



Global Evaluation Evidence Synthesis: Evidence of UNICEF achievements for children from 2018-2022 evaluations

Global Evaluation Evidence Synthesis: Evidence of UNICEF achievements for children from 2018-2022 evaluations: Final report

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United Nations Children's Fund
Three United Nations Plaza
New York, New York 10017

September 2024

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Please cite the work as follows: UNICEF. September 2024. *Global Evaluation Evidence Synthesis: Evidence of UNICEF achievements for children from 2018-2022 evaluations*. UNICEF Evaluation Office, New York.

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Preface

As we approach the last few years of the 2030 Agenda in an increasingly unpredictable and fast-changing world, it is imperative that we understand what UNICEF has and has not been able to achieve to determine what works, what does not, and for whom – and how and why this is so. Asking and answering the questions that generate this knowledge is crucial if we are to achieve the best possible results for the children we serve and maximize UNICEF's contribution to the Sustainable Development Goals.

The evaluation function of UNICEF is responsible for this endeavour. The Evaluation Office undertakes independent, impartial, and credible evidence-based assessments that answer key questions about organizational performance – questions such as, are we doing the right things? Are we doing them well? What are we achieving through them and what are we not achieving, and for whom? How? Why? These questions aim to foster learning, strengthening accountability and thereby enhancing the organization's positive impact.

We have produced thousands of evaluations over the decades covering countless programmes, projects, policies, partnerships, and other aspects of UNICEF's work. To date, however, we have never systematically analysed these with a view to distilling the knowledge we have generated into a clear, comprehensive overview of UNICEF's overall performance.

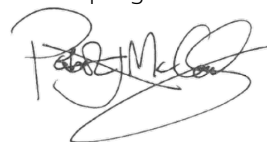
The emergence of artificial intelligence (AI) has made the analysis of such a large volume of material to fill this knowledge gap far more feasible, far faster and far more affordable. Therefore, with this document, we are delighted to present this first Global Evaluation Evidence Synthesis (GEES), which summarizes the outcomes of UNICEF's work over several years and the corresponding lessons that should inform future programming.

Covering the period from 2018 to 2022, this initial GEES consolidates evidence from the 631 highest-calibre evaluations the UNICEF evaluation function has produced, resulting in a systematic overview of the outcomes and impact of UNICEF's work.

Building on development effectiveness reviews (DERs) previously conducted by UNICEF, this GEES focuses more squarely on outcome-level results set forth in the two main documents that guide the work of the organization: the UNICEF Strategic Plan and the Integrated Results and Resources Framework.

Using an innovative AI-assisted, semi-automated methodology to consolidate the evidence from these evaluations, the GEES provides a holistic view of the progress made and the challenges encountered in UNICEF's five Goal Areas during the 2018-2022 period. It also identifies the main factors enabling or hindering results during this period. The lessons from these evaluations and their recommendations are identified to enhance UNICEF's performance at the programme, policy and practice levels.

I am confident that these results will serve as an accelerator for action by providing UNICEF senior management, personnel, and partners with the evidence to champion and advance our work to achieve outcomes for children. The GEES also intends to better inform future evaluation prioritization and planning in UNICEF to fill the gaps where evaluation evidence is scarce. I invite you to delve into the report to critically explore how its findings and recommendations can drive progress for every child.



Robert McCouch
Director of Evaluation
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Acknowledgements

This GEES was commissioned by the UNICEF Evaluation Office and managed by Erica Mattellone, Senior Evaluation Specialist and Team Leader for Institutional Effectiveness, with the support of Kamilla Nabiyeva, Evaluation and Research Specialist, Uyen Kim Huynh, Innovation Specialist, and Nabamallika Dehingia, Data Scientist. The Evaluation Office rolled out this exercise in collaboration with the Programme Group, the Division of Data, Analytics, Planning and Monitoring, the Global Office of Research and Foresight, the Office of Emergency Programmes, and regional offices. Geeta Dey, Celeste Lebowitz, Giuliano Bianchini and Kyra Variyava in the Evaluation Office provided support in administrative and communication matters. Alvina Lim copy-edited the report, while Elena Panetti designed the layout.

The GEES was written in collaboration with a synthesis team coordinated by Newcastle University. Appreciation goes to Dr. Fiona Campbell, Dr. Pauline Addis, Lena Schmidt, Hannah O'Keefe, Madeleine Still, Ayo-Oley Baldeh, and Kate Lanyi.

The aim of this GEES was to provide UNICEF with a comprehensive, synthesized analysis of 631 evaluations produced between 2018 and 2022. The result is an evidence-based and detailed synthesis of where UNICEF performs well and associated key facilitators, along with areas for improvement as well as barriers. Since evaluations are extensive and information-rich, novel semi-automated data extraction methods were used, which struck a balance between speed, reproducibility, and depth of analysis. It is hoped that this report will enable UNICEF to continue to help children and adolescents worldwide in the most efficient and effective way possible.



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Acronyms and abbreviations

AIDS	Acquired Immunodeficiency Syndrome
ARV	Antiretroviral
BR	Birth Registration
CAC	Child Advocacy Centre
CAR	Central African Republic
CLTS	Community-Led Total Sanitation
COVID-19	Coronavirus Disease
DER	Development Effectiveness Review
DRC	Democratic Republic of the Congo
DRR	Disaster Risk Reduction
DTP	Diphtheria Tetanus Pertussis
DTP3	Third dose of Diphtheria Tetanus Pertussis
EAPR	East Asia and the Pacific Region
EBF	Exclusive Breastfeeding
ECAR	Europe and Central Asia Region
ECD	Early Childhood Development
EET	Education, Employment or Training
ESAR	Eastern and Southern Africa Region
EU	European Union
FCPU	Family and Child Protection Unit
FGM	Female Genital Mutilation
GA	Goal Area
GDP	Gross Domestic Product
GEC	Global Educational Cluster
GEES	Global Evaluation Evidence Synthesis
GER	Gross Enrolment Rate
GEROS	Global Evaluation Reports Oversight System
HIV	Human Immunodeficiency Virus

IECD	Integrated Early Childhood Development
IMAM	Integrated Management of Acute Malnutrition
IRRF	Integrated Results and Resources Framework
IT	Information Technology
IYFC	Infant and Young Child Feeding
KRC	Key Result for Children
LACR	Latin America and Caribbean Region
LLIN	Long-Lasting Insecticidal Net
LSE	Like Skills Education
MENA	Middle East and North Africa
MENAR	Middle East and North Africa Region
MHM	Menstrual Hygiene Management
NEET	Not in Education, Employment or Training
OD	Open Defecation
PTMCT	Prevention of Mother-To-Child Transmission
PNC	Postnatal Care
RA	Result Area
ROSA	Regional Office for South Asia
SAM	Severe Acute Malnutrition
SDG	Sustainable Development Goal
SP	Strategic Plan
UN	United Nations
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene
WCAR	West and Central Africa Region
WiPC	WASH Programming in Protracted Crises



Executive summary

Introduction

In a fast-changing world, and at the midpoint of the 2030 Agenda for Sustainable Development and its 17 SDGs, it is imperative that UNICEF understands what has been achieved, how, and why to determine what works in realizing positive outcomes for children and adolescents. In line with its Evaluation Policy (2023), every year UNICEF commissions, on average, 150 evaluations of its interventions, programmes, strategies, and policies to generate independent, credible, and evidence-based assessments of the results achieved for children, with a view to promote accountability, enhance performance and foster learning in the organization from what works well and what does not.

In 2023, the UNICEF Evaluation Office, in partnership with Newcastle University, launched a systematic synthesis of these evaluations to provide a comprehensive summary of UNICEF's main achievements and areas for improvement based on evaluation evidence. This first Global Evaluation Evidence Synthesis sought to provide evidence of what has or has not worked in achieving results for children and adolescents. It identifies the key factors that have enabled or hindered UNICEF's achievements and highlights lessons learned emanating from evaluations. The report also elicits recurrent recommendations for potential areas of improvement in policy, programming, and monitoring and evaluation.

This GEES covers the period from 2018 to 2022, reflecting UNICEF's commitment to the [Strategic Plan 2018-2021](#) and the current [Strategic Plan 2022-2025](#), both of which aim to realize the rights of all children everywhere and fulfil the vision of the 2030 Agenda and the SDGs.

The main question that the GEES tried to answer is: **What insights do evaluations provide regarding UNICEF's progress in enabling children and adolescents to realize their full potential?**

The primary users of this GEES are the UNICEF Executive Director and the Office of the Executive Director for strategic decision-making, along with senior management for integrating the GEES in strategic planning activities and future programming. The global evaluation function at UNICEF is expected to use the results of this GEES to strengthen evaluation planning and fill the gaps that have been identified in the analysis.

Methodology

Using an innovative meta-synthesis analytical approach, the GEES gathered evidence from evaluations completed by UNICEF at the global, regional and country levels between 2018 and 2022. The evaluations included for the GEES are publicly available in the [UNICEF Evaluation Reports Database](#). Only evaluations rated as ‘satisfactory’ or above by the [Global Evaluation Reports Oversight System \(GEROS\)](#) were included in the analysis. All types of evaluations were reviewed (e.g., evaluability assessments, developmental, formative, summative, humanitarian, institutional effectiveness, and impact evaluations).

The [Integrated Results and Resources Framework](#) was used to guide the coding of UNICEF interventions and results achieved around the five Goal Areas (GAs) prioritized in the Strategic Plan 2018-2021 and Strategic Plan 2022-2025.

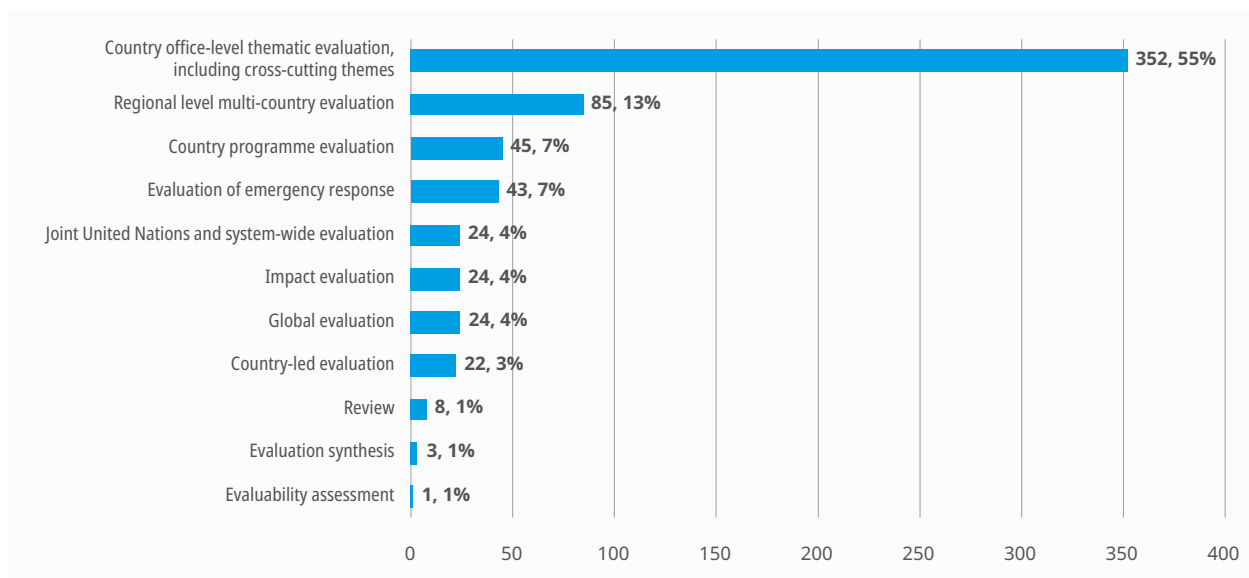
A total of 631 evaluation reports were analysed semi-automatically, after which 275 reports presented quantitative (42 per cent) and qualitative (58 per cent) evidence on outcome-level results that could be extracted to produce the findings presented in this report. Qualitative interviews and consultations with UNICEF experts were conducted to validate the GEES results.

An [evaluation evidence gap map](#) accompanies this GEES to complement its findings, presenting an intuitive, visual, and interactive overview of existing evidence.

Evaluation mapping

In total, 631 evaluation reports were considered in the GEES. The majority, 55 per cent (352 reports), of evaluations were project or programme evaluations, including cross-cutting programmes, carried out at the country level, while regional level, multi-country evaluations accounted for 13 per cent (85 reports), and global evaluations accounted for four per cent (24 reports). Other categories of evaluations included country programme evaluations (seven per cent; 45 reports), evaluations of emergency responses (seven per cent; 43 reports), impact evaluations (four per cent; 24 reports), joint evaluations (four per cent; 24 reports), country-led evaluations (two per cent; 22 evaluations) and other reviews and synthesis (two per cent; 11 reports). When tagging evaluations against the GAs, the most covered was GA 1: Every child, including adolescents, survives and thrives, with access to nutritious diets, quality primary health care, nurturing practices and essential supplies (24 per cent; 278 reports), followed by GA 2: Every child, including adolescents, learns and acquires skills for the future (19 per cent; 220 reports), GA 5: Every child has an equitable chance in life (18 per cent; 211 reports), and GA 3 on protection from violence, exploitation, abuse, neglect, and harmful practices (18 per cent; 209 reports). GA 4 on water, sanitation, and hygiene and sustainable climate and environment had slightly less evaluative evidence (14 per cent; 158 reports).

Table 1. Number and per cent of evaluations by Goal Area (reports tagged across five relevant Goal Areas; N = 631)



Results for children: Evidence of what works and does not work



Goal Area 1

Every child, including adolescents, survives and thrives with access to nutritious diets, quality primary health care, nurturing practices and essential supplies

The GEES found that UNICEF has achieved significant results across GA 1, with a total of 85 evaluations included in the analysis. Key facilitators of success included awareness raising initiatives, health education programmes, and robust community engagement, which likely operate synergistically to enhance overall impact. Essential drivers of success included the enhancement of government staff capacity and the provision of timely information to health workers, ensuring that they are adequately equipped to perform their roles effectively. UNICEF's logistical support, particularly in improving infrastructure, such as health centers, has also been pivotal. However, it is equally important to recognize and address practical challenges, such as geographical and language barriers, to prevent the exacerbation of existing inequalities when reaching out to remote communities. Cash transfers implemented by UNICEF and partners helped communities access health services. Coordination among stakeholders has emerged as a notable achievement; nonetheless, delays in programme implementation were frequently attributed to insufficient communication and a siloed operational approach. Furthermore, a prevalent barrier identified was the inadequacy of data, which hindered effective measurement and subsequently impaired the strategic direction of UNICEF's interventions.



Goal Area 2

Every child, including adolescents, learns and acquires skills for the future

In the assessment of 79 evaluations, the majority highlighted the significant value of the financial support provided or leveraged by UNICEF.

Cash transfers emerged again as a practical means of assistance, enabling children to access education. To maximize their effectiveness, it is essential that the value of these transfers is adjusted for inflation. Moreover, careful consideration should be given to potential unintended negative consequences; for instance, financial support to a child may inadvertently disqualify them from receiving free school meals, and increased enrolment could result in overcrowded classrooms. In addition, UNICEF successfully leveraged its position and relationships with governments to advocate for increased spending on education as a percentage of gross domestic product (GDP), although quantifying the resultant impact remains challenging. UNICEF's contributions, including infrastructure improvements and capacity building through training initiatives, yielded additional benefits; notably, the training of female teachers which significantly enhanced the enrolment of girls in schools. Key barriers identified included low awareness of programmes, which impeded uptake, and data gaps that hindered effective assessment of programme outcomes.



Goal Area 3

Every child, including adolescents, is protected from violence, exploitation, abuse, neglect and harmful practices

UNICEF has extended support to both child victims and perpetrators of crimes. Among the 89 evaluations assessed, many emphasized the critical role of support services, such as child advocacy centres (CACs) and family and child protection units. However, ongoing skills development of government officials is essential to maximize impact. For instance, training for judges and police officers is vital to improve the treatment of juvenile offenders.

UNICEF initiatives aimed at empowering youth have successfully raised awareness of children's rights, thereby reducing vulnerabilities and, in some cases, prompting corrective actions. These were particularly effective when there was strong government buy-in. But, despite many programmes being well-intentioned, implementation was often hampered by limited support systems and insufficient resources. When programmes become ineffective or cease to function, those who rely on them may experience resentment and a decline in morale. Additionally, inadequate assessment practices and limited use of data were common barriers, such as the absence of baseline data that hinders meaningful comparisons. Moreover, there is a need to explore approaches that challenge harmful, long-held beliefs affecting children.



Goal Area 4

Every child, including adolescents, has access to water, sanitation and hygiene and lives in a safe and sustainable climate and environment

Among the 79 evaluations assessed within this GA, numerous reports highlighted positive outcomes resulting from the community-led total sanitation (CLTS) initiative. This non-subsidized approach promotes community-driven action for the construction of household latrines, fostering a sense of responsibility and encouraging communities to maintain these facilities. UNICEF's support in this context included the provision of menstrual products to schools, the reconstruction of water supply infrastructure, and efforts to enhance its resilience.

UNICEF's reputation enabled effective engagement with local governments to develop policies and formulate national disaster risk reduction strategies, ensuring that these initiatives are child centred. However, there were instances where UNICEF's decisions lacked strategic alignment, inadvertently shifting risks and costs to other organizations. Additionally, some programmes focused primarily on emergency response or recovery efforts, which occasionally rendered them less appropriate for the long-term needs of the communities served.

The effectiveness of certain initiatives was further compromised when they spanned multiple ministries, resulting in varied levels of influence for UNICEF. A recurrent barrier identified across evaluations was the inadequate monitoring and assessment framework, which included a lack of specific indicators to measure progress effectively. While UNICEF's financial support was generally welcomed, it is essential that such support is more strategically targeted and accompanied by appropriate sustainability plans.



Goal Area 5

Every child, including adolescents, has access to inclusive social protection and lives free from poverty

The principal finding of the GEES from the 54 evaluations within this GA indicates that UNICEF effectively leveraged its convening power and expertise to promote integration and collaboration among partners. Through its coordination efforts, UNICEF facilitated cooperation among stakeholders to make informed political decisions regarding the allocation of public budgets. Furthermore, UNICEF enhanced capacities in public finance management, ensuring that these capacities were both sufficient and appropriate while also mobilizing additional financial resources.

While programmes within this GA generally demonstrated success, some fell short of their full potential due to limited financial resources. The sustainability of certain initiatives was particularly jeopardized when they relied on a single donor. To address this, UNICEF should actively encourage contributions from the private sector. Additionally, greater emphasis must be placed on supporting marginalized and minority groups to ensure their needs are adequately addressed. Another significant barrier identified was the insufficient number of trainings and motivation of health and social workers. Enhancing these factors would help reduce the premature termination of programmes caused in some cases by high turnover rates. Finally, as noted in previous evaluations, the lack of follow-up and baseline data continues to hinder effective assessment of programme outcomes.

Recurring recommendations and way forward

The GEES identified recurring lessons and recommendations from the sampled evaluation reports. These lessons and recommendations were analysed to identify common themes and insights for strengthening and advancing UNICEF's efforts on behalf of children across the five GAs. These are:



Amplify a right-based and child-centric focus

Leverage UNICEF's reputation and partnerships to reinforce its core mission of supporting the rights of every child, ensuring that their voices are actively solicited, prioritized, and integrated into all decision-making processes. This approach will place children at the heart of every intervention and policy, enhancing UNICEF's ability to advocate for their rights and well-being.



Promote cross-sectoral collaboration

Strengthen and promote multi-sectoral collaboration to enhance the holistic impact of UNICEF's programmes. Encourage the integration of diverse disciplines and sectors, moving beyond sector-specific approaches to create more comprehensive, effective, and responsive interventions that address the multifaceted needs of children and communities.



Strengthen internal and external communication

Enhance communication channels both internally within UNICEF and externally with partners to streamline programme implementation. Clear, consistent, and transparent communication will ensure cohesive action, improve coordination, and maximize the overall impact of UNICEF's interventions.



Optimize programme implementation and sustainability

Tailor UNICEF's programmes to maximize their impact on target communities and children, while minimizing barriers to access and mitigating any unintended negative consequences. Emphasize the development of robust exit strategies and sustainability plans, empowering communities to take ownership and ensuring long-term success and resilience.



Enhance data collection systems and foster transparency

Rapidly improve data collection systems to strengthen programme monitoring, internal review processes and inform decision-making. Foster a culture of transparency and accountability by openly addressing challenges, learning from failures, and utilizing data-driven insights to continuously improve UNICEF's effectiveness.



Cultivate bold innovation

Transform UNICEF's culture from one that is risk-averse to one that actively embraces bold, innovative, and evidence-based strategies. Create an environment that encourages experimentation, creativity, learning and adaptability, enabling UNICEF to respond effectively to evolving challenges and emerging opportunities.



Strengthen evaluation planning and accountability mechanisms

Implement robust accountability measures to enhance evaluation planning at the outcome level, ensuring alignment with UNICEF's five GAs. Ensure the timely and effective implementation of evaluation recommendations, reinforcing a culture of responsibility, transparency, and continuous improvement across the organization. Put in place adequate follow-up mechanisms to evaluations through performance reviews of UNICEF staff or future evaluations.



Introduction

Background

In a world characterized by complexity and rapid change, and at this critical juncture of the 2030 Agenda, it is imperative that UNICEF gains a comprehensive understanding of its achievements and challenges and reasons behind successes and failures. This is essential for determining the most effective pathways to achieving positive outcomes for children and adolescents.

In accordance with its Evaluation Policy (2023), UNICEF annually commissions an average of 150 evaluations to assess its interventions, programmes, strategies, and policies. Freely available on the [UNICEF Evaluation Reports Database](#), these aim to produce independent, credible, and evidence-based assessment of the results achieved for children, thereby promoting accountability, enhancing organizational performance, and fostering a culture of learning from successes and setbacks within the organization. However, evaluations are stand-alone, focused reports. To steer future direction and strategy, UNICEF requires an overall, holistic, synthesis of these reports. Due to the extensive nature of evaluations, manual analysis would not be feasible and would be extremely costly.

Against this backdrop, UNICEF launched its inaugural GEES in 2023 to review the large and rich dataset of evaluations in a timely, reproducible manner. Innovative tagging and text-mining approaches were adopted in GEES to rapidly identify relevant data within these evaluation reports and inform the future strategic direction of the organization. The GEES was conducted in collaboration with Newcastle University. It builds on previous Development Effectiveness Reviews (DERs), with a view to more systematically combine with other innovative methods and present findings related to the Goal Areas outlined in UNICEF Strategic Plans for [2018-2021](#) and [2022-2025](#).

Overview of the UNICEF Strategic Plan and Goal Areas

UNICEF's work for children is outlined in the Strategic Plan (SP) 2022-2025, a guiding document outlining the organization's goals, priorities and strategies for achieving positive outcomes for children and adolescents around the world over a specific period of time, typically four years. The SP serves as a road map for UNICEF and provides a clear framework for how the organization will contribute to advancing the rights and well-being of children, in alignment with the Sustainable Development Goals (SDGs).

The current SP builds on the previous one (2018-2021), setting ambitious targets to address the most pressing challenges facing children today and emphasizes five interconnected Goal Areas (GAs):

1. Every child survives and thrives – focusing on health, nutrition, and early childhood development.
2. Every child learns – ensuring access to quality education and skills development.
3. Every child is protected from violence, exploitation, abuse, neglect, and harmful practices – promoting safety and protection for children.
4. Every child lives in a safe and sustainable climate and environment, addressing water, sanitation, hygiene, and climate resilience.

