list of 32 Evaluation Questions (EQ). The EQs are structured according to the five OECD criteria: relevance, effectiveness, efficiency, coherence and sustainability. See Annex 1 for the full evaluation framework showing evaluation criteria, questions and data collection methods.

The evaluation matrix was revised to reflect priority questions emerging from the inception phase. Specifically,

- **Coherence:** The coherence EQ was modified to tackle the emergency preparedness and response strategies, including both COVID-19 and the VMC⁵⁵. The structural

⁵⁴ OECD/DAC Network on Development Evaluation 2019. *Better Criteria for Better Evaluation Revised Evaluation Criteria Definitions and Principles for Use*

⁵⁵ Refer to the Inception report for further details.

coherence within UNICEF as well as with stakeholders at different levels emerged as a key area to investigate.

- **Sustainability:** The line of inquiry related to the ability of partners to provide services without UNICEF, within sustainability, was removed. Since the main partner of UNICEF is the government, the evaluation team considered that this aspect of sustainability would be captured in the question on government capacity.
- **Efficiency:** Additional lines of inquiry were added for the efficiency question in relation to structures, resourcing and partnerships. A further line of enquiry was added on the adaptability of budgets, which appeared relevant given the rapid and significant changes in the Brazilian context during this CP cycle.

The evaluation questions addressed by the evaluation are given in Table 7 below.

Table 7: Key evaluation questions and sub-questions

OECD/DAC Criteria	Key Evaluation Questions and Sub Questions
Relevance	<p>EQ1: To what extent was the country programme (CP) based on the country priorities (at national and subnational levels), people’s needs (especially most marginalised) and UNICEF’s strengths (added value)?</p> <p>1.1 To what extent is there alignment of CP priorities, outcomes and cross-cutting themes to Government policies, strategies and plans?</p> <p>1.2 Do Government policies, strategies and plans drive UNICEF’s intervention strategies, plans and activities?</p> <p>1.3 To what extent is there UNICEF engagement at national and sub national levels?</p> <p>1.4 Does the CP cover areas where UNICEF can add value (according to its strengths)?</p> <p>1.5 To what extent has the programme evolved and adapted because of changes in context, priorities, policies and beneficiary needs?</p> <p>1.6 To what extent does the CP address the needs of the children, adolescents and young people, especially the most marginalized and their families to ensure that no one is left behind? 1.7 To what extent are the most vulnerable thematic and geographical areas prioritised and targeted?</p> <p>1.8 To what extent was CP design informed by evidence (to identify priorities, population groups and targets (especially most marginalised and their specific and differential needs, and geographical areas)</p> <p>1.9 To what extent were stakeholders involved at the country programme design, planning and implementation stages (Involvement of government, other partners and target populations)?</p>
Effectiveness	<p>EQ2: To what extent did UNICEF deliver expected results and achieve its targets?</p> <p>2.1 To what extent have planned outputs and targets have been achieved?</p> <p>2.2 Are there areas where UNICEF has under or over achieved? (sector, population, geography)</p> <p>2.3 Did UNICEF achieve any other results not planned for in CP? (COVID, Migration Crisis).</p> <p>2.4 To what extent and how have UNICEF’s two main intervention strategies, Seal and PCU contributed to achievement of outputs and outcomes?</p> <p>2.5 What was the effect of the capacity building activities (at national and subnational levels on achievement of outputs and outcomes? (via Seal PCU and other relevant interventions)</p> <p>2.6 What other factors have contributed to the achievement/non-achievement of results, including other national and subnational level strategies and activities?</p>
Efficiency	<p>EQ3: How can UNICEF better deliver results in the next CP? (Priorities, structure, budget prioritisation).</p>

	<p>3.1 To what extent were activities and outputs delivered within the intended timeframe?</p> <p>3.2 Were timelines sufficient to deliver activities and achieve results?</p> <p>3.3 How do actual costs compare to planned costs and have these evolved over the course of the CP?</p> <p>3.4 How flexible are budgets to cater for changing needs?</p> <p>3.5 To what extent is the current UNICEF structure and its resourcing adequate to deliver the results?</p> <p>3.6 To what extent is the private sector ready for non- restricted funding and its use to target the most urgent thematic and geographic areas as well as population groups?</p> <p>3.7 To what extent is the modality of working through implementing partners working to achieve results?</p> <p>3.8 Do they have adequate capacities and skills?</p>
Sustainability	<p>EQ4: To what extent are the achievements of the CP likely to be sustainable?</p> <p>4.1 What is the national, subnational government's capacity (institutional, technical, financial, political etc.) to progressively take over services currently provided by UNICEF?</p> <p>4.2 Has capacity of government, implementing partners improved due to UNICEF interventions and can they continue providing services without UNICEF support?</p> <p>4.3 Are there any other factors that are likely to affect sustainability of processes and results?</p> <p>4.4 To what extent can UNICEF disengage from the support and divert its resources to target other priorities and needs (either within or outside Brazil)?</p> <p>4.5 How strong are national, subnational governments, partner and beneficiary ownership of the strategies, processes and results achieved?</p>
Coherence	<p>EQ5: To what extent is there coherence across the CP, cross cutting areas and emergency response preparedness/response strategies</p> <p>5.1 To what extent does the downstream, and upstream of the country programme design and implementation coherently address inequalities, equity concerns, human rights and gender equality including policy and advocacy?</p> <p>5.2 To what extent does the Country Programme have a coherent capacity development strategy (focusing on individuals, institutions and the enabling environment)?</p> <p>5.3 To what extent are there synergies and coherence within UNICEF structures, at national and sub national levels as well as across teams?</p> <p>5.4 How can BCO ensure that its emergency preparedness and response programmes (e.g. COVID-19, Migration Crisis) are embedded coherently within its longer-term program in the next CPD?</p> <p>5.5 How can BCO transition from emergency response to development mode?</p> <p>5.6 To what extent are there cross-sectorial linkages at local level and between the local level with state and federal stakeholders?</p>
COVID-19 response	
Relevance	<p>EQ1: How well is the Country Office adapting to the needs of the population, including the socio-economic impact of the pandemic? How have these needs been determined in the country?</p> <p>EQ 2: How is the quality of the response to COVID-19 being affected by remote working modalities and the generally constrained operating environment?</p>
Added value	<p>EQ 3: Where has UNICEF had a specific value-added in supporting national response plans when it comes to preventing, mitigating and responding to the impact of the COVID-19 pandemic?</p>
Effectiveness	<p>EQ 4: How effectively is Brazil CO implementing the response to COVID-19 so far?</p>
Efficiency	<p>EQ5: Where has UNICEF not been able to respond adequately to pressing needs caused by COVID-19?</p> <p>EQ6: What factors prevented an adequate response?</p>

	EQ7: What more should be done? What should be done differently to enhance COVID-19 response programming?
Lessons	EQ8. What are the early lessons that are emerging from the implementation of the response? What are the emerging positives from the response? and what have been the greatest challenges in responding to COVID-19 so far? Are there discernible trends that are applicable to different settings?

The evaluation questions were defined by the OECD/DAC evaluation criteria as follows:

- **Relevance:** The extent to which the intervention objectives and design respond to beneficiaries', global, country, and partner/institution needs, policies, and priorities, and continue to do so if circumstances change.
- **Effectiveness:** The extent to which the intervention achieved, or is expected to achieve, its objectives, and its results, including any differential results across groups.
- **Efficiency:** The extent to which the intervention delivers, or is likely to deliver, results in an economic and timely way.
- **Coherence:** The compatibility of the intervention with other interventions in a country, sector or institution. Includes internal coherence and external coherence: Internal coherence addresses the synergies and interlinkages between the intervention and other interventions carried out by the same institution/government, as well as the consistency of the intervention with the relevant international norms and standards to which that institution/government adheres. External coherence considers the consistency of the intervention with other actors' interventions in the same context.
- **Sustainability:** The extent to which the net benefits of the intervention continue, or are likely to continue.

4.2 Design and Methodological Approach

The overarching evaluation design non-experimental. It combined a mixed methods approach. Qualitative research was used to evaluate the relevance, effectiveness, efficiency, sustainability and coherence of the CP and its contribution to outcomes and outputs. The qualitative data was supplemented by a small-scale quantitative survey, and it relied on a ToC contribution analysis. An overarching programme theory of change was constructed during the Inception Phase to understand the types of changes that were being anticipated, the different pathways through which change was intended to be brought about and the influence of key contextual factors and assumptions that underpin the internal logic of what UNICEF Brazil has been aiming to achieve. This ToC has been revised based on data collected.

The evaluation used a theory-based approach to identify pathways of change and create a contextual understanding of the environments in which the programme has been implemented at both national and subnational levels. Furthermore, the evaluation adopted a utilisation-focused approach, and integrated the identified information needs of users and how users will use the findings.

Throughout the evaluation findings, data has been disaggregated to compare the extent to which UNICEF Brazil CP and its programme had relevance for various groups. The ET assumed that UNICEF intended to address some of the capacity gaps of the government of Brazil's (as a duty-bearer) critical services provided to families and children (rights-holders).

The evaluation assessed the issue of gender equity associated with CP implementation by examining the ability of disadvantaged children and their families to access and benefit from UNICEF-supported government services. This included a specific focus on girls, children with disabilities, children left-behind, children from minorities with cultural and language barriers, children in poverty and/or in remote and less resourceful municipalities

Through the use of a participatory approach, the CPE process included duty-bearers, such as UNICEF, implementing partners, municipal and national experts, and also rights-holders who were beneficiaries of UNICEF, children, their caregivers and the broader community. This process allowed stakeholders' views to inform our analysis on the effects of the CP, and to draw conclusions on the validity of the UNICEF Brazil CP ToC. The CPE also used secondary sources: progress reports and M&E data, documents, policies and other relevant documents.

4.3 Sampling Strategy

Key Informant Interviews (KIIs) were conducted with 46 high level stakeholders from UNICEF, government, implementing partners, civil society, UN agencies, and the private sector. At the subnational level, 19 KIIs were conducted to gather insights on the Seal and PCU initiatives. In addition to the KIIs, 13 focus group discussions (FGDs) were held with adult and adolescent stakeholders involved in the Seal and PCU strategies. While recognising the limitations of the purposive sampling strategy used, attempts were made to gather views of all relevant stakeholders. More details about the sampling strategy and breakdowns of KIIs and FGDs can be found in Annexes 2 and 5⁵⁶.

Quantitative data was used to supplement qualitative data at the subnational level. Although the sample size is small, the quantitative data contributed to a broader understanding of the stakeholders' perspectives. Three surveys were conducted: one for Seal stakeholders, one for PCU stakeholders, and one for adolescents who participated in the citizenship nucleus⁵⁷. The sample eligibility criteria for the 30 Seal municipalities considered population size and attendance at the training cycle⁵⁸ as a proxy for engagement in the programme. More details about the sampling strategy and respondent profile can be found in Annex 2.

4.4 Data Collection⁵⁹ and Data Analysis Methods

The data collection aimed to capture a variety of perspectives through both primary and secondary data sources. All data were collected remotely due to the limitations placed by the current COVID-19 crisis. Instruments were pre-tested before data collection. Four data collection methods were used: desk review of key secondary documentation and data, KIIs, FGDs and online surveys.

4.4.1 Desk Review

The evaluation team reviewed UNICEF M&E data, including project reports, decentralised evaluation reports, UNICEF institutional documents (strategic plan, results-based annual reports (RAM), etc.), data related to programme performance indicators, research, as well as other publications. The main documents consulted are listed in Annex 3.

4.4.2 Key Primary Data

This evaluation used ten tools (see Annex 4) that were developed based on the evaluation questions in consultation with UNICEF: five semi-structured interview guides, two focus group discussion guides and three survey questionnaires.

⁵⁶Annex 2 - Extended Methodology, Annex 5 - List of Key Informants

⁵⁷ Núcleos de Cidadania de Adolescentes (NUCA) in the Semi-arid region, and Juventude Unida pela Vida na Amazônia (JUVA) in the Amazon region.

⁵⁸ UNICEF provided the datasets for both the population size for each municipality and the attendance at the training cycle.

⁵⁹ In the inception report (IR), data collection had been planned in two phases, first with qualitative data collection and later with quantitative data collection to deepen the findings of the first phase, however, due to the deadline for carrying out the evaluation and also the time frame of data collection of each phase, it was decided to do quantitative and qualitative data collection in parallel.

4.4.3 Data Analysis

Qualitative and quantitative data analyses were conducted separately. Thematic analysis of qualitative data was conducted based on the constant comparison method. Data from interviews and focus groups was organised prior to open coding, axial coding, and focused coding process. The software for qualitative inquiry, NVivo, was used in the data management and analysis process. The analytical framework that guided data analysis is based on the key evaluation questions. Quantitative data was analysed using Excel and Stata to generate descriptive statistics, cross tabulations, and correlations. Developing and using a coding framework ensured consistency across the team and the different data sources, therefore providing greater reliability of results.

Triangulation of all data sources, including qualitative and quantitative data, took place at the time when data was integrated and synthesised to respond to evaluation questions. While certain evaluation questions can be best answered by using certain types and sources of data, synthesising data from multiple sources of evidence allowed the evaluation to ensure validity of findings. Each theme explored in this evaluation is supported by both quantitative and qualitative data which are furthermore illustrated with quotes from the beneficiaries and stakeholders to provide sufficient detail of the phenomenon. The evaluation team used triangulation to corroborate findings and obtain a rich, rigorous and comprehensive account against the questions being addressed. Team members involved in the collection and analysis of different data sources communicated and contributed to the final report collaboratively, with oversight from the team leader.

4.5 Ethical Issues and Safeguards

The UNICEF Brazil CPE was conducted in line with the UN Evaluation Group (UNEG) Ethical Guidelines for Evaluations⁶⁰, UNEG Code of Conduct for Evaluation in the UN System 2007⁶¹, the United Nations Guidance for Integrating Human Rights and Gender Equality in Evaluations⁶², and UNICEF's requirements for ethical research involving children⁶³.

The ET adhered to UNICEF's Procedure for Ethical Standards in Research, Evaluation, Data Collection and Analysis⁶⁴ and the UNICEF-Adapted UNEG Evaluation Reports Standards⁶⁵. This means that the evaluation team upheld the appropriate obligations of evaluators, including maintaining the independence, impartiality, credibility and accountability of the individual team members and the evaluation process as a whole. The ET was not subject to any conflicts of interest and confirmed that they were able to carry out the evaluation without any undue interference.

A formal ethical review board approval was required for this evaluation as this evaluation included consultations or data collection with adolescents. The evaluation approach as outlined in the ToR presented a rationale for community-level participation in the CPE, but due to the travel restrictions in place as a result of the COVID-19 pandemic, community level engagement did not take place.

With respect to ethical approaches to managing client and evaluation participant data (applying to the content of interviews, focus group discussions and surveys), the evaluation specifically ensured the following:

- **Respect for dignity and diversity:** We respected the differences in culture, local customs, religious beliefs, gender, disability, age and ethnicity and the potential

⁶⁰ UNEG. 2008. *UNEG Ethical Guidelines for Evaluation*

⁶¹ UNEG. 2008. *UNEG Code of Conduct for Evaluation in the UN System*

⁶² UNEG (2011)

⁶³ Powell, Mary Ann; Taylor, Nicola; Fitzgerald, Robyn; Graham, Ann; Anderson, Donnah (2013)

⁶⁴ UNICEF (2015a)

⁶⁵ UNICEF (2017a)

implications of these when carrying out our research. We took steps to minimise any risk of disruption to the respondents, provided ample notice and respect their privacy.

- **Rights:** We ensured that participants were treated as ‘autonomous agents’ and were given the time and information to decide whether or not they wished to participate, and not pressurised into participating. The participants were selected as per the defined sampling methodology. We complied with codes of conduct governing vulnerable groups, such as young people.
- **Redress:** Participants were provided sufficient information to seek redress and how to register a complaint.
- **Confidentiality:** We have respected the respondent's right to provide information in confidence and made them aware of the scope and limits of confidentiality. Names and any other sensitive information have been anonymised.
- **Data security:** Data will be stored systematically and securely and in line with Action against Hunger’s data protection policy, which has been updated to be fully compliant with the 2018 GDPR standards. Data will be stored in a way that makes it available and clearly accessible to the evaluation team only. If requested and following appropriate anonymisation, the data will also be shared with UNICEF. Data will be retained for a period, and then upon approval from UNICEF.

Since the CPE directly involved adolescents in the data collection, ethical issues and safeguards were an integral part of the design and implementation of the methodology and tools. The evaluation followed the guidance from Ethical Research Involving Children (ERIC)⁶⁶ in consideration of the harms and benefits for children, the dignity, well-being, and rights of all children and parents involved in the study. The ET made all efforts to assure all participants informed and voluntary participation, privacy and confidentiality, and wellbeing during this process. The ET also made sure that it was compliant with the obligations of evaluators (independence, impartiality, credibility, avoidance of conflict of interest, and accountability).

4.6 Limitations and Mitigation Measures

The main limitations and mitigating measures are summarised in Table 8 below.