5. Every child lives free from poverty – tackling child poverty, public finance for children, and social protection.¹

To plan and monitor progress towards the SP, UNICEF uses an [Integrated Results and Resources Framework \(IRRF\)](#). The IRRF provides a structured approach to monitor outcomes, outputs, and indicators across UNICEF GAs by describing the results architecture accompanying the SP. Each GA in the IRRF contains several Result Areas (RAs) - 18 in total.

For each of the five GAs and RAs, UNICEF has identified 64 corresponding outcome-level and 98 output-level results and indicators representing an aggregate of UNICEF's contribution to global outcomes and the SDGs.

Figure 1. Results Areas of the Strategic Plan 2022-2025



¹ The formulation of Goal Area 5 in the Strategic Plan 2018–2021 was slightly different, emphasizing the goal of ensuring that every child has an equitable chance in life.

Purpose, objectives and scope

The GEES aimed to gather evaluation evidence and insights on UNICEF's achievements in outcome-level results, to inform future programming against the SDGs, and contribute to the broader understanding of progress in advancing child rights. The GEES also sought to foster accountability for programme performance and institutional effectiveness to achieve the current SP and elevate recurring lessons and recommendations by synthesizing evaluations.

The **objectives** of the GEES were to:

- ▶ Synthesize evaluation evidence to examine what has been achieved in relation to each GA and RA and identify enabling and hindering factors.
- ▶ Identify lessons and recurring recommendations from evaluations that require action by UNICEF and provide recommendations to inform future systematic evaluation syntheses.
- ▶ Map existing evaluations in relation to the five GAs and 18 RAs in the IRRF to determine coverage gaps.

Accordingly, the main question that the GEES tried to answer is: **What insights do evaluations provide regarding UNICEF's progress in enabling children and adolescents to realize their full potential?**

The **scope** of the GEES was wide-ranging, including all 631 evaluations rated as 'exceptional', 'highly satisfactory' or 'satisfactory' by the Global Evaluation Reports Oversight System ([GEROS](#)), covering most countries worldwide and all UNICEF regions. A comprehensive range of evaluation types was included in the GEES, encompassing evaluability assessments, developmental evaluations, formative and summative evaluations, as well as humanitarian evaluations, assessments of institutional effectiveness, and impact evaluations.

The audience of the GEES is the UNICEF Executive Director and the Office of the Executive Director, who can leverage the findings to inform strategic decision-making. Additionally, senior management can utilize the GEES to guide strategic planning activities and inform future programming initiatives. Furthermore, the global evaluation function within UNICEF is expected to draw on the results of this GEES to enhance evaluation planning and to address identified gaps highlighted through the analysis.

This GEES is organized by describing the methodology and the evaluations included in the sample, followed by a comprehensive analysis of the evaluation evidence for the five GAs, with an overall look at the facilitators and barriers relevant to that GA. Next are the overall conclusions, followed by a final summary of insights from recurring lessons and recommendations. More information about the innovative methods used in this GEES is provided in the annex. This GEES is also complemented by an [evaluation evidence gap map](#), offering an intuitive, visual, and interactive overview of the existing evaluation evidence on UNICEF's five GAs.



Methodology

The GEES employed an innovative semi-automatic methodology to analyse 631 evaluation reports published between 2018 and 2022, combining automation and manual interventions. The process involved several steps, notably:

► Bulk PDF-to-text conversion:

- 631 reports available on the [UNICEF Evaluation Reports Database](#) were converted from PDF to plain text using the Python package pypdf.

► Identification of relevant sections:

- Rule-based methods, such as matching words in headings were employed to expedite the identification of relevant sections like executive summaries. A total of 161 executive summaries were manually added due to variations in wording or structure of the PDF-converted text.

► Advanced text mining:

- A researcher manually identified relevant sentences describing ‘enablers’, ‘barriers’, ‘lessons learned’, ‘recommendations’, and ‘background’. A neural network based on the SPECTER model² was trained to identify these sentences. The emphasis was on sensitivity: when evaluated on a separate test dataset this model correctly found 93 per cent of all

relevant ‘lessons learned’ and ‘recommendations’ sections. Sentences with the highest probability scores were chosen for each document.

► Semi-automatic data extraction with SWIFT-Review:

- Abstracts, executive summaries, and mined sentences were added to SWIFT-Review for efficient tagging and data extraction. Comprehensive multi-arm search strategies were created for each outcome in the IRRF. To increase the precision of the results, the search was set up to use adjacency searching, combining every word in the first Boolean arm with each word in the subsequent arm(s), allowing a default of up to five words between target terms. As an example, the query “adolescent school dropped out”~5” filters all evaluations where these words appear within five words of each other, for example, in “The scholarship programmes and monitoring of children and adolescents who have dropped out of school”. Stemming was applied to the text, to remove variations such as plurals from the texts.

► **Handling multiple languages and automating translation:**

- Two options for handling non-English evaluation reports were explored. Option one involved using Google Translate for automation, while option two involved expert-led translations of SWIFT-Review searches. The decision was made to use auto-translated text due to insignificant variations in results, along with time- and resource-savings.

► **Screening and data extraction:**

- Reviewers screened evaluations against inclusion criteria and extracted relevant data using SWIFT-Review from 275 evaluators that provided information about the outcome-level results of UNICEF programmes, according to the coding developed using the IRRF. Data included both qualitative (58 per cent of the evaluations) and quantitative (42 per cent) information.

► **Synthesis of data:**

- Extracted data were synthesized, grouping relevant findings and identifying common themes, barriers, and facilitators across the five GAs.

► **Sense-making and validation:**

- Qualitative interviews and consultations with UNICEF experts were conducted to validate the GEES results.

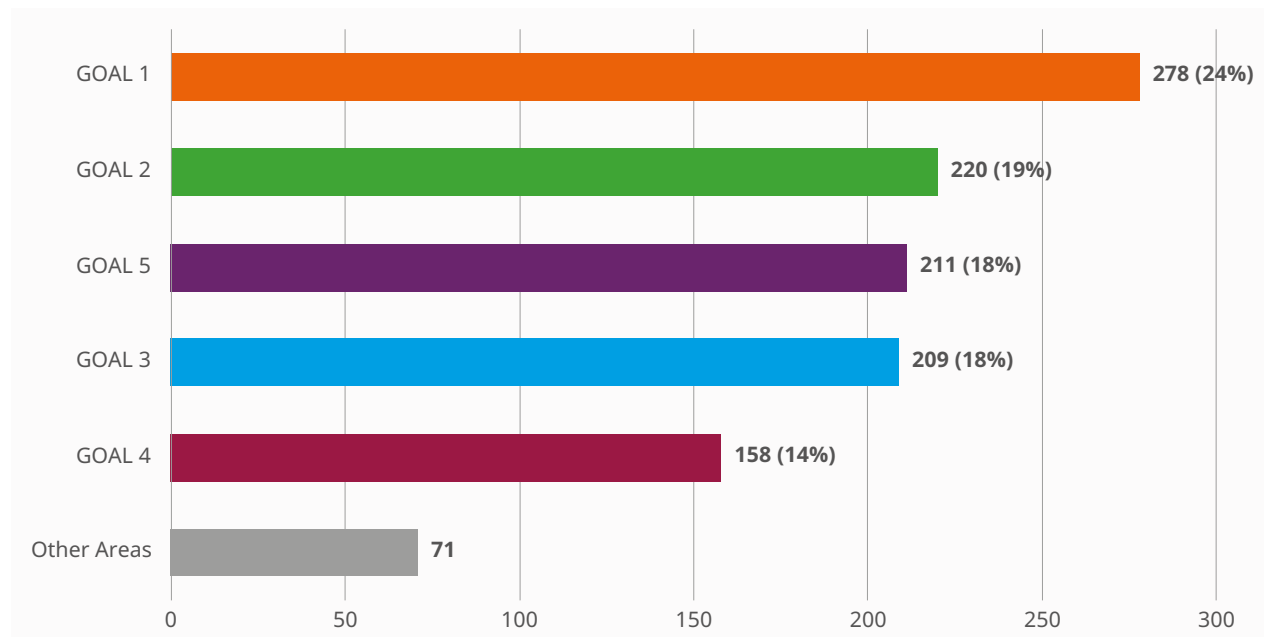
The process is further illustrated in the annex, including the full evaluation of the text-mining model, analysis of handling different languages with the help of machine-translation, and a description of the limitations associated with the methodology.



Evaluation mapping

A total of 631 evaluation reports were comprehensively reviewed and analysed as part of the GEES. The largest proportion of these, accounting for 55 per cent (352 reports), consisted of evaluations of projects or programmes, including cross-cutting initiatives, conducted at the country level. Regional level multi-country evaluations represented 13 per cent (85 reports), while global evaluations comprised four per cent (24 reports) of the total. Additional categories included country programme evaluations, which made up seven per cent (45 reports), and evaluations of emergency responses, accounting for another seven per cent (43 reports). Impact evaluations, joint evaluations, and country-led evaluations each contributed four per cent (24 reports for impact and joint evaluations) and two per cent (22 evaluations for country-led evaluations). Other reviews and syntheses constituted two per cent (11 reports).

When categorizing the evaluations according to GA, it was observed that GA 1, which focuses on ensuring that children survive and thrive, had the most substantial representation, encompassing 24 per cent (278 reports) of the total evaluations. This was followed by GA 2 on education, which accounted for 19 per cent (220 reports), and GA 5, which centres on social protection, with 18 per cent (211 reports). GA 3, which focuses on protecting children from violence, exploitation, abuse, neglect, and harmful practices, also represented 18 per cent (209 reports) of the evaluations. Meanwhile, GA 4, addressing water, sanitation, hygiene, and sustainable climate and environment, was slightly less covered, with 14 per cent (158 reports) of the total evaluations. This distribution highlights the breadth and scope of UNICEF's efforts across different thematic areas in recent years.

Table 1. Number and per cent of evaluations by Goal Areas (reports tagged across five relevant Goal Areas; N = 631)



Results for children: Evidence of what works and what does not work

This section presents the findings of the GEES for outcome-level results and indicators across the five GAs. It should be noted that findings are often context-specific and should not necessarily be generalized to every country in which UNICEF operates.



Goal Area 1



Goal Area 2



Goal Area 3



Goal Area 4



Goal Area 5

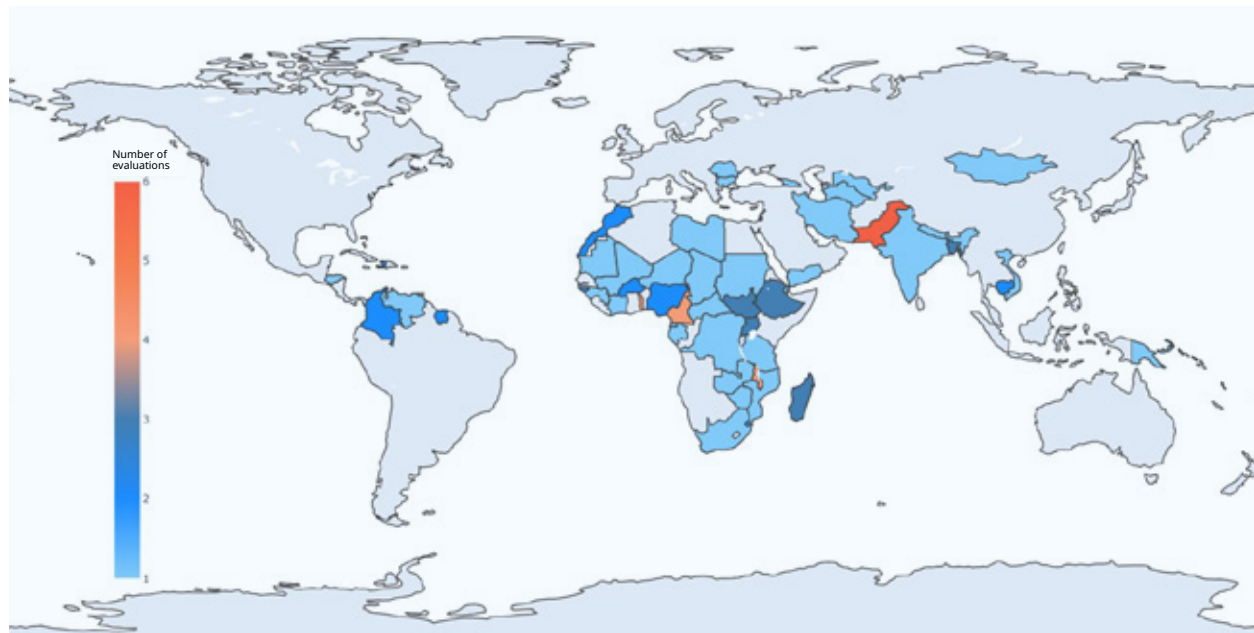


Goal Area 1

Every child, including adolescents, survives and thrives with access to nutritious diets, quality primary health care, nurturing practices and essential supplies

In summary: Assessment of 85 evaluations showed that UNICEF achieved notable results across GA 1. Major facilitators of success include awareness raising activities, health education programmes, and community engagement. One key aspect of improvements in the health sector was the increased knowledge and skills of health workers. The strength of the sector depends heavily on how well-informed its workforce is – which was strengthened by capacity development investments made by UNICEF. The improved infrastructure of health centres, a cornerstone of UNICEF support, was vital for the overall provision of better standards of care. However, practical obstacles such as geographical and language barriers must be considered in future programming, and programmes should not exacerbate inequalities by targeting specific groups of the population and not others. Similarly, cash transfers implemented by UNICEF helped to alleviate a wide variety of issues. For instance, covering the cost of transportation for families in remote areas seeking health services. However, cash transfers must be applied with care to avoid negative unintended consequences, such as raising prices and inflation. While a major achievement of UNICEF was the enhanced coordination between key health stakeholders, its own programmes were often held up by inadequate communication and a siloed approach. Finally, a common challenge highlighted throughout the evaluations was inadequate monitoring data which hampered measurement of results and general oversight of UNICEF's work.

Figure 2. Distribution of evaluations for Goal Area 1



Outcome 1.1: Pregnant women receiving antenatal visits

Seven evaluations undertaken in Bulgaria, Cambodia, Ethiopia, Georgia, Malawi, Pakistan and South Sudan were included.

Table 2. Countries tracking women receiving antenatal visits

Evaluation ID	Title	Country
15477	Evaluation of the UNICEF demonstration home visiting services for families with young children	Bulgaria
18522	Country programme evaluation for Cambodia 2019-2023	Cambodia
16392	Impact evaluation of social cash transfers	Ethiopia
17452	Multi-country evaluation of the UNICEF early childhood development response to COVID-19 in Europe and Central Asia region (ECAR): Georgia country case study	Georgia
16651	Evaluation of UNICEF-funded maternal, newborn and child survival programme in high intervention districts in Malawi	Malawi
6704	Evaluation of mother and child weeks programme	Pakistan
16061	Evaluation of the UNICEF response to the humanitarian crisis in South Sudan	South Sudan

UNICEF supported pregnant women with antenatal visits mainly through awareness campaigns, health education programmes, and improved access to health facilities. This resulted in an overall increase in the number of women attending antenatal visits in Bulgaria, Ethiopia, Malawi, Pakistan, and South Sudan. However, the frequency of antenatal visits varied by country. In Malawi, there was a 10 per cent increase in women attending the recommended four visits for antenatal care, while in Ethiopia, despite nearly all women attending a health facility, the mean number of visits fell below the recommended number. A similar pattern was observed in South Sudan where more than 155,000 pregnant women accessed at least one antenatal care visit (144 per cent of the target), yet only 22 per cent completed four or more antenatal visits. The evaluation in Cambodia reported mixed findings. For example, following an improvement in 2019 and 2020, there was a drop in the proportion of pregnant women completing the recommended four antenatal care visits between 2020 and 2021.

Factors that enabled success included government support and other resources (e.g., UNICEF's provision of office equipment and supply of vehicles) which were key factors in facilitating programme activities. The main barriers reported were delays in the approval process of funds disbursements by UNICEF, lack of effective communication across the health sector, and challenges with the supply and demand for home visits, like lack of sufficient health personnel to carry out home visits particularly in remote areas. Internal siloed approaches, and external factors such as the coronavirus disease (COVID-19) pandemic were factors that limited the impact of interventions to improve antenatal attendance.

Insufficient results were observed in Georgia where although innovative programmes such as online shared medical appointments were of potential value, the benefits remained unclear. In many cases, women either declined to participate or left the programme at a later stage. The report found that its online nature excluded pregnant women without appropriate information technology (IT) infrastructure and equipment. While this evaluation is not representative of the overall situation, it highlights that relevant equipment must be provided to users to fully benefit from interventions.

Outcome 1.2: Live births attended by skilled health personnel (home and facilities)

Eight evaluations were included in the analysis: Bangladesh, Cameroon, Democratic Republic of Congo, Haiti, Iran, Pakistan, Tanzania, and Togo.

Table 3. Countries tracking live births attended by skilled health personnel

Evaluation ID	Title	Country
16158	Midterm evaluation of community-based health systems strengthening programme in UNICEF-supported areas	Bangladesh
13956	Évaluation sommative et formative de la sous composante santé du programme de coopération UNICEF - Cameroun 2013 – 2017	Cameroon
16910	Évaluation du cadre d'accélération des objectifs du millénaire pour le développement (CAO) 4&5 en République Démocratique du Congo	Democratic Republic of the Congo
17337	Formative evaluation of the UNICEF Haiti country programme 2017-2021	Haiti
16819	Evaluation of the "New-born individualized development and care assessment" programme	Iran
6704	Evaluation of mother and child weeks programme	Pakistan
8929	End-line evaluation of the "Saving mothers' and children's lives through innovative, sustainable and comprehensive reproductive, mother, child and adolescent health services" project	Tanzania
8849	Evaluation of the effectiveness of the Muskoka Initiative in improving access to maternal, neonatal, infant and adolescent health in Togo	Togo

UNICEF support in this area was provided by building the capacity of healthcare workers, improving the quality and readiness of health facilities, introducing new protocols and clinical procedures, and raising health awareness among mothers.

Seven out of the eight evaluations demonstrated positive results for UNICEF interventions that supported live births and only one (Cameroon) reported mixed results. Bangladesh, DRC, Pakistan, Tanzania, and Togo noted an increase in the number of live births attended by skilled personnel. The increase in percentage points ranged from 10 to 15 per cent, with DRC exceeding its target of 85.5 per cent following an increase from 72.5 to 87.4 per cent. In Haiti, Iran, and Tanzania an improvement in the quality and readiness of health facilities was reported. Tanzania noted not only a higher number of facilities offering reproductive, maternal, newborn, child, and adolescent health services, but also an increase in functions which did not exist at the baseline (e.g., caesarean section). In Haiti, the programme enabled the admission and management of 2,785 newborns between 2018 and 2020, although this was a country

programme evaluation, so the specific intervention was not clearly articulated in the evaluation report. In Iran, the evaluation highlighted that an upgrade of health spaces and equipment coupled with new protocols and clinical procedures elevated the standards for newborn care. However, both qualitative and quantitative results focused solely on deliveries in hospitals and did not refer to service provision for births occurring in home settings.

The evaluation in Cameroon reported mixed findings. Here, interventions enhanced the coordination between the health system and its beneficiaries to boost demand and usage. However, most policies that aimed to integrate mother and child priorities were not implemented effectively.

Several enabling factors were highlighted in these evaluations. For instance, Pakistan acknowledged that greater awareness among mothers was an important enabler in raising the number of deliveries in hospitals. Similarly, programme-led training for local health workers improved their overall competencies and enabled more effective communication

when engaging with beneficiaries. Additionally, the commitment of healthcare staff facilitated the introduction and adoption of new clinical approaches and principles, which in turn improved healthcare quality in Iran. Financial resources provided by UNICEF were useful for health facilities in terms of procurement of medicines, human resource development and strengthened technical platforms at the national and sub-national level for the provision of health services. Allocated resources were particularly beneficial for health facilities located in low-performance areas in Cameroon.

Common barriers identified were coordination issues with other UN agencies, planning of UNICEF interventions, resource mobilization for scaling up or replicating programmes, and service provider coverage, particularly at the sub-national level. In Pakistan, programme efficiency was undermined by a failure to reach marginalized groups. Additionally, a lack of compensation for additional hours worked hindered productivity among health workers. Lastly, Cameroon highlighted how economic factors resulted in inconsistent resource allocation, which affected the health component's infrastructure and distribution of human resources.

Outcome 1.3: Mothers and newborns receiving postnatal care

Six evaluations in Cambodia, Malawi, Nigeria, Pakistan, State of Palestine, and Suriname, and two evaluations in Ethiopia, measured mothers and newborns receiving postnatal care. Four (one in Ethiopia, Malawi, Pakistan and State of Palestine) focused on providing or improving care systems ranging from promoting a mother and child health week, a package of interventions including vaccinations (Pakistan) to a postnatal home visit programme (State of Palestine). Cash transfer programmes were evaluated in Cambodia and Ethiopia, creating a volunteer network in Nigeria and training healthcare professionals in Suriname.

Table 4. Countries tracking mothers and newborns receiving postnatal care

Evaluation ID	Title	Country
17813	Process evaluation of the national cash transfer programme for pregnant women and children aged 0-2 years	Cambodia
16393	Evaluation of European Union (EU)-Enhancing Skilled Delivery in Ethiopia programme	Ethiopia
16392	Impact evaluation of social cash transfers	Ethiopia
16651	Evaluation of UNICEF-funded maternal, newborn and child survival programme in high intervention districts in Malawi	Malawi
8952	Impact evaluation of the volunteer community mobilizers network on polio eradication in Nigeria	Nigeria
6704	Evaluation of mother and child weeks programme	Pakistan
181	Evaluation of a postnatal home visiting programme for mothers, neonates and their families in Gaza, State of Palestine, over the period 2011 – 2016	State of Palestine
16217	Evaluation of infant and young child feeding and essential care (IYFC+) communication strategy in Suriname	Suriname

Of the eight evaluations that found positive results, three showed improvements in healthcare facility capacity and infrastructure, including medicines and equipment (Malawi and Ethiopia (16393)). The report for Ethiopia (16393) indicated that 1,000 nurses and midwives, and 250 health workers were trained in newborn care, meeting the project target. In addition, 5,087 health extension workers were trained, exceeding the target by 1.7 per cent. This contributed to the increased availability of competent providers: for example, 85 per cent of hospitals and 89 per cent of health centres had at least one staff member trained in postnatal care (PNC) services. In Malawi, there was a substantial increase in the percentage of health facilities providing all the seven basic emergency obstetric and newborn care functions from 46 per cent at baseline to 100 per cent at the end of the project. There was also a 162 per cent increase in the number of community health workers that completed relevant training. In Malawi, there was an overall increase in programme satisfaction levels by 1.9 percentage points, and pregnant women and mothers participating in the programme stated that they would recommend their relatives to use the nearest facility.

Three evaluations noted an improvement in the quality of PNC visits at health facilities of which two reported an increase in the proportion of home visits. In the State of Palestine, the baseline proportion of 5.4 per cent in 2012 increased to 8.1 per cent in 2013, 9.5 per cent in 2015 and 12.9 per cent in 2016. A key strength was in the design of PNC, which challenged the strongly held belief that it is only important for babies rather than for both mothers and their infants. However, the proportion of mothers seeking PNC services remained low: possibly due to the insufficient attention paid to PNC both in the health care system and in the training curricula of health providers. In Ethiopia (16393), the proportion of PNC services increased from 16.6 to 25.3 per cent. In Malawi, the percentage of mothers receiving PNC within two days of giving birth increased from 49 to 84 per cent. This may have been due to the high degree of community engagement with key figures such as mothers-in-law and mother care groups replacing the role of PNC services.

Both the State of Palestine and Suriname saw an increase in exclusive breastfeeding (EBF). In the State of Palestine, which recognizes midwives as vital agents of change towards EBF, the proportion increased from 14.5 per cent in 2000 to 36.4 per cent in 2014. While this increase started before the PNC

home visits programme began, the change appeared to accelerate after implementation of activities. In addition, the high rates of EBF in the direct target population likely had spill-over effects in the wider community. In Suriname, the EBF rate increased from 2.9 per cent in 2010 to 8.9 per cent in 2018.

Two evaluations in Pakistan and Ethiopia saw an improvement in mothers' knowledge of PNC. In Pakistan, mother and child weeks helped mothers gain more knowledge and awareness about child health, including the significance of deworming, immunization, and PNC. Overall, 77.5 per cent of these women said that the benefits of tetanus vaccinations were properly explained to them by health workers. Ethiopia (16392) provided less detailed figures but did report "substantial evidence" that the programme improved knowledge for households. In the State of Palestine, most women regarded the home visits as very useful, as they received appropriate care and reassurance while avoiding travel to the clinic when they were not physically or financially able to do so. Midwives said that home visits allowed them to build better relationships with the community and their clients. However, while two of the three implementing partners exceeded the number of women they planned to reach, the coverage of the third was variable over the years. The PNC programme was not standardized between the three implementing partners and the quality could be improved: some women said they were not specifically assessed for or counselled on psychological problems after delivery, while home visitors also said they needed further training on the provision of psychological support. In Ethiopia, (16393), while the proportion of PNC home visits increased (as detailed above), access to information was low, with less than half of respondents stating they had heard about PNC.

Cambodia successfully raised awareness and motivation among mothers to access health services and supported this with the use of cash payments towards travel costs. One factor that inhibited greater effectiveness was a lack of community engagement, particularly with poorer cohorts of the population. It is considered that mobilizing the community on child health care practices would have increased uptake of health services further. In addition, women who ideally should have been registered for PNC were not always available (many away in search of work). Enrolment, verification, and delivery of payment was hampered by data entry errors.

In Nigeria the evaluation assessed the effect of the volunteer community mobilizers network to increase vaccination uptake. The network decreased reluctance among caregivers to vaccinate their children but did not improve the participation in vaccination campaigns. The rate of refusal was, however, already low and caregivers were reluctant to reveal if their children did not participate in a vaccination campaign. In addition, there was no change in knowledge on vaccination or on PNC more generally. A potential explanation for the latter is the low education level of volunteer community mobilizers, which may have limited their ability to transfer information about vaccinations.

Finally, in Suriname, the focus on breastfeeding found a good level of knowledge among nursing staff, however some were inadequately trained on infant and young child feeding and essential care interventions. For example, 62 per cent believed that mothers should only breastfeed for the first six months or did not understand the rationale for continuing breastfeeding after six months or additional benefits of why newborns should be given colostrum. It was acknowledged that the enabling environment depends on the active support of close family members; effective support; encouragement and guidance of health workers; a well-informed and supportive mass media; and on positive social policies. These mixed results demonstrate the need for coordinated efforts, that focus not only on community, practitioner, and policymaker engagement, but also the role of the media on behaviour and programme effectiveness.

Outcome 1.5: Children with symptoms of acute respiratory infections (taken to an appropriate health provider)

Four evaluations in Malawi, Niger, Pakistan and Togo were concerned with programmes seeking to improve health care provision for children with acute respiratory infections were included.

Table 5. Countries tracking children with symptoms of acute respiratory infections

Evaluation ID	Title	Country
18023	Summative evaluation of impact of using drones on population health and other outcomes	Malawi
16398	Évaluation de l'intervention du programme de coopération Niger-UNICEF 2014-2018 dans le cadre de la politique de la gratuité des soins au Niger	Niger
18180	End-term evaluation of pneumonia and diarrhoea project in Pakistan (2016-2021)	Pakistan
8849	Evaluation of the effectiveness of the Muskoka Initiative in improving access to maternal, neonatal, infant and adolescent health in Togo	Togo

Pakistan highlighted that there was low incidence of pneumonia in children during the COVID-19 pandemic due to lockdown restrictions and improved hygiene. Therefore, any decrease in the rates of infection may be due to the pandemic rather than the work of UNICEF. None of the evaluations mentioned rates of infection, instead referring to the use of antibiotics in known cases. In Pakistan, the evaluation reported that the use of antibiotics, including amoxicillin for children under five, increased from 46.4 to 71.6 per cent. Similarly, Togo reported that management of childhood pneumonia had reached 94 per cent of

cases. In contrast, Niger reported that the medicines distributed by UNICEF would have helped to treat on average 20 per cent of pneumonia cases reported in children under five. However, the same evaluation also notes that the lack of feedback from health facilities on the actual use of the various treatments made available by UNICEF makes it difficult to define the benefits achieved. Developing a harmonized tool would have allowed quantification of the impact.

Pakistan reported data regarding the availability of commodities, noting the inequality of availability of amoxicillin between areas. For example, amoxicillin was available in 77.8 per cent of surveyed facilities in Sindh, but in only 16.7 per cent of surveyed facilities in Punjab. This imbalance in resources was attributed to concerns regarding antimicrobial resistance which reportedly led to the discontinued supply in Punjab. Furthermore, challenges in implementation were noted because dispersible tablets were not commonly used which led to a poor understanding of the differences between regular and dispersible tablets, which resulted in limiting people's exposure to this type of treatment.

Malawi reported that the data collected during the project did not allow for an objective assessment of the effectiveness of the intervention as there was no baseline or counterfactual data which could be used as a benchmark. Health workers and community members, however, perceived the intervention as effective because medical supplies and other health commodities were transported to hard-to-reach health facilities cut off by floodwaters. No information was available regarding the impact of medicine delivery in cases of acute respiratory infection in children under five.

Outcome 1.6: Children in malaria-endemic countries

Evaluations were conducted in Cameroon, Malawi and Togo and two regional evaluations in West and Central Africa region (WCAR) (including, Chad, Central African Republic (CAR), and Guinea-Bissau). None of the evaluated programmes targeted malaria management exclusively, rather UNICEF-supported children in malaria-endemic countries as a part of a larger community health programme. The programmes implemented interventions as a package for the management of childhood illnesses (i.e., malaria, diarrhoea, and pneumonia) to reduce maternal, neonatal and child mortality.

Table 6. Malaria-endemic countries tracking how children are supported

Evaluation ID	Title	Country/Region
13956	Evaluation sommative et formative de la sous composante Santé du Programme de Coopération UNICEF - Cameroun 2013 – 2017	Cameroon
18023	Summative evaluation of impact of using drones on population health and other outcomes	Malawi
6705	Évaluation sommative du partenariat de l'UNICEF Togo avec les radios pour le changement de comportement et l'adoption de pratiques favorables au bien-être des enfants (2012-2018)	Togo
8849	Evaluation of the effectiveness of the Muskoka Initiative in improving access to maternal, neonatal, infant and adolescent health in Togo	Togo
16818	Multi-country evaluation of the community health programme/strategy in Guinea-Bissau, Central African Republic, and Chad	WCAR
18219	Community health programme/strategy in Central African Republic, Chad and Guinea-Bissau	WCAR

Positive outcomes were reported in five evaluations (Cameroon, Malawi, Togo and WCAR (CAR, Chad, Guinea-Bissau). Evaluation 16818 in WCAR (CAR, Chad, Guinea-Bissau) found that the community health programme contributed to the improvement of children under five sleeping under long-lasting insecticidal nets (LLINs) and those with malaria being treated by trained personnel. Both Cameroon and Malawi noted that the provision of medical supplies such as LLINs and other preventive treatments helped save lives in emergency situations and reduced malaria incidence among children under five. Both evaluations in Togo reported the effective contribution of health workers to the community-based management of priority childhood diseases including malaria, with improved dialogue around access to health facilities, favourable practices, and respect for children's rights.

Financial and technical support provided by UNICEF was a key factor in strengthening various programmes. Collaboration between UNICEF, non-governmental organizations and health personnel ensured the appropriate recruitment and training of health workers while also improving the availability of medicines and medical supplies in WCAR (Chad, CAR, Guinea-Bissau). The training and capacity building of health personnel facilitated the management of malaria cases across multiple programmes (WCAR and Togo). Additionally, the use of drones to deliver medical supplies was particularly helpful in reaching health facilities affected by flooding in Malawi.

Inadequate monitoring systems was listed as a major challenge in Malawi, Togo and WCAR (16818). In Togo (6705) for example, the methods of monitoring and evaluation were unclear, and the respective roles and responsibilities of UNICEF and the regional directorate were unspecified. Similarly, insufficient monitoring data challenged United Nations' (UN) partners in programme implementation. The results framework indicators were not well documented in Togo (8849). Other constraints highlighted in the evaluations included weak coordination and inadequate government commitment (Cameroon and WCAR (16818)).

None of the evaluations reported insufficient or negative results; however mixed results were observed in one evaluation in WCAR (18219). Although the community health programme increased the capacity of different health personnel, only 27 per cent of children in three disease areas (i.e., malaria, diarrhoea, pneumonia) were treated. This was mainly because the programme did not undertake sufficient community engagement regarding follow-up and feedback. External factors such as political instability and insecurity also hindered programme implementation.

Outcomes 1.8 and 1.9: Infants receiving doses of diphtheria, tetanus, pertussis, and measles vaccines

A total of 11 evaluations examined the impact of programmes designed to improve the uptake of the diphtheria, tetanus, pertussis (DTP) vaccine and measles vaccine. These include Haiti, Lebanon, Madagascar, Pakistan, Romania, Sao Tome and Principe, and South Sudan and three regional evaluations in WCAR.

Table 7. Countries tracking infants receiving doses of diphtheria, tetanus, pertussis, and measles vaccines

Evaluation ID	Title	Country/Region
17337	Formative evaluation of the UNICEF Haiti country programme 2017-2021	Haiti
17905	Accelerated immunization activities evaluation review	Lebanon
16201	Évaluation formative du programme de pays entre le Gouvernement de Madagascar et l'UNICEF (2015-2020)	Madagascar
16427	Reach every district/reach every community strategy evaluation Pakistan (2014-2018)	Pakistan
6704	Evaluation of mother and child weeks programme	Pakistan
14053	Summative evaluation of the minimum package of services component of the "Social inclusion through the provision of integrated social services at community level" modelling project in Romania, 2014-2018	Romania
16010	Évaluation du fonctionnement, de l'efficacité et de la durabilité de la chaîne du froid et de l'approvisionnement en vaccins à Sao Tomé-et-Principe	Sao Tome and Principe
16061	Evaluation of the UNICEF response to the humanitarian crisis in South Sudan	South Sudan
17448	KRC 1 evaluation: formative multi-country evaluation of UNICEF's contribution to increasing immunization coverage	WCAR
17484	Formative multi-country evaluation of UNICEF's contribution to increasing immunization coverage in Central African Republic, the Congo, Equatorial Guinea, Guinea, Mali, Niger and Togo including the progress towards UNICEF WCARO key result for children #1 before and during the COVID-19 pandemic (2018- 2020)	Togo
18282	Formative multi-country evaluation of UNICEF's contribution to increasing immunization coverage in Central African Republic, the Congo, Equatorial Guinea, Guinea, Mali, Niger and Togo including the progress towards UNICEF WCARO key result for children #1 before and during the COVID-19 pandemic (2018- 2020)	Central African Republic

Six evaluations produced positive results, three demonstrated mixed results, and two evaluations reported negative or insufficient findings. Most were qualitative in content as only one evaluation in Pakistan (16427) had quantitative results - where UNICEF supported immunization of infants through improved access to facilities, capacity building of health workers and provision of cold chain equipment.

Among the evaluations with positive findings, four engaged in strengthening the capacity of health workers and facilities (Lebanon, Madagascar, Pakistan (16427), Romania). In Pakistan (16427), the “Reach Every District/Reach Every Community Strategy” implemented by UNICEF helped to build monitoring and supervisory capacities of health managers as well as their recording and reporting skills. The results from this programme showed an increase in immunization coverage for pentavalent 3 vaccine from 67 to 82 per cent, reaching nearly 1.7 million children. In Lebanon, UNICEF and other UN agencies supported the expanded programme on immunization by emphasizing the importance of routine immunization to health workers, mobilizing communities, and encouraging them to take responsibility for vaccination coverage across municipalities and public health community centres. Additionally, the UNICEF country programme in South Sudan facilitated the reopening of 73 basic health centres that had previously closed due to insufficient human resources and integrated 537 personnel (70 per cent women) into the public service. As a result, the programme maintained good vaccination coverage for the third dose of DTP (DTP3). Similarly, Romania noted an increase in access to primary health care (especially vaccination) for children and their families due to UNICEF’s promotion of a universal package of community-based services (e.g., health, education, social protection).

Evaluations in Haiti and Sao Tome and Principe focused on the provision of cold chain products and services. In the latter, UNICEF’s investment in cold chain, specifically 39 new solar direct drive refrigerators, increased vaccine availability in health units nationwide. This was timesaving for health staff as it reduced the need to visit district centres for vaccine collection and as a result an increase in vaccination rates was reported. In Haiti, UNICEF contributed to the delivery of equitable immunization services across seventy communities by providing solar-powered cold chain equipment.

UNICEF’s role in supporting governments was key to the success of most immunization programmes. Specifically, investments in infrastructure and cold

chain equipment (e.g., storage warehouses, refrigerators) has enabled health programmes to deliver vaccines in an efficient manner (WCAR). Training improved the overall competencies of health staff in Pakistan (6704) and Romania. On the other hand, evaluations in Haiti, Lebanon, Pakistan (16427), Romania, Sao Tome and Principe, and WCAR (17484), highlighted the shortage of human resources as a major barrier to programme implementation, specifically understaffing and high staff turnover which led to training and managerial capacity gaps. In Sao Tome and Principe, for example, knowledge gaps were found among nurses regarding cold chain equipment management. Weak monitoring and coordination, limited availability of services (mostly immunization but also logistics) and political instability were also noted as key challenges in Madagascar, Pakistan (6704), South Sudan, and WCAR (17448, 18282).

Three evaluations, one in Pakistan (6704) and two in WCAR (17448, 18282) reported mixed findings where immunization targets were achieved with key limitations in immunization coverage and outreach. In both evaluations in WCAR, the evaluated programmes contributed to progress made in delivering immunization services; however, coverage data and household surveys revealed that objectives specific to DTP and measles-containing-vaccines were not achieved. Additionally, an increase in the incidence of vaccine-preventable diseases (diphtheria, pertussis, measles) was observed, although data from frontline workers suggests that the increase occurred only in certain regions according to the evaluation 18282. In Pakistan (6704), despite the achievement of vaccination targets, programme efficiency was undermined by resources failing to reach marginalized or poorest population groups.

Only South Sudan reported negative results where coverage of routine immunization was low despite UNICEF’s role in cold chain provision and support within the pipeline for supplies. A frequent mobile outreach solution was highlighted as a possible solution to increase immunization coverage in hard-to-reach or remote areas. Lastly, one evaluation in WCAR (17484) reported insufficient findings, such that while the evaluated programme had contributed to the reduction of vaccine-preventable diseases, its effectiveness could not be determined due to a lack of evidence. This was caused partly by inadequate monitoring, which showed that documented rates did not reflect reality. Additionally, the COVID-19 pandemic delayed programme activities, and resources such as materials, finances, and personnel were deemed inadequate.

Outcome 1.12: Young children receiving early stimulation and responsive care (from their parents or caregivers)

Nine countries that evaluated programmes seeking to improve the early stimulation and responsive care received by young children were included: China, Colombia, Honduras, India, Nepal, Turkmenistan, Uganda, Viet Nam, and one UNICEF global programme.

Table 8. Countries tracking children receiving early stimulation and responsive care

Evaluation ID	Title	Country/Region
13964	Formative evaluation of the national health commission-UNICEF early childhood development project of the integrated maternal and child health and development programme (2017-2020)	China
17060	Diseño, implementación y socialización de la evaluación de la Estrategia Seres de Cuidado desde 2015 hasta 2019, en los departamentos de Chocó, Córdoba y La Guajira.	Colombia
16868	Early childhood development, stimulation, and responsive care (2014-2021)	Global
16697	Evaluación de estrategia comunitaria criando con amor	Honduras
16197	Evaluation of the project 'space for kids to be kids' in Maharashtra and Rajasthan	India
16274	Early impact evaluation and evaluability assessment of Nepal's child grant programme	Nepal
16075	Evaluation of the Government of Turkmenistan's policy on early childhood development (ECD) and UNICEF's contribution to its design, implementation, and monitoring	Turkmenistan
4750	Early childhood development kit humanitarian evaluation	Uganda
18921	Endline survey and formative evaluation of the integrated early childhood development (IECD) programme	Viet Nam

Among these, eight found mostly positive findings and one had mixed/insufficient results. As highlighted by the China evaluation, early development is vital because “a poor start in life can lead to estimated losses of about a quarter of the average adult income per year, while countries may forfeit up to twice their current expenditures on health and education”.

While eight evaluations (China, Colombia, Honduras, India, Nepal, Turkmenistan, Uganda, Viet Nam) demonstrated overall positive results, most highlighted some limitations. China, Nepal, and Viet Nam reported an overall increase in children receiving early stimulation and responsive caregiving. In Nepal, where UNICEF provided technical support to the government in developing an expansion plan to universalize the child grant programme, the proportion of children increased from 67 per cent in 2014 to 73.4 per cent in 2019. However, more children could

have been reached had it not been for challenges such as resource intensive systems which delayed payments. The integrated early childhood development programme (IECD) in Viet Nam strengthened the enabling legal and policy environment for IECD at national level, including enhanced capacity of education service providers to deliver quality early learning programmes for children under five and local child protection systems and services, including positive parenting. In this context, UNICEF played a major facilitating role by ensuring smooth cooperation between stakeholders, establishing action plans aligned with objectives and building the capacity of service providers. The results from this programme showed an increase in children who received early stimulation and responsive care practices from their parents/caregivers from 58.6 to 60.3 per cent, and a small increase from 56.8 to 59.8 per cent in parents/

caregivers who engaged with their children in activities to promote responsive care including early stimulation. While improvements were reported, these have been small, possibly due to language barriers, gender stereotypes which discourage fathers from participating in training and meetings, and insufficiently skilled facilitators. Similarly, in China, provision of a standardized service path including nurturing care counselling, care group activities and home visits, found that the proportion of families supporting early learning was slightly higher (94.2 per cent) in the project areas than in the control group (91 per cent). The modest increase here could be due to the relatively short timeframe between implementation and assessment.

Early stimulation is aided by the provision of items such as toys and books. The proportion of availability of playthings within a child's home environment increased in Turkmenistan from 23.7 per cent in 2006 to 75.3 per cent in 2019; and in China the proportion of children who owned at least three books (70.7 per cent) and two kinds of toys (76.7 per cent) were higher than in the control group (48.1 per cent and 62.3 per cent respectively). Uganda found that early childhood development kits provided a useful entry point for UNICEF to address the immediate needs of young children in the country. However, this evaluation found that use of these kits for early stimulation and care with babies and infants was not extensive, most commonly due to practical barriers such the lack of appropriate space for children to use art supplies and the activity guide being too complex for caregivers to understand.

UNICEF-supported programmes led to increased parent participation in childcare, especially from fathers. For example, China found that more fathers took on childcare responsibilities at home and were willing to participate in care group activities, although coverage rates could be higher than those registered in the programme. The difference-in-difference results of the quantitative survey showed that in ECD project areas, the proportion of fathers participating in parent-child activities (40.2 per cent) was significantly higher than the control group (10.6 per cent). The evaluation also found effective results in improving caregivers' nurturing care behaviours and knowledge indicators - the difference was significant when compared with the control group. In Colombia, more than 90 per cent of men understood their role as a caregiver in comprehensive early childhood care. Similarly, in India where efforts were made to improve the engagement of fathers in early stimulation and responsive care, found that some had become champions for responsive and pro-active parenting for their children, inspiring others. This same programme trained social workers on responsive parenting and care and found that regular interactions and discussions between them and caregivers contributed to a rise in caregivers' knowledge about early learning and stimulation. In Honduras and Turkmenistan, as a result of early stimulation and responsive parenting, there have been improvements in children's development, for example in language, socio-affective and motor skills, and abilities.

The global evaluation resulted in mixed or insufficient findings - that while UNICEF-supported early stimulation and care programmes have adopted evidence-based practices, these have not been sufficiently defined, codified, or integrated into the current UNICEF Strategic Plan 2022-2025, nor do programmes have adequately designed evaluations of efficacy and impact. As a result, there is no compelling evidence that UNICEF's direct support to early stimulation and responsive care programmes is making a difference for vulnerable children, parents, and frontline workers.

Outcomes 1.15 and 1.16: Children and women living with human immunodeficiency virus (HIV)

Eleven countries took part in evaluating programmes directed at children and women living with HIV including Cameroon, Chad, Equatorial Guinea, Eswatini, Gabon, Mozambique, South Africa, Uzbekistan, and Zimbabwe and two regional evaluations in WCAR and Eastern and Southern Africa (ESAR).

Table 9. Countries tracking the support given to children and women living with HIV

Evaluation ID	Title	Country/Region
19186	Évaluation formative de la stratégie de dépistage familial du VIH au Cameroun	Cameroon
18721	Évaluation formative de la stratégie de dépistage familial du VIH au Tchad	Chad
8781	Evaluation of prevention of mother-to-child transmission programme in Equatorial Guinea (2015-2018)	Equatorial Guinea
6696	Impact evaluation of the teen club programme for adolescents living with HIV in Eswatini	Eswatini
16382	Évaluation conjointe de la stratégie nationale de prévention et de lutte contre le VIH/sida chez les adolescents	Gabon
17508	Evaluation of Mozambique-UNICEF country programme of cooperation (2017 – 2020/2021)	Mozambique
18244	Formative evaluation of the adolescent girls and young women peer mentor programme in Tshwane, eThekweni and uMgungundlovu	South Africa
16222	Evaluation of country programme of cooperation between the Government of Uzbekistan and UNICEF 2016–2020	Uzbekistan
8966	UNICEF Zimbabwe HIV and AIDS programme mid-term evaluation	Zimbabwe
4733	Evaluation of expansion and scale-up of HIV-sensitive social protection in Eastern and Southern Africa	ESAR
16815	Evaluation formative du projet d'accélération de l'accès et l'adhérence au traitement ARV pédiatrique chez les enfants et adolescents vivant avec le VIH dans quatre pays d'Afrique de l'Ouest et du Centre (République Centrafricaine, Tchad, Togo et Côte d'Ivoire)	WCAR

UNICEF supported those living with HIV through increased access to health services, provision of antiretroviral (ARV) medication, psychosocial support and peer mentoring programmes, mass screening, capacity building initiatives, and outreach campaigns.

Positive outcomes were found in nine evaluations. Eswatini, Equatorial Guinea, South Africa, Gabon and Uzbekistan reported that UNICEF interventions had helped increase access and availability of health services and of these, Gabon and Equatorial Guinea reported an increase in service availability. In Gabon, a 92 per cent positive performance rate of facilities' provision of care was found, with 23 out of the targeted 25 health facilities providing care for people living with HIV and in Equatorial Guinea an improvement from the baseline of five districts increasing to 18 districts after programme implementation. In this same evaluation, staff training on prevention of mother-to-child transmission (PTMCT) services occurred at 33 local centres and PTMCT service provision was transferred to regular primary health facilities to improve coverage. Improved access to health services also increased the use of ARVs. Eswatini found that the percentage of HIV patients receiving ARV therapy increased slightly from 87 per cent in 2017 to 89.9 per cent in 2018. Cameroon showed an increasing rate of ARV initiation among children aged 0-4 years, children aged 5-10 years and children aged 15-19 years between 2019 and 2021.