Table 8: Main limitations and mitigation measures

Limitation	Description	Mitigation Measures
All relevant documents and data may not be available or of high quality	Some data was not recorded, incomplete or not of high enough quality, for example due to language and technological difficulties. Documentation and data were not available for the full CPD cycle, which is due to end in 2021, so there is a risk of under reporting achievement of targets.	The team communicated with UNICEF in advance to gain access to the documents and data required. Some data related to certain outputs was not comparable year on year because many of the indicators were created or changed during implementation and UNICEF was informed of the implications this had on the analysis.
Technological problems that may inhibit planned remote data collection	Due to the entirely virtual data collection process, technological issues negatively impacted the quantity and quality of data collection (poor audio quality on calls, mishaps in scheduling and joining remote interviews and connectivity issues)	We used purposive sampling and coordinated with UNICEF to identify areas more likely to have the necessary technology. We were also flexible in our use of different platforms suited to respondent preferences. Interviews were recorded and professionally transcribed to guarantee high quality of data.
Key stakeholders are not aware, available nor engaged during the evaluation	Some stakeholders could not be reached during data collection. IPs changed as per normal UNICEF functioning. Also, due to staff turnover, most of the UNICEF staff interviewed were not present during the design of the CPD. This reduced the	UNICEF informed all key stakeholders about the evaluation and facilitated data collection. The team successfully interviewed a sample of each type of respondent planned at the inception phase. For the survey, we followed-up with all the stakeholders to encourage

⁶⁶ Powell, Mary Ann; Taylor, Nicola; Fitzgerald, Robyn; Graham, Ann; Anderson, Donnah (2013)

	amount and quality of data available for analysis.	them to answer the questionnaire and disseminate with their peers.
Risk of recall bias from beneficiaries	Due to the 4-year intervention period and because UNICEF works via partners, it is possible that beneficiaries may not be able to recall the support provided.	We triangulated findings from various data sources and methods to identify consistency and inconsistency in views.
Evaluator bias	Evaluators can intentionally or unintentionally influence the findings based on their own expected result.	We built a strong evaluation design, with a standardised set of interactions with participants. Scientific rigour and triangulation also helped minimise the risk of bias.
COVID-19	No direct field observations collection was possible	A substantial amount of primary data was collected and triangulated.

4.7 Measures to Ensure Data Quality

The evaluation team leader conducted an internal review of all deliverables, sought and incorporated UNICEF feedback at key stages to ensure quality of the evaluation and its alignment with UNEG Norms and Standards.

All team members were trained on data collection and undertook checks in order to ensure collection of reliable and quality data. The ET piloted and tested the data collection tools in discussion with UNICEF, to ensure suitability and greater quality of data. Quality assurance from UNICEF included the ERG providing comments and substantive feedback on key evaluation deliverables including the inception report and evaluation report.

5 FINDINGS

5.1 Relevance

Summary of key findings: *The Country Programme (CP) is highly relevant and there is particularly good alignment with national-level priorities and the government at all levels. The design was informed by available evidence and stakeholders were involved at the design, planning and implementation stages of the programme. It covers areas where UNICEF can add value according to its strengths and addresses the needs of children, adolescents and young people. However, it has been challenging for UNICEF to systematically identify and reach the most marginalised groups.*

5.1.1 Alignment of CP Priorities, Outcomes and Cross-Cutting Themes to Government Policies, Strategies and Plans

There was good alignment between CP and national level priorities at the design stage. However, in 2019, the change in federal government led to changes in national strategies and priorities. As a result, UNICEF's agenda was no longer as aligned in areas such as child protection and sexual and reproductive health. This affected UNICEF's ability to receive government support during the implementation of these activities.

Education is a priority area where UNICEF has strong continued alignment with the government at the federal, state and municipal levels. UNICEF has successfully capitalised upon this in developing the flagship Active School Search initiative⁶⁷. It also aligned its advocacy activities on the reopening of schools and increased its upstream work through high-level advocacy in order to promote social policies. In its efforts to ensure ongoing alignment UNICEF has also made efforts to identify areas of common interest where it could best

⁶⁷Busca Ativa Escolar (Active School Search) is a platform created to help municipalities combat school exclusion.

complement public policy, especially through its collaboration with the Applied Economics Research Institute (IPEA), and various ministries, including the Ministry of Women, Family and Human Rights and the Ministry of Citizenship, which oversees the Criança Feliz⁶⁸ programme that UNICEF supports.

Whilst there appears to be good alignment of the CP with government plans and priorities, findings from stakeholder interviews and the survey with PCU and Seal respondents suggest that there are other areas that need consideration going forward. This includes environment, internet access, culture and sport, people with disabilities, substance abuse, child labour and climate change. Social assistance is another area that was highlighted, especially given the change in government, the COVID-19 pandemic and the current economic crisis. In small municipalities, one recurring topic was alcohol and drug abuse affecting adolescents, however the National School-based Health Survey found that the general prevalence of illicit drug use among adolescents from the ninth grade was 3.8% in 2015⁶⁹. Child marriage, gender and racism were also mentioned by stakeholders from all levels and across data sources as crosscutting priorities that UNICEF should explore further.

5.1.2 UNICEF Engagement at National and Subnational Levels

UNICEF has continued to engage at both national and subnational levels despite changes in government at federal and municipal levels. UNICEF's overall positive engagement with the government was acknowledged by other UN agencies. UNICEF has continued to engage and maintain an open dialogue with the federal government, which has helped it to maintain alignment with government policies and strategies.⁷⁰ UNICEF has been highly engaged with the federal government on the VMC.

The Seal strategy and, to a lesser extent, PCU have enabled strong UNICEF engagement at the subnational level. UNICEF involved key stakeholders during the design of the Seal strategy for each municipality, specifically from the education, health, social assistance and culture secretariats. Some stakeholders have however struggled to engage fully with the PCU methodology and thematic agendas.

5.1.3 CP Areas Where UNICEF Can Add Value According to its Strengths

The CP covers areas where UNICEF can add value according to its strengths. UNICEF is considered as the most prominent advocate for child and adolescent rights in Brazil. Areas in which UNICEF has particularly been able to demonstrate its value include early childhood development (ECD) and education (especially the Active School Search strategy)⁷¹, advocacy, adolescent participation, reduction and prevention of violence against children⁷² and evidence generation.

“I think the main contribution from UNICEF is guaranteeing that the [rights of] the child and teenager is always on top of [the agenda], and it always remains important and a priority (...) We do have it as a thing in our constitution. It's always something we have considered, but UNICEF helps to keep [it on the] agenda” (Government stakeholder)

⁶⁸Criança Feliz (Happy Child) is one of the largest ECD home visit programmes in the world. The beneficiaries are families with children aged 0-6. Studies show that home visits are effective to promote child development and strengthen family bonds and the ability to care for children.

⁶⁹ PeNSE, 2015.

⁷⁰ As evidenced in official documents and confirmed during interviews.

⁷¹ As part of Outcome 1 and 2

⁷² Within Outcome 3 of the Country Programme

5.1.4 Programme Adaptation and Evolvement Because of Changes in Context, Priorities, Policies and Beneficiary Needs

The CP has evolved and adapted to major political and ideological changes at the federal level, the associated reprioritisation by the government, and new emergencies. This has meant that it has been able to continue responding to beneficiary needs. For example, the advocacy strategy became more flexible by differentiating more clearly between public and policy advocacy and allocating additional capacity to closed-door advocacy. UNICEF also reviewed its ways of working with government ministries to ensure continued support despite the political shift.

The CP did not include provisions for emergency or humanitarian service delivery but it was able to remain flexible and adapt in order to respond to the VMC and COVID-19 crisis. At the subnational level, 90% of Seal and PCU stakeholders from the survey⁷³, agreed that UNICEF adapted well to changes in their municipalities' agenda and priorities. UNICEF programmes adapted to the changes of the municipalities agenda priorities by helping them set up monitoring and analysis of social indicators, setting priorities with strategic actors, setting action plans and monitoring and analysing inequalities within municipalities, as seen in Annex 16. However, some respondents at the state level also stated that, because the municipalities are diverse in size, populations, and other characteristics, UNICEF should develop personalised strategies to address these specificities.

5.1.5 Extent to Which the CP Addresses the Needs of the Children, Adolescents and Young People, Especially the Most Marginalized and Their Families to Ensure That “No One Is Left Behind”

The CP does address the needs of children, adolescents and young people; however It has been challenging for UNICEF to systematically reach specific groups of most marginalised children and their families within the prioritised geographical areas. This is because UNICEF relies on subnational mechanisms, via Seal and PCU, to deliver its interventions and many municipalities still do not have the required targeting mechanisms in place. The CP also only broadly acknowledged disparities within sub-groups of the Brazilian population. Specific indicators and targets for such sub-groups were not consistently included across all programme activities, outputs and outcomes. This meant vulnerable populations were not prioritised across all interventions, particularly indigenous populations, Afro-descendants, and children with disabilities. Less than a third of the PCU and Seal survey respondents identified vulnerable children and adolescents as benefitting from UNICEF supported activities.

Despite various challenges, there are however some examples of good practices and, most subnational-level respondents, during interviews, recognised UNICEF's efforts to prioritise targeting of girls, LGBT, Quilombola and indigenous adolescents. For example, in Bahia, which has one of the highest concentrations of the Quilombola population in the country⁷⁴ the increased advocacy and awareness of racism has led to the creation of targeting mechanisms by local governments to reach the most vulnerable. But as this is not the case across Brazil Afro-descendant children, who are particularly at-risk of poverty, violence, and truancy (as shown in tables 15-17 in Annex 15) still remain vulnerable. UNICEF has also created a National Youth and Adolescent Consultative Council consisting of 24 representatives from marginalised groups, including Afro-descendants, indigenous populations, adolescents with disabilities and LGBT. This new initiative is promising and may allow UNICEF to develop

⁷³ Survey question: Was the Seal/PCU adapted to the changes in the municipality's agenda and priorities for children and adolescents changed between 2017 and 2020?

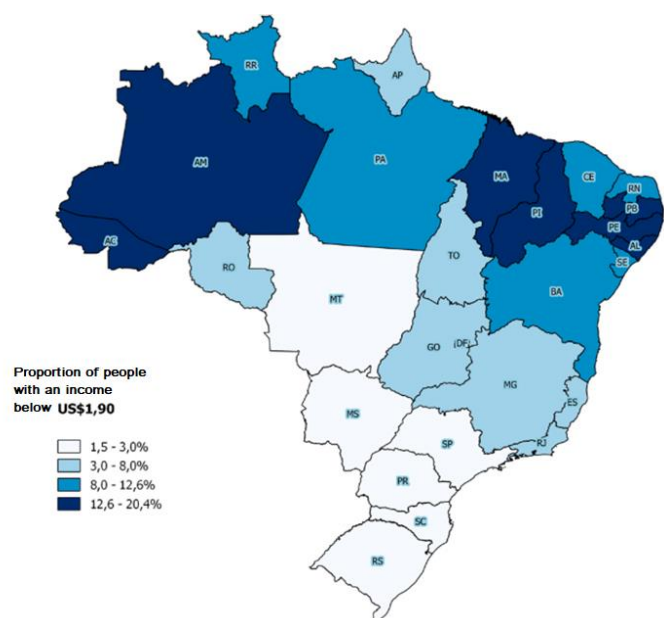
⁷⁴ IBGE, 2019.

activities that prioritise and reach the most vulnerable populations more consistently across all programmes in the next CP.

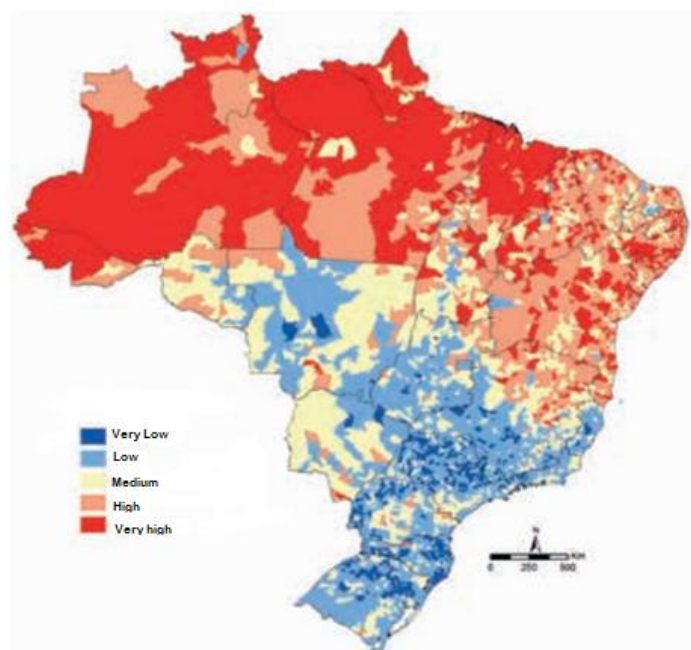
5.1.6 Prioritisation and Targeting of the Most Vulnerable Thematic and Geographical Areas

The most marginalised geographical areas have been prioritised and targeted. UNICEF selected territories and municipalities based on key socioeconomic indicators, namely the Semi-arid and Amazon regions, as well as large urban areas with greater inequalities. The map shown in Figure 3 and 4 below show poverty levels in the targeted territories in 2019 (North and Northeast of Brazil) and the Social Vulnerability Index (2010). The regions with the highest vulnerability indexes in 2010 are also the regions with the highest proportion of people with an income below US\$1.9 in 2019. These regions indicate the same pattern as that observed for the Semi-arid and Amazon regions. Most urban centres in Brazil are located in the Semi-arid or Amazon regions, with the exception of Rio de Janeiro, São Paulo and Vitória. These have a high degree of inequality and vulnerability with few job opportunities, low levels of health and education services, cultural and leisure activities⁷⁵. All urban centres are included in the CP as part of the PCU and during the four-year cycle 2017-2020 a total of 1,924 out of 2,314 municipalities had enrolled. This therefore indicates that most marginalised geographical areas have been included and prioritised.

Figures 3 and 4: Poverty and vulnerability levels in Brazil



Source: IBGE, National Continuous Household Survey 2019.



Source: IPEA, Atlas da vulnerabilidade social nos municípios brasileiros, 2010.

5.1.7 Extent to Which the CP Design Was Informed by Evidence

The design of the CP was informed by evidence available at the time to identify priorities, population groups and targets. Research for the purpose of informing the design of the CP was not commissioned. Evidence used included that made available by the Brazilian Institute

⁷⁵ Pereira, R. H. M., Braga, C. K. V., Serra, Bernardo, & Nadalin, V., 2019

for Geography and Statistics (IBGE) as well as socioeconomic indicators and data at federal, state and municipal levels and situational analyses.

The design of the CP was mostly informed by poverty levels to determine targeting. This was in part due to lack of data available at the time on other types of vulnerabilities. For example, there is a government agency for indigenous people in the Amazon, however it is not functional, which may help to explain reasons for lack of data. Disaggregated data related to marginalised populations was lacking, which resulted in UNICEF setting broad targets that did not account for intersectional vulnerabilities,⁷⁶ especially marginalisation based on ethnicity, disability, sexual orientation and sexual identity.

5.1.8 Involvement of Stakeholders During the CP Design, Planning and Implementation Stages (Government, Other Partners and Target Populations)

Stakeholders, have been involved at the CP design, planning and implementation stages. At the programme design stage this included line ministries from the federal government presenting their national priorities and the public policies. UNICEF also organised annual coordination meetings with participation of public officials, civil society organisations, and partners to receive feedback on planned activities. Target populations were however generally not involved at the design stage but were involved during implementation through for example the adolescent networks where they prepared activities on school exclusion. Stakeholders both at national and specifically subnational levels have continued to be involved during the implementation stage.

5.2 Effectiveness

Summary of key findings: *UNICEF CP interventions successfully contributed to reduce inequalities and promote the rights of children and adolescents in large cities and vulnerable municipalities in the Semi-Arid and Amazon regions of Brazil. Marginal groups were effectively reached through advocacy, partnership and different subnational strategies. Engagement through social mobilisation strategies such as the Seal and PCU initiatives strongly contributed to achieving results, especially on the use of an inter-sectoral approach at the municipal level. Overall, UNICEF has achieved or exceeded the majority of its planned output-level targets.*

5.2.1 Achievement of Planned Outputs and Targets Including Under or Overachieved and Results Not Planned For

Overall, UNICEF has achieved the majority of its planned output-level targets for the four CP outcomes. It exceeded many of its targets related to outputs within outcomes 1, 3, and 4. This strong performance at output level indicates that UNICEF is highly likely to have contributed to outcome level results, although the extent of this contribution is likely to vary. The CP did not include results or targets related to the two emergencies to which UNICEF has responded, VMC and COVID-19. These are considered under the HAC. For the VMC response, UNICEF achieved many of its targets.

A summary of performance for each output and outcome is given in Table 9. This shows areas where results were over or under achieved. Further analysis detailing performance against each output and outcome level indicator is provided in Annex 9 and 10 and discussed in detail below.

Table 9: Summary of results achieved at outcome and output level⁷⁷



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⁷⁶ Intersectional approaches to vulnerability offer a way to understand and respond to the ways different factors, such as gender, age, disability and ethnicity, intersect to shape individual identities, thereby enhancing awareness of people's needs, interests, capacities and experiences.

⁷⁷ As a result of iterative changes made to indicators during the implementation of the CP, target achievement rates could not be calculated for some outputs.

Not available	No indicator targets achieved	Targets for some indicators achieved	Targets for all indicators achieved	Targets overachieved			
Country programme outcomes and outputs			Year				
			2017	2018	2019	2020	2021 ⁷⁸
Outcome 1: Most excluded boys and girls benefit from enhanced and inclusive public policies and services and actively participate in decision making processes							
1.1 Improved evidence-based policies to address the causes of exclusion of boys and girls							
1.2 Boys, girls and families from excluded populations with increased participation in institutional fora, knowledge and skills to demand their rights.							
1.3 Specialized educational programmes for out of school boys and girls							
1.4 Specialised interventions on nutrition for indigenous under five children in priority DSEIs							
1.5 Work closely with network of corporate partners to source and deliver hygiene kits and targeted communication to vulnerable families in poor urban neighbourhoods in Brazilian capital cities in response of the COVID-19 pandemic							
Outcome 2: Boys and girls have increased access to quality and responsive health, education and social protection programmes, and actively participate in the design, implementation and monitoring of these services							
2.1 Families, communities and civil society have increased knowledge on health practices, and government agencies and health professionals provide culturally, and age and gender responsive health services							
2.2 Girls and boys have increased permanence in the basic education system, based on intersectoral policies addressing diversity, including contextualized education.							
2.3 Government at national and subnational levels has improved capacity to implement intersectoral policies for social protection with emphasis on the most vulnerable children							
2.4 Families, communities, civil society, private sector and governments have adopted comprehensive actions and integrated policies to promote Early Childhood Development (integrated policies for ECD)							
Outcome 3: Brazil's child protection system strengthened in its capacity to prevent and respond to violence against children							
3.1 Families, communities, civil society, private sector and governmental agents in prioritized states with increased knowledge on the impact of violence on the lives of children							
3.2 Gaps in the legal, political and institutional framework related to prevention, assistance and response to violence against children mapped and addressed							
3.3 Improved cross-sectoral coordination and public services, at national and subnational levels, to benefit child witnesses, victims and perpetrators							
Outcome 4: Engaged citizens, including boys, girls and families, millennials, individual donors and private sector partners, are driving public action for the realization of children's rights							
4.1 Citizen engagement is increased to support the realization of boys' and girls' rights							

⁷⁸ UNICEF is only expected to contribute to outcome level results. Outcome level indicators are only assessed once – at the end of the CP 2021, it is therefore expected that once this data is available the performance at outcome level especially for outcomes 3, 4, and 881 will change.