Two evaluations (Eswatini and South Africa) showed improvements in viral load suppression. In Eswatini, viral load suppression saw better results among intervention groups compared to control groups, with teen club members reaching 90.3 per cent suppression against 88.6 per cent for non-members. South Africa reported rates of 94 - 98 per cent for ARV initiation and adherence among HIV positive groups in three different regions in the country, which positively impacted viral load suppression (81 per cent suppressed).

Multiple evaluations focused on peer mentoring and psychosocial support for HIV patients. In particular, the UNICEF-supported teen club programme in Eswatini empowered adolescents by building their self-esteem, enabling them to live positively and deal with stigma associated with HIV. In Uzbekistan, psychosocial support was provided to children living with HIV through day care facilities across eight regions in the country. A peer mentor programme for pregnant girls and women increased knowledge and skills, especially around the importance of HIV testing, ARV medication and adherence, and the use of contraceptives in South Africa.

Mass screening methods implemented by UNICEF such as family HIV testing facilitated screening and increased the number of children and adolescents being tested for HIV across all age groups in Cameroon. Outreach campaigns in Eswatini reduced the number of patients lost to follow-up from 10 per cent in 2011 to 0.2 per cent in 2018. In Cameroon it was suggested that the involvement of HIV-positive women leaders (along with mass communication through several community-based organizations) would have made it easier to reach more people.

Overall, UNICEF's support to improving infrastructure and services was a key factor in programme success. The extent to which the availability of health services and community platforms helped achieve targets among HIV groups was evident in several countries (Cameroon, Eswatini, Equatorial Guinea, and South Africa). Additionally, UNICEF in Zimbabwe directed HIV programme funding to areas with little or no resource allocation by other stakeholders. The use of volunteers and government support in peer mentoring programmes enhanced sustainability in Eswatini and South Africa. Common challenges reported included low quality of service (some health workers were not trained to prescribe ARVs), difficulty obtaining consent for HIV testing, limited human resources, and weak coordination and monitoring systems.

None of the evaluations reported an insufficient or negative impact. However, mixed results were observed in three evaluations. In Chad, while several families adhered to screening, the programme did not make sufficient progress in implementing the steps outlined in the operational guidelines on family HIV testing. In Gabon, although 23 out of 25 targeted facilities provided care to HIV patients, the sites did not have structures that were adapted to adolescents and screening results remained low. Lastly, in WCAR, CAR, Côte d'Ivoire, and Togo demonstrated good performances, with Chad lagging due to poor rate of achievement of its planned results (61 per cent). This was partly due to the strike by medical personnel and delayed supply of ARVs.

Outcome 1.18: Young children being fed a minimum diverse diet

Four countries were included in the evaluation of programmes seeking to improve the diversity of diets in young children: the Comoros, Ethiopia, the Gambia and Madagascar.

Table 10. Countries tracking children fed a minimum diverse diet

Evaluation ID	Title	Country
16121	Evaluation finale du projet ANJE	Comoros
4731	Nutrition component of the EU-SHARE programme (2015-2018)	Ethiopia
16370	Evaluation of the BReST cash transfer programme	Gambia
18884	Evaluation du projet Hafa Velotegna (Phase I) dans le district de Vavatenina de la Région d'Analanjirifo et mise en place d'une baseline pour l'extension du projet dans les districts de Fénérive Est et Soanierana Ivongo	Madagascar

UNICEF's interventions were aimed at improving mothers' knowledge of nutrition, providing means of acquiring food through small scale agriculture in the Comoros, Ethiopia, and Madagascar or cash transfer schemes in the Gambia.

Improvements were observed in all evaluations, particularly around continued breastfeeding. Only one evaluation, in Comoros, reported quantitative data where it was found that the 52.7 per cent of children born in the previous 24 months in villages covered by the UNICEF programme intervention breastfed within one hour of birth, compared to 38 per cent in control villages. The same trend is observed for the indicators "Children who have been breastfed" and "Continuation of breastfeeding at the age of one year". The same evaluation also reported better anthropometric data (human body measurements such as weight, height, shape) among children in treatment villages as well as a lower proportion of those suffering from chronic malnutrition in treatment villages than those in control villages (44.8 per cent). The difference is however marginal and may not be statistically or clinically significant. It is also unclear what age range these measurements pertain to. The evaluation demonstrated that whilst the programme planned to cover 60 communities, it overachieved by reaching 69 in total. This equated to over three times the number of pregnant/breastfeeding women, adolescent girls and/or children under five who benefited from basic nutrition services supported by UNICEF (30,519 reached; 9,600 planned). The Gambia had similar positive results regarding the reach of the programme, exceeding its target of 5,500 women with a total of 6,176 women registered to receive cash transfers and between 5,556 and 5,898 women collecting the payment each

month. The programme had a positive impact on beneficiary children's nutrition status, particularly during the programme cycle. Despite improved knowledge gained from the programme, these effects were not sustained once the cash transfer scheme ended.

In Ethiopia, interventions promoting access to food through agriculture were successful in improving EBF. For instance, almost half of vulnerable populations (44 per cent) received agricultural inputs for backyard gardening as part of the EU-SHARE programme which had a programme component to improve nutrition and food security. However, although some improvement occurred in the minimum acceptable diet of women and children, none of the targets were achieved when measured against the programme's four key indicators that assess progress in complementary feeding practices among children. Similarly, in Madagascar, the evaluation highlighted that more than 90 per cent of pregnant and breastfeeding women were made aware of correct diet for their children, particularly for breastfeeding and how to provide their children with food rich in micro-nutrients.

In Ethiopia, the multi-sectoral approach that combined nutrition-specific and nutrition-sensitive activities (e.g., home gardens, school nutrition clubs) was highly appreciated by beneficiaries and led to tangible results. Economic empowerment of women and basic services implemented as routine activities were also noted as positive contributors. Madagascar observed the remarkable value of global educational clusters (GECs) in improving the nutritional status of the target children and women/mothers. Links formed between the community nutrition and

awareness sites and the community savings groups helped to facilitate the GECs and ensure their sustainability. This allowed the target members of the intervention to achieve improved food diversity.

In Ethiopia and Madagascar, the benefits of interventions were hampered by insufficient capacity building of community members to improve their agricultural production activities, including the use of water or vegetable gardening practices. Environmental factors such as recurrent drought and water shortage for drinking and for vegetable production, as well as heavy flooding and landslides, had a considerable impact. Ethiopia also noted that one of the

key targets of the programme - establishing complementary feeding units managed by women's groups – was unsuccessful because there was not enough time to fully implement the programme. The Gambia highlighted that in places where cash transfer beneficiaries were distributed across a large catchment area, the financial benefits of the cash transfer were offset and reduced by a quarter due to high transport costs associated with collecting the payment. For future projects, it is suggested to consider the distance to payment sites when calculating benefits, or to divide the catchment area into several points to ensure reasonable distance for all beneficiaries.

Outcomes 1.22 and 1.23: Children under five with severe wasting and other forms of severe acute malnutrition

A total of 17 evaluations addressed programmes designed to reduce the number of children under five with severe wasting and other forms of severe acute malnutrition. Countries include Afghanistan, Bangladesh, Cameroon, Chad, the Comoros, Djibouti, Ethiopia, Guinea-Bissau, Kenya, Mauritania, Nepal, Niger, Nigeria, Pakistan, Paraguay, Senegal, Sudan, Togo, and Yemen.

Table 11. Countries tracking severe wasting and other forms of severe acute malnutrition

Evaluation ID	Title	Country/Region
13915	Formative evaluation of Integrated Management of Acute Malnutrition (IMAM) initiative	Afghanistan
17515	Mid-term evaluation of the “Building resilience among Rohingya refugees and host communities in Cox’s Bazar” programme	Bangladesh
16121	Evaluation finale du projet ANJE	Comoros
17883	Évaluation indépendante du programme survie et développement de l’enfant programme de coopération 2018 – 2022	Djibouti
19179	A qualitative mid-line evaluation of the integrated safety net programme in Amhara	Ethiopia
16392	Impact evaluation of social cash transfers	Ethiopia
16178	Summative evaluation of PIMI II project	Guinea-Bissau
808	Real time evaluation on emergency drought situation Response in Kenya, 2017	Kenya
13756	Evaluation de la composante ANJE du plan multisectoriel de la nutrition	Mauritania
16367	Impact evaluation of multi-sector nutrition programme	Nepal
16400	Évaluation sommative de la prise en charge de la malnutrition aiguë sévère, Niger (2010–2019)	Niger
17807	Formative evaluation of government-UNICEF nutrition country programme component 2018-2022 in Nigeria	Nigeria

16426	United Nations maternal and child stunting reduction programme in three target districts in Sindh	Pakistan
404	Evaluación de procesos del programa de supervivencia infantil y materna de Alto Paraná y Canindeyú 2014-2019	Paraguay
16817	Evaluation multi-pays du programme de prise en charge de la malnutrition aiguë sévère (rapport régional)	Senegal
16870	Evaluation of community management of acute malnutrition in Sudan 2015 - 2018	Sudan
18939	Évaluation formative du programme de Pays Togo – UNICEF 2019-2023	Togo
17442	Evaluation of community management of acute malnutrition in Yemen	Yemen
6660	Evaluation of the UNICEF response to the Lake Chad Basin Crisis in Cameroon, Chad, Niger, and Nigeria	WCAR

Four of the evaluations reported data on interventions regarding wasting and malnutrition in children under five (Bangladesh, the Comoros, Nigeria, Yemen), within which breastfeeding was a strongly reported aspect. Bangladesh highlighted that 86.3 per cent of mothers with children under six months in the host community and 100 per cent of mothers in refugee camps started breastfeeding within one hour of birth. Similarly, the Comoros demonstrated improvements in breastfeeding with 52.6 per cent of newborns breastfeeding within one hour of birth in the treated villages versus 38 per cent in control villages. The same trend was observed for the indicators “children who have been breastfed” and “continuation of breastfeeding at the age of one year”. Conversely, in Nigeria it was revealed that whilst the prevalence of EBF under six months increased from 23.7 to 34.4 per cent and the preferred duration of infant breastfeeding increased by 0.33 months, the practice of early initiation of breastfeeding decreased from 42.1 to 23.1 per cent.

The Comoros reported little difference in anthropometric measurements between children in treatment villages and those in control villages, revealing that 44.5 per cent of treated children suffer from chronic malnutrition against 44.8 per cent of control children. The prevalence of wasting, underweight and severe underweight was higher in the control villages than in the treated villages, whereas prevalence of moderate underweight was lower in the control villages. Ethiopia (16392) found similar results, highlighting that UNICEF's programme had almost no measurable impact on child nutrition outcomes, except for creating a slightly significant reduction in child underweight prevalence. An explanation for this could be

in part because children aged 6-23 months may not have been exposed to the UNICEF programme for very long. Yemen showed that in 2020 according to secondary data, 83 per cent of the nutrition cluster's milestones were achieved. The programme achieved high cure rates and low default rates in 2019 and 2020 for therapeutic feeding centres, outpatient therapeutic programmes and targeted supplementary feeding programmes supported by UNICEF. This is attributed to the scaling up of services between 2017 and 2020.

Anthropometric indicators revealed that various targets were not met in Nigeria. The prevalence of moderate and severe stunting among children under five, the number of children aged 0-59 months with severe acute malnutrition (SAM) who are admitted in therapeutic feeding centres and the percentage of health facilities that provide outpatient therapeutic programmes services for SAM did not reach targets set out in the UNICEF programme. Strikingly, the number of children under two years of age enrolled for growth monitoring and promotion saw a drastic underachievement of 79 per cent below target in 2020. The timeline suggests it may be due to the impact of the COVID-19 pandemic, however other indicators involving physical intervention were not affected in the same way. This is highlighted by the most successful indicator, the number of girls and boys aged 6-59 months screened for acute malnutrition, which reached 150 per cent of the target in both years. Nigeria reported that UNICEF's nutrition programme was very successful in saving the lives of children affected by SAM: over 2.5 million severely malnourished children under five benefited from SAM treatment services, in comparison with the planned five-year target of 1.2 million children under five.

However, whilst improvements were seen, the nutrition component failed to achieve the target for stunting, underweight and wasting – the primary objective of the programme. This may be partially explained as the same households were not consistently reached with multiple interventions and only 2.6 per cent of households in the evaluation treatment group (n=2,798) were aware of the three core components (stunting, underweight and wasting) with the majority not getting the full intervention package. Only 30 per cent of caregivers in treatment areas were aware of the programme's key activities and less than 20 per cent of caregivers reported receiving counselling on WASH, child nutrition, or parenting.

Descriptive data showed parental knowledge as core to the improvement of severe wasting and other forms of SAM in children under five. Three evaluations (Ethiopia (16392), Nepal, Togo) highlighted improvements in women's knowledge, gained through educational resources supported by UNICEF, as an influential factor. Niger noted that the participation of men in awareness raising activities enabled them to better understand the importance of their role in family nutrition and the support they must provide to their wives, including regularly providing money to purchase food. This was echoed in Senegal where the exposure of women and men to communication and education messages enabled them to reinforce their roles and responsibilities in the management and prevention of acute malnutrition in the household. Ethiopia (19179) showed that the combination of behaviour change communication, individual counselling (from frontline workers) and access to services via co-responsibilities delivered through the integrated package of services deployed by UNICEF led to greater knowledge about dietary diversity and the importance of healthy living environments, as well as improved diet, food intake and feeding practices. Furthermore, transition into temporary direct support also improved women's capacity to comply with co-responsibilities and seek nutrition-related antenatal care. These outcomes were particularly significant for caregivers of malnourished children, who reported more time available to access timely treatment and complementary support, with consequent improvements in care for their children. A barrier highlighted in Nigeria stated that while most beneficiaries knew about healthy eating and breastfeeding practices, constraints such as poverty and food insecurity prevented them from applying their nutrition knowledge. Two evaluations in Bangladesh and Ethiopia (16392) demonstrated efforts to reduce poverty and food insecurity through UNICEF-led

social security schemes. Both highlight that such schemes can improve the impact on nutrition outcomes and has led to meaningful improvements in household dietary diversity and food security.

Pakistan did not substantially report on outcome measures or the barriers and facilitators to change. Nevertheless, the evaluation found issues related to the programme data such as possible double counting of beneficiaries and differences of the reported data in the programme datasheets and partnership management portal that may put in question the full achievements of the programme targets. This evaluation did state that women and girls should be kept at the centre of nutrition-specific and nutrition-sensitive approaches taken by UNICEF and viewed them as the key agents in the fight against undernutrition rather than passive victims of malnutrition in need of assistance. However, without outcome measurements it is not possible to say whether this is supported by evidence.


In terms of emergency response interventions, the evaluation in WCAR stated that, in general, the effectiveness of the UNICEF response was greater in the health and nutrition sectors as it was mainly based on intervention approaches that had already demonstrated effectiveness during past emergencies. Kenya noted that interventions by UNICEF and its partners seemingly prevented affected populations from having to take on negative coping strategies (such as the selling of assets) to pay for food, water, or health care. The nutrition section, which led the UNICEF response, met key quality indicators, and met many of the emergency nutrition needs of women and children in targeted communities. The integrated health and nutrition outreach programme was the most appropriate and relevant part of the entire response. It was highly appreciated by all communities and played a pivotal role in providing essential health and nutrition services during the 2017 drought.

Community management and engagement in Djibouti and Yemen; and stakeholder partnerships in Bangladesh, Nigeria, Senegal, and WCAR emerged as two key themes facilitating the provision of health and nutrition services. Interestingly, these were also raised as barriers to the non-functionality of community networks in Djibouti and Guinea-Bissau and communication between stakeholders (Nepal, Mauritania). Other barriers that emerged from the evaluations were a lack of coverage for underserved communities (Djibouti, Nigeria); strains on participants geographic/financial access to services

(Djibouti, Ethiopia (19179), Nigeria); staffing issues due to work pressures, existing responsibilities and turnover (Ethiopia (19179), Paraguay, Senegal, WCAR); limited financial resources (Ethiopia (19179), Togo, Yemen, WCAR); and a lack of supplies/equipment (Niger, Paraguay, Yemen). Example of these barriers can be found in evaluations Ethiopia (19179) and Niger, with the former stating additional costs associated with obtaining healthcare and education (transport and opportunity costs, appropriate clothing/books for school) which often leave clients unable to fulfil co-responsibilities. In contrast, Niger highlights the improper use of products mainly due to management, transport and storage which have a negative impact.


Overall facilitators and achievements, and barriers and areas for improvement for GA 1

Facilitators and achievements

 Overall, UNICEF responses were effective in the health and nutrition sectors as the principles on which these interventions were based were rooted in rigorous evidence. The first major facilitator observed was raising awareness in the community as well as health education programmes which benefit both families and health workers. Outreach campaigns were also identified as an important facilitator towards achieving results. Another valuable facilitator of activities undertaken by UNICEF was community engagement, which helped improve education around certain topics, challenge beliefs, and allow health workers to build better relationships with the families and communities which they serve. However, the success of community engagement was dependent on the quality of support, encouragement, and guidance of health workers and was similarly correlated to the impact of wider influences, including the media who play a major role in health behaviours and influence the context in which programmes are implemented. In terms of achievements, UNICEF improved the quantity, quality, and readiness of health facilities as well as access, which in turn increased standards of care. UNICEF enhanced infrastructure such as providing office supplies and cold chain equipment. A key achievement was building the capacity of health-care workers and improving staff engagement. In contrast, low compensation, and insufficient upskilling hindered productivity. UNICEF facilitated coordination between health systems in many countries

and beneficiaries, which boosted demand and uptake of services and similarly acted to coordinate stakeholders. Finally, UNICEF's cash transfers and financial resources contributed to solving a wide variety of issues ranging from the purchase of medicines to human resource development and strengthening technical platforms at the national and sub-national level. Allocation of resources was particularly beneficial for health facilities in low performance areas, helping to prevent negative coping strategies, food insecurity and address barriers to healthcare and education due to costs including, for example transport and appropriate clothing for school. However, financial assistance must be applied appropriately as inconsistent allocation can affect the health component's infrastructure. For example, if a family must travel far to collect the cash benefit, eliminating any supplementary advantage of the cash assistance.

Barriers and areas for improvement

 A common barrier to achieving targets was insufficient communication, planning and coordination across implementing partners in the health sector. Similarly, programmes were hindered by internal siloed approaches or not harmonized between implementers. In addition, programmes sometimes did not reach those most in need, such as marginalized groups and poorer populations. For example, women were required to register to obtain benefits such as cash transfers, but were often away from the village working or in search of employment. Other practical obstacles included language barriers and gender stereotypes, which, for example, discouraged fathers from participating in training. Some programmes could, in fact, exacerbate inequalities; for example an online programme could exclude those without the necessary IT infrastructure to participate after functions. More specifically, there were observed errors and double counting in data entry which negatively impacted data collection.

With the prior agreement of UNICEF, outcomes 1.4, 1.7, 1.10, 1.11, 1.13, 1.14, 1.17, 1.19, 1.20, 1.21 for GA 1 were omitted due to the scarcity of evidence available, to allow greater focus on others.

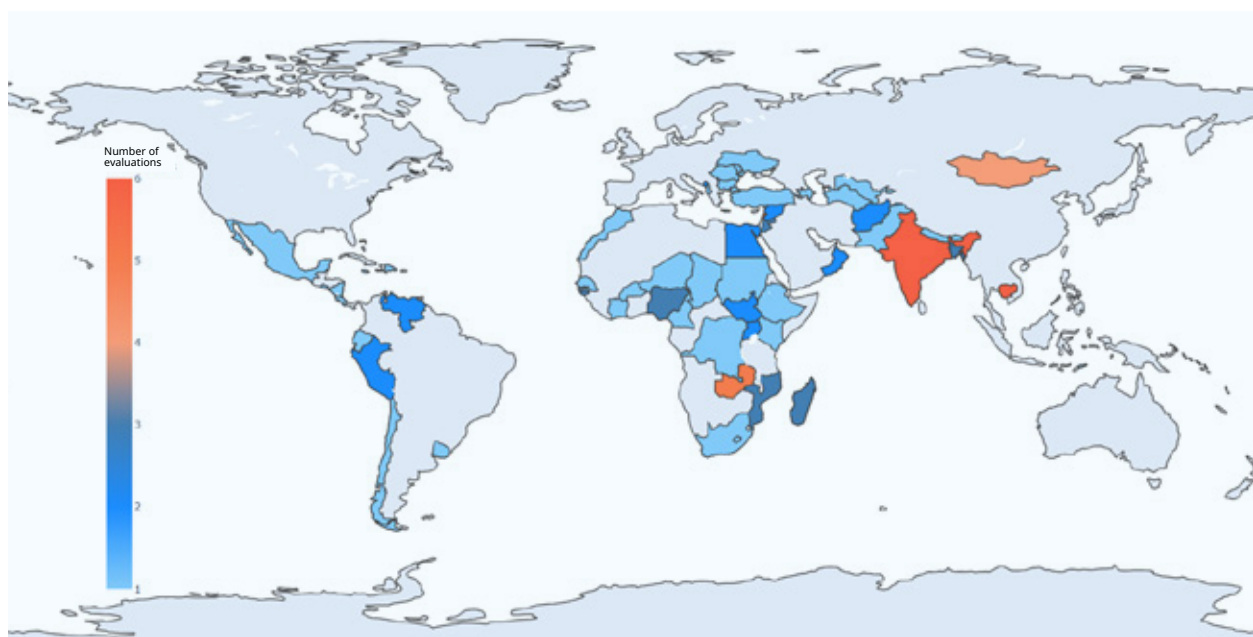


Goal Area 2

Every child, including adolescents, learns and acquires skills for the future

In summary: Across the 79 evaluations assessed, the majority noted the value of financial support provided or enabled by UNICEF. Cash transfers are a practical means of support, often allowing children to attend school. For maximum benefit, the value of the cash transfer should be adjusted for inflation. Similarly, care should be taken to ensure there are no unintended negative consequences, for example, the provision of financial support to a child could mean they no longer qualify for free food at school or increased enrolment can lead to crowded classrooms. UNICEF was also able to leverage its prestige and relationships with governments to increase the amount of national GDP spent on education, although it is hard to quantify the result of this. UNICEF support included improved education-related infrastructure and increased capacity of government partners through training. This had subsequent benefits, for example, training female teachers led to improvements in girls' enrolment in school. The main barriers included low awareness of a programme among partners and gaps in monitoring data, which hindered the uptake and assessment of programmes, respectively.

Figure 3. Distribution of evaluations for Goal Area 2



Outcome 2.1: Gender disparity in education

A total of eight evaluations included Albania, Cambodia, Egypt, Lebanon (for displaced Syrian children), Morocco, Niger, and Zambia of which two had quantitative information and the remaining six had descriptive information.

Table 12. Countries tracking gender disparity in education

Evaluation ID	Title	Country
17029	Evaluation of the UNICEF – Government of Albania country programme 2017-2021	Albania
15378	Evaluation of the Cambodia multilingual education national action plan	Cambodia
18531	Country programme evaluation for Egypt	Egypt
8754	Min Illa cash transfer programme for displaced Syrian children in Lebanon (UNICEF and World Food Programme)	Lebanon
16747	Evaluation finale indépendante du projet de soutien des jeunes vulnérables au Maroc dans leur transition vers la vie active-Forsa	Morocco
612	Evaluation de la composante “Protection de l’enfant” du programme de coopération Niger – UNICEF (2014-2018)	Niger
8943	Zambian girls 2030 phase I end-line evaluation	Zambia
8942	Evaluation of the catch-up programme	Zambia

Four evaluations reported positive results following the implementation of a UNICEF programme to reduce gender disparity in education. Between 2016 and 2018, Zambia observed increases from 2,489 to 14,846 girls participating in girls clubs; 57.1 per cent girls transitioning from Grade 9 to Grade 10 compared to the previously reported 47.2 per cent; and enhanced enrolment in an internship programme from zero to 423 girls. Niger experienced significant gender mainstreaming; Lebanon invested slightly more spending for girls (US\$65.59) than for boys (US\$56.24), suggesting that the programme brought more gender equity in spending on education; and a significant recent increase in girls’ enrolment to near-equal levels was recorded in Egypt. This was achieved through a mixture of financial support provided by UNICEF; training and capacity building; establishing and improving infrastructure and services; direct support such as psychosocial support and educational activities; and technical support.