4.2 Increased non-financial contributions from individual donors, private and public sector partners									
4.3 Adolescents mobilized and with increased knowledge and opportunities to participate in public forums of decision-making processes									
Outcome 881: Venezuela migration crisis									
881.1 Health systems strengthened to identify and address nutrition issues and monitor nutrition trends (nutrition)									
881.2 Boys and girls, adolescents and women on the move and in host communities equitably access essential health services (health)									
881.3 Women and children on the move have access to sustainable safe drinking water and adequate sanitation (WASH)									
881.4 Children on the move are protected from violence, exploitation and abuse and are able to access services and exercise their rights (child protection)									
881.5 Children on the move are supported to access education opportunities while enhancing capacity of schools in host communities (education)									
881.6 Children and their families are consulted for the elaboration & monitoring of the project and have access to life saving information and protective practices on access and use of services (cross sectoral support)									

Source: UNICEF Country Annual Reports and RAM Reports.

Most vulnerable children and adolescents now benefit from public policies for inclusion and specialised services, and actively participate in decision-making processes thanks to UNICEF CP education and nutrition interventions as well as its advocacy strategies.

As a result, there is a general improvement in early childhood education admission rate, birth registrations and retention of children in elementary school. There is an improvement in the nutritional status of under-five indigenous children, particularly on low height for age.

There is strong evidence to suggest that increased evidence base and policy advocacy actions with the Brazilian legislative is likely to have improved evidence-based policies to address the causes of exclusion of boys and girls. Evidence base that focuses on social policy issues affecting children has improved. UNICEF’s research, conducted in partnership with national entities including IBGE and IPEA has been used to facilitate evidence-based policy dialogue and public advocacy.

Extensive policy advocacy actions with the legislative in Brazil has enabled UNICEF to influence actions that prioritise outcomes for children. For example, UNICEF’s role within the Consultative Council for the Parliamentary Front for Basic Income has enabled it to be at the forefront of advocacy efforts related to social protection reforms, especially of the flagship programme Bolsa Familia⁷⁹. The work with PF4C, at the national level, helped to develop child-related public budget agendas. UNICEF is now moving onto the next stage to expand this work to the subnational level and to support implementation of the public budget agendas to encourage an increase in public finance for children.

UNICEF has been successful in influencing local and national government to increase participation of marginalised children and their families in key institutions. The creation of the National Council for Children’s Rights in 2017 provided a forum for promoting adolescent participation. In 2018, 78% of most vulnerable municipalities participating in the Seal

⁷⁹ UNICEF supports the evaluation of this programme by helping to contract a consultant to carry out a cost effectiveness analysis

implemented their first Community Forum, and helped to empower children, adolescents and families to demand their right.

Using specialised educational programmes UNICEF has been able to increase access to formal and non-formal education for 20,553 out of school lower secondary school age children and 76,996 out of school children⁸⁰. Despite challenges in 2020, due to the COVID-19 crisis, UNICEF was able to expand its education activities, increasing reach, and helping to mitigate some of the effects of school closures and cessation of programme activities for out-of-school children. It supported 4,008,996 children with distance/home-based learning.

UNICEF was able to substantially increase its reach to indigenous children under five years old and provide access to nutrition services in order to improve their nutritional status. It was able to exceed its planned targets despite experiencing restricted access to indigenous communities which at times has hampered its ability to work with and provide interventions for this target group.

Children have timely access to education services and are enrolling in primary education at the appropriate age, hence there is a reduced age distortion rate for primary level. This is likely to be due in part to UNICEF interventions. Substantial progress has been made to ensure children enter secondary education at the right age. This would likely be the effect of ECD and basic education interventions and strategies, although the age distortion rate for secondary still remains high. There was a substantial reduction in teenage pregnancies and adolescents have increased access to sexual and reproductive health services. There is no evidence to suggest there has been an increase in access to social protection programmes.

There has been an increase in knowledge on health practices amongst adolescents particularly in relation to obesity and ways to cope with this through sports. UNICEF successfully promoted sexual and reproductive rights among adolescents, which led to some but not all large urban centres and municipalities implementing activities related to adolescent health.

UNICEF's support, via the SAS strategy and the Successful School Pathways initiative has led to increased number of out of school children being identified and returning to education. This is evident by the increasing number of out of school children being identified each year for example 40,000 in 2019 across 2,468 municipalities and 180, 000 in 2019 across 3,050 municipalities. In 2020 more than 60,000 out-of-school children and adolescents were re-enrolled in schools in 3208 municipalities. Additionally, the Municipal Education Councils publicly committing to using an inter-sectoral approach to address the issue of school exclusion and mobilisation of over 3,500 local public managers, education, social assistance and health professionals and mobilisation of adolescents to ensure effective implementation of the SAS strategy at the municipal level is also expected to have contributed.

Participation of municipalities and urban cities in Seal and PCU is likely to have improved their capacity, to a certain extent, to implement intersectoral policies for social protection of the most vulnerable children and adolescents and hence strengthening the system for guaranteeing their rights. This was 79% of PCU survey respondents and 57% of Seal survey respondents. In particular, the establishment of thematic working groups through the PCU was recognised as an opportunity to strengthen inter-sectoral work in large cities.

UNICEF's work on ECD has led to improved reach and engagement of families and the government taking comprehensive actions for this purpose. UNICEF enhance coordination and advocacy by establishing an integrated ECD strategy and an ECD partnership at national level, through the National Pact for ECD. An increasing number of municipalities participating

⁸⁰ Over 2019 and 2020 this was less than planned targets.

in the Seal acquired adequate vaccination coverage (MMR D1) and UNICEF-supported vaccination campaigns increased immunisation rates.

Child protection systems need further strengthening to effectively prevent and respond to violence against children (VAC). However, there has been substantial progress made, such as a lower number of adolescent homicides, including of male, Afro-descendants and Indigenous people. This may be due to the strategies being adopted at municipal level for prevention and response to racism. Although substantial work has been done on non-custodial programmes for adolescents in conflict with the law, the number of children in detention continues to be high and this area needs further work.

UNICEF was able to increase knowledge amongst government and communities related to the effects of violence on the lives of children. It was able to do this via generating evidence on the drivers of VAC as well as through advocacy (awareness-raising initiatives against violence, racism and discrimination) and engaging people in programmes that promote elimination of VAC.

UNICEF's advocacy work has led to addressing gaps in legal, political and institutional frameworks related to prevention, assistance and response to violence against children and that these are being applied in line with international norms. This is evident from the signing into law, in 2017, of the 13.431/2017 law that establishes rights and guarantees for child victims and witnesses of violence. Federal-level advocacy led by UNICEF in partnership with the Ministry of Women, Family and Human Rights led to the development of Pact for the Prevention and Response to Lethal Violence against Adolescents in 2020.

Cross-sectoral coordination and public services, at national and subnational levels, to benefit child witnesses, victims and perpetrators appears to be a weaker area of UNICEF's work although progress has been made. This was due in part to the high-level nature of most of the activities and the need for more activities in urban areas. For example, UNICEF signed a memorandum of understanding with the Public Ministry of Labour in 2017 to support cross-sectoral coordination and quality of services as a way to end child labour in Brazil. A framework on armed violence was designed in 2019 and has supported in evidence-based interventions for the prevention and response to Armed Violence in large urban settings although in fewer cities than planned.

UNICEF's engagement with and support from the general public has increased the importance they attach to children's rights. An increased number of individuals are declaring children's rights as one of the top five issues in which they would like to be involved. These efforts have led to some concrete action in the form of adolescents aged 16-17 years who have voter registration cards at the federal level but less so at the municipal level. Generally, public engagement and adolescents' participation have yet to affect decision-making processes on a larger scale at the national level as they have so far focused on municipalities. There has been less influence over the private sector to adopt policies and programmes that respect or support children's rights.

There has been extensive reach to the Brazilian public to gather support for the realisation of children's rights. Each year, UNICEF's reach, engagement with and support from Brazilian public has been increasing. For example, by 2020 it had reached 1,763,620,667 online users, 33,734,442 people engaged in its programmes and 9,638,517 individuals supported its initiatives. People also used established feedback mechanisms to share their concerns, ask questions/ clarifications for available support services to address their needs (23,931 people in 2020).

Non-financial contributions from individual donors have recently increased (in 2020), which shows some success of UNICEF's continued engagement with private sector but it has been challenging. High-level interviews and review of documents showed that CRBP was not prioritised. However, due to this lack of early success, in 2019, UNICEF shifted its approach

and selected to focus on influencing industry policies (Business for Results, B4R⁸¹) rather than engaging individual corporations (CRBP), as evidenced by the One Million Opportunities initiative, launched in 2020⁸². The initiative aimed to foster skills and entrepreneurship amongst vulnerable adolescents and facilitate income generation and employability. The approach also shifted in favour of B4R at the global UNICEF level.

UNICEF support has enabled municipalities and urban areas to create platforms that mobilise and increase participation of adolescents and enhance their knowledge and opportunities to participate in public forums and decision-making processes, but evidence is weak on the extent to which this has led to decisions being influenced by adolescents. The creation of NUCAs and JUVAs (an initiative widely praised) enabled many adolescents to engage within their communities, gain informal training, participate in school-focused interventions and gender empowerment activities. Adolescent survey respondents strongly agreed (83%) that NUCA/JUVA helped to increase the citizen participation of young people in their community and were almost unanimous (96%) in reporting they would recommend them to other young people, acknowledging that they provided an opportunity to increase citizen participation (60%) and to learn about public policy decision processes (32%). However, in the surveys and focus group discussions, adolescents disapproved of the fact that the NUCAs/JUVAs were led by adults and not adolescents.

UNICEF has ensured access to public services for vulnerable migrant and refugee children and families during the VMC. For those reached, it was able to provide access to education opportunities, safe drinking water, and health services. Many children vulnerable to violence, abuse and exploitation have been provided protection and the strengthened health systems enabled a strong response to nutrition deficiencies.

As part of the Regional Inter-Agency Coordination Platform for Refugees and Migrants from Venezuela (R4V), UNICEF takes part in the inter-agency response to the crisis and leads the nutrition, water, sanitation and hygiene (WASH) and education clusters and the child protection area of responsibility, and actively participates in the health cluster and GBV area of responsibility.

UNICEF was able to strengthen the health system to prevent micronutrient deficiencies by providing supplies and building capacity of caregivers. This benefitted more than 8,700 children with multiple micronutrient powders and 4,305 women with ferrous sulphate and folic acid supplementation and caregivers with nutrition counselling on adequate breastfeeding, complementary feeding, and adequate dietary practices (12,344) and healthy food preparation.

It is difficult to assess whether UNICEF was able to provide equitable access to populations on the move and in host communities as the indicator for this output is only related to vaccination. However, based on additional information available UNICEF supported the outreach capacity of the public health system through the provision of health posts and mobile health teams. Through this it was able to ensure children's (18,712) access to minimum set of vaccines. More than 52,000 children and women accessed primary health care in UNICEF-supported facilities. UNICEF supported 22 key strategic primary health care facilities and facilitated access to COVID-19 vaccinations for people living in shelters.

⁸¹ The UNICEF Business for Results (B4R) initiative was launched in 2018 as a whole-of-UNICEF approach to boost the organizational understanding and capacity to incorporate business as one of the key stakeholders to realise strategic results for children. The B4R initiative includes: (a) a global capacity-building and culture change programme; (b) development and issuance of additional technical guidance; (c) strengthening coordination and leadership learning engagements with international and national business partners; (d) incorporating business as a stakeholder in the development of country programme documents (CPDs) and programme strategies (e.g. the 2020-2030 global nutrition strategy);¹ (e) assigning business/partnership engagement specialists from PFP to all ROs and PD; (f) strengthening monitoring and reporting. . It entails four inter-dependent pillars: (i) leveraging business investment and financing for children; (ii) integrating children's rights into responsible business conduct; (iii) integrating business engagement into UNICEF programming; and (iv) mobilizing non-financial business resources such as data, skills and influence for children.

⁸² Launched on October 28, 2020 by Generation Unlimited, One Million Opportunities (1MIO) is an innovative multi-sector partnership that aims to create a million opportunities for vulnerable teenagers and young people aged 14 to 24 to access quality education or training in transferable, digital and entrepreneurial skills as well as job-specific skills.

UNICEF was able to support interventions that helped protect children on the move from violence, exploitation and abuse as well enable them access to services. It was able to provide almost 45,879 children with psychosocial support, including access to child friendly spaces with intersectoral programming interventions. However, as planned targets for this were not met in 2020 and fewer children without parental or family care were provided with appropriate alternative care arrangements this may indicate that some children could potentially have been at risk of exposure to violence, exploitation and abuse. Following the increasing number of unaccompanied and separated children, UNICEF worked with partners to support the identification and case management for these children.

UNICEF was able to successfully support more children on the move than planned to access formal or non-formal basic education (including pre-primary schools/early childhood learning spaces) and in reaching people with key life-saving and behaviour change messages specifically on xenophobia (192,887), however very few people, 30% (8,492) had access to feedback and complaints mechanisms to voice their needs/concerns. Whilst UNICEF supported monitoring of activities it is less clear whether children and their families are consulted for the design & monitoring of projects. During the pandemic, UNICEF supported the monitoring of suspected cases of COVID-19 and referrals for specialised care. This monitoring proved to be very effective in the early identification of suspected cases and immediate referral for confirmation, isolation and treatment, avoiding more serious transmission problems among the population residing in shelters.

WASH services constituted one of the main areas of success. As a result of UNICEF's direct support, more individuals (29,996) than planned, including women and children, were able to have access to safe drinking water. WASH interventions benefitted an average of 7,000 persons per month across nine shelters. However, UNICEF was less successful in providing access to adequate sanitation and influencing appropriate hygiene behaviours. Targeted populations provided with sanitation or hygiene kits or key hygiene items were less than half of the planned targets (46%) and 14% of the UNICEF-targeted population had adopted appropriate hygiene behaviours.

In 2020, UNICEF provided various types of support to reach the most vulnerable migrants residing in informal housing. This included strengthening local network of services and public policies, culturally adapted multisectoral response for indigenous populations, re-directing focus and resources beyond Operação Acolhida, increasing adolescents and community engagement for evidence-driven responses and coordination of the R4V sectors led by UNICEF. Furthermore, UNICEF is now uniquely positioned as the main UN agency who succeeded in brokering a partnership with the Roraima Indigenous Council.

5.2.2 Contributions of the Seal and PCU to the Achievement of Outputs And Outcomes

UNICEF's two main subnational strategies, the Seal and PCU, positively contributed to achieving the observed results. Specific activities and aspects within the Seal that helped to achieve the observed results include UNICEF training, the role of articulator, and the NUCA/JUVA platform that encourages adolescent participation. PCU respondents reported that the most effective activities were setting priorities with strategic actors, thematic inter-sectoral dialogues and engagement of citizens with adolescents. Involvement of adolescents in activities to address homicides of young people generated a more effective commitment from all institutions engaged in this process.

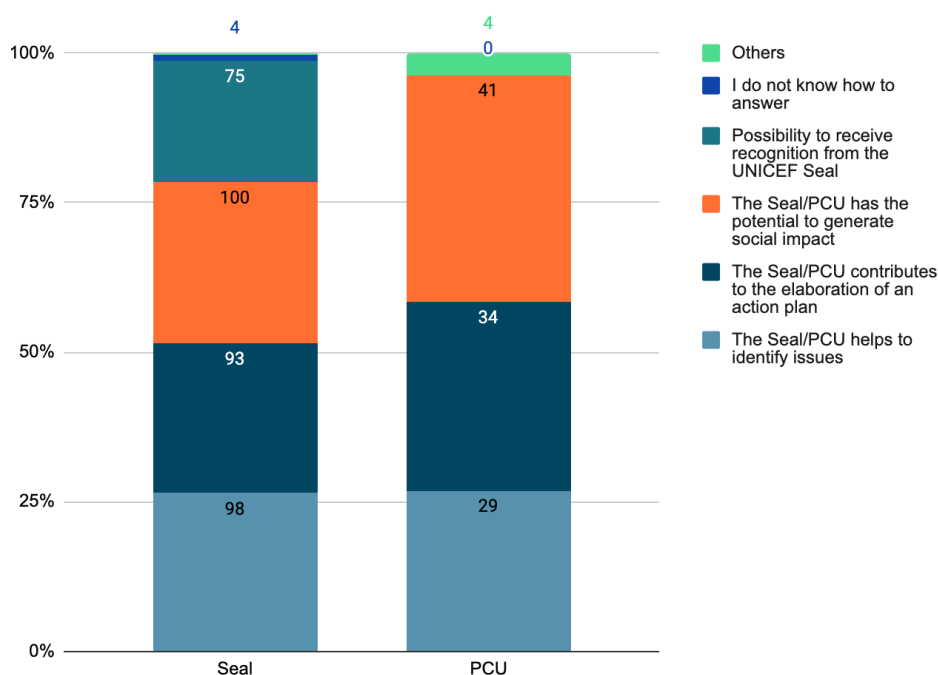
Seal and PCU survey respondents reported that their involvement in the strategies contributed to achieving planned results. This perception was stronger among Seal participants as compared to PCU. For example, 71% of Seal stakeholders rated UNICEF's partnership with municipalities to guarantee the rights of children and adolescents as extremely important, while fewer (46%) PCU stakeholders gave it the same rating. When asked if their municipality would participate in the Seal/PCU again, survey participants were almost unanimously in

favour of this, because of their strong sense of the positive social impact of the initiatives (85% PCU, 70% Seal) and the associated technical support/ capacity building provided by UNICEF (see Figure 7 below).