Cambodia found mixed results, where boys’ enrolment slightly exceeded that of girls in multilingual education preschools and primary schools, although girls attended more regularly and engaged more actively than boys.

Finally, three evaluations (Albania, Morocco, Zambia) found negative or insufficient results. In Morocco, levels of access to primary education were insufficient, with marked inequalities between boys and girls, although this could be attributed to more generalized gender disparities within the country. In Zambia, it was found that girls continue to be at a disadvantage with large numbers withdrawing from school in the upper primary and secondary grades, and lower levels of transition to junior and senior secondary school. This could be due to a range of factors including a lack of menstrual hygiene facilities, the low value placed by some communities on girls receiving a secondary education, teenage pregnancy, and child marriage. The evaluation of Albania’s country programme found little evidence that gender equality was robustly integrated. Although the country office has taken on board some of UNICEF’s gender guidance and conducted work with an explicit gender dimension, there was little operationalization of a gender equality approach.

Outcomes 2.2 and 2.4: Attendance rate and out of school

Thirteen evaluations investigated attendance and out-of-school rates in Bangladesh, Burkina Faso, India, Jordan, Kenya, Lebanon (for displaced Syrian children), Maldives, Mongolia, Nigeria, Türkiye, South Sudan, and a synthesis across 40 countries. Of these, seven included quantitative information and six had qualitative information. Given the inverse relationship between attendance and out-of-school rates, many evaluations combined and reported on both.

Table 13. Countries tracking attendance and out-of-school rates

Evaluation ID	Title	Country/Region
17934	Summative evaluation of the impact of the Community Mobilization Volunteers on knowledge, attitudes, practices, and behaviours of the Rohingya refugees in Cox's Bazar	Bangladesh
17986	Multi-country evaluation of interventions for ending open defecation (KRC #8)	Burkina Faso
17613	Impact evaluation of the adolescent empowerment programme in four states in India	India
18332	Evaluation of UNICEF support to education programmes in India	India
614	Evaluation of the UNICEF-supported specialized child protection case management response	Jordan
8921	Impact evaluation of the energy for the poor programme	Kenya
8754	Min Illa cash transfer programme for displaced Syrian children in Lebanon (UNICEF and World Food Programme)	Lebanon
13856	Evaluation of single parent and foster care schemes of the social protection programme of Maldives	Maldives
16336	Evaluation of inclusive basic education in the UNICEF country programmes 2012-2016 and 2017-2021	Mongolia
8948	Final evaluation of WASH programme 2014-2017 in Nigeria	Nigeria
16630	Programme evaluation of the conditional cash transfer programme for education of Refugee children in Türkiye	Türkiye
8895	Evaluation of the back to learning initiative	South Sudan
174	Formative evaluation of the out-of-school-children initiative	Global

Seven countries (Bangladesh, Burkina Faso, India, Kenya, Lebanon, South Sudan, Türkiye) revealed positive results, where a UNICEF-supported programme increased attendance or decreased out-of-school rates. Kenya and Lebanon saw an improvement in time spent at school. School attendance increased by 0.5 to 0.7 days a week, an improvement of about 20 per cent over the control group in Lebanon. In Kenya, the amount of time children studied outside of school increased by 14 minutes per day compared to the baseline. Two evaluations in India found quantitative increases in school attendance rates. The first evaluation (17613) found the rate of school attendance in adolescents was higher in UNICEF-supported areas (81.2 per cent) compared to control areas (79.1 per cent). Secondary school attendance in girls aged 10-14 years was 3.1 percentage points higher under the UNICEF programme compared to the control. In the second evaluation (18332), school attendance for children aged 6-14 years improved from 69 to 80 per cent in rural areas, and from 83 to 88 per cent in UNICEF-supported areas. Both Bangladesh and Burkina Faso reported that school attendance had increased without providing quantitative figures, although the latter referred to an increase in girls' attendance. In South Sudan there was a decrease in the rate of out-of-school children from 65 to 63 per cent and Türkiye found a quantitative improvement of school attendance (of five percentage points), although this could not definitively be attributed to the child protection component of the programme due to potential selection issues of children participating to the programme.

The main reason for success of UNICEF-supported programmes appears to be financial. In times of crisis, families often understandably forgo education in favour of more urgent needs, such as food, according to the evaluations in Lebanon and Jordan, and because they cannot afford the associated costs such as transport like in Türkiye. Even in less pressing times, children attending school can mean a loss of revenue for the family such as in Kenya. To address these financial barriers, UNICEF has successfully used cash transfer interventions which provide families with money to encourage them to send their children to school. Financial support through cash transfers have been another driver for improvement, featuring in five of the seven of the evaluations with positive results (Burkina Faso, Kenya, Lebanon, South Sudan, Türkiye). This was mostly providing direct cash transfers to families directly or through implementing partners. Another important factor was setting up/improving services and capacity. In India (17613),

this involved sensitizing parents and communities and strengthening child protection mechanisms. In Bangladesh, a network of volunteers was created to engage with households, and in South Sudan the programme established and rehabilitated learning spaces, as well as trained teachers in life skills.

Two evaluations reported mixed results: Nigeria and Jordan. In Nigeria, the programme improved the primary net attendance ratio in most states by 3-25 percentage points, but in other states there was a decrease or stagnation in attendance. In Jordan, refugee children had a substantially lower attendance rate than nationals. Interestingly, these two evaluations were supported by a wide range of UNICEF activities including setting up infrastructure, financing, knowledge management, coordination, technical support, and capacity development in relation to proving improved education. It is worth mentioning the evaluation of the out-of-school-children initiative across 40 countries (174). While this did not investigate a specific programme or provide particular outcomes, it is credited with producing important results such as bringing a positive attitudinal change to government partners, increasing the visibility of the subject of out-of-school children, and a decrease in the number of out-of-school children if the country was relatively prosperous. Although UNICEF was able to make progress to changes in policies and was regarded as a reliable "anchor partner", this did not always translate into practice, mainly due to inadequate prioritization of this issue.

Maldives and Mongolia reported insufficient results. In the case of Maldives this was because data gaps hindered assessment of the programme's effectiveness and neither the impact of the programme nor public sentiment towards the scheme was assessed. This was a major drawback and should be addressed in future programmes. Mongolia found that drop-out rates remained high in rural areas due to financial pressures, including both the inability to cover school costs and the requirement to share household chores/contribute to income. This echoes the findings above and demonstrates how cash transfers can help families send their children to school.

Outcome 2.3: Enrolment ratio

Thirty-three evaluations were included across all six UNICEF regions including East Asia and the Pacific (EAPR), ESAR, ECAR, Latin America and Caribbean (LACR), Middle East and North Africa, South Asia, and WCAR.

Table 14. Countries tracking enrolment ratio

Evaluation ID	Title	Country/Region
17627	Formative evaluation of girls' access to teacher education programme	Afghanistan
17628	Summative evaluation of Afghan women's leadership initiative programme in support of adolescent girls	Afghanistan
17515	Mid-term evaluation of the "Building the resilience among Rohingya refugees and host communities in Cox's Bazar" programme	Bangladesh
16156	Bangladesh education programme evaluation, 2012-2018	Bangladesh
18522	Country programme evaluation for Cambodia (2019 to 2023)	Cambodia
15378	Evaluation of the Cambodia multilingual education national action plan	Cambodia
15929	Evaluation formative et sommative de la composante education de base du programme de coopération Cameroun-UNICEF (2013 – 2017)	Cameroon
16292	Évaluation de la composante de "L'éducation inclusive de qualité" du programme de coopération entre le Gouvernement du Tchad-UNICEF 2017-2021	Chad
17344	Projet d'amélioration de l'accès à l'école et de la qualité des apprentissages des enfants vulnérables au Kasai Central et Oriental ACCELERE! 4 Phase II	Democratic Republic of the Congo
18531	Country programme evaluation for Egypt	Egypt
16394	Impact evaluation of assessment for learning programme in selected regions	Ethiopia
1109	Final evaluation of the programme for improved quality standards in schools in the Gambia (2012-2016)	Gambia
18332	Evaluation of UNICEF support to education programmes in India	India
17613	Impact evaluation of the adolescent empowerment programme in four states in India	India
8754	Min Illa cash transfer programme for displaced Syrian children in Lebanon (UNICEF and World Food Programme)	Lebanon
17015	Evaluation of child grants programme	Lesotho
8759	FIAVOTA mid-term impact evaluation	Madagascar
16020	Impact evaluation of TMDH-LUL conditional cash transfer programme endline	Madagascar
17516	Multi-country programme evaluation: Moldova country case	Moldova
16336	Evaluation of inclusive basic education in the UNICEF country programmes 2012-2016 and 2017-2021	Mongolia

8970	Country programme evaluation	Montenegro
13527	Impact evaluation of the accelerated school readiness pilot programme in Mozambique	Mozambique
16989	Evaluación formativa del programa de consejerías de las comunidades educativas	Nicaragua
8948	Final evaluation of WASH programme 2014-2017 in Nigeria	Nigeria
14053	Summative evaluation of the minimum package of services component of the “Social inclusion through the provision of integrated social services at community level” modelling project in Romania, 2014-2018	Romania
8895	Evaluation of the back to learning initiative	South Sudan
16894	Evaluation of the back to learning initiative in Syria	Syria
16222	Evaluation of country programme of cooperation between the Government of Uzbekistan and UNICEF 2016–2020	Uzbekistan
8942	Evaluation of the catch-up programme	Zambia
8943	Zambian girls 2030 Phase I end-line evaluation	Zambia
17448	KRC 1 evaluation: formative multi-country evaluation of the UNICEF’s contribution to increasing immunization coverage	WCAR
789	Multi-country evaluation of early child education policies in Latin America and Caribbean	LACR (Chile, Uruguay, Peru, Mexico and Jamaica)
4712	Evaluation of UNICEF girls’ education portfolio (2009-2015)	Global (Côte d’Ivoire, Mozambique, Nigeria, Pakistan, and Sudan)

Eighteen evaluations identified positive effects of UNICEF-supported programs, with nine providing both quantitative and qualitative data to assess progress.

Quantitative results of UNICEF-supported programmes highlight increased enrolment rates, a reduction in absenteeism, girls’ assessment of education and training, and an improved educational environment, as follows:

Increased enrolment rates

- ▶ Bangladesh witnessed a three-fold increase in pre-primary enrolment and a three per cent rise in enrolment at the primary and secondary level over a period of seven years.

- ▶ There was an increase in enrolment for primary aged children aged 5-9 years from just over 60 per cent to approximately 90 per cent in Lebanon, where in just one year enrollment went up from 4,139,390 to 4,200,597 (annual growth of 1.8 per cent).
- ▶ Enrolment increased from 25,000 learners to 100,000 in just one year in South Sudan.
- ▶ Improvements in gross enrolment rate (GER) saw an increase from 58.2 to 68.5 per cent in four years in the Gambia; from 60 to 73 per cent in two years in Montenegro; from 54 to 65 per cent in children aged 4-6 years and in secondary school from 67.9 to 76.5 per cent in Nicaragua.

- ▶ Moldova and Uzbekistan reported that GERs had increased, without providing quantitative measures and in the Romania, LACR, and WCAR enrolment rates had increased without specifying whether this was GER or net enrolment rate.

Reduction in absenteeism

- ▶ Nigeria experienced a small reduction in primary school absenteeism of children (0.3 days) in the areas exposed to the UNICEF WASH in schools intervention programme compared to the control group.

Girls accessing education and training

- ▶ In Zambia, the number of girls in an internship programme increased from 0 to 423.
- ▶ Afghanistan, Cameroon and Syria reported increases in enrolment in school or re-enrolment rates in school especially for girls or vulnerable children.

Improved educational environment

- ▶ Democratic Republic of the Congo found a general increase in educational conditions.

The main reasons for success in improving enrolment rates, reduction in absenteeism, better education environments and more girls in education and training can be attributed to training and capacity building, which featured in eight evaluations (Afghanistan (17627)), the Gambia, Nicaragua, Nigeria, Moldova, Romania, South Sudan, Zambia). This was mostly in the form of teacher training, but also included career and skills mentoring. Properly trained teachers are essential for implementing strategies to encourage enrolment. Having female teachers further encourages girls' enrolment, particularly in Afghanistan. (17627). Another important area was the provision of infrastructure and services, which featured in seven evaluations (the Gambia, Nicaragua, Nigeria, Moldova, Romania, South Sudan, and Syria). This ranged from construction of classrooms to providing community-based services such as mother, child, and adolescent health services. Adequately provisioned classrooms are essential for inclusive education. Cash transfers and finance management supported six programmes (the Gambia, Lebanon, Nigeria, Romania, South Sudan, Zambia). As described in the analysis for outcome 2.2, cash transfers provided to families can allow them to send children to school who would otherwise be required to work to provide an income, or where families could not afford either the school fees or attendant costs such as transport or uniform.

Mixed results were found in eight evaluations. These fell into four categories: where the results were due to factors unrelated to the programme, where there were unintended negative consequences, where the benefits were variable, and where the benefits were not sustained.

Three evaluations (Cambodia, Chad, India (18332)) resulted in inadequate findings due to external factors beyond UNICEF's control. For example, in Chad there was a decrease in net primary school enrolment rate, but this was against the background of a national economic crisis which led to strikes and cessation of subsidies. Cambodia and India (18332) saw a decrease in enrolment rates between 2019 and 2021, related to the COVID-19 pandemic, which not only closed schools but affected information sharing around UNICEF's work (Cambodia). The pandemic particularly affected children with disabilities and those from minority groups as seen in India. Of these three, a specific UNICEF-supported programme was only implemented in Chad, while in Cambodia and India support was provided through broader means making it difficult to pinpoint UNICEF's contribution. In Chad, the specific programme featured several drivers of change, including economic support, capacity building, constructing classrooms and developing information systems.

Two evaluations in Madagascar (8759; 16020) found positive effects of cash transfers on enrolment rates, but with some unintended negative consequences. The first evaluation found a 29 percentage point increase to 72 per cent in enrolment and an increase in average school attendance by 0.34 days/week. However, fewer children under the programme received food in school, possibly being excluded as a direct result of the cash transfer. The latter found that increased enrolment led to crowded classroom conditions, with potential negative consequences on students' learning and performance.

Six evaluations found good results for enrolment rates in general, but that the benefits were variable, especially for girls or vulnerable populations. Bangladesh, which sought to improve the resilience of refugees, found that although around 81 per cent of mothers in both the host community and in camps enrolled their child in a school/learning centre, around a third of adolescents were not attending school. This was because they were needed for household chores or a perception that enrolling in school was not a priority. Afghanistan (17628) found that although the target was exceeded for the overall number of adolescents reached, the number

of girls in the programme accounted for only 82 per cent of the target (164,207 out of 200,000). Egypt found that despite the substantial increase in girls' enrolment, they still experienced a high dropout rate. Similarly, the multi-country evaluation (Côte d'Ivoire, Mozambique, Nigeria, Pakistan, and Sudan) found that UNICEF programmes had increased enrolment particularly for girls, but that greater focus was needed to improve the effectiveness of learning outcomes. Mongolia demonstrated high enrolment rates among pre-school, primary and secondary students at 80.9 per cent, 96.9 per cent and 95.6 per cent respectively), but that rates of children with disabilities decreased. This may be linked to improved data recording mechanisms capturing more children in the system and a greater number of ways for teachers to record pupils with disabilities. Similarly, in Cambodia a 72.5 per cent increase in enrolments was demonstrated but there was an indeterminate number of indigenous children who never enrolled or who attended only when it is not planting or harvesting season. Of these six evaluations, the focus of four evaluations (Afghanistan (17628), Bangladesh, Cambodia, Mongolia) was capacity building and only Afghanistan featured raising awareness of adolescent girls' rights, and two (Bangladesh and Mongolia) included support for local intervention, with none focusing on cash transfers or technical support. This shows that capacity building is an important tool for improving enrolment rates, but variability of results could have been decreased if other methods had also been used.

Two programmes found that although enrolment rates increased, this trend was not maintained. In Mozambique dropout rates increased. It can be speculated that focusing more widely, beyond training and capacity building to include improvement of infrastructure in the programme may have resulted in better outcomes. Transition rates from primary to secondary school remained low in Zambia (8942), which was due to a lack of places to accommodate all pupils and costs such as introduction of school fees and lack of children's contribution to household income. This programme included technical support but did not involve a cash transfer, which may have alleviated these problems and improved enrolment.

Only two evaluations reported insufficient results (Lesotho and India (17613)), where there was no impact on children's enrolment or attendance. The main feature of the UNICEF programme in Lesotho was a cash-based transfer, but this had not been adjusted since 2012 and its value was therefore limited. In 2022, the amount was only eight per cent of the average monthly household consumption, compared to 21 per cent in 2013. The limited effectiveness of the programme is therefore not surprising. The aim of the programme in India was to form adolescent groups that would increase knowledge and encourage dialogue between peers. However, awareness and implementation of the programme was low, with only 16 per cent of survey respondents being aware of the activity. Therefore, it is key to ensure that programmes are not only adequately resourced, but that implementation and awareness raising activities are built into the project.

Outcome 2.5: National education expenditure, especially reaching the most marginalized

Five countries were evaluated in terms of national education expenditure including Cambodia, Kosovo, Lebanon, Madagascar, and Timor-Leste.

Table 15. Countries tracking national education expenditure

Evaluation ID	Title	Country
15378	Evaluation of the Cambodia multilingual education national action plan	Cambodia
16565	Kosovo programme evaluation	Kosovo
8754	Min Illa cash transfer programme for displaced Syrian children in Lebanon (UNICEF and World Food Programme)	Lebanon
16020	Impact evaluation of Transfert Monétaire pour le Développement Humain-let us learn conditional cash transfer programme	Madagascar
18163	Country-led formative evaluation of early childhood education in Timor-Leste 2012-2020	Timor-Leste

The Lebanon evaluation investigated the effect of a UNICEF plan on government spending for education. The UNICEF cash transfer programme in Lebanon demonstrated positive results where the average annual amount spent by caregivers on children's education increased by US\$60 because of the programme.

The other evaluations simply reported government budget allocations to the education sector and did not reference whether these had changed because of a UNICEF programme. Examples include the Government of Cambodia's commitment of some three per cent of GDP to education from 2014 to 2018 and in Kosovo where it was around the same at four per cent of GDP, slightly less than the seven per cent committed in Madagascar. In Timor-Leste with a much smaller budget for preschool, spent less than one tenth the recommended level (one per cent of GDP). The country appears to calculate how best to use a pre-determined budget allocation, rather than setting a budget based on a comprehensive and long-term plan.

Although no broad conclusions can be made about national education expenditure, UNICEF could engage further with governments at the policy level to advocate for secured budget spending on education as well as improved monitoring and evaluation to ensure that any budget changes are assessed in terms of concrete outcomes.

Outcome 2.6: Children reaching the minimum level of proficiency

Ten evaluations were included in the review, of which three produced quantitative information and seven qualitative data. Countries include Cambodia, Dominican Republic, the Gambia, India, Jordan, Mongolia, Senegal, Uganda, Zambia, and a synthesis evaluation across all Southeast Asian countries.

Table 16. Countries tracking children reaching the minimum level of proficiency

Evaluation ID	Title	Country/Region
15378	Evaluation of the Cambodia multilingual education national action plan	Cambodia
17755	Valoracion en tiempo real de la respuesta de UNICEF a COVID-19 en Republica Dominicana	Dominican Republic
1109	Final evaluation of the programme for improved quality standards in schools in the Gambia (2012-2016)	Gambia
18332	Evaluation of UNICEF support to education programmes in India	India
16860	Evaluation of UNICEF-supported drop-out programme	Jordan
16336	Evaluation of inclusive basic education in the UNICEF country programme 2012-2016 and 2017-2021	Mongolia
4747	Impact evaluation of play-based early learning and development through UNICEF's early childhood development kit	Senegal
4750	Early childhood development kit humanitarian evaluation	Uganda
8942	Evaluation of the catch up programme	Zambia
16807	Evaluation of the Southeast Asia primary learning metrics programme in Southeast Asia	ROSA

Two evaluations in Jordan and Mongolia found overall positive results. In Mongolia, improvement of mother-tongue reading and writing skills was attributed to UNICEF's interventions, where nearly 10,000 people participated in equivalency programme training. In Jordan, improved test scores in mathematics and Arabic were observed, along with increased confidence in children. This led to positive behavioral changes in girls aged 13-20 years and boys aged 13-18 years of all nationalities who were unable to access formal education. For example, both programmes provided education interventions, for example in Jordan a two-hour afternoon programme in subjects including mathematics, Arabic, English and computer skills was offered. This example provides robust evidence that these direct interventions led to tangible improvements.

Seven evaluations reported mixed results (the Gambia, India, Senegal, Uganda, Zambia and all Southeast Asian countries). Uganda examined the provision of early childhood kits to improve early learning and development opportunities for young children by strengthening the linkage between learning and play. The programme found a high demand for the kits, but the degree of cultural relevance determined whether they yielded observable results. Senegal also looked at provision of kits and found that teachers in the intervention group were 36 percentage points less likely to believe in rote learning (a memorization technique based on repetition), 60-80 percentage points more likely to have play materials available, and 36 percentage points more likely to give students hands-on learning activities and opportunities for free play. However, it was also found that teachers needed support to ensure that children got the maximum benefit.

In Zambia, although learning levels showed a marked improvement, there was much progress still to be made. For example, there was a 17-18 per cent increase in the proportion of learners who could do basic mathematic equations, but there was a 19 per cent increase in the proportion of learners who could not identify even a single letter; and only two per cent and five per cent of learners achieved the minimum level of proficiency in mathematics and reading, respectively.

India displayed varied results for several indicators. Demand and implementation of quality education and learning depended on the state. Although there were some unintended negative outcomes such as high degree of reliance on UNICEF's continued financial and technical support, there was an increase in the awareness of early childhood education, and its inclusion within national education and child development policies. Cambodia found that although the programme achieved its main target of increasing opportunities for ethnic minority children to access multilingual education in the first three years of primary school, there was limited opportunity for and evidence of indigenous children's development of proficient writing skills in their indigenous language.

The Gambia trained over 450 teachers, who consequently could apply improved teaching methods such as inclusive pedagogy and gender-responsive methodologies to their teaching. As a result, 300 teachers and 600 students acquired increased knowledge on nutrition education, health seeking behaviours and HIV/acquired immunodeficiency syndrome (AIDS) prevention. This further encouraged both students and teachers to practice good hygiene and sanitation practices. However, these achievements risk not being sustained due to lack of political will to continue financing these activities. Evaluated programmes across several Southeast Asian countries noted progress in improving access, although quality and equity varied. Average proficiency scores in Singapore (in both mathematics and science) have sat between the high and advanced international benchmarks since 1995. Thailand's average proficiency scores remained below or near the intermediate international benchmark for both domains and Malaysia's average proficiency scores have declined and then improved both above and below the intermediate international benchmark since 1999.

The main factors underpinning these programmes were capacity building to deliver education, which featured in Cambodia, the Gambia and India as well as direct support through the provision of educational kits in Senegal and Uganda, and remedial learning in Zambia. The latter can have a substantial impact as long as the support is culturally relevant and teachers are supported with implementation.

Dominican Republic reported insufficient results. Despite the government's efforts to improve the quality of education, young people continued to show serious deficiencies in basic learning skills. However, this programme was focused on UNICEF's response to COVID-19 rather than specifically improving proficiency which may explain this result.

Outcome 2.7: Young people in education, employment, or training

Ten evaluations reporting on this outcome were included and of these, two collected quantitative information and eight qualitative data. The 10 evaluations covered Costa Rica, El Salvador, Guinea-Bissau, Jordan, Kosovo, Lebanon, Mongolia, Montenegro, Oman, and South Africa.

Table 17. Countries tracking young people in education, employment or training

Evaluation ID	Title	Country
13672	Evaluation of the child-friendly cantons' programme	Costa Rica
405	Evaluacion formativa de la Estrategia de prevencion de la violencia a nivel local en los municipios de San Marcos, San Martin y Santo Tomas	El Salvador
16175	Evaluation of the "Mobilizing rural youth to serve as peace building leaders" in Guinea-Bissau	Guinea-Bissau
16859	Mid-term evaluation of UNICEF's youth economic engagement programme in Jordan January 2018 – December 2019	Jordan
16565	Kosovo programme evaluation	Kosovo
16863	Evaluation of UNICEF's adolescents and youth programme 2017-2019 in Lebanon	Lebanon
16336	Evaluation of inclusive basic education in the UNICEF country programme 2012-2016 and 2017-2021	Mongolia
18883	Evaluation of UN Joint Programme "Activate"	Montenegro
18526	Country programme evaluation for Oman	Oman
8863	Evaluation of UNICEF's contribution towards the Isibindi programme in Eastern Cape: 2014 - 2018	South Africa

Eight evaluations (Costa Rica, El Salvador, Guinea-Bissau, Jordan, Kosovo, Lebanon, Oman, and South Africa) found positive results. Of these, three evaluations observed a direct decrease in young people classified as NEET (not in education, employment, or training) or an increase in those classified as EET (in education, employment, or training). Kosovo showed that the percentage of youth in EET had increased since 2016, in Costa Rica youth aged 15-24 years NEET decreased from 20.3 per cent in 2000 to 15.5 per cent in 2017, and El Salvador reported that beneficiaries were more motivated to continue going to school and training due to the interest and motivation generated by attendance. This had the knock-on effect of reducing violence in the sampled municipality. The five remaining programmes reported improvements in areas that led to a decrease in NEET, such as enhanced youth empowerment, including self-confidence, and development of frameworks and policies. Jordan found that an overwhelming majority of beneficiaries highlighted

improved self-confidence and self-worth because of picking up or improving their skills. Similarly, in Oman, UNICEF's convening power assisted fulfilment of the role of advocate of child rights, bringing partners together including the government, civil society, and private sector on issues such as child needs and rights and youth empowerment. The programme in Lebanon developed appropriate youth policy frameworks and enhanced technical and managerial competencies of relevant authorities so that education, skills training, and innovation services enabled beneficiaries to re-enter education. South Africa gave a platform to youth to express their concerns and interact with their local authority which was particularly successful to improving the self-esteem, self-confidence, and employability prospects of those involved. Finally, Guinea-Bissau with a special focus on the inclusion of girls, found that adolescents increased their knowledge, competencies, and life skills, including literacy to engage as active peacebuilders.

The main factors underpinning these programmes were the development of policies, strategies, and a curriculum, which featured in Costa Rica, El Salvador, Guinea-Bissau, and Lebanon. As an example, an accelerated learned curriculum was developed by UNICEF in Guinea-Bissau due to high levels of school drop out in the country. Other programmes focused on building the skills and capacities of youth to improve their employment prospects. Kosovo featured innovation labs to increase the capacity of youth for a successful professional life and generating new employment opportunities through the cultivation of social entrepreneurship. Similarly, Jordan equipped youth with skills and opportunities to enhance their employment and entrepreneurship prospects. The programme in Lebanon increased youth's access to technical and vocational training and skills building for improved professional readiness and employability.

Mongolia and Montenegro reported mixed results. Mongolia found that of the students who had dropped out of school, half were living with disabilities. Reasons given for leaving included poverty, work, sickness, or unwillingness to continue schooling. However, around 10,000 children and youth were involved in equivalency programme training. Montenegro found that although the proportion of adolescents not in EET increased from 21.3 per cent in 2019 to 26.6 per cent in 2020, the timing of which suggests that COVID-19 was a factor in these poor results. In addition, UNICEF support for well-being, self-care and mental health of adolescents and youth directly benefitted participants and increased awareness of the importance of further investment in these areas and recognition of adolescent needs in wider policy. One of the aims of the programme was to "activate" the youth NEET so this goal was partially fulfilled.

None of the evaluations reported negative or insufficient results.

Outcome 2.8: Remote learning readiness

Four qualitative evaluations were included: three global or multi-country evaluations and one in Ukraine. The former focused on UNICEF's response to the COVID-19 pandemic. It should be noted that data synthesis for this outcome was limited by the small number of outcomes found.

Table 18. Countries tracking remote learning readiness

Evaluation ID	Title	Country/Region
17517	Multi-country programme evaluation ECAR– Republic of Bulgaria, Kyrgyzstan, Moldova and Ukraine: Bulgaria country evaluation report	Bulgaria
18437	Real-time assessment number two of UNICEF's response to COVID-19	Global
19055	Evaluation of the UNICEF L3 response to COVID-19	Global
17431	Multi-country evaluation of the UNICEF early childhood development response to COVID-19 in ECAR: Ukraine country case study	Ukraine


The global evaluation (18437) found positive results, although this was limited to stating that UNICEF had "provided support to 20 countries in Middle East and North Africa region (MENAR) in remote learning".

Two evaluations reported mixed results. Firstly, Ukraine found that UNICEF interventions were effective in increasing teachers' knowledge on the organization of remote learning and as a result more remote early childhood education opportunities were created to ensure that children's learning was uninterrupted during the pandemic. However, over half


of kindergartens did not achieve complete coverage with remote services. Secondly, the global evaluation (19055) found that because of UNICEF's mature, decentralized structure, prior investments made in remote working systems, as well as the ability to learn from experience, were some of the key enablers of its response during the pandemic. However, the introduction of remote learning modalities induced a digital divide that exacerbated inequalities, with one-third of students unable to access remote learning. In Bulgaria, there was no data on the impact of remote learning due to the pandemic.

Overall facilitators and achievements, and barriers and areas for improvement for GA 2

Facilitators and achievements

 Most evaluations noted the vital role of financial support, usually in the form of cash transfers in improving education outcomes. These enabled children to attend school, which they would have otherwise been unable to afford, either because of direct costs, indirect costs such as transport and uniforms, or because the child was required to work to contribute to income. However, it is important that the value of cash transfers is adjusted according to fluctuations in inflation, otherwise their effectiveness is limited. Other ways in which UNICEF's support facilitated improved learning outcomes was establishing or improving services and infrastructure, increasing the capacity of educators such as training volunteers in schools, especially female teachers to encourage girls' enrolment. Less common facilitators included providing a platform for youth to express their views and interact with the local authority or cultivate innovative social entrepreneurship.

Barriers and areas for improvement

 Low government spending on education emerged as a barrier to achieving results. For those countries with limited GDP allocations for education, UNICEF could leverage its relationship with the government to increase and commit to dedicated education budget lines through advocacy and dialogue with policy and decision-makers. Data gaps were highlighted in several evaluations as hindering the effective assessment of a programme. In some cases, low awareness about a UNICEF-supported programme hindered its implementation and therefore limited the potential reach and achievement of results. Ensuring greater communication and awareness raising activities around future programmes will contribute to improved uptake and participation. Some negative unintended consequences of UNICEF programmes were reported, such as increased enrolment leading to crowded classroom conditions, children who benefitted from a cash transfer programme being excluded from receiving food in schools, or communities relying on UNICEF's continued support after the end of a programme. Identifying all possible outcomes – both negative and positive – is important when planning future programmes. Finally, UNICEF should take care that its interventions do not further aggravate inequalities, for example creating a digital divide when students cannot access remote learning.

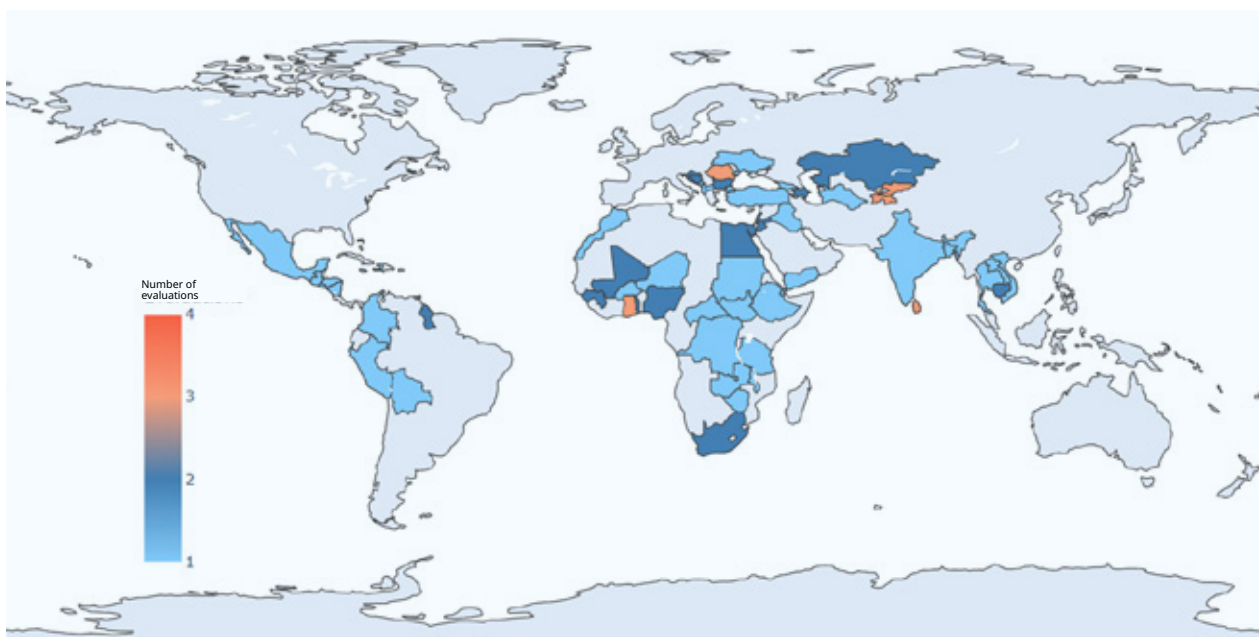


Goal Area 3

Every child, including adolescents, is protected from violence, exploitation, abuse, neglect and harmful practices

In summary: UNICEF provides support to children who are both perpetrators and victims of crimes. Of the 89 evaluations assessed, many noted the vital role played by support services such as child advocacy centres and family and child protection units. For these to have maximum effect, staff should be upskilled. Likewise, training judges and police officers is vital to improve the treatment of juvenile offenders. UNICEF initiatives to empower youth improved children's awareness of their rights, reducing vulnerabilities and in some cases led to corrective measures being taken. These were most effective with government buy-in. While many programmes appeared to have good intentions, sometimes implementation was low due to inadequate support systems, insufficient resources or because accessing them was too complex. If a programme stops functioning effectively or at all, those who have come to rely on it can become resentful and lose morale. Another common barrier was limited assessment and data use, for example a lack of baseline data preventing subsequent comparison. Finally, UNICEF should find ways to challenge long-held beliefs within the community related to, for instance, female genital mutilation.

Figure 4. Distribution of evaluations for Goal Area 3



Outcome 3.1: Children who experienced sexual violence and sought help from a professional

Six evaluations were included and all reported qualitative information. These covered the Comoros, Guyana, Kyrgyzstan, Romania, South Africa, and Türkiye.

Table 19. Countries tracking children who experienced sexual violence and sought help from a professional

Evaluation ID	Title	Country
16124	Évaluation formative du programme de pays entre l'UNICEF et L'Union Des Comores 2015-2021	Comoros
16120	Rapport d'évaluation du service d'écoute et de protection des enfants et des femmes victimes de violence de Ngazidja, Comores	Comoros
18536	Evaluation of child advocacy centres: January 2015 – March 2021	Guyana
14053	Summative evaluation of the minimum package of services component of the "Social inclusion through the provision of integrated social services at community level" modelling project in Romania, 2014-2018	Romania
8863	Evaluation of UNICEF's contribution towards the Isibindi programme in Eastern Cape: 2014 - 2018	South Africa
15483	Evaluation of the community-based child protection services in response to the Syria refugee crisis in Türkiye (January 2016-to date)	Türkiye

Of the five reports evaluating child protection programmes that found positive results, Romania and South Africa demonstrated an overall decrease in abuse and violence against children. The Comoros (16124) saw an increase in the number of child victims of sexual violence seeking professional help and in the second country evaluation (16120) children were offered medical care, and legal and psychological support. In South Africa, victims were referred to counselling services. CACs were established via the UNICEF programme in Guyana, helping victims of sexual abuse by offering parents education and awareness about abuse, which improved their understanding of the signs and how to protect their children. Most of these programmes set up services such as listening services in the Comoros (16124) and CACs in Guyana, which required the upskilling and increased capacity of staff working in the centres. South Africa introduced youth empowerment programmes and UNICEF also facilitated effective coordination and allocated funding.

Türkiye experienced mixed results. About 156,000 children were reached through community-based child protection services and 90,000 participated in structured child protection or psychosocial support programmes. Preliminary qualitative results indicate a high level of satisfaction.

Outcomes 3.2, 3.3 and 3.4: Physical punishment and bullying

A total of 25 evaluations were included - six were quantitative in nature and the remaining 19 qualitative.

Table 20. Countries tracking physical punishment and bullying

Evaluation ID	Title	Country/Region
16211	Multi-country evaluation on violence against children and gender-based violence: Bolivia case study	Bolivia
16759	Evaluation of the child advocacy and support centres for children victims of violence	Bulgaria
409	Promoting and protecting the rights of children: A formative evaluation of UNICEF's child protection programme in Cambodia	Cambodia
16127	Evaluation of family and community-based services for prevention and response to violence, abuse, exploitation and exclusion of the most vulnerable children in Croatia	Croatia
18290	Evaluation of the UNICEF migrant and refugee child health project	ECAR (Bosnia and Herzegovina, Bulgaria, Greece, Italy, and Serbia)
16979	Evaluation of the UNICEF Europe and Central Asia multi-country programme 2017-2021	ECAR
16950	Multi-country formative and summative evaluation of elimination of violence against children in Egypt, Jordan and Lebanon	Egypt, Jordan and Lebanon
16864	Formative and summative evaluation of child protection programme (2012-2019)	Ghana
18536	Evaluation of child advocacy centres: January 2015 – March 2021	Guyana
16844	Évaluation prospective des filets de sécurité sociale (transferts monétaires) sur les enfants les plus vulnérables dans les interventions d'urgence et de développement en Haïti	Haiti
403	Evaluation of adolescent life skills education programme in Maharashtra	India
16728	Evaluation of the joint programme Hemayati: Promoting women and girls health and well-being	Jordan
17507	Multi-Country programme evaluation: Kyrgyzstan country case	Kyrgyzstan
14935	Evaluation of the human rights training and application of normative principles and standards by judges and magistrates in the Eastern Caribbean Area	LACR (Antigua and Barbuda, Grenada and Saint Lucia)
8970	Country programme evaluation for Montenegro	Montenegro
16989	Evaluación formativa del programa de consejerías de las comunidades educativas	Nicaragua
17635	Parenting for child development programme evaluation	Papua New Guinea

14063	Romania summative evaluation of the quality inclusive education component of the “Social inclusion through the provision of integrated social services at community level” modelling project, 2014-2018	Romania
16011	Avaliação sumativa do programa «educação parental» em São Tomé e Príncipe 2016-2018	Sao Tome and Principe
180	Evaluation of family centres in Gaza	State of Palestine
8863	Evaluation of UNICEF’s contribution towards the Isibindi programme in Eastern Cape: 2014 - 2018	South Africa
17498	Promoting reconciliation in Sri Lanka	Sri Lanka
16485	Evaluation of child protection programme in Tajikistan	Tajikistan
8927	Formative evaluation of the sara radio programme	Tanzania
177	Zimbabwe’s harmonized social cash transfer programme: Endline impact evaluation report	Zimbabwe

A total of 14 programmes resulted in positive findings of UNICEF-supported interventions. Kyrgyzstan and South Africa reported general improvements - the former demonstrating progress in “the realization of child rights in most areas” and the latter reporting that the programme “broadly made a positive impact in the lives of adolescents, youth, caregivers and families”. Five evaluations reported improvements in knowledge, skills and attitudes in both children and their parents (Croatia, India, Nicaragua, State of Palestine, LACR). The State of Palestine saw positive changes in children’s emotional and social well-being and Nicaragua reported changes in the appropriation of values, development of socio-affective skills and in relationships between peers, implying a decrease in bullying and conflicts. An impressive 93 per cent of children in Haiti knew what action to take if they were victims of physical punishment or bullying and this evaluation together with another in Tanzania found improvements in children’s empowerment and awareness of their rights. The latter reported that as children’s awareness of their rights improved, corrective measures had been taken in some instances by caregivers.

The two programmes which established CACs (Guyana and Bulgaria) reported quantitative benefits. Guyana found that 95 per cent of children and nearly 90 per cent of parents felt that CACs established by the UNICEF programme contributed to their children making positive changes in their lives. Bulgaria reported that 64 per cent of respondents believed that CACs contributed to long-term positive changes in children’s well-being, such as recovery from violence and victimization, and 48 per cent

reported CACs as having contributed to long-term positive changes for parents of child victims. A similar programme that established safe spaces in Jordan, noted that women were grateful for these when they needed support. The value of community cooperation was highlighted in Romania, which showed that the programme improved the relationship between parents and local authorities which in turn allowed social assistants to identify and work with vulnerable families. Finally, Bolivia strengthened national mandates regarding children’s rights although the immediate effect of this was not clear.

The main factors underpinning the success of these programmes were the creation of support mechanisms, such as service delivery programmes such as in the State of Palestine and Jordan and CACs in Guyana and Bulgaria. Capacity building was also an important factor in providing young people with skills to make them more aware of their rights, for example in India and negotiation in Tanzania, and also for the people that protect them, such as the knowledge and skills of justice personnel in LACR (Antigua, Bermuda, Granada, and Saint Lucia) and teachers and advisers in Nicaragua.

Nine programmes showed mixed results and these fall into two categories: (1) where the benefits are both positive and negative, and (2) where there have been unintended consequences. Ghana found that attitudes and practices towards issues such as violence against children had improved, although there was no measurable difference between those in UNICEF intervention areas and those in control sites.

Six evaluations found variable benefits. Of these, three reported that although UNICEF-supported interventions had made progress influencing policy, this has not yet translated into practice. For example, in Montenegro, UNICEF supported the national government in its effort to ensure that all Montenegrin children and adolescents enjoy the international rights and protections of the child as expressed in human rights conventions and the guiding principles of the United Nations, but the proportion of women who justified men beating their wife increased from 2.6 per cent in 2013 to 6.1 per cent in 2018. Similarly, UNICEF evidence-driven advocacy led to policy revision in Tajikistan which resulted in the introduction of administrative punishment for parents and/or caregivers using or threatening to use violence against children in national and institutional policies. However, the percentage of parents who consider physical punishment of their children acceptable under given circumstances increased fractionally from 16 per cent in 2017 to 16.4 per cent in 2021. Likewise, the multi-country evaluation in the Eastern Caribbean area found that although UNICEF has a clear mandate on the promotion of child protection, there has been limited progress in reducing child abuse and violence against children. Papua New Guinea found several major benefits of UNICEF interventions including improved parents' knowledge and skills which led to the reduction of violence, abuse, and neglect of children. The majority (76 per cent) responded "not true" to hitting their child with a belt or something hard in the last three months and most parents did not engage in neglectful activities. However, some parents still left their children home alone and results from a post-test survey were not clear regarding shouting and swearing at their children. Another evaluation in Cambodia revealed a measurable drop in levels of violence being used against children, contributing to a far safer community environment for children while at school. Beneficiaries appreciated these services and support, which in many (but not all) cases reduced the likelihood of violence and separation. In addition, participants in alcohol support groups reported a 78 per cent decrease in violence in their families. However, since support was often packaged with pre-formulated messages, wording was not always fully relevant to the needs of the beneficiary. Furthermore, important forms of prevention support, such as social protection services, were not provided in Cambodia. Finally, implementation of action plans was impeded by ongoing political, economic, and socio-cultural barriers. A cash transfer programme in Zimbabwe found a 13 percentage point decrease in violence reported in youth by their peers and authority figures.

In addition, the programme appeared to strengthen the protective environment, with four per cent fewer young people reporting having witnessed violence against their parents and 6.4 per cent fewer experiencing a form of emotional violence. However, 14 per cent of young people reported that they were made to feel unwanted, and nine per cent were threatened with abandonment.

Two programmes reported both positive and negative unintended consequences. In Egypt, Jordan and Lebanon there was a five percentage point increase in the proportion of children who believed they have the right to be protected from violence, as well as acceptance of online/remote support. Conflicting results that were reported include how the child helpline set up by UNICEF became overwhelmed because of a successful social media campaign in Egypt; there were several repercussions in Lebanon due to target setting; and resentment arose due to targeting only teachers in the programme in Jordan. In Sao Tome and Principe the vast majority (91.2 per cent) of beneficiaries agreed that training had benefitted their family's daily lives, emphasizing the rights of the child and emotional relationship with their children. In addition, by carrying out training sessions and providing means of transport, the programme allowed social workers to follow up more closely with families. However, the introduction of a programme where some families were selected to benefit from support for the creation of small businesses generated some revolt on the part of families not selected, who, in some cases, stopped attending trainings.

Only two evaluations (ECAR and Sri Lanka) found negative or insufficient results. In Sri Lanka, progress was weak, and targets were not achieved. Overall, 89 per cent of parents continue to beat children as the most effective form of discipline; 42 per cent use harsh language; 33 per cent do not establish rules of behaviour and encourage good behaviour; 29 per cent do not have a daily routine or structure at home; and 24 per cent do not demonstrate anger management and self-restraint. Progress could have been better demonstrated if baseline data were available. In Bosnia and Herzegovina, Bulgaria, Greece, Italy, and Serbia survivors of extreme child abuse continued to request services which the providers are no longer able to fulfil, and this had a negative effect on the trust and morale of the community.

Outcome 3.5: Children in conflict with the law

A total of 39 evaluations were assessed, of which 10 reported outcomes achieved by UNICEF. The 10 evaluations covered the following countries: Antigua, Bulgaria, Cameroon, Kazakhstan, Kyrgyzstan, Morocco, Niger, South Sudan, Sudan, Togo, and Viet Nam. None of the evaluations reported negative or insufficient results.

Table 21. Countries tracking children in conflict with the law

Evaluation ID	Title	Country
14935	Evaluation of the human rights training and application of normative principles and standards by judges and magistrates in the Eastern Caribbean Area	Antigua
4707	Final evaluation of the UNICEF 'children at risk behind bars' project	Bulgaria
418	Evaluation of the justice for children models in Kazakhstan	Kazakhstan
8842	Summative evaluation of implementation of the state programme on justice for children in Kyrgyzstan 2014-2018	Kyrgyzstan
17483	Évaluation finale du projet Himaya pour l'accès des enfants à une justice adaptée et respectueuse de leurs droits	Morocco
612	Évaluation de la composante «protection de l'enfant» du programme de coopération Niger – UNICEF (2014-2018)	Niger
16797	Évaluation multi-pays du programme de promotion et protection des droits de l'enfant au Cameroun (2015-2019)	Republic of Cameroon
17809	Peace building fund end-line evaluation «break the cycle of violence»	South Sudan
16867	Evaluation of justice for children programming with focus on the family and child protection units	Sudan
18485	Evaluation finale du projet « amélioration de l'accès à la justice pour les enfants au Togo (1 Mai 2016-30 Juin 2020) »	Togo
18923	EU justice and legal empowerment programme in Viet Nam mid-term evaluation	Viet Nam

Four evaluations reported positive results - mostly at the policy level with little information on concrete changes. Antigua found that training supported the overall sensitization and understanding of key juvenile justice principles among judges and magistrates and in turn used these new skills to introduce rights-based approaches to adjudication. However, translation into real impact was hindered by the lack of supporting legislation and support systems. Vietnam found that the higher legal education system that engaged with the programme successfully set up a course on juvenile justice. As a result, these new branches of the justice system will be staffed with a generation of specialized child-friendly justice system lawyers. However, change on the ground remains to be seen in reality. Morocco saw improvements in

recognition of the importance of the best interests of the child including the psychosocial dimension, and more tangible outcomes such as spaces adapted to the child's needs. Togo strengthened the national political, institutional, and structural framework to improve the justice system for all minors in contact with the law.