In comparison to PCU respondents, Seal stakeholders strongly perceived that there was a positive correlation between UNICEF involvement and achievement of good results. Municipalities valued the reliable evidence and monitoring indicators used by UNICEF for the PCU and Seal. When asked to rate from 1-5 the extent to which monitoring indicators were used to guide the municipality’s public strategies and activities, 84% of Seal survey stakeholders and 73% of PCU survey stakeholders gave a rating of four or above. (refer to Table 26 in Annex 12 for more details).

Survey findings suggest that a higher proportion of stakeholders from certified municipalities believed that the priorities for children and adolescents’ policies had changed during the CP period. Stakeholders in certified municipalities demonstrated greater active involvement and held a better perception of Seal activities in comparison to non-certified. Noncertified municipalities were more concentrated in the Semi-arid region, and had a poorer performance on social impact indicators in comparison to certified municipalities. Table 25 in Annex 11 shows the means and the differences between these two groups across several variables.

Figure 5: Reasons the municipalities would participate again in the Seal or PCU



Source: Surveys with Seal stakeholders and PCU stakeholders⁸³

Seal and PCU strategies enabled UNICEF to partner with and mobilise subnational governments, which helped to contribute towards achieving results. Implementing activities across all programme components using these two subnational strategies, provided UNICEF with a platform to deliver integrated programming on a large scale as compared to other organisations working in Brazil. The Seal strategy served as an entry point at the local level to introduce and encourage a new, more inter-sectoral perspective in planning and delivering services for children. UNICEF’s activities at the municipal level, especially in small Seal municipalities, enabled reach to extremely vulnerable children at risk of being left out of

⁸³ Survey question: (Seal/PCU) “What reasons would you consider when deciding whether the municipality should participate in the UNICEF Seal/PCU again?”

national public policies. Stakeholders in small municipalities valued their relationship with UNICEF and views of some of other stakeholders are given below.

"UNICEF opened doors for the young people. They started to have a vision of the future, a professional vision, to think about how to get out of the sameness of the community, to look for other activities, to plan for university or take a technical course... I think it gave courage [to] the young people; it gave their lives a boost." (Secretary of Social Assistance)

5.2.3 The Effect of the Capacity Strengthening Activities at National and Subnational Levels on Achievement of Outputs and Outcomes

The effect of UNICEF capacity strengthening activities on achievement of outputs and outcomes varies. The Seal and PCU allows UNICEF to contribute to strengthening capacity within the government on an ongoing basis, through formal training, such as the Seal capacity building cycles, as well as through sharing evidence-based information. Seal and PCU stakeholders reported being satisfied with training services provided by UNICEF, but they also indicated that they require more training, especially in-person, which may indicate that there are still capacity gaps.

UNICEF has built capacity across many areas with varied degree of success. For example, it supported children on the move to access basic education. Although, it is not possible to determine whether and to what extent the capacity of schools in host communities was enhanced to facilitate the increased intake of children, the capacity of over 5000 home visitors was enhanced to work with vulnerable families for ECD as a way to improve reach and engagement. UNICEF's achievement in getting an increased number of out of school children returning to education was positively affected by UNICEF's training within municipalities (via Seal) and urban centres (via PCU) on age grade distortion, permanence and regular trajectory (age grade correspondence) in the education system.

Training for caregivers on healthy food preparation could potentially contribute to a more sustainable approach regarding nutritional security in the migration context and The training of healthcare facility staff and community health workers in Infection Prevention and Control (IPC) is expected to have enhanced capacity of health professional to respond with appropriate health services.

UNICEF was successfully able to build the capacity of its own staff on risk mitigation and referrals for survivors, particularly in relation to GBV, but capacity at the municipal and state levels needs to be further developed. For example, one in five PCU survey respondents stated that they felt a lack of support from UNICEF.

5.2.4 Other Factors That Have Contributed to the Achievement/Non-Achievement of Results

In addition to PCU and SEAL, UNICEF has successfully used other subnational strategies, that have contributed to achieving results. UNICEF has been able to increase access to formal and non-formal education using the SAS strategy⁸⁴, a data-driven initiative that provides disaggregated age-grade distortion information at the state, municipal and school levels, using official data. During interviews, subnational stakeholders reported that the Successful School Pathways and SAS strategies resulted in a substantial improvement in municipality knowledge and procedures related to school dropout. These two strategies were significantly affected by COVID-19 pandemic and the SAS training programme suffered from insufficient funding. The Youth Aware strategy was launched to accelerate the response to the HIV/AIDS epidemic

⁸⁴ Launched in 2017

among adolescents and youth, especially those living in large deprived urban areas. By 2020, 9,234 adolescents in nine urban centres had been reached by the strategy which is an indication of the responsive health services. UNICEF's work on ECD UNICEF established an integrated ECD strategy and an ECD partnership at national level to enhance coordination and advocacy, The Baby Week initiative⁸⁵ encouraged participation in and adoption of ECD services including of over 10,000 families.

Factors contributing to achieving CP results include UNICEF presence in the territories, UNICEF's positive reputation, and the use of the Seal certification as an incentive. UNICEF's positive reputation increased the willingness of subnational governments to participate in its Seal and PCU initiatives as well the private sector and the media to collaborate with it. This strengthened visibility of UNICEF work. UNICEF's field presence was integral to the effective implementation of its activities. The presence of UNICEF in the territories, via its nine field offices has strengthened relations with key stakeholders involved in the Seal and the PCU at the subnational level.

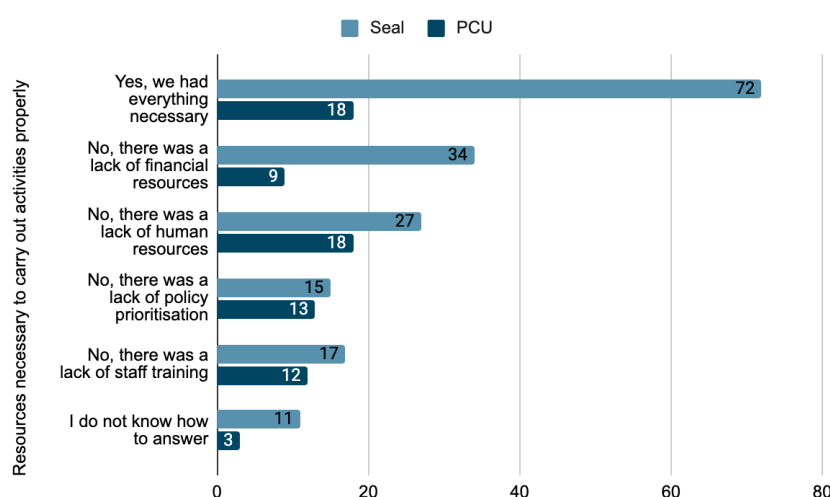
"We have been trying to increase the visibility of these initiatives and through this partnership [with UNICEF] we gain much more due to the brand reputation, " (Private Sector)

Barriers to achieving some of the results include limited and varied municipal engagement and political will; limited human, financial and technical resources; and high workload of municipal staff, especially *articuladores*. Engagement with UNICEF varied across the municipalities. For example, in Recife, the local government was keen to collaborate with UNICEF on education interventions, while in Salvador, the collaboration stopped following the change in the political landscape. Due to changes in the government, some targets were easier to achieve than others. Notably, it was less difficult to obtain government support for activities on WASH, because of its less controversial nature, than for child protection and sexual and reproductive health.

Limited interest from some mayors led to a lower level of engagement with the Seal, and PCU. In interviews, several key informants reported that stakeholders involved in the Seal, besides the *articulador*, such as the mayor, do not currently receive any training, which has inhibited implementation. For PCU stakeholders, the main issue was the lack of human resources (38%), followed by the lack of policy prioritisation (27%) and staff training (25%), as shown in Figure 6 below.

⁸⁵ For ease of reading, the advances of the Baby Week initiative are included in this component although these activities later became part of Output 2.4.

Figure 6: Resources needed to carry out Seal/PCU activities effectively



Source: Surveys with Seal stakeholders and PCU stakeholders⁸⁶

5.3 Efficiency

Summary of key findings: *The UNICEF CP delivered results in an economic and timely way. Partnerships with the private sector and implementing partners were key to success. The UNICEF organizational structure with CO and sub-offices is key to deliver results given that its interventions focus is both at national and subnational level. UNICEF has been able to deliver many of its results (at output level) and at times exceed these within the planned timelines and funds available which indicates it has been very efficient.*

5.3.1 Actual Costs Compared to Planned Costs and Evolvement Over the Course of the CP ⁸⁷⁸⁸

UNICEF planned for more funds than it has been able to allocate, its budgets have remained flexible to cater for changing needs and allocation, for some components, has evolved. UNICEF was able to plan for and allocate additional funding (not in the CPD), via the HAC for the two emergency responses (VMC and COVID 19).

UNICEF has allocated less funding than planned. From 2017-2020, UNICEF had planned-\$80,184,877 million to fund the CP, which is 62% of the total integrated budget. It has successfully allocated \$54,670,575 (68%) of these planned funds ⁸⁹ so far to fund programme activities and manage the programme. 85% of funding has been allocated for programme activities whilst the remaining 15% has been allocated for non-programme costs. Since 2017 the amount of funds allocated have been increasing with highest being in 2019 (73%). There has been a slight decrease in 2020. It is anticipated that UNICEF will allocate the remaining

⁸⁶ Survey question: (Seal/PCU) "Do you believe that you had all the resources and guidelines necessary to carry out the PCU/Seal activities properly?"

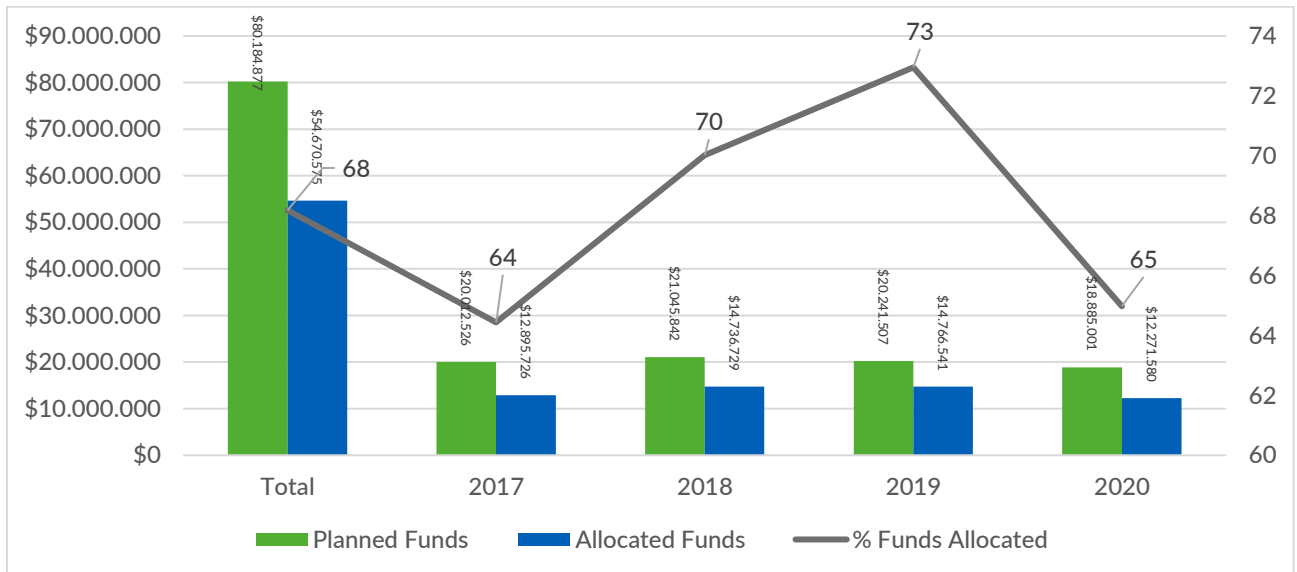
⁸⁷ Allocated = Here we are meaning the same thing. In other words we can say that we allocated per year the amounts we mobilised, even though we know that whenever possible funds were rephased for years ahead. Mobilized = Donations fund raised through different channels: Private Sector, Natcoms, Governments etc

⁸⁸ Planned = Estimation of funds that have been planned in the CP and/or HAC, but not available. These are all indicative, a target, meaning that UNICEF has planned to fund raise this amount per year, so the funds are not available. However, as you saw in the tables, this was not possible for some years. The planned amounts were not available when the planning was done

⁸⁹ This is calculated from the information provided by the UNICEF Planning Office regarding planned and allocated funds (Total planned funds \$80184877/ Total allocated \$54670575)

funds over 2021 and 2022 which is the extended timeline for the programme to end. Figure 7 below shows the comparison between planned and allocated funds for each year of the CP⁹⁰.

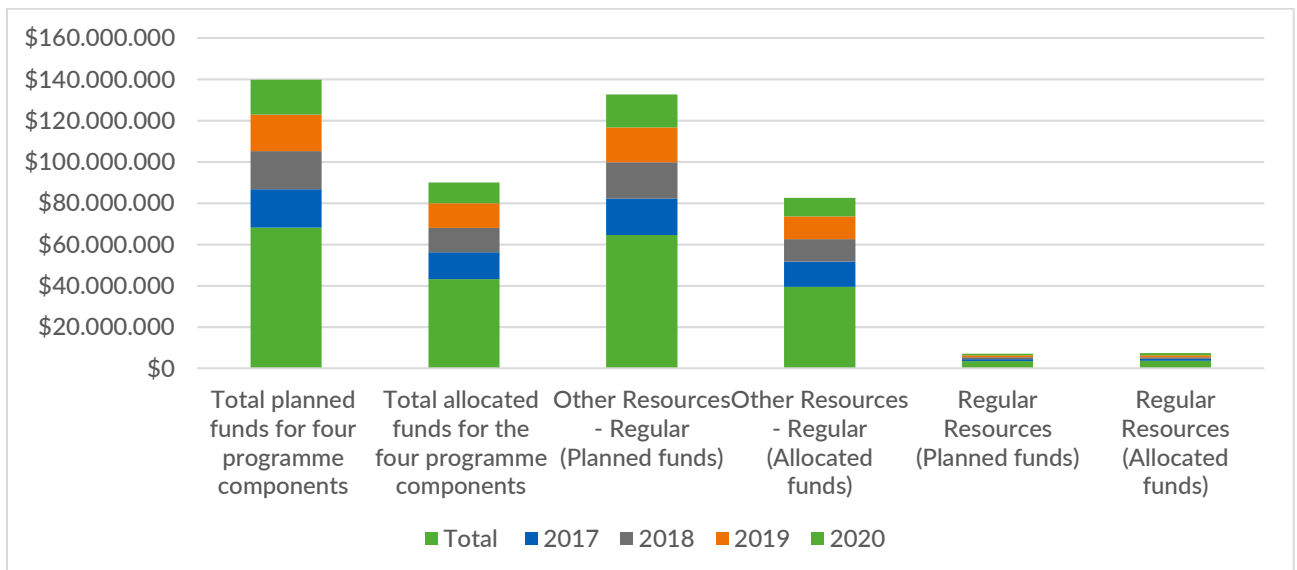
Figure 7: UNICEF Brazil Planned and Allocated Funds (2017-2020)



Source: Analysis using data provided by UNICEF Planning Officer on 11/09/2021

91%⁹¹ of the funds allocated since 2017 to 2020 for the four programme components were from Other Regular Resources which shows the success of UNICEF’s resource mobilisation strategy. Regular resources only account for 9% of the allocated resources so far. Further information related to annual planned and allocated funds across funding types is provided in Figure 8 below.

Figure 8: Annual planned and allocated funds across funding types



Source: Analysis using data provided by UNICEF Planning Officer

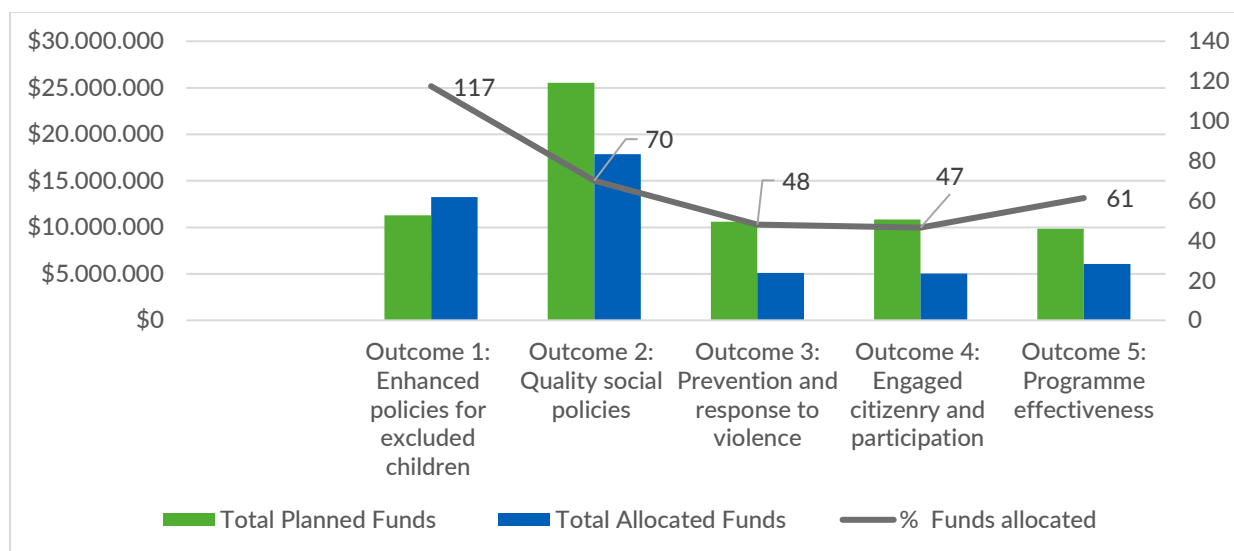
Funding allocation varies across programme outcomes. It remains low for outcomes 3 and 4 and above 60% for other outcomes. Allocation exceeded that planned for outcome 1 at 117%. This means more funds have been allocated for improving access to quality health, education

⁹⁰ This does not include Special Purpose and Management components

⁹¹ Total allocated for the 4 programme components \$43115548/\$39400813 (other regular resources allocated)

and social protection programmes and improving participation. Figure 11 provides detailed comparison of planned and allocated funds across outcomes.

Figure 9: Fund allocation across programme outcomes (2017-2020)



Source: Analysis using data provided by UNICEF Planning Officer

For the two emergency responses, UNICEF has been able to allocate over 70% of planned funds for the COVID-19 response whilst for the migration crisis this has been lower at 29%. The source of these funds is the HAC appeals.

Table 10: Planned and allocated funds for emergency response

	Planned	Allocated	% allocated
COVID 19 (2020)	12,001,714	8,560,240	71
Migration crisis (2018-200)	41,334,000	11,898,522	29

Source: UNICEF Planning Officer (in USD \$)

5.3.2 Adequacy of the Current UNICEF Structure and its Resourcing to Deliver the Results

UNICEF’s current structures have been adequate to deliver planned results although it could benefit from adding additional support for management of the programme team as well as more clearly demonstrating horizontal coherence and linkages across teams.

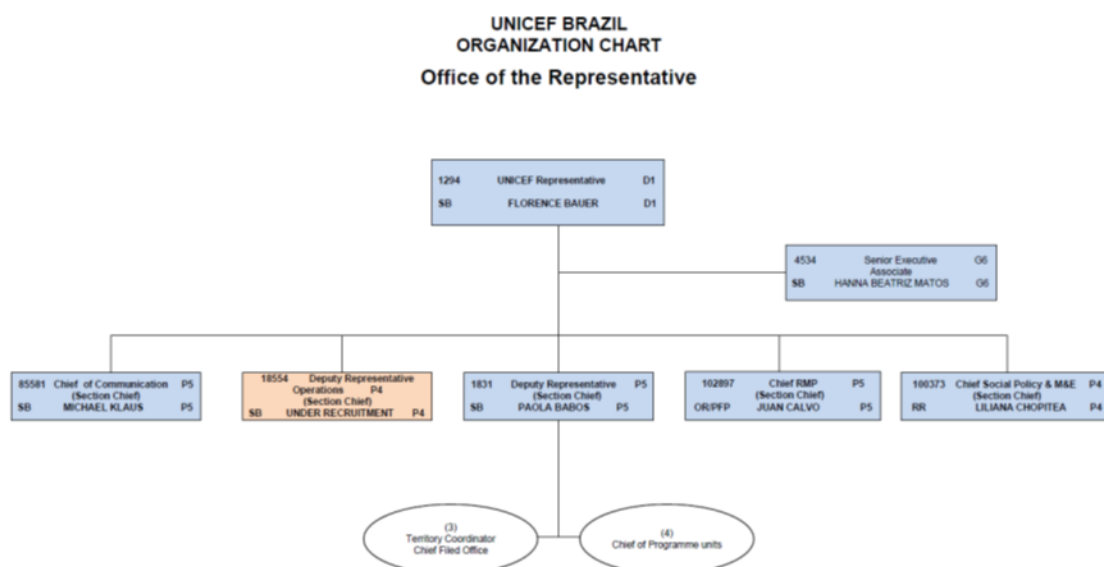
UNICEF’s national presence, through the BCO in Brasilia, and decentralised presence, has enabled it to conduct both upstream and downstream work simultaneously and achieve results at both levels. Its field presence, via its nine field offices has been integral to the effective implementation of its CP (activities and strategies especially the Seal and PCU) and delivery of results. As a response to the migration crisis UNICEF was able to enhance its structures by opening a field office in the northern state of Roraima, where most migrants were and still are arriving.

Within the current staffing structure, management of the programme team could benefit from additional support. Currently this is with the Deputy Representative Programmes who is responsible for the Chiefs of Programme Units within the CO and the Territory Coordinators (3)/Chief field office (1). Subnational management responsibilities rest with the three Territory Chief Coordinators (TAM, SAB & SE) and the Chief Filed Office Boa Vista who report to the

Deputy Representative Programmes. This substantial responsibility of managing the entire decentralised structure resting with few people appears to be disproportionate and may have implications going forward on delivery of results.

UNICEF staffing structure appears to have vertical coherence, clear linkages within teams, their areas of work, and roles (from CO to the field offices), however horizontal coherence and linkages could be better articulated within the organisational organogram (see Figure 12). This is important given the intersectoral approach UNICEF has adopted to delivering its activities. Evidence does however suggest that where required teams work closely together vertically and horizontally and this is likely to have had positive effect on implementation and achievement of results. However not all UNICEF territory-level teams included staff from all of the sections, which made local implementation of the CP less cohesive when field staff had to conduct activities in which they were not experts

Figure 10: UNICEF Brazil organigrammes



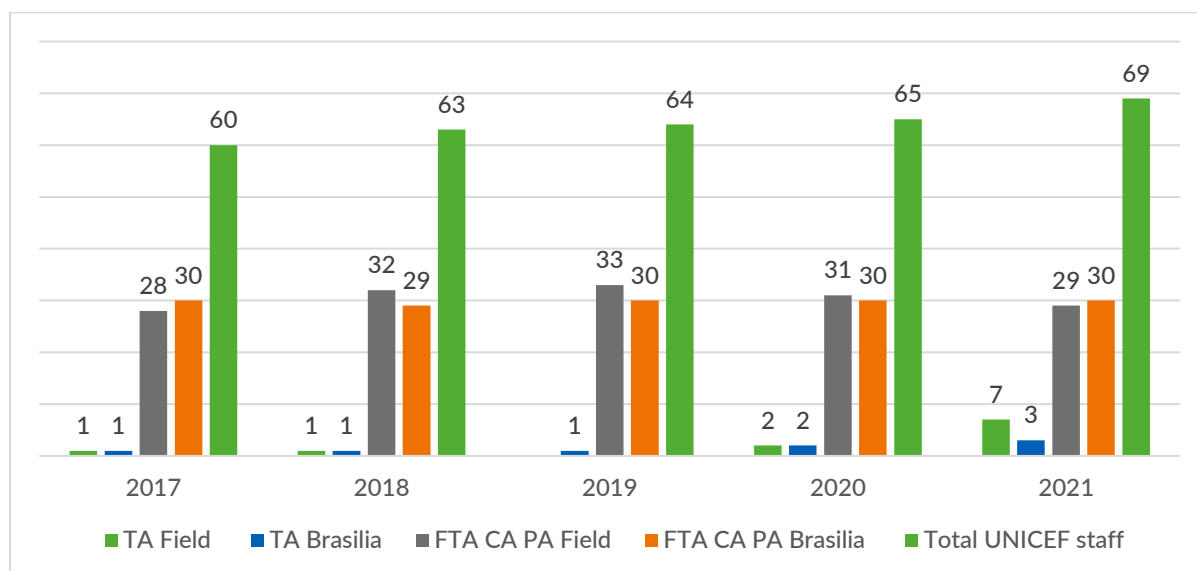
Source: UNICEF Country Office 20/07/2021

The available resources (staffing and especially financial) have been generally adequate to deliver the results. Staff are considered to be highly experienced with strong expertise although at times teams have been overstretched, and retention and recruitment, specifically in the Amazon region has been an issue.

The CP has been well resourced, both in terms of funds for staffing as well as its management (non-staffing). From 2017 to 2020, UNICEF allocated US\$29,217,792 million to fund staffing and US\$25,406,940 for non-staffing. Staffing accounts for 53% of the allocated funds so far. For the VMC response, UNICEF allocated US\$1,725,927 for staffing and US\$10,172,595 for non-staffing costs. Staffing accounts for 15% of total allocated funds. In relation to the migrant crisis, some interviewees reported that there are no resources available for emergency response in regions other than the North of the country. This means that, as migrants move to other regions of Brazil, it may become more difficult to provide an effective response if UNICEF is not as resourced to respond to the needs of this population.

UNICEF total staffing levels for functions that have teams both in the Brasilia Office and Field Offices (Programme, Communication, Monitoring and Evaluation) have remained quite stable since 2017 with only slight increase each year. Currently, there are 69 staff members within these three functions. The majority of this staff are under fixed term, or permanent contracts which provides UNICEF stability and lower risk of the effects of staff turnover. The recruitment of temporary staff has increased in 2021 whereas in previous years it has been very low, as per Figure 13. There is almost the same number of staff in the field offices as there are in the Brasilia Office. The evaluation team considers this appropriate as Brasilia staff are required to work with relevant counterparts at national level as well as undertake substantial work at the subnational level. For Social Policy there is no specialised staff at subnational level (only specialist at Brasilia level). In the absence of these posts Monitoring and Evaluation roles provide support for the social policy agenda and this may require a review to identify the extent to which this is adequate. For teams within Operations and Resource Mobilisation and Partnerships that do not have structures at field level, their staff are not included here but they provide cross cutting support across the organisation which is working well.

Figure 11: Staffing within Country Office and Field Offices from 2017-2021⁹²



Source: Analysis using data provided by UNICEF Planning Officer

UNICEF is considered to have a strong team of experienced management and programme specialists that are highly competent to deliver programme activities and results. During interviews, several key informants, including implementing partners, municipality-level stakeholders, and UNICEF staff echoed this view. UN agency staff and government

⁹² UNICEF has various staff categories; 1) temporary appointment staff contracts up to 2 years and longer staff contracts (TA); 2) fixed term appointments (FTA); 3) Continuous contracts (CA); and permanent contracts (PA).

stakeholders all commended UNICEF staff. One UN staff member commented: “There must be a machine somewhere that makes UNICEF staff because they are always exceptional, in all countries”.

Staff have been at times overstretched and recruitment and retention especially in the Amazon has been an issue. The CP planned to hire more officers for the Field Offices but, in some cases, this did not materialise due to resourcing issues. Furthermore, some new staff working in the Amazon region have struggled to adapt. Indigenous territories in the Amazon have cultural norms and social dynamics that differ from the rest of the country. This led to difficulties in finding adequate staff to work in the region.

5.3.3 Readiness of Private Sector for Non-Restricted Funding and its Use to Target the Most Urgent Thematic and Geographic Areas as Well as Population Groups

Private sector fund raising remains the main source of flexible funding. Funding from individual donors is already unrestricted whilst UNICEF has at times been less successful in influencing some private companies to provide either unrestricted funds or fund activities in certain thematic and geographic areas. UNICEF has had to substantially negotiate with corporate donors to align the funds to some of its priorities.

Over the course of the CP 75% of funds from private sector were unrestricted (flexible). Individual donors donate unrestricted funds, while corporate donors prefer specific thematic donations. Almost 100% of the income received from individuals allows UNICEF to fund most of the UNICEF staff structure that allows the implementation of the CP. High value donors and partners are allowing UNICEF to use almost 30% of their donations to cover staffing costs. By doing this they are responding to UNICEF’s need to be flexible. This is a specific approach adopted in Brazil by the private sector.

Traditionally, donors have been interested in providing funds for activities relating to a few specific sectors, such as education, and not for other thematic areas, such as child protection, due to the sensitive nature of the topic, and social assistance, where the impact of UNICEF is perceived to be harder to measure. Additionally, some donors did not understand UNICEF’s inter-sectoral approach and as a result, may have affected funding for some thematic and geographical areas.

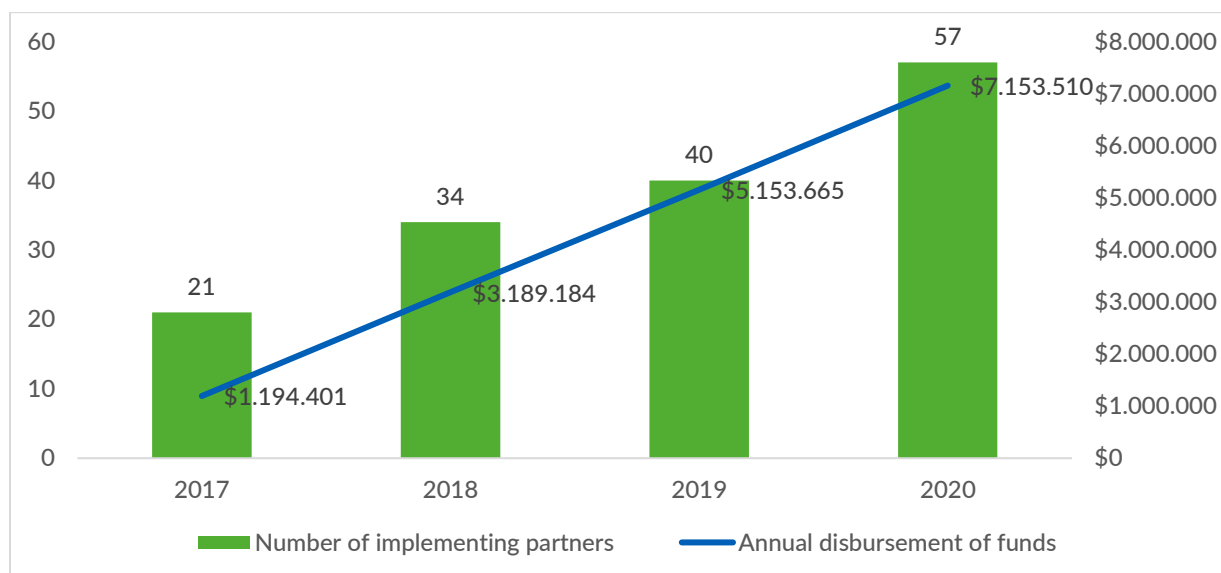
“Companies are increasingly less flexible and more demanding. They want to fund projects related to the company's priorities. We [UNICEF] make a huge effort to try to match the business priorities with what is in the country programme” (UNICEF staff)

The private sector was a prominent donor during the COVID-19 crisis. UNICEF’s brand recognition was a decisive factor when corporate donors decided to whom their funds would go. During the COVID-19 crisis, as part of UNICEF’s advisory council of CEOs, the private sector and UNICEF also collaborated to unlock private sector funds to support the CP and the HAC including specific activities such as providing marginalised children with internet access. In general, internal resources were flexibly reallocated during COVID-19 based on new priorities. The private sector’s in-kind donations (hygiene kits, food baskets) responded to the immediate need posed by COVID 19. However, this did pose logistical challenge for UNICEF because the agency was not as experienced in managing this type of funding.

5.3.4 Modality of Working Through Implementing Partners to Achieve Results

UNICEF’s modality of working through implementing partners to achieve results is working well, although there are capacity gaps and challenges of using this modality both for the IPS and UNICEF. Working through implementing partners has helped UNICEF expand its reach. Implementing partners serve as an extension of UNICEF’s structure to deliver activities as well as services. Number of Implementing Partners and amount of funding allocated to them steadily increased from 2017 to 2020. Amount of funding disbursed from 2017 to 2020 is \$16,690,760. More details are provided in Figure 14.

Figure 12: Number of Implementing Partners and Annual Funding Disbursed (2017-2020)



Source: Analysis using data provided by UNICEF Planning Officer

There are good reasons to work through Implementing Partners, namely that they bring the localised knowledge, expertise and cultural sensitivities required during programme implementation. During the COVID-19 crisis, UNICEF could implement urgent activities quickly due to the presence of its partners throughout the different territories.

Despite the benefits of working through implementing partners there have been certain challenges faced both by partners themselves as well as UNICEF. Some of the emerging issue, raised by Implementing Partners, of working with UNICEF include the use of a more top-down rather than collaborative approach, specifically during emergency response including COVID-19. Whilst this may have been the appropriate approach given the need for immediate action it is something that UNICEF needs to review and improve as it moves forward. Many partners have also reported that UNICEF’s rigid processes for developing a partnership does not create a conducive environment. They considered this to be main cause of delays in implementation, particularly if funding was not received on-time.

5.3.5 Adequacy of Partner Capacities and Skills

Whilst partners have many required capacities and skills there are weak areas such as administrative and budget management capacity. This has affected implementation and at times caused delays. During the COVID-19 response, partners were also slower to implement activities due to lack of emergency response capacity. UNICEF also had difficulties identifying relevant partners locally based and with expertise in children’s rights for interventions in the Amazon. At times, implementing partners had to be recruited from São Paulo, which increased the costs. UNICEF has been building capacity of implementing partners, for example in the

areas of accountability but it is not systematically done. Whilst results based management (RBM) protocols have always existed within BCO with the arrival of the new Deputy Representative, UNICEF developed and started implementing some new RBM protocols and training, with which some partners struggled. These areas would require further work from UNICEF when developing plans for building capacity of Implementing Partners

5.4 Sustainability

Summary of key findings: *UNICEF's Country Programme strategy of working with and through existing government structures at national and subnational levels, as well as through IPs, is conducive to sustain net benefits of its interventions. However, there is still high level of human and financial resources dependency on UNICEF to lead the interventions.*

5.4.1 Improvement in Government and IP Capacity Through UNICEF Interventions and Their Ability to Continue Providing Services Without UNICEF Support

UNICEF's main approach to sustain the activities and results achieved was to work through national and subnational government systems in order to strengthen institutions, improve structures and build capacities at the local, state and national levels. The CP format was designed to put the government and civil society organisations at the forefront of its activities as implementing partners, while UNICEF was responsible for capacity strengthening and advocacy. This approach enabled UNICEF to support in planning, budgeting and implementing activities, in a way that the government would potentially take over in the future.