The remaining six evaluations reported mixed results. Kyrgyzstan and Niger focused on the provision of specialist judges and courts. In the former, this was largely successful - seven targets were met, including ensuring that all children are tried by specialized judges, and every trial court now has at least one judge trained in justice for children. Training judges and police officers significantly changed justice for children and the way juvenile offenders are treated

by inspectors and investigators. In addition, some improvements were made in the juvenile prison. Like Morocco, creating a dedicated space for questioning children in police stations made questioning more effective and ensured the protection of the child. However, the aim of reducing offending was not met and offences by youth aged 14-18 years increased. Juvenile prisons are still not fully compliant with international standards, and a recent inter-agency report called conditions in the main remand centre for juveniles 'inhumane'. Niger found that training judges reached more children in conflict with the law or presumed to be associated with armed groups. The programme enabled children detained in specialist quarters to benefit from care programmes, but in some quarters the training material for judges was not used because there is no trainer. Full implementation was hindered by lack of professionalization of juvenile justice actors, difficulties in the implementation of alternatives to incarceration, and the care of minors in contact with the law, although the number of children cared for almost doubled in a year from 3,026 in 2016 to 5,580 children 2017.

Four evaluations examined programmes focused on changing policies, laws, and procedures. In Sudan, UNICEF supported the establishment of laws, policies, procedures, institutions, and services to address the justice needs of children in contact with the law. One institution was the family and child protection units, and half of the programme implementers stated that these led to fewer child offenders spending time deprived of liberty and improved use of child-appropriate facilities. In addition, the number of children in detention was substantially reduced by 40 per cent (238 per 100,000 child population) and there was an increase in the use of diversion (80 per cent increase in the number of cases between 2015 and 2017). Ninety-three per cent stated that the change would not have happened without the programme. However, deprivation of liberty increased in some cases, notably due to enhanced capacity of the police, delays in investigation, and confusion about the seven-day limit imposed by the Child Act on the length of detention. In addition, half of the legal professionals interviewed (including judiciary and attorneys) reported that access to child-friendly mechanisms to report rights violations was not equal between all children, for example, there were differences depending on gender, age, and location.

Similarly, interventions in South Sudan were designed to enhance the rule of law by building political and social capacity, knowledge, and experience. Legal aid services were provided to 123 juveniles who had come into contact or conflict with the law, and as a result were reforming. However, the longer-term impacts of the project were unclear, and sustainability was a challenge since there was limited government funding for specialist judges to access hard-to-reach areas, leaving traditional courts to handle these juvenile cases.

Kazakhstan piloted components including community-based services for children in conflict with the law and establishing child-friendly environments for children. Although preliminary, the results were mostly positive and were praised by most stakeholders. There was a decrease in re-offending, leading to fewer convictions, and both parents and children were positive about reintegration prospects in their community. However, changes in police practices towards children in conflict with the law were not noted in all regions. More seriously, children in conflict with the law who benefited from alternative measures and children at risk of offending had no access to services to prevent (re-) offending or support their reintegration in society.

Bulgaria focused on preventing re-offending via changes to policies and the law on juvenile justice. More concrete aims were to develop alternative community-based services, build capacity at the local level and create a behaviour change campaign. A new centre and a new programme inspired by the project was opened in two smaller municipalities within the pilot region and appear to be successful, although their impact was not documented.

Outcome 3.6: Children in formal alternative care

Fifteen evaluations were examined, including three quantitative reports and 12 qualitative reports. The countries assessed were Azerbaijan, Bosnia and Herzegovina, Cambodia, Croatia, Georgia, Ghana, Peru, Romania, Sri Lanka, Tajikistan, Togo, Trinidad and Tobago, Turkmenistan, and Zambia.

Table 22. Countries tracking children in formal alternative care

Evaluation ID	Title	Country
17237	Formative evaluation of the project “Modelling integrated social services” Azerbaijan	Azerbaijan
16063	Evaluation of school-readiness programme	Azerbaijan
15889	Transformation of institutions and prevention of separation of families	Bosnia and Herzegovina
409	Promoting and protecting the rights of children: A formative evaluation of UNICEF’s child protection programme in Cambodia	Cambodia
16127	Evaluation of family and community-based services for prevention and response to violence, abuse, exploitation and exclusion of the most vulnerable children in Croatia	Croatia
1745	Multi-country evaluation of the UNICEF early childhood development response to COVID-19 in Europe and Central Asia region: Georgia country case study	Georgia
16864	Formative and summative evaluation of child protection programme (2012-2019)	Ghana
19047	Multi-country evaluation of UNICEF’s response to the Venezuela outflow crisis: Peru country case study	Peru
617	Summative evaluation of the ‘First priority’ 2011-2015	Romania
18316	Country programme evaluation of the UNICEF Sri Lanka country programme	Sri Lanka
16485	Evaluation of child protection programme in Tajikistan	Tajikistan
17892	Evaluation rapide au milieu de l’action de la réponse de l’UNICEF et de ses partenaires à la COVID-19 au Togo en 2020	Togo
19041	Multi-country evaluation of UNICEF’s response to the Venezuela outflow crisis: Trinidad and Tobago country case study	Trinidad and Tobago
18583	Evaluation of the joint SDG fund programme “Improving the system of social protection through the introduction of inclusive quality community-based social services” in Turkmenistan	Turkmenistan
8926	Outcome evaluation of the investment in institutional, community and individual capacity development	Zambia

Overall, 12 out of 15 evaluations reported positive results, where UNICEF-supported programmes benefited children in formal alternative care. These fell under four broad categories: (1) direct benefit to children (Azerbaijan (17237), Bosnia and Herzegovina, Romania, Cambodia, Togo), (2) impact on policy (Azerbaijan (16063), Tajikistan), (3) training or capacity building (Croatia, Ghana, Peru), and (4) improved services or infrastructure (Trinidad and Tobago, Turkmenistan).

Bosnia and Herzegovina found that case management was likely to have the most wide-reaching impact to which it led to a five per cent decrease in the number of children in institutions and a rise in the use of foster care by 38 per cent. Similarly, in Romania raising awareness of the problems affecting children and their families among local authorities and the wider community resulted in some vulnerabilities “disappearing”. Cambodia found that buy-in from the government regarding family and community-based care for children living in residential care institutions was beneficial, and the programme benefited 740 out of 1,065 children and youth being reintegrated, by reunifying them with family or placing them in a community-based placement. Two further evaluations reported much broader effects: Togo found that children without parental and family care received alternative care services during the COVID-19 pandemic. Azerbaijan (17237) modelled how community-based social services for vulnerable children and their families could be integrated with other existing services, such as cash assistance, healthcare and education services and found that the number of assisted children and care givers increased.

Two programmes aimed to influence policy - namely Tajikistan, where the programme improved the integration of alternative care of children, justice for children, and preventing violence against children with other components of children’s rights, for example, education and nutrition. The programme successfully generated significant policy and system level changes that helped to improve policies at national and local levels and support a better protective environment for children. In Azerbaijan (16063), underlying causes of low coverage (number of schools) in pre-school education of vulnerable children were successfully addressed.

Three programmes improved training, skills, and capacity of government personnel. Peru strengthened protection mechanisms for unaccompanied and separated children and created training packages that continued to be used as government social workers rotated. The programme in Croatia provided parenting trainings for vulnerable parents. In addition, training frontline workers enhanced assistance to vulnerable families and foster carers. In Ghana, UNICEF made important contributions to strengthening the capacity of social welfare authorities to deliver child protection services.

Improved services and infrastructure were important in Trinidad and Tobago and Turkmenistan. Trinidad and Tobago created a network of child-friendly spaces, serving as a platform to integrate multiple programmes, and were considered an effective approach to building a supportive community for migrant children and their families. Turkmenistan found that social protection interventions (safety nets) increased the population coverage and the number of new social services.

Evaluations in Georgia and Zambia reported mixed results. Georgia, which evaluated a child hotline, found that it could largely address callers’ needs when these could be tackled by the hotline social workers. However, this intervention was less effective when external stakeholders such as municipalities were involved. The evaluation highlighted the need for further development of the hotline and its integration with other services. Zambia stated that capacity development increased data accuracy, data management and community volunteer motivation, although it did not explicitly state if, and how these led to improved outcomes for children in formal alternative care.

Sri Lanka found that UNICEF’s actions had been insufficient. The UNICEF Sri Lanka Country Office led the development of the ‘National Plan of Action to End Violence Against Children’ and the ‘Alternative Care Policy’, with the vision of accelerating the realization of child rights for all children in the country. The evaluation reported that the momentum has been lost and the platform for violence against children is inactive. The delivery of the pilot on life skills programme was delayed due to COVID-19 and government ownership was limited.

Outcome 3.7: Interoperability between the health system and civil registration system to facilitate birth registration

A total of 19 evaluations were included covering Cameroon, Chad, Côte d'Ivoire, Ethiopia, Guinea, Guinea-Bissau, Liberia, Mali, Mozambique, Nigeria, Pakistan, Senegal, Tanzania, Togo, and Zambia. The majority reported positive outcomes in achieving child legal identity following UNICEF-supported programmes. This section assessed both the number of birth registrations (BR) and the quality of data or systems, with some evaluations reporting on both aspects.

Table 23. Countries tracking the interoperability between the health system and civil registration system to facilitate birth registration

Evaluation ID	Title	Country
16797	Évaluation multi-pays du programme de promotion et protection des droits de l'enfant au Cameroun (2015-2019)	Cameroon
18812	Multi-country formative evaluation of the key result for children in birth registration for the period 2018-2020	Cameroon
17762	Évaluation formative du résultat clé pour les enfants	Chad
17983	Évaluation formative du résultat clé pour les enfants concernant l'enregistrement des naissances en Côte d'Ivoire	Côte d'Ivoire
15983	Multi-country evaluation for birth registration for maternal newborn and child health project	Ethiopia
16391	Country programme evaluation for Ethiopia	Ethiopia
17482	Multi-country formative evaluation of the key result for children in birth registration for the period 2018-2020	Guinea
18872	Multi-country formative evaluation of the key result for children in birth registration for the period 2018-2020	Guinea-Bissau
17451	Evaluation of birth registration	Liberia
16898	Évaluation sommative du programme BR4MNCH sur l'enregistrement des naissance pour les nouveau- nés et les enfants au Mali (2014-2018)	Mali
16573	Évaluation sommative des interventions/programme régional de l'UNICEF sur l'enregistrement des naissances (2014-2018)	Mali and Senegal
13533	Summative evaluation of the right to have rights project (2014-2018)	Mozambique
6703	Impact evaluation of the UNICEF supported birth registration programme in Nigeria 2012-2016	Nigeria
18182	Summative evaluation of digital birth registration project 2017-2021	Pakistan
16875	Évaluation sommative du programme BR4MNCH sur l'enregistrement des naissance pour les nouveau- nés et les enfants au Sénégal (2014-2018)	Senegal
8934	Summative evaluation of the simplified birth registration system in mainland Tanzania	Tanzania
17486	Multi-country formative evaluation of the key result for children (birth registration) for period 2018-2020	Togo
8946	Final evaluation of the 2016-19 EU/UNICEF birth registration project	Zambia
17861	Évaluation sommative du CPD	Zambia

A total of 13 out of 19 evaluations showed positive impacts of UNICEF-supported programmes supporting BR. Out of these, eight reported quantitative data. Côte d'Ivoire showed that implementing interoperability among different platforms for BR contributed to a gradual increase in BR. Overall, 2,074,930 children were registered in health services compared with 1,652,930 in civil status services, i.e., a difference of 422,000 over the period 2018-2020. In Nigeria, UNICEF and partners contributed to a surge in BR for children under one year of age, and the data indicated an increase by 100-250 per cent in BR during and immediately after BR campaigns. In Tanzania, the programme was successful in addressing the uptake of BR services. In fact, the programme exceeded registration targets by 28 per cent (registered 4.2 million against the target of 3.3 million). For Guinea, between 2017 and 2018, there was an increase in timely BR rates from 27 to 54 per cent in the region where the pilot programme took place. In Pakistan, 2.6 million children were registered in nine districts against the target of 1.9 million, and, more importantly, BR rates in target districts were higher (42 per cent) than in control districts (seven per cent). In Liberia, an incredible increase of 618 per cent in BR was observed between 2018 and 2019, although progress was impacted by the COVID-19 pandemic the following year. For Cameroon, BR tripled between 2016 and 2019 and the programme in Ethiopia (15983) led to increased BR, with 965,454 children being registered during the project.

Of the seven evaluations that reported qualitative results, two specifically mentioned an improvement in interoperability (i.e., the process of ensuring that different systems or platforms used for BR can effectively communicate and share data with one another). Liberia (also assessed in the quantitative section above) showed that "country offices had achieved good measures of successes especially related to activities targeted at interoperability with health and immunization services"; and in Guinea-Bissau BR interventions significantly increased the percentage of children registered, with interoperability in health units.

Two further evaluations (Mali and Senegal) show an increase in children registered, with Senegal specifically mentioning the increase in BR of children under five. Cameroon and Mozambique refer to innovation and outreach activities as helping to increase BR, but do not give specific results.

Mali reported mixed results, although these tended towards positive. The evaluation found that three regions in the country targeted by the UNICEF programme saw an increase in BR from 66.2 per cent in 2010 to 82 per cent in 2015 in Mopti. However, one district of Gao experienced a drop in BR among children under five, although this was only by 3.8 percentage points.

Two evaluations found insufficient results, where BR increased but failed to meet targets. Chad found that while interventions contributed to improving national BR from 12 to 25.7 per cent, this did not meet the target of 50 per cent. In Zambia, although BR for children under five increased from 11 per cent in 2013-2014 to 14 per cent, but this fell short of the target of 20 per cent.

Four reports (Senegal, Mali, Zambia (17861) and Ethiopia (16391) demonstrated positive results in the data completeness rate, although statements were not supported with data. For example, in Senegal, improving the performance of the health information system led to a marked improvement in the data completeness rate in all but only in one region. In Mali and Senegal, the project contributed to a significant improvement in the availability of health data through completeness and timeliness. Both Zambia (17861) and Ethiopia (16391) led to improvements in BR systems. Ethiopia (15983) found mixed results, in that while the project was effective in increasing BR and interoperability, systems for ensuring data quality were weak.

Overall, capacity building and advocacy efforts were key factors in increasing BR. The upskilling of stakeholders and civil status service supply structures was a key enabler for civil status agents to improve their performance. For example, in Togo, a strategy of interoperability was adopted between health services and civil status as a systemic and holistic approach. UNICEF's advocacy efforts, including promotion of registration activities and involvement of community leaders, were also reported as enabling factors in Cameroon and Chad. Additionally, supplying equipment in Zambia (17861), providing office space in Zambia (8946) and setting up extra service delivery points in Tanzania facilitated BR activities. On the other hand, a lack of funding in Chad and Guinea-Bissau; discrepancies in information across health centres in Cameroon, Guinea, and Senegal; human resources shortages in Cameroon; and frequent breakdown of equipment in Mali, Pakistan, and Senegal were reported barriers that threatened the sustainability of these programmes.

Outcome 3.8: Delivery and referral information related to mental health and psychosocial support services for children and adolescents

A total of seven evaluations were found and all passed the screening phase for reporting on outcomes. The evaluations covered the following countries: the Comoros, Iraq, Kazakhstan, Maldives, Sri Lanka, Thailand and Ukraine, and each involved tracking the delivery of mental health and psychosocial support to some extent.

Table 24. Countries tracking delivery and referral information related to mental health and psychosocial support services for children and adolescents

Evaluation ID	Title	Country
16120	Rapport d'évaluation du service d'écoute et de protection des enfants et des femmes victimes de violence de Ngazidja, Comores	The Comoros
17319	Evaluation of the emergency psychosocial support programme in Iraq	Iraq
419	The evaluation of adolescents' mental health and suicide prevention pilot	Kazakhstan
13856	Evaluation of single parent and foster care schemes of the social protection programme of Maldives	Maldives
17498	Evaluation of promotion reconciliation in Sri Lanka	Sri Lanka
16480	Formative evaluation of the innovative online platform	Thailand
14033	Ukraine in-depth case study of the UNICEF humanitarian response since 2014	Ukraine

Two evaluations showed positive results, but the findings were not supported with data. Thailand offers effective online information and counselling services primarily on sexual and reproductive rights, although the concrete impact of this was not stated. The Comoros provided a listening service for children, which was deemed effective based on the number of children who used the services and the services received per child.

Mixed results were reported in Iraq and Ukraine. Ukraine reported that 45 per cent of 317,461 children were reached by UNICEF interventions. The programme showed improved resilience and ability to cope with stress among children. A training programme for schools found a decrease in suicidal ideation (36.1 per cent), depression (56.1 per cent), anxiety (80.6 per cent) and stress (65 per cent) amongst all students, suggesting that the pilot contributed to improving the mental health of adolescents at risk. However, not all health providers felt that they had sufficient skills and confidence to carry out their roles, while the paucity of human resources limited the effectiveness of the referral pathway. Iraq saw an increase in UNICEF's share of support to partners implementing a structured

psychosocial support programme, and the amount of children receiving this support exceeded targets. However, usage varied widely and inconsistent tracking by UNICEF of the variations in module usage, as well as limited evidence of in-depth needs assessments was noted.

Sri Lanka and Maldives reported that UNICEF's actions had not led to sufficient results. Sri Lanka saw limited progress, particularly lack of access to data hindered work on mapping mental health and psychosocial services and the national suicide prevention strategy, developed with the project's support, was still not approved. Maldives reported that many eligible families were unable to access the programme because of the complex and costly application process and their lack of awareness of the scheme.

Overall, communication was a common challenge and outcomes were affected by the following issues: inadequate coordination between UN agencies (Sri Lanka), inconsistent tracking of variations in module usage by UNICEF (Iraq), and insufficient skilled workers (Kazakhstan, Thailand, Ukraine).

Outcome 3.9: Elimination of female genital mutilation (FGM)

A total of seven evaluations were analysed, including two quantitative and five qualitative reports. The countries assessed were Burkina Faso, Ethiopia, Guinea, Mali and Nigeria; as well as two evaluations from the UN Population Fund (UNFPA)-UNICEF joint programme on the abandonment of FGM, each covering 17 countries.

Table 25. Countries tracking elimination of female genital mutilation

Evaluation ID	Title	Country/Region
16796	Évaluation multi-pays du programme de promotion et protection des droits de l'enfant au Burkina Faso (2017-2019) (évaluation multi-pays)	Burkina Faso
16391	Country programme evaluation for Ethiopia	Ethiopia
18562	Evaluation multi-pays community engagement	Guinea
8833	Évaluation multi-pays de l'engagement communautaire pour mettre fin au mariage des enfants (2016-2019) au Mali	Mali
18563	Multi-country evaluation of community engagement to end female genital mutilation (2016-2019) in Nigeria	Nigeria
17639	Joint evaluation of the UNFPA-UNICEF joint programme on the abandonment of FGM, Phase III: 2018-2021	Global
16500	Joint evaluation of the UNFPA-UNICEF joint programme on the abandonment of female genital mutilation: Accelerating change	Global

All programmes sought to effect change by influencing laws and/or government policy, and the two evaluations with the most positive results included community engagement. None of the evaluations reported negative or insufficient results.

Four evaluations reported positive impacts of UNICEF-supported programmes (Burkina Faso, Ethiopia, Guinea, and Nigeria). Two evaluations demonstrated general improvements including Burkina Faso, where awareness raising efforts gradually contributed to changes in social norms around FGM; and Ethiopia where the programme had a significant impact on national policies on aspects of FGM. Guinea substantially strengthened laws (for example, criminalizing FGM), mainstreaming FGM into other policies, and raising awareness in communities around the harmful effects of FGM. Between 2012-2018, the FGM prevalence rate fell to 39 per cent for girls aged 0-14 years, although it should be noted that there was little change (two per cent) during the same period for women aged 15-49 years. Similarly, Nigeria also criminalized FGM and sensitized communities to its harmful effects. This led to mostly positive results: for example, the proportion of women aged 15-49 years who are circumcised decreased by 5.3 per cent in 2018. Most respondents (65 per cent)


stated that their local religious leaders advocated for the abandonment of FGM. However, there was a small increase (3.3 per cent) in FGM prevalence for children under five from 2013 to 2018, although this substantially decreased in two of the states assessed (for example from 20.9 per cent to 2.2 per cent in Ebonyi).

The Mali and multi-country evaluations found mixed results. Efforts in Mali led to approval of the national strategy on gender-based violence and community engagement led to encouraging results such as communities openly discussing FGM, which had previously been considered taboo. However, the programme was not on track to achieve the accelerated abandonment of FGM. The prevalence rate showed little change between 2014 and 2017, partly because 70 per cent of women and 68 per cent of men aged 15-49 years continue to believe that FGM is required by their religion; while 75.8 per cent of women and 74.4 per cent of men aged 15-49 years believe that this practice should continue. The multi-country evaluation (17639), one of the joint programmes, looked at the requirement of governments to tackle FGM via country-level monitoring. This contributed to improved policies, including allocating a budget to tackle FGM. However, despite strengthening policies there were still major barriers


to their implementation and enforcement, especially ensuring that they are not gender blind or harmful. These barriers include difficulty translating human rights messaging around FGM in communities that are often deprived of their basic rights, and the need to build better responses to arguments supporting the practice. The second multi-country evaluation (16500) found more encouraging results. Increased awareness of FGM-related health risks and discourse around the practice led to abandonment of FGM by “meaningful proportions” of communities; and 13 out of 16 countries under the programme have legal frameworks in place to ban FGM. However, there were noticeable shortfalls such as the low number of arrests due to enforcement of FGM law, and insufficient resourced monitoring of change in practice.

Overall facilitators and achievements, and barriers and areas for improvement for GA 3

Facilitators and achievements

 One of the main facilitators underpinning successful GA 3 programmes was engaging stakeholders at all levels – from individuals (empowering them on their rights) to communities (changing negative behaviours and social norms) to government decision-makers (influencing policy). For example, both Guinea and Nigeria included multi-sector engagement on the topic of FGM that ranged from political actors (strengthened laws that criminalize and mainstreamed FGM into other policy areas) to the community (raising awareness around the harmful effects of FGM) which led to achievements such as decreased prevalence rates. Many evaluations noted the key role played by case management and support services such as CACs and family and child protection units. UNICEF initiatives to empower youth improved children’s awareness of their rights, reducing vulnerabilities such as violence against children and bullying, and in some cases led to corrective measures being taken. This was most effective when there was political commitment from the government. Similarly, a key driver of change was building the capacity of parents, youth and the social workforce, including helping highly vulnerable parents improve their childcare skills and training frontline workers which substantially supported vulnerable families and foster carers.