Government's capacity has improved but it is unlikely that it can continue services provided by UNICEF without ongoing support. Overall evidence suggests that the capacity at the municipal level has increased not only in terms of knowledge and skills but also in terms of tools available for implementing and monitoring activities. Even the municipalities that did not receive the Seal certification, after participating in it, agreed that the government capacities had improved and that the municipalities were now more child-friendly as a result of UNICEF's support. However, some respondents outside of the government reported that local governments did not yet have the capacities necessary to implement the activities without UNICEF.

At the national level, UNICEF provided support to strengthen capacities as a member of the National Pact for ECD, the National Pact for the Implementation of Law 13431/2017, and the Parliamentary Front on Early Childhood. UNICEF has also partnered with the government for the joint programme in support of the national Criança Feliz national home visit social programme. These initiatives are very likely to be sustainable as they are embedded within the legislative system and therefore not completely subject to political change. Brazil also has a strong legislative system in terms of ensuring children's right to education, which makes initiatives such as the SAS more attractive to the government and therefore more likely to be sustained. Even in this case, informants reported that, due to the high number of participating municipalities, more time would be required before the methodology was consolidated and fully incorporated into the country's public policies.

UNICEF's strategy to partner with and build capacity of local organisations may help with sustainability. However, capacity of implementing partners greatly varies. In general, international NGOs (INGOs) based in Brazil have much more capacity than local civil society organisations, both in terms of implementing activities and for reporting and accountability.

Examples of activities sustained include municipalities writing the Baby Week initiative into municipal law or decree, thus ensuring government ownership and sustainability of the

initiative and of ECD more broadly as a priority on the municipal agenda. The NUCA/JUVAs are spaces that empowered adolescents to lead and deliver certain activities in their communities. In Bequimão/MA, adolescent girls created and led the Quilombola Girls project, which implemented events and activities on female empowerment and racism.

“We were going to Quilombola Communities which we know are highly vulnerable communities, we go there and show Quilombola girls that they have power and voice, that they can be autonomous, that they can build their own spaces, that they can build their own history. We bring them knowledge about various subjects, knowledge that they often didn’t have access to.” (Adolescent girl from Bequimão)

The adolescents also created another forum called "Bora Ver" after the Seal ended. They engaged with adults and other adolescents in activities to support the community, such as helping the elderly and cleaning public spaces. Both initiatives were adolescent-led and remained active after the end of the last Seal edition.

There are also examples where the government has taken up and replicated small-scale pilots initiated by UNICEF. For example, Recife adopted a programme on girls’ empowerment, which was replicated in Salvador, Belém, and four other municipalities. Six cities ultimately adopted the methodology developed by UNICEF. UNICEF’s work on teenage homicide prevention in Pernambuco was also perceived as very successful by the local government. These activities were then implemented in São Paulo.

“UNICEF started this work on teenager homicide prevention in another Brazilian state, Pernambuco, and it was a great success, and because UNICEF could replicate and apply it and show us step by step how to do it, we could bring it here to São Paulo.” (State Government)

5.4.2 Ownership of the Strategies, Processes and Results Achieved by National, Subnational Governments, Partners and Participants

Ownership of results and commitment to retain processes may be weak at all government levels. Overall, the municipalities are very open and responsive to working with UNICEF via the Seal and PCU strategies. However, the municipal administrations are dependent on UNICEF to implement the activities on an ongoing basis and do not fully incorporate the processes into their own government systems. This means they are not required to report their performance or be held accountability for implementing UNICEF supported activities through their own systems which is important if sustainability is to be ensured.

At the national level, there are also some successful examples of ownership of CP initiatives including the shelters (Casa de Passagem e Casa Lar) established by UNICEF in collaboration with the government in Boa Vista at the end of 2019. The shelters have now been transferred to the state authorities, under the responsibility of the Ministry of Citizenship. As part of the response to the VMC, UNICEF also introduced the Roraima government to Primero, an online case management tool used in emergencies around the world. It enables tracking of every child from the time of identification up until case closure to ensure that appropriate care is received. It was also introduced in Manaus, Belém and Rio de Janeiro and has been used by the different agencies and government workers involved in providing services to migrant children.

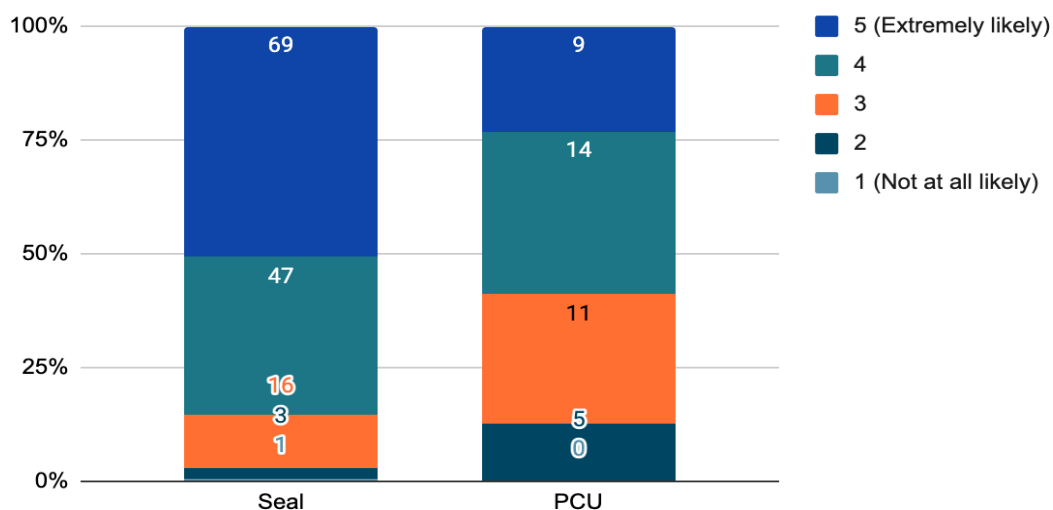
Limited government experience in emergency and humanitarian contexts, however, could make these efforts unsustainable, and UNICEF therefore would need to strengthen emergency capacity until emergency responsiveness is fully incorporated in the government structures.

"[UNICEF] gives municipalities a chance to understand their own realities and create sustainable solutions that are under responsibility of the local government. [...] I think that the role of UNICEF in supporting these municipalities, supporting the State in the construction of these sustainable strategies, is essential in the area of education,

health and citizenship. And I think that it ends up being very clear in the Seal". (Private sector)

When asked about how likely the municipalities were to sustain the results, half of the Seal stakeholders who responded to the survey (69 out of 136 respondents) fully agreed that their municipality would be able to maintain positive results achieved via the strategy (see Figure 16).

Figure 13: Perceived sustainability of Seal and PCU results



Source: Surveys with Seal stakeholders and PCU stakeholders⁹³.

Many efforts made at the national level after redemocratisation, particularly on children’s rights and the translation of the CRC into the Statute of the Child and Adolescent (ECA), are now at risk due to a general weakening of national public policies. Indicators such as child mortality, school enrolment and vaccination coverage rates are declining, which links to broader issues such as multidimensional poverty, exacerbated due to the COVID-19 crisis⁹⁴.

Furthermore, the economic crisis resulting from the pandemic also makes it less likely that the government will take on full responsibility for UNICEF supported activities. The financial cost of the pandemic, combined with the cost of the 2020 emergency social cash transfers, granted to around 30% of the population, have been substantial. As a result, cash transfers were not extended into 2021⁹⁵.

Thus, the sustainability of results, achieved within the CP period, is not guaranteed. According to many interviewees, it is also likely that UNICEF will need to focus more on downstream interventions in the coming years, particularly providing access to social protection services.

5.4.3 Factors That are Likely to Affect the Sustainability of Processes And Results Achieved

Some key boosters and barriers that are likely to affect sustainability of results include the following. These are described in more detail below.

Boosters

Barriers

⁹³ Survey question: (Seal/PCU) “How much do you believe your municipality will be able to maintain the positive results achieved with the program?”

⁹⁴ IBOPE Inteligência (2021); Instituto Nacional de Estudos e Pesquisas Educacionais Anísio Teixeira (Inep); Information System of the National Immunization Program (SI-PNI)

⁹⁵ World Bank, 2021.

- Engagement of senior leadership at municipal level (mainly Secretaries and the Mayors)
- Government ownership
- Incentives for municipalities (e.g. recognition)
- Creation of other bodies (inter-sectoral commission for the rights of children and adolescents, NUCA/JUVAs...)
- Strong municipal capacity (human, technical and financial)
- Continuity through availability of technical and administrative staff with adequate knowledge and skills
- Weakening of national public policies
- Political polarisation
- COVID-19 crisis
- No institutionalisation of the Seal
- Weak municipal capacity
- High staff turnover after elections

Leadership and engagement of the mayors is key to sustaining the Seal processes. In municipalities where this engagement is weak there is very little motivation or incentive for inter-sectoral Secretariats and Seal coordinators to participate. This consequently leads to weak implementation of activities. A possible reason for this is that the award of participation is not incorporated into regular government processes within municipalities or states and they need UNICEF to incentivise them with the Seal certification. Municipalities tend to make efforts to reach certain goals because of the visibility that UNICEF can provide them and the government. This improves their legitimacy and their work is recognised. This implies that they may have less incentive without UNICEF's presence. UNICEF disengaging at this point could potentially mean the loss of some of the processes and results achieved so far.

I think that the great challenge for UNICEF is to be able to transform actions and strategies into public policies through partnerships with local, state or federal governments." (Private sector)

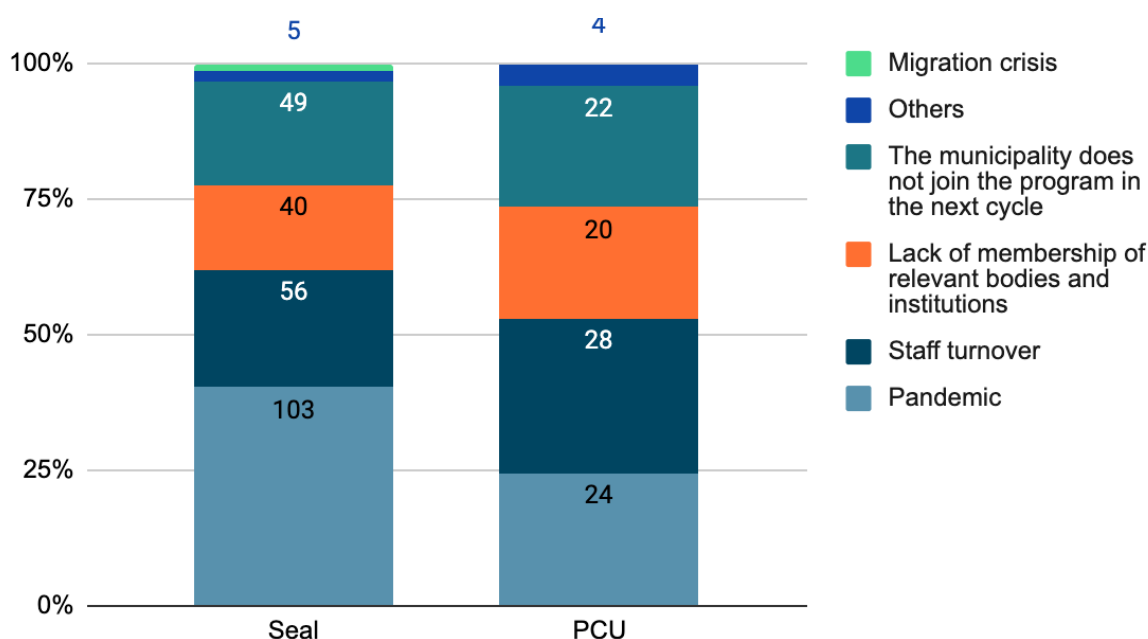
For the PCU, evidence suggests that stakeholders at times did not have the necessary capacities to implement the methodology. There are substantial differences across the cities participating in the PCU strategy, therefore the methodology is implemented differently across the cities. For instance, while São Paulo had a greater focus on sexual and reproductive rights, in Rio de Janeiro, the main priority was the prevention of homicides of adolescents and young people. This has implications for its continued implementation without ongoing UNICEF support.

According to over 50% of survey respondents⁹⁶, there is a lack of human resources to carry out the PCU activities. Changes in government personnel are frequent, due to election or nomination, and each time this happens UNICEF is required to provide training to the new staff. Without training capacity being internalised into government structures UNICEF is likely to be needed to continue providing capacity building support. This will affect its ability to disengage and divert its resources to other areas.

When asked about their biggest concerns related to the factors that are likely to affect sustainability of results achieved during the CP most of the Seal and PCU stakeholders participating in the survey mentioned staff turnover at the municipal level and the COVID-19 pandemic as shown in Figure 17.

⁹⁶ 18 out of 30 PCU respondents.

Figure 14: Barriers perceived as likely to affect the sustainability of Seal and PCU results



Source: Surveys with Seal stakeholders and PCU stakeholders⁹⁷.

Frequent changes in the political landscape at national, state and municipal levels represents a major threat to the sustainability of the CP results, including results obtained so far through capacity building. This is partly due to staff turnover, and the knowledge acquired during training and/or networking often not being transferred to new staff. The extent to which sustainability of CP results and processes will be affected by political change will depend on the nature and intensity of this change. For instance, a drastic modification of the national party's ideology and goals is a greater risk to sustainability of CP and overall UNICEF strategies, while a change in the state or municipal context could have fewer implications.

Changes in the local government can lead to the weakening of the Seal and PCU strategies and results. This is a risk that 41% of Seal and 72% of PCU stakeholders believe can affect the sustainability of results. Both UNICEF staff and government informants reported that, traditionally, technical staff would often remain in their positions despite the changes in the political landscape. In the last few years, however, there has been a polarisation on issues that used to be technical and uncontroversial, which can drastically affect the sustainability of the results. Both at the national and state level, it seems to be increasingly difficult to get engagement on certain topics for political reasons. For example, it is difficult to get endorsements from government committees on the issues of violence and homicide of children and young people, which is part of the PCU agenda.

Evidence suggests that after election and new staff appointment Seal processes come to an end within some Seal municipalities. This was particularly noticeable during data collection⁹⁸, when interviewees were reluctant to discuss the Seal initiative, as it was no longer being implemented. In another situation where a new mayor was elected, the administration staff suggested speaking to the former mayor, as the current one, recently elected, was not aware of the Seal activities.

5.5 Coherence

⁹⁷ Question: (Seal/PCU) What factors can affect the sustainability of the project's results?

⁹⁸ During the survey, four municipalities had to be replaced. At the end of the data collection period, six municipalities had given no response to the survey.

Summary of key findings: UNICEF's country programme cross sectoral interventions are coherent and complementary both at the national and subnational level. They allow UNICEF to advance child rights at the national and subnational level. centralised and decentralised structures have worked well enabling large-scale reach and presence as well as policy level work. External coherence has been achieved thanks to the clarity of UNICEF's mandate, its longstanding presence, the clarity of its interventions, as well as the division of roles and responsibilities amongst agencies. UNICEF has shaped its identity and a clear role amongst UN agencies working in Brazil. Its technical expertise is held in high regard.

5.5.1 Use of Downstream and Upstream Work to Address Inequalities, Equity Concerns, Human Rights and Gender Equality Including Policy and Advocacy

UNICEF's downstream and upstream work play an important role in addressing inequalities through its regular programme activities as well as its emergency response. As a member of the National Pact for ECD, the National Pact for the Implementation of Law 13431/2017, and the Parliamentary Front on Early Childhood, UNICEF contributed to elevating the discussions to the highest political level. Evidence from interviews and document review suggested that UNICEF has played a key role in Brazil to ensure that children's rights continue to drive governmental policies and strategies. The current government's position on human rights and children's rights has highlighted further the need for UNICEF in Brazil to advocate continually and unequivocally for children's rights at the highest level within government, at national and subnational levels. This has been particularly apparent during the COVID-19 pandemic, when UNICEF's expertise and voice were essential to advise decision-making related to school reopening for example.

As part of the VMC, in addition to providing direct service delivery, the UNICEF emergency teams took on a coordination role, closely working with the state, municipal and federal authorities. Working groups were established at the national and subnational levels with the government. This process has allowed them direct contact with the government for advocacy activities. In the response for both VMC and COVID-19, UNICEF provided support through its field staff as well as through coordination and advocacy with municipal, state and national authorities.

5.5.2 Coherent Capacity Development Strategy Focusing on Individuals, Institutions and the Enabling Environment

UNICEF does not have an overarching coherent capacity development strategy. Each section has its own strategy that is independent of other sections. Many UNICEF staff interviewed agreed that it would be valuable to have a more general overarching capacity building strategy, not tied to specific areas, contracts, or programmes. There was also a common view that it was necessary to develop a strategy to build emergency preparedness capacities. Interviewees also recognised the need for UNICEF to organise its capacity building activities in such a way that personnel and institutions in key cities or states could benefit and receive technical support from thematic teams, for instance, child protection for issues related to urban violence.

5.5.3 Synergies and Coherence Within UNICEF Structures, at National and Subnational Levels, as Well as Across Teams

UNICEF has taken steps to improve internal communication, synergies and coherence although further improvements are required. It has done this by gradually putting in place mechanisms that enable interaction between staff from Brasilia and Field Offices. These are the Non-Statutory Committees consisting of participation from thematic leads and territory leads. Examples of these committees include Programme Management Team (PMT); Technical Thematic Working Group; Migration Technical Team; Management Team of Municipal Delivery Strategies (MTMS); COVID-19 Technical team; & Physical and Sexual Exploitation and Abuse (PSEA). UNICEF also put in place an action plan⁹⁹ that provides staff support for improving their wellbeing. Areas within the workplan include work life balance, diversity, security, performance management, career development and prevention of harassment. This is helping to improve the feeling, amongst staff, of being isolated from decision making. There is a perception, amongst staff, that the role of the Brasilia Office is to make decisions and establish partnerships with the government, while the field offices are responsible for implementing the designed activities. Some respondents reported that, on occasions, the field offices did not have enough autonomy to implement contextualised activities, and that the level of independence had reduced over time.

Both internal and external stakeholders have noticed challenges with existing UNICEF structure. The question of structural coherence was raised by a small number of UNICEF staff and in documents reviewed, regarding whether Communications for Development (C4D) was well placed in the Communications section or if it should have been closer to programmes, especially the Child Protection, Health and Nutrition sections. This issue will require more in-depth research before the design of the next CP.

UNICEF staff reported a strong disconnect and lack of communication between the regular programme (development) and emergency teams, which affected cross-sectoral work. The mid-term and annual reviews were the only instances during which the different teams shared information and experiences with each other, and, while some staff identified potential linkages, no integrated work was put into practice. This lack of synergies may have resulted in inefficiencies, and both streams missed the opportunity to share lessons learned. For instance, the work of emergency teams on ethnic xenophobia is strongly linked to issues of racism and social exclusion explored by the regular programming teams. Similarly, more linkages between development and humanitarian interventions could have allowed UNICEF to provide support to indigenous populations, of which over 70,000 reside in the state of Roraima. Finally, the emergency staff highlighted the value added that could be created by collaborating with development programming teams in advocacy.

5.5.4 Coherently Embedding Emergency Preparedness and Response Programmes Within Longer-Term Programme in the Next CPD and Transitioning From Emergency Response to Development Mode

UNICEF generally recognises that emergency and development work are clearly linked and there is a need to embed emergency response and regular programming in the next CP supported by dedicated resources. It is considered important that UNICEF has an emergency preparedness plan across all sectors to respond to emergencies and that all teams need to be more prepared. For instance, developing workflows and administrative procedures would enable faster procurement in the future. UNICEF staff also reported the need to identify possible activities that could be absorbed within regular programmes for a smoother transition from emergency to development. There are many areas currently overlooked by emergency teams working on the VMC response that could be integrated within development interventions. Neither the VMC nor the COVID-19 crisis show signs of slowing down. The

⁹⁹ 2020 Global Staff Survey Action Plan

COVID-19 pandemic is expected to have long-term impacts across Brazilian society, particularly on children. At the same time, many migrants are now semi-settled in Brazil or travelling within Brazil and need support. The implications of this will need to be considered in the next CP.

5.5.5 Extent of Cross-Sectorial Linkages at Local Level and Between the Local, State and Federal Stakeholders, Including Coordination With UN Agencies

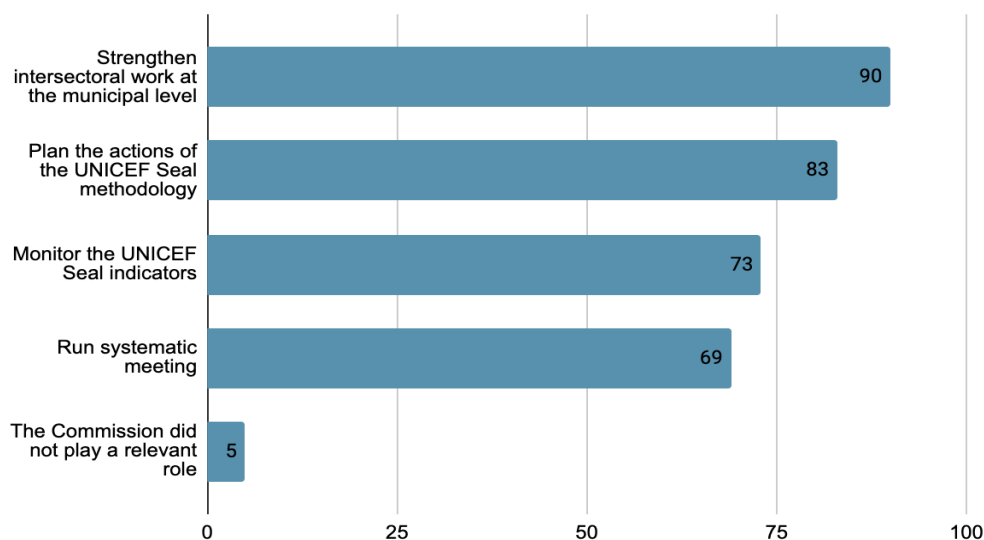
UNICEF has adopted an inter-sectoral approach and created cross-sectorial linkages across its programme sections, to some extent with government entities, and other UN agencies. UNICEF staff during interviews particularly highlighted that strengthening the inter-sectoral approach at the municipal level was a key area of achievement. UNICEF teams from different sections successfully collaborated to implement activities. For example, health, education and child protection sections for ECD, Child Protection and Education during the VMC and Child Protection, Adolescents, HIV and Education sections to develop activities aimed at preventing sexual violence against children. Using the PCU strategy UNICEF successfully enabled local government in ten urban centres to develop intersectoral dialogues and action plans focused on adolescent victims of homicide, adolescent pregnancy prevention, ECD, and out-of-school children. It was however agreed particularly by internal UNICEF staff that more intersectionality was needed across the different UNICEF sections. Key UNICEF staff also reported that it was often more difficult to engage donors and government partners in intersectoral activities not only because these were complex to measure, but also because the government for example is sectorised.

“The intersectoral work will depend on the political will of those involved.” (Federal government)

Seal stakeholders were asked about the creation and the roles played by the Inter-sectoral Commission for the Rights of Children and Adolescents in the municipality. As shown in Figure 15, within those who confirmed that they were aware of the existence of the Commission¹⁰⁰, 82% reported that its main role was to strengthen the inter-sectoral networks at the municipal level and 75% reported that its main role was to plan the actions of the UNICEF Seal methodology.

Figure 15: Perceived role of the Inter-sectoral Commission for the Rights of Children and Adolescents

¹⁰⁰ (110 out of 146 respondents)



Source: Surveys with Seal stakeholders¹⁰¹

UNICEF has worked closely with UN agencies. There is minimum duplication in work between UN agencies due to each having a clearly defined mandate and specific areas of focus. However, collaboration and coordination can be further improved. Whilst communication between the agencies has been adequate, several emphasised the importance for UNICEF to provide more information about their geographical working areas at subnational level. Agencies also suggested the need for improved coordination, particularly with smaller UN agencies and on issues relating to gender, upstream work and during emergency response. For example during the VMC same beneficiaries were targeted by several UN agencies. There was limited effort from the UN to set up processes to identify gaps and needs, and subsequently organise joint fundraising.

5.6 COVID-19 Response

RELEVANCE OF THE RESPONSE

The response to COVID-19 demanded adaptation and flexibility from UNICEF since the emergency response was not part of the initial CPD. According to interview, survey and SWOT data, the main internal barriers for UNICEF in adapting to changed circumstances were the limited staff experience in responding to health emergencies, absence of a contingency plan and WASH/IPC staff, and the initial lack of data and monitoring tools to assess scale of needs.

To ensure a quick and effective response, UNICEF adopted an evidence-based hotspot approach. This involves analysis of disaggregated socioeconomic and epidemiological data to define priority areas for action. UNICEF also conducted extensive research on the needs of children and adolescents within the context of COVID-19 to inform the response activities¹⁰².

In the first stage of the response, between February and September 2020, UNICEF expanded the coverage of its programme to attend to emerging needs and focused on the distribution of supplies and the communication of key messages. Initially, the most affected territory was the Southeast Region, however COVID-19 rapidly spread to the North and Northeast¹¹, Brazil's

¹⁰¹ Question: If you answered yes to the previous question [Commission created], "what do you believe were the main roles played by the Intersectoral Commission for the Rights of Children and Adolescents?"

¹⁰² This included a contextual analysis, and surveys on the impacts of COVID-19 for children and adolescents conducted by UNICEF alone, as well as studies conducted in collaboration with the World Bank, the Stockholm International Water Institute and the Instituto Sou da Paz.

most socioeconomically vulnerable territories, causing a collapse of the health system in many states¹⁰³.

By leveraging on existing and new partnerships with civil society organisations, the private sector, state governments and municipalities (through the Seal and PCU), UNICEF was able to expand scope of its activities to respond to the social impacts of the pandemic. BCO's ability to create new partnerships, including with private sector partners, was ranked in the SWOT analysis as the strength with the highest likelihood of impact. UNICEF staff also highlighted new ways of working, flexibility, and commitment of staff as key strengths during the first phase of the pandemic.

In the second stage of the response, from October 2020, UNICEF focused on reducing the transmission of the disease, and ensuring the adaptation, safety and continuity of healthcare, education, protection, and social assistance services. UNICEF started implementing WASH activities while building upon existing programmes through the PCU and Seal. The Safe Environments for Children, Adolescents and Families (SAFE) methodology was also adjusted to the COVID-19 context for prevention and control of COVID-19 and the secure access to services.

Scaling up of programmes and distribution of supplies; the implementation of new or adaptation to existing programmes (humanitarian actions, WASH and SAFE); cross-sectoral programming; and the ability to coordinate with existing partners were highlighted as the most significant ways in which UNICEF adapted to the changing context by UNICEF staff during interviews and the SWOT workshop.

Although UNICEF fundraising initially increased significantly as a result of the pandemic, during the second phase, private donors were more reluctant to support actions with longer-term expected results such as SAFE and policy advocacy in general. Some partnerships were lost due to donor preference to invest in hygiene kits, at a time when UNICEF strategy focused on expanding WASH and SAFE.

UNICEF staff and partners reported that the BCO has targeted the most vulnerable and excluded populations in its response to COVID-19 and met their needs, especially indigenous communities, Quilombolas, rural populations and people living in slums, conservation areas and vulnerable urban areas. Partners consistently rated UNICEF highly on its ability to reach the most vulnerable populations¹⁰⁴.

UNICEF was able to leverage existing strategies (especially the Seal and PCU) and partnerships to reach marginalised groups. In the case of Manaus, the personal protection equipment (PPE) received and provided to health professionals made a difference at a time when health services were under severe pressure. Especially after the collapse of the health system in Manaus, oxygen concentrators were also distributed. A public official stated: "we received thirty-five thousand pairs of gloves, and that was gold here, because nobody had it [at the time]".

In addition to donations, training of social protection/assistance professionals was considered valuable and efficient, as indicated by a government partner:

"Our staff received guidance from UNICEF, and they were able to pass this on. From the conversations with UNICEF, we had several virtual meetings, and we passed on this information, the protective measures, and the guidelines. So, in this educational format our joint work with UNICEF reached a lot of communities."
(Subnational government)

In some areas, local organisations helped identify vulnerable communities for the delivery of kits, for example in Belem:

¹⁰³ Castro (2021). COVID-19. The Observatory points to the biggest health system collapse in the history of Brazil.

¹⁰⁴ Rated eight to ten out of ten

“(…) now in February we closed yet another deal for delivery of a baby hygiene kit, toothpaste, brush, soap and also masks (…) We were able to mobilise more than 50 partners distribution partners (…) who also supported in identifying the population that was in need of this distribution.” (CSO partner)

ADDED VALUE OF THE RESPONSE

Brazil’s overall response to the COVID-19 pandemic has faced various challenges such as limited coordination and leadership from the federal government. Although the federal government initially provided financial aid to vulnerable families and subnational governments to alleviate the effects of the pandemic¹⁰⁵, the national response was not sufficient to mitigate the socioeconomic impacts of COVID-19 on the most marginalised groups. Moreover, due to budgetary constraints, the federal government reduced emergency aid initiatives in 2021¹⁰⁶.

UNICEF prioritised measures to respond to the socio-economic impact of COVID-19, which added value, through the delivery of hygiene kits, communication strategy, WASH and SAFE initiatives, social protection, evidence generation and public advocacy, and support to the health sector. This added to efforts made by the government and other organisations.

The prompt delivery of critical medical and WASH supplies was cited, both in the survey and in the interviews, as having added value to the national response¹⁰⁷. UNICEF played an essential role supporting implementing partners with the delivery of supplies, especially in the Amazon region, where UNICEF is well-positioned to act to its office in Manaus and as part of the joint UN response to the VMC in the state of Roraima. Subnational authorities delivered PPE to 10,958 health workers in Manaus with UNICEF support.

Social assistance and health services including CRAS, CREAS (Specialised Social Assistance Reference Centre) and health facilities were supported with individual protective equipment, along with communication and information dissemination campaigns. The focus was on awareness raising and training of health, education and social assistance professionals in infection prevention protocols.

Life-saving messaging on prevention measures, related to Risk Communication and Community Engagement (RCCE), was instrumental to protect people from exposure to the virus. An estimated 1,8 billion people¹⁰⁸ were reached with messages on prevention and access to services. Migrants from Venezuela also received guidance translated into Spanish and the Warao language. In interviews, civil society partners working in the states of Amazonas, Maranhão and Ceará also highlighted the effectiveness of the messages conveyed by the children themselves.

UNICEF was also heavily involved in public advocacy as part of the emergency response to the pandemic. The BCO was one of the first advocates of the reopening of schools based on safety protocols. As a result, UNICEF lent credibility to the cause at a time when there was widespread resistance from parents, teachers, and local governments.

UNICEF worked closely with key education stakeholders, including the National Association of Municipal Education Departments (UNDIME) to disseminate messages, lessons learned and tools to support school reopening. National guidelines on safe opening of schools were prepared and made available on the UNDIME website. An open online platform was designed to support the Department of Education with a toolkit that it could use to self-assess the existing conditions and infrastructure. This enabled the department to prioritise its activities and ensure schools were safe for children to return with access to soap, hygiene supplies and hand washing stations. In addition to helping school managers prioritise actions, the results of these self-assessments, which have not been published yet, were to inform the medium to

¹⁰⁵ UNICEF Brazil (n.d.). Hotspot meeting - UNICEF Brazil. UNICEF: PowerPoint Presentation.

¹⁰⁶ “Menos dinheiro para menos brasileiros: o que muda no novo auxílio emergencial”. BBC Brasil.

¹⁰⁷ UNICEF Brazil (2021). RAM Country Programme Full Approved Report (Unpublished document)

¹⁰⁸ People could be reached more than once by the same message.

long-term WASH needs in schools. UNICEF also created content focused on adolescents, youth, teachers, governments and partners to support distance learning.

In Amazonas and Rio de Janeiro, civil society partners highlighted the importance of UNICEF support for school reopening by providing kits for the National High School Exam (ENEM kits), which included smartphones with data packages, masks and publications on safe return to schools, mental health and COVID-19 prevention. Partner NGOs were responsible for identifying these vulnerable adolescents.

Advocacy to make children, the hidden victims of pandemic, more visible, was another activity that added value to the national response. For instance, the survey on the primary and secondary impacts of COVID-19 on children and adolescents (July and October 2020) placed on the public agenda issues affecting children and adolescents. This included reduced family income, increased food insecurity, adolescent mental health. In the Amazon region, UNICEF advocated to keep the child support network active despite restrictions on movement. Personal protection equipment was distributed to Guardianship Councils so they could continue to assist children victims of violence.

UNICEF also supported local health services, such as prenatal, delivery and postnatal care, essential newborn care, immunisation, treatment of childhood illnesses and HIV care through community health workers¹⁰⁹ and health facilities, reaching 88 million people¹¹⁰.

UNICEF has continued to work through existing national structures and its ongoing strategies. For example, it appears that UN's previous work on primary health care for Venezuelan refugees accelerated COVID-19 prevention measures. This included providing immunisation, hygiene, and preventive care and resulted in only 4% of migrants living in shelters being infected in Boa Vista during the first phase of the response.

UNICEF strengthened its collaboration with the National Association of Municipal Social Assistance Managers (CONGEMAS) to reinforce their capacity to respond to the emerging needs. Based on a survey of more than 1,200 social workers, two practical guides were developed to help social assistance services adapt their services during the pandemic and in other types of emergencies¹¹¹.

EFFECTIVENESS OF THE RESPONSE

There are diverging viewpoints about the effectiveness of the emergency response. For some, the emergency response was prompt, considering existing vulnerabilities. For others the scale of response was disproportionate to the scale of need and only a "drop in the ocean". The SWOT analysis also revealed that the "difficulty making the initial transition from the previous programmatic agenda to new demands" was among UNICEF's internal weaknesses. Some interviewees stated that the implementation of the second phase was not as prompt as the first, which affected fundraising. Considering most of the interviews with partners and staff members, deliveries of health equipment and food supplies were important, given the need of children and their families, and the emergency response was efficient.

UNICEF Brazil's mobilisation for children and adolescents' rights in the context of COVID-19 included cooperating with the federal government. However, limited action from the government and/or undermining of ongoing efforts was scored as the most likely threat (over nine out of ten on average) to UNICEF's COVID-19 response and among the threats with the highest impact (eight out of ten on average) during the SWOT analysis. For example, efforts were made to collaborate with the Ministry of Citizenship for improved water supply in schools, however with limited success.

¹⁰⁹ These are UNICEF-supported

¹¹⁰ According to the BCO COVID-19 Monitoring framework indicators

¹¹¹ UNICEF (Unknown). Diretrizes e Orientações Gerais para a preparação dos Centros de Referência de Assistência Social/CRAS em contextos de Calamidades e Emergências. Caderno 2.

UNICEF advocacy efforts led to improvement in internet connectivity for vulnerable children. UNICEF brought together the five largest telecommunication companies in Brazil, Congress and the Ministry of Telecommunications to advocate for funding internet infrastructure in schools. This led to the allocation of USD 270 million to the Telecommunications Services Universalisation Fund (FUST) to provide free broadband connections to the most vulnerable groups.

The BCO also created a technical group to disseminate information related to its coordination, collaboration and communication with the Brazilian government. This group shared with Zone Offices information about its advocacy efforts and actions at the federal level. This enabled local offices to be aware of the high-level discussions and to maintain a coherent discourse at the state and municipal levels.

EFFICIENCY OF THE RESPONSE

During the pandemic, the country office continued to implement and monitor its activities as planned and according to its standard operating procedures. Partners' perceptions during the interviews were that the implementation and delivery of supplies happened in accordance with UNICEF's plans and reached their target populations¹¹². UNICEF monitored and verified the implementation and distribution of supplies through surveys, online meetings, visits, photos and videos. In addition to regular monitoring, UNICEF also increased partner capacity through training. This helped to strengthen technical and implementation capacity of partners.

Donations for WASH and PPE exceeded expectations. Large volume of resources both in cash and in kind were donated by the private sector. Partners interviewed reported that all donations received through UNICEF were of good quality and available in large quantities. Adequate logistics for the delivery and distribution of supplies were critical to the success of the response, particularly for families in hard to reach areas. This was particularly noted by government partners.

Staff working remotely adapted quickly to the challenges of delivering the COVID-19 response and collaborative work with partners was not adversely affected by remote ways of working. All surveyed partners showed satisfaction in working with UNICEF during the pandemic, reporting that interaction with UNICEF staff was easy.

Timelines received an average score of 7.3/10 in the staff survey. UNICEF staff reported that previous experience with the VMC and its emergency procedures enabled them to provide an efficient and effective COVID-19 response. Factors that further contributed to the timeliness of the response based on UNICEF staff survey included capacity; resource mobilisation and funding levels; negotiation with donors; flexibility in budgets/objectives; and UNICEF's Simplified Standard Operating Procedures for Corporate Emergency Activation procedure in Level 3 Emergencies.

Partners were satisfied with UNICEF's timeliness. Many reported that UNICEF offered support from the start of the pandemic with food and hygiene supplies.

Factors that hindered the timeliness of the response, according to UNICEF staff, were communication and coordination with the government, due to its reluctance to acknowledge the need for urgent measures to respond and prevent infection. Some staff also selected capacity and inadequate resource mobilisation and funding levels as hindrances. Moreover, partners reported that UNICEF support slowed down or stopped at the start of 2021 because of the municipal elections.

“So, we stopped in December, we demobilised it, we haven't restarted any mobilisation this year yet [...] we had a change of management of city hall, new mayor, new

¹¹² Partner evaluations were based on a small, non-random sample of 13 interviewees and could not be triangulated with other sources, so conclusions cannot be generalised to all of UNICEF partners.

secretary, so we are reordering all the work. So, we started the conversations again... We will be restarting the work this month.” (Feedback from partners)

Partners praised UNICEF’s openness to suggestions and complaints, and UNICEF’s ability to adjust quickly to feedback. An example given by a CSO partner is their suggestion of adding food donations to hygiene kit donations, to which UNICEF readily responded. Partners affirmed that they never had any difficulty in communicating with UNICEF staff.

“The channel is always open [to UNICEF staff]. There is WhatsApp, phone, email ... their answers are very fast.” (Partner)

Interviews showed that partners who had prior relationships with UNICEF were consulted about UNICEF’s activities, especially to gather lessons learned. However, partners established after the onset of the COVID-19 pandemic were not consulted.

“For example, we have just done a feedback survey on the participation of UNICEF in the homicide prevention committee. Every time a PCU cycle starts and ends we always have a seminar on lessons learned, on how we can improve later” (partner)

CHALLENGES FACED DURING THE RESPONSE

During interviews, partners and staff also highlighted the challenges UNICEF should consider as part of its continued COVID-19 response, as summarised below.

School reopening: UNICEF struggled to achieve its objectives related to reopening schools due to resistance from key stakeholders, such as teachers and subnational level decision-makers, and the worsening of the pandemic. Public investments have focused on health rather than education. Most governments have not prepared schools by procuring necessary supplies for safe reopening. Furthermore, the municipal elections coincided with the school reopening advocacy campaign, and most candidates avoided taking a strong stance on this issue. As the health crisis worsened, some stakeholders, initially in favour of school reopening, reconsidered their position. School closures have led to an increased likelihood of children dropping out of school and this is a cause of concern. Partners also reported that during online classes there are frequent external disruptions due to classrooms being open to the public.

- **Vulnerable populations:** the economic crisis aggravated by the pandemic, limited quality public services, the slow rate of vaccination and increased levels of poverty have increased the vulnerability of the riverside and indigenous populations in the Amazon region, and the Quilombola and Terreiro communities in the semi-arid region.
- **Vulnerable families** face difficulties in accessing water, education, food and health services. Given the economic situation in Brazil and the high rate of unemployment and informal work among low-income families, many families found it difficult to support themselves financially. This affected their ability to purchase food and other essential items. Even though federal emergency aid through cash transfer returned, albeit at a lower value than in March 2020, families still struggle to fulfil their daily needs.
- **Homeless children and precarious settlements:** Poverty has increased amongst families and increased number of children living on the streets, including in urban centres. Primary data collection showed that UNICEF partners considered this group to be one of the most vulnerable especially during the pandemic, as they are more exposed to violence.
- **Vaccination:** partners highlighted that supporting COVID-19 mass vaccination should be UNICEF’s main priority otherwise there is a risk of an even greater decline in socioeconomic and health indicators in the country.
- **Internet access:** many municipalities in Brazil still struggle with internet access, especially in the Amazon and Semi-arid region. Remote activities are a challenge for

these municipalities at many levels, from offering remote public services, to communicating with communities and with external partners to ask for emergency support.

- **Municipal funding and capacity building:** The ability to assess vulnerability levels accurately has been affected with the unexpected cancellation of the Brazilian census. As a result, municipalities will require innovative ways to measure and map vulnerable populations and their needs.
- **Food security:** The most vulnerable households are typically headed by informal workers who are most at risk as they are outside the social protection system. The increase in food prices and the reduction of income has led many families to a state of deprivation during the pandemic. As the labour market will take time to recover, such families will have difficulty staying above the poverty threshold and food insecurity is likely to increase.
- **Mental health:** Mental health issues are a concern among partners. Hunger, unemployment and poverty are an ongoing issue with no real solution in sight. Partners reported that it is necessary to provide spaces where people can express their emotions.

UNICEF's relationship with the private sector during the COVID-19 pandemic expanded and deepened. However, aligning donor funding with programmatic priorities has required intensive work on the part of BCO top leadership and it is not clear if mechanisms are in place to maintain private sector engagement in the next steps on COVID-19 response and even after the pandemic. One way that could address this problem is to strategically align fundraising with public policy priorities. For example, school connectivity is an urgent priority for municipalities with the potential to engage corporations in the telecommunication sector. If data show that students supported by connectivity kits have better school performance, there is a strong argument for turning these into permanent public policy.

6 CONCLUSIONS

Conclusions in relation to the relevance, effectiveness, efficiency, sustainability and coherence of the CP are given below.

Conclusion 1 (Relevance): UNICEF Brazil CP objectives and priorities were relevant and aligned to government priorities. These have enabled UNICEF BCO to strategically position itself well. It is a respected and accepted partner of the government, particularly at subnational level and other national and international entities working in Brazil. However, whilst its strategic positioning has been generally well aligned with needs, particularly of the government, it would benefit from introducing processes that enable it to systematically and more regularly reflect, evaluate, review to adapt its programmatic priorities, especially those set out in the Country Programme Documents. This would provide the necessary sense check and maintain the relevance of the CP throughout the 5 year cycle, informed by appropriate consultations with wider group of stakeholders and latest evidence of new emerging needs, both within the general population and specific groups and geographic locations. Also, as inequities are rapidly growing following the current political and economic situation as well as the COVID-19 pandemic outbreak, new programmatic areas, specific target groups, and geographical specificities will need to be further prioritised in the new CP.

Conclusion 2 (Effectiveness): UNICEF CP interventions successfully contributed to reduce inequalities and promote the rights of children and adolescents in large cities and vulnerable municipalities in the Semi-Arid and Amazon regions of Brazil. Marginal groups were effectively

reached through advocacy, partnership and different subnational strategies. Engagement through social mobilization strategies such as the Seal and PCU initiatives strongly contributed to achieving results, especially the use of an inter-sectoral approach at the municipal level.

Conclusion 3 (Efficiency): UNICEF Brazil's ambitious but successful resource mobilisation strategy and approach serves as an example for other COs but major reliance on other funding resources (OR), whilst inevitable, poses high risk. The current structures, whilst adequate could benefit from additional management support for its decentralised layer as well as increasing opportunities for decision making at these levels and expertise that currently predominantly exist at CO level.

Conclusion 4 (Sustainability): UNICEF's CP strategy of working with and through existing government structures at national and subnational levels, as well as through IPs, is conducive to sustain net benefits of its interventions. However, there is still high level of human and financial resource dependency on UNICEF to lead the interventions and factors such as political change, which are beyond UNICEF's control, are likely to continue to affect sustainability. UNICEF's highly successful approach for subnational engagement and capacity building (Seal and lately PCU) has contributed to achieving positive results for promoting and realising rights of children, but it's highly resource intensive and despite using this approach for many years UNICEF does not yet have a plan in place on ways to reduce the current dependencies.

It continues to take the lead and municipalities remain accountable to it through participation and reporting. It will need to transition into a supportive role with higher level government institutions taking the lead and participation/reporting being mandatory as part of government reporting systems and this will also help to shift accountability. Whilst capacity building has enabled UNICEF to strengthen its partners, it needs to identify approaches by which it can embed this strategy into existing Brazilian institutions which could ensure longer term sustainability.

Conclusion 5 (Coherence): BCO's CP is coherent. Without the cross sectoral interventions and intersectoral approach it would not be possible for UNICEF to achieve the scale of reach at subnational level given its limited resources and structures. UNICEF can further add substantial value by encouraging and enabling the government, private sector and other organisations to use this approach to achieve more holistic responses to promoting and achieving rights of children. This can in the longer term potentially reduce the need for UNICEF to be leading on these and reduce dependencies. There is lack of clear strategy on how UNICEF will transition its emergency responses to development mode. UNICEF has shaped its identity and a clear role amongst UN agencies working in Brazil and could capitalise upon this by continuing to take on convening and coordination role.

7 LESSONS

The main lessons learned are as follows:

- The ability to adopt a flexible programming approach and adapt to changing contextual needs and political environment is essential if UNICEF's work is to remain relevant. UNICEF has repeatedly demonstrated its ability to do this especially in response to the two emergencies (COVID-19 crisis and VMC) and political changes.
- The social mobilisation approach via the Seal and recently PCU provides UNICEF a mechanism to implement intersectoral and integrated programming within municipalities with the aim to build capacity for long term sustainability. This requires substantial ongoing commitment from subnational governments and UNICEF. Despite the Seal, in particular, being implemented for many years, subnational governments still require ongoing UNICEF support. In order to reduce dependencies, UNICEF needs to work with national and subnational institutions and governments to internalise processes within the Brazilian systems. This also demonstrates that, whilst capacity building is an appropriate strategy at all levels and across interventions, it does not guarantee sustainability unless there is a systems change.
- Using evidence-based advocacy that focuses on influencing public and policy is a holistic approach that enables UNICEF to influence change from both top-down and bottom-up simultaneously. UNICEF has been very effective in its advocacy efforts, which sets the ground for and complements other programme interventions.
- Setting up an ambitious CP with the expectation that funding will be mobilised during its implementation is high risk yet unavoidable considering that regular resources are limited. This should not stop UNICEF from designing a programme according to the scale of needs in Brazil. Evidence has shown that it can mobilise resources with a well-resourced and strong resource mobilisation and partnership section. However, UNICEF needs to broaden its resource mobilisation approach to further mitigate risks, for example along the lines of the B4R pillars.
- Having strong M&E systems is crucial for generating evidence to inform planning and implementation as well as assessing performance. M&E has been evolving during the CP period to align with programme changes and this is considered a good practice. However, what are currently termed as 'outputs' are in fact intermediate level results and there is a gap between activities and their direct results. UNICEF would benefit by taking this into account for the next CP as well as aligning more closely PCU and Seal results with CP results so that they are streamlined. Future evaluations will also benefit from this change as well as UNICEF's own ability to assess programme performance.
- UNICEF has clearly demonstrated that it is possible to continue its development work whilst responding to unforeseen emergencies. It has developed its expertise and confidence to respond as well as use the HAC appeals to mobilise resources without affecting the resources for the CP. This shows the importance of the HAC as a tool as well as UNICEF's ability to manage change.

8 RECOMMENDATIONS

Recommendations presented in this section are based on the findings and conclusions from this evaluation. These were discussed during a validation workshop¹¹³ and finalised in consultation with the BCO, Evaluation Manager, and ERG. The evaluation team has focused the recommendations on areas of potential change that are of greatest significance and utility for UNICEF Brazil. The recommendations are detailed in the table below, which includes associated action points, timelines and responsible persons.

¹¹³ Held remotely on 7th December, 2021

Table 11: Recommendations and action points

OECD- DAC criteria	Recommendation	Actions	Implementation timeline	Responsibility
1. Relevance	<p>To ensure that the next CP responds to the changing country context, priorities and needs of the most marginalised children and their families BCO should:</p> <p>1.1 Ensure that the new CPD reflects the lessons learned on priority areas, and more explicitly addresses the intersectional inequalities on gender, race and ethnicity.</p>	<p>1.1.1: As part of CPD planning, the Programme Rational will integrate lessons learned and explicitly address vulnerable groups related to key deprivations. Include forecast from this review into the CPD process.</p>	Dec 2022	Deputy Representative and Chief SPM&E
	<p>1.2 The above should be informed by evidence specifically collected for this purpose and consultations held with wider group of stakeholders specifically subnational government, beneficiaries and other relevant partners including the private sector. Both new evidence and stakeholder consultations should also be used during preparation of the CPD.</p>	<p>1.2.1: Hold broad consultations to inform planning in the new CPD process, with pre-defined tentative timetable.</p>	Dec 2022	Country Representative
2. Effectiveness	<p>To ensure that UNICEF BCO delivers results in the next CP:</p> <p>3.2 BCO with the support of DAPM and LACRO should rethink how and when programme performance is measured (specifically at outcome level). This will also mean helping to strengthen government departments (such as IBGE) and monitoring systems with a focus on disaggregated children's data.</p>	<p>2.1.1: Include more frequent review and revision (where required) of outcome indicators in coordination with other stakeholders including the Government. 2.1.2 Develop a data strategy for the next CPD.</p>	Dec 2023	Chief SPM&E

	3.3 BCO could support LACRO with lessons learned on what has and hasn't worked from using localised strategies such as the Seal. The Seal was recently evaluated by UNICEF New York's Evaluation Office and the evidence can be used to inform this exercise. The regional office can then support design of localised strategies and replication of pilot to scale strategies such as Seal as test cases in new contexts.	2.2.1 BCO to share with LACRO methodologies and instruments applied in the SEAL strategy to support the design of localised strategies in other countries of the region.	Dec 2022	Chief of Adolescent and Youth Development Program
3.Efficiency	To better achieve results in the next CP it is key that: 3.1 BCO, with the support of LACRO, introduces risk mitigation plan within its partnership and resource mobilisation strategies. This is to ensure there is adequate commitment and potential availability of funding, in particular flexible funding, earlier on (or even at the start) of the programme to provide UNICEF greater funding security. UNICEF could start discussions about funding with private sector as part of the programme design consultations.	3.1.1 Include partners and donors in the design and development of the new CPD, planned for 2022. 3.1.2 Develop a joint PFP/RM framework once the CPD is developed.	Dec 2022	Chief Resource Mobilization & Partnerships
	3.2 B4R approaches are further utilised, including incorporating businesses as a stakeholder in the development of country programme documents, influence them to integrate children's rights as part of their responsible business conduct and mobilise non-financial business resources such as skills and influence. This should	3.2.1 Have B4R strategy included as part of ToC of the new CPD.	Dec 2022	Country Representative and Deputy Representative

	help achieve more efficiently results in the new CP implementation.			
	3.3 Current linkages (both vertical and horizontal), and management structures, in particular of the programme team, should be strengthened and adapted to respond to the needs of different regions (such as the Amazon). Current mechanisms in place such as TWG and PMT provide a good starting point to build upon.	As part of CPMP preparation review existing mechanisms and take steps to strengthen these, including: 3.3.1 As part of AMP 2022, update existing mechanisms to ensure stronger linkage between PMT, ETT, TWG, Territory Groups and Municipal Strategies 3.3.2 Develop accountability framework	First Semester 2023	Deputy Representative Operations
	3.4 Staffing capacities should be enhanced at FO level with expertise that only currently exist at Brasilia level (e.g. ECD and social policy). Further review to understand the specific staffing levels and expertise required will be important before decisions are taken in this regard.	3.4.1 As part of the CPMP preparation, review existing distribution of expertise and adequately meet resourcing needs	Dec 2022	Deputy Representative Operations
4. Sustainability	To ensure sustainability of the next Country Programme, it is important to: 4.1 Develop a sustainability plan, jointly working with key stakeholders, that clearly outlines ways in which UNICEF will mainstream programme processes and strategies into existing government systems. This will require increased stakeholder engagement and developing partner capacity as well as strengthening government and other private sector systems as well as strengthening and expanding its strategic alliances.	As part of the CPD development process: 4.1.1 Map Government institutions to identify those UNICEF needs to engage with (including municipal managers) 4.1.2 Organise meetings to engage with the new elected governments as soon as elections happen.	Dec 2023	Chief of Adolescent and Youth Development Program and Chief SPM&E

5. Coherence	5.1 Continue influencing and provide support (in the form of tools, evidence, methodology) to the government, and private sector to adopt an intersectoral approach within their own planning, and implementation processes (for more integrated responses to promoting and achieving rights of children)	5.1.1 Strengthen partnership with subnational governments to foster intersectorality through the Seal and the Urban Centers strategies.	Dec 2023	Deputy Representative
	5.2 Develop an integrated programme capable of responding to humanitarian and development needs within Brazil (humanitarian-development nexus). This should include embedding preparedness and response mechanisms, developing plans, allocating budgets, determining staffing capacities, for unforeseen emergencies as well as strengthening partnerships with the federal government for increased ownership and collaboration. UNICEF should ensure that ongoing response to COVID-19 and VMC is embedded coherently within the next CPD	5.2.1 Ensure that the AMP considers an Emergency Technical Team that can address COVID-19, Migration and Climate Change/DRR. 5.2.2 Starting with the AWP further invest in integrated humanitarian interventions anchored in system strengthening of public policies.	Dec 2022	Emergency Manager

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