Barriers and areas for improvement

 A major barrier to evaluations was limited assessment and use of data. For example, overuse of qualitative data can mask helpful quantitative findings. Absence of baseline data prevents later comparison and weak monitoring systems produce low quality data. Similarly, translation of some UNICEF-supported programmes into real impact was prevented by a lack of support systems or because processes are too complex for families to access. Some were hindered by insufficient resources meaning they were not able to help all the intended beneficiaries leaving some resentful or with a decrease in trust and morale. Finally, a common barrier that affected the impact of some UNICEF programmes was negative, long-held, traditional beliefs and deep-rooted practices which underlines the importance of community engagement in future programme implementation. Lastly upskilling of professionals working, for example in CACs and family and child protection units, is needed to maximize their effectiveness.

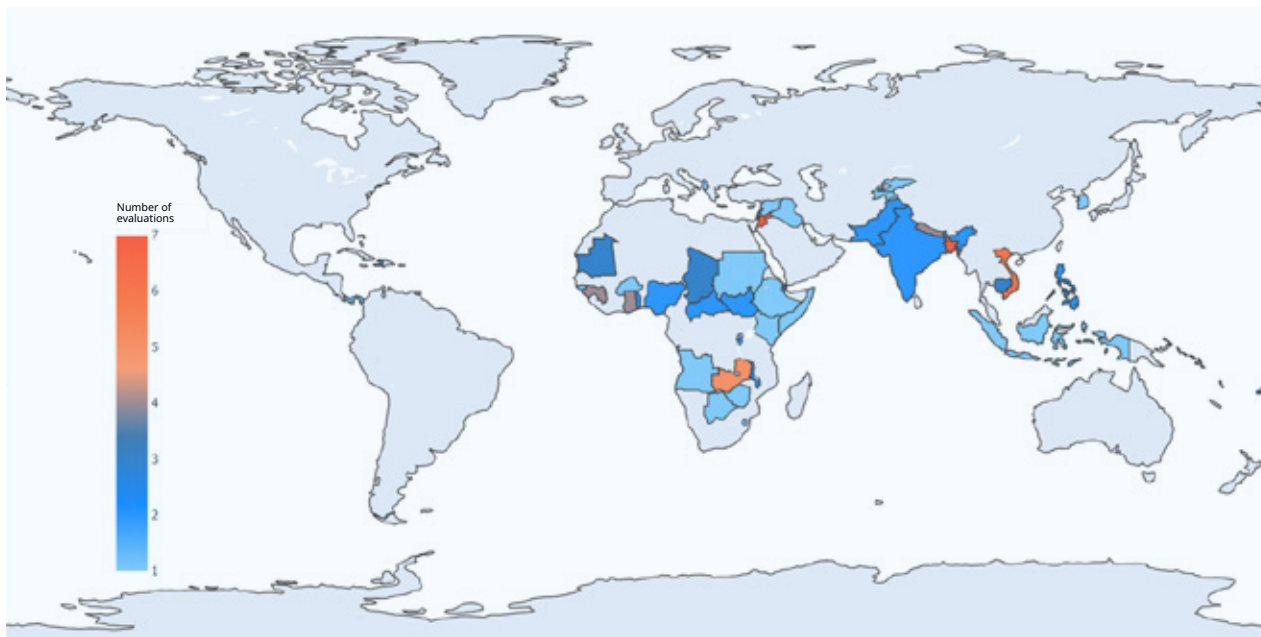


Goal Area 4

Every child, including adolescents, has access to water, sanitation and hygiene and lives in a safe and sustainable climate and environment

In summary: Of the 79 evaluations assessed across this GA, many reported positive results. These included CLTS, a non-subsidized approach to sanitation that stimulates community action related to self-directed and self-funded latrine building at the household level. UNICEF's support included supplying menstrual products to schools, rebuilding water supply infrastructure and reinforcing it to improve resilience. Leveraging its knowledge, resources and reputation, UNICEF played a key role in coordination, for example, engaging with local governments to develop WASH policies and helping to develop national disaster risk reduction strategies, ensuring a child-centred approach. However, sometimes UNICEF's programmes did not effectively promote the humanitarian-development nexus, as the programmes focused more on emergency responses than recovery plans and transition to development. Likewise, some evaluations found that programmes were not always well contextualized. As noted in other GAs, an important barrier was the lack of monitoring and assessment, including specific indicators to measure progress. While UNICEF's financial support was welcomed by countries, there is a need to ensure it is focused and backed up by cost recovery systems where possible.

Figure 5. Distribution of evaluations for Goal Area 4



Outcomes 4.1, 4.2, 4.3 and 4.7: Access and use of basic drinking water, sanitation and hygiene services, including in school and healthcare facilities

A total of 29 evaluations addressed these four outcomes across the following regions: EAPR, ESAR, LACR, MENAR, South Asia, and WCAR.

Table 26. Countries tracking access and use of basic drinking water, sanitation and hygiene services

Evaluation ID	Title	Country/Region
16165	Joint UNICEF-Government of Bangladesh WASH programme evaluation	Bangladesh
17934	Summative evaluation of the impact of the CMVs on knowledge, attitudes, practices, and behaviours of the Rohingya refugees in Cox's Bazar	Bangladesh
16038	Évaluation finale de la mise en œuvre par l'UNICEF de l'approche de l'assainissement total piloté par la communauté au Burundi	Burundi
17871	Formative evaluation of the inclusion and mainstreaming of climate resilience in UNICEF Cambodia WASH programme	Cambodia
16363	Summative evaluation of the CLTS project in CAR	Central African Republic
17763	Évaluation formative du résultat clé pour les enfants (KRC 8)	Chad
16124	Évaluation formative du programme de pays entre l'UNICEF Et l'Union Des Comores (2015-2021)	Comoros
17883	Évaluation indépendante du programme survie et développement de l'enfant programme de coopération 2018 – 2022	Djibouti
16877	WASH summative evaluation: Accelerated sanitation programme (2015-2019)	Ghana
16878	WASH summative evaluation: Enhanced sanitation programme (2012 - 2018)	Ghana
15357	Multi-country evaluation of the key result for children #8: Ending open defecation	Guinea
17924	Évaluation finale du programme pays 2018-2022	Guinea
16007	Formative evaluation of the child survival and development cluster, 2016-2020	Indonesia
16578	National economic impact evaluation of the swachh bharat mission	India
18308	Evaluation of the WASH humanitarian response in Jordan (2018 -2021)	Jordan
17400	Evaluation of KOICA supported activities: Full realization of vulnerable girls' and boys' rights to health, protection and education in Jordan	Jordan
16948	Country programme evaluation UNICEF – Lebanon (2017-2021)	Lebanon
8875	Evaluation of the community-led total sanitation and hygiene programme – Phase I	Malawi
2711	Évaluation du projet «Assurer l'accès aux services adéquats en eau potable, hygiène et assainissement dans la Moughataa de Koubenni»	Mauritania
18724	Evaluation of the sanitation programme	Nepal

8948	Final evaluation of WASH programme 2014-2017 in Nigeria	Nigeria
16515	Formative evaluation of UNICEF three star approach for WASH in schools in the Pacific	Pacific Islands
18254	Country programme evaluation of the UNICEF Pakistan country programme 2018-2022	Pakistan
16061	Evaluation of the UNICEF response to the humanitarian crisis in South Sudan – Part 1	South Sudan
17760	Country-led formative evaluation of community-led total sanitation in Timor-Leste	Timor-Leste
17892	Évaluation Rapide au Milieu de l'Action (MARE) de la réponse de l'UNICEF et de ses partenaires à la COVID-19 au Togo en 2020	Togo
18921	Endline survey and formative evaluation of the integrated early childhood development programme	Viet Nam
8936	Final evaluation of the Zambia sanitation and hygiene programme	Zambia
8773	End of project evaluation for a water sanitation and hygiene project in satellite schools	Zimbabwe

The majority of evaluations reported on latrine use and hygiene behaviours, which are of crucial importance to decreasing sanitation-related health issues such as diarrhoea. One striking finding were the benefits of CLTS programmes in Timor-Leste where tangible and sustainable results were most often seen in these programmes probably due to their practical nature and appropriateness. Another overall finding was the importance of strengthening the policy and enabling environment. For example in Viet Nam, UNICEF cooperation with the relevant government ministry led to an increase in the number of people in humanitarian situations able to access safe drinking water from 30.1 to 49.4 per cent.

Several evaluations reported positive results, where a UNICEF-supported intervention led to a benefit for the target population. Of these, two reported specifically on improvements in the rates of areas declared open defecation (OD) free. In CAR, which implemented a CLTS programme, 60 per cent of villages were declared OD free. Furthermore, there was a three-fold increase in the number of latrines in OD free-certified villages; and of the 43,468 households, 75.6 per cent could build a latrine for the first time. In Ghana, which helped shape the policy environment by building the CLTS knowledge base of policymakers, over 70 to 80 per cent of latrines in small towns and 90 per cent in rural communities remained in active use. In addition, all three evaluations in CAR, Ghana, and Timor-Leste reported an

increase in the number of latrines constructed and used. In Timor-Leste, improvements in social norms for latrine ownership led to an increase in ownership from 63 per cent of households in 2009 to 93 per cent in 2020. This had the consequent effect of improving health and nutrition, for example a decrease in diarrhoeal diseases and malnutrition (as found in Chad).

Bangladesh (17934), Timor-Leste, and Zambia all showed an improvement in hygiene behaviours. Firstly, Timor-Leste saw advancements in social norms for handwashing despite a minimal water supply. Secondly, in Bangladesh (17934), a programme which used community volunteers to change knowledge, attitudes, practices, and behaviours, reached 20,000 households with key messages including handwashing, leading to better knowledge and attitudes. Thirdly, Zambia reported that over 3.6 million people had continual access to handwashing facilities, more than the target set.

Four final evaluations found more general improvements. In Cambodia, the “majority of climate resilient water, sanitation and hygiene services implemented by UNICEF appeared to be constructed to high standards and were actively being used.” Jordan found that “the intervention had a direct impact on children: providing them with health services, enhancing their well-being, contributing to a safer and hygienic school environment”, although gaps were identified in targeting the most vulnerable areas. The final two (Guinea and Togo) investigated UNICEF’s response

to emergencies including COVID-19 and reported that “the programme achieved its target of providing equitable drinking water, sanitation and hygiene” and “people have received hygiene and sanitation materials and equipment... within the planned time-frame”. Guinea particularly noted the involvement of women’s groups in facilitating the provision of WASH services.

Several evaluations found mixed results, and these are divided into four overlapping groups: improving WASH-related behaviours; training/capacity building and dissemination of information; policy and legislation; and improving infrastructure/services. These are described below:

Improving WASH behaviours

- ▶ In Zambia, good WASH behaviour led to promising results, especially for diarrhoea and malnutrition indicators for children under five, which plays a role in the reduction of malnutrition.
- ▶ Ghana found that although the programme achieved 86 per cent of its target for the number of people reached with messaging on good hygiene, there was a gap between knowledge and practice.
- ▶ Pakistan reported that while UNICEF had significantly contributed to the promotion of handwashing with soap, the lack of a stand-alone indicator for this activity makes it challenging to measure the progress made.
- ▶ Likewise, Nepal found that there was little effect on handwashing practices at the household level and while 15 per cent of households built new latrines, 22 per cent went back to OD.
- ▶ In Chad, UNICEF interventions contributed to producing positive changes in terms of adopting good hygiene and sanitation. However, the level of UNICEF contribution to change was difficult to determine given the presence of other stakeholders. This evaluation also reported a small decrease in OD, from 65.4 per cent in 2017 to 64.1 per cent in 2020, but could have been absorbed by the high population growth rate.
- ▶ In Zambia, which included a strong CLTS element, found that those who never practiced OD improved from 58 per cent at baseline to 77 per cent at end line. However, one in three rural households still practiced OD, and most households did not have or use a handwashing facility.
- ▶ Another OD programme that reported mixed results was Nigeria which found that although there was a nine per cent reduction in OD overall, the pattern was not consistent across states.

Training/capacity building and dissemination of information

- ▶ Ghana reported mixed results in this category. Staff in 84 health centres were trained in hygiene promotion, but found it difficult to encourage individuals to change their practices due to social norms. School health clubs were regularly sharing hygiene and sanitation information within the school environment, as well as disseminating information in their communities, although there were some challenges in feeling empowered to do so without support from authority figures. The programme exceeded its targets in terms of the number of schoolgirls reached with training on menstrual hygiene management, with 20,066 receiving training against the target of 16,000.

Policy and legislation

- ▶ Nepal made remarkable achievements in developing the capacity of the sector to legislate, plan, and budget for the improvement of WASH systems, including mainstreaming disaster risk management.
- ▶ However, in Nigeria institutional reform was mixed, since not all states had funded WASH departments.
- ▶ Finally, in Pakistan although UNICEF significantly contributed to raising awareness in government agencies, it was less able to influence practices.

Improving infrastructure and facilities

This category formed the largest group, and the main areas reported were latrine use and handwashing. Latrine construction and use was described in several evaluations. One aspect that featured repeatedly was the importance of cleaning and maintenance, as the population tends not to use latrines if they are dirty as reported in Jordan. In Nepal, a country-wide sanitation programme created access to WASH services for over half a million people, but 37.3 per cent of toilet pits were already filled with sludge and were therefore unusable. This project found that 36.8 per cent of households rarely cleaned their toilets, like results found in Jordan, where 89 per cent of respondents felt that latrines were clean in 2019, but only 77 per cent in 2020. A major barrier to success for this

was vandalism and limited funding for repair of facilities. In Zambia, 93 per cent of schools had a permanent or improved pit latrine, up from 68 per cent. The number of schools that achieved the 1:50 toilet-to-pupil ratio almost doubled from 21 per cent at baseline in 2013 to 40 per cent at endline. Burundi, which implemented CLTS, provided access to sanitation for 96 per cent of households, but only 43 per cent of the latrines met basic standards. In Zimbabwe, partners were not provided with an adequate policy and therefore implemented according to their own experience, and as a result 38.5 per cent of schools ended up with oversupply of toilets while 46.2 per cent faced a shortage. Similarly, in Malawi, there was a lack of clarity on construction and quality standards early in the programme, resulting in variable quality and concerns regarding the durability of latrines.

Another important aspect was access to handwashing facilities. In Zambia, 77 per cent of schools had dedicated handwashing facilities for students near latrines, up from 66 per cent at baseline. Mauritania, which also implemented CLTS, improved the rate of access to an improved water source to 72 per cent in urban areas but only 52 per cent of the rural population used an improved source. In Indonesia, equitable access to WASH services had only improved by two percentage points over the last decade. One of the barriers here was that the project worked across multiple ministries, in which the WASH programme had varying levels of leverage. In South Sudan, UNICEF achieved its targets on access to water but fell short on targets for access to sanitation, which were perhaps over-ambitious given the structural and developmental deficits involved. Several clear quality control issues were observed, notably in relation to WASH construction (e.g., poorly built latrines). This may be because UNICEF's strategy was more akin to a recovery plan than a humanitarian plan and included some unrealistic approaches for the context. Finally, the Pacific Islands improved access to WASH services, but it did not achieve the set targets. Value for money was low possibly due to quantity challenges and quality of resourcing, implementation and management of activities, and systemic weaknesses existed because of limited capacities and supply chains. In addition, monitoring and evaluation was weak.

Two other programmes reported mixed results with regards to the provision of WASH in general. In Jordan, although the programme provided lifesaving WASH services in response to the Syrian refugee crisis, it struggled to meet its targets in supporting host communities, including WASH in schools. Decisions taken in this programme did not appear as part of a strategically designed plan, therefore possibly forcing risk and costs on to partner organizations and creating risks for UNICEF that its monitoring systems could not support. Mauritania saw an improvement in the rate of access to improved water and sanitation. However, the local production of chlorine to purify water was limited because of a lack of capacity to maintain a distribution network for the product.

Some projects reported unintended consequences. In Zimbabwe, the boreholes created by the programme facilitated the establishment of nutrition gardens in schools, enhancing agriculture lessons and providing opportunities for income generation. The school toilets and boreholes provided relief to neighbouring households, but in some cases, this undermined access to water by the intended beneficiaries.

Only two programmes reported negative or insufficient results – the Comoros and Guinea. The Comoros stated that improvements in WASH infrastructure, although notable, did not seem to be of sufficient scale to reach full potential. For example, WASH in schools and health centres only benefited a limited number of institutions and the percentage of the population using basic sanitation services. In 2019, the programme was 36 per cent short of the target of 40 per cent. However, this was a country programme evaluation with WASH elements rather than a specific project. In Guinea, coverage of basic hygiene services, which was 26.2 per cent in 2011, only increased to 26.9 per cent in 2020; in addition, access to basic sanitation services increased marginally from 8.9 per cent in 2011 to 11.4 per cent in 2020. Although this evaluation was for one country, the programme itself covered many countries so the approach itself may have been too broad.

Outcome 4.4: Women and girls who have menstruated in the last 12 months (especially those who did not participate in work, school or other social activities during their last period)

Fourteen evaluations reported on this outcome although only one evaluation focused on a programme regarding menstrual hygiene (India) while the vast majority (n=12) focused on WASH or life skills education (LSE) interventions to reduce open defecation, particularly the installation of latrines and handwashing facilities and general hygiene education, with menstrual hygiene being mentioned briefly.

Table 27. Countries tracking women and girls who have menstruated in the last 12 months

Evaluation ID	Title	Country/Region
413	End-line evaluation of girls' adolescent and reproductive rights: information for management and action project in Uttar Pradesh (2013-2016)	India
403	Evaluation of adolescent life skills education programme in Maharashtra	India
18308	Evaluation of the WASH humanitarian response in Jordan (2018 -2021)	Jordan
15253	Formative evaluation of the DGIS-funded accelerating sanitation and water for all programme, 2013–2019	Liberia
16890	Evaluation du programme WASH à l'école au Mali (2014 – 2017)	Mali
2711	Evaluation du projet «Assurer l'accès aux services adéquats en eau potable, hygiène et assainissement dans la Moughataa de Koubenni»	Mauritania
16430	Formative evaluation of ALP models and centres	Pakistan
16169	Evaluation of the "Accelerating sanitation and water for all" programme in Sierra Leone	Sierra Leone
8933	Final evaluation of SIDA-funded project "Improving children's access to water and sanitation in Somalia"	Somalia
8892	Community-based reintegration programme for children released from armed forces and armed groups in Boma State (former Greater Pibor Administrative Area)	South Sudan
16894	Evaluation of the back to learning initiative in Syria	Syria
16222	Evaluation of country programme of cooperation between the Government of Uzbekistan and UNICEF 2016–2020	Uzbekistan
8936	Final evaluation of the Zambia sanitation and hygiene programme	Zambia
17408	Multi-country evaluation of the key result for children #8: ending open defecation in Chad, Guinea-Bissau, Guinea, Burkina Faso, and Togo	WCAR

Of the 14 evaluations, only two reported quantitative data regarding menstrual hygiene. Zambia found that 47 per cent of schools conducted menstrual hygiene activities and provided improved sanitation facilities as well as sanitary towels for girls. This means that the majority had to acquire these products themselves. Overall, there was no difference in facilities by gender for students or teachers. All the schools that had toilets had gender disaggregated facilities, an improvement from baseline. Roughly 75 per cent of schools provided menstrual hygiene management (MHM) education, and 64 per cent provided facilities to dispose of sanitary towels. Mali highlighted that 93 per cent of schools do not practice education sessions on MHM.

The positive themes that emerged from evaluations of WASH interventions were (1) separate facilities for boy and girls in schools (Jordan, Sierra Leone, Syria, Uzbekistan, WCAR), (2) menstrual hygiene education in schools (Mauritania, Sierra Leone), (3) incorporation of women in CLTS decision-making (Zambia), and (4) promoting gender equality (Sierra Leone). Of the WASH-based evaluations, Syria reported that UNICEF-supported the Ministry of Education in Syria to ensure facilities were gender segregated, paying special attention to the needs of adolescent girls to allow them to go to school also during menstruation. This was similarly reported in over a third of evaluations (Jordan, Sierra Leone, Syria, Uzbekistan, WCAR), with gender separated facilities being a firm success regarding menstrual hygiene practices and increased school attendance for adolescent girls.

In the evaluations with LSE and girls' adolescent and reproductive rights components, themes regarding self-confidence and increased knowledge/awareness were evident in India and Pakistan. India (403) noted that the girls were 4.5 per cent better at retaining and understanding the concepts from the LSE programme than the boys. Although this finding should not be generalized out of context, it may be because girls are more likely, in their daily lives, to discuss topics such as menstrual health and hygiene, sex education, and abuse. For the students, the class was different from their routine studies, but they did not consider it to be an extra class. The interactive format of the sessions meant they did not feel like it was a burden or an activity that they were being forced to attend.

Communication around menstruation was a prominent theme amongst LSE and girls' adolescent and reproductive rights, information for management, and action evaluations. India (413) specifically highlighted that the project had fostered dialogue around menstruation, wherein mothers, daughters and other female members of the family, as well as community members, had become more open to engaging in conversations around menstruation. As with WASH interventions, access to menstrual products and appropriate facilities led to an increase in attendance at places of education in India (413) and Pakistan.

Three evaluations - Sierra Leone, Somalia and WCAR - reported mixed outcomes and tended to highlight equality as a key factor, either through access or gender-based inclusivity. Differences tended to occur by location: e.g., urban, rural, schools, or community. For example, in WCAR only 78 per cent of UNICEF-supported schools had separate sanitation facilities for boys and girls across the five evaluated countries. It is not indicated why this is the case, however, it suggests that the intervention was successful in the countries that participated and should be rolled out across other countries in the region to close the gap. Other mixed factors included a lack of sufficient time to formally evaluate success or failure. Female students reported using the school toilets, but the facilities were too recent to be able to highlight indirect effects on the improvement of schooling of girls in Mauritania. India (413) noted that more messaging is needed to normalize menstruation. On one hand, all intervention participants displayed more positive attitudes towards menstruation, absorbents, restrictions, and gender, while on the other hand, the lower overall levels of positive attitudes among adolescent girls, mothers, and fathers point to the need for additional social and behavioural change communication.

Few evaluations reported negative or insufficient outcomes. Whilst female integration into decision-making was seen as a positive outcome, India (413) reported a lack of male engagement regarding MHM. The level of engagement with parents differed from what was predicted because mothers and especially fathers, were found to be reluctant to discuss issues related to menstruation. It was also difficult to mobilize fathers on a regular basis, given their unavailability due to work. Liberia found that gender mainstreaming was a weak aspect of programme design. This had implications for the privacy and safety of girls and boys. In practice, the programme addressed, to some extent, common WASH-gender bottlenecks (for example, the excessive time burden

and dual responsibilities for women and girls), but it had not been designed to address them. Two evaluations reported on insufficient policy (Jordan) or materials (Zambia). First, delays had been noted in obtaining approval from the Ministry of Education in Jordan for conducting hygiene promotion activities in schools. It was also commented that there is a lack of policy for hygiene promotion in schools. Secondly, once the initial supply of sanitary towels provided under the programme ran out, many schools struggled to restock the towels and families were then responsible for their provision, mostly because of lack of resources. Ensuring appropriate policy around hygiene education is in place and an action plan for securing the long-term supply of sanitary products should be integrated into the intervention.

Although the evaluation in Mali contained descriptions on producing operational guides for MHM and menstrual cups, due to limitations in translation of the document, it was not possible to draw firm conclusions about whether the programme has been a success.

Barriers to successful implementation of programmes were generally reported as a lack of skills (Syria), or disruption due to outbreaks of COVID-19 (Pakistan) and Ebola (Sierra Leone). Funds were reportedly re-distributed to combat the Ebola outbreak in Sierra Leone, reducing the capacity for the intervention. UNICEF could benefit from a contingency plan in the face of disease outbreaks and Syria suggested that UNICEF could provide capacity building for non-government organizations to overcome a lack of skills.

Outcome 4.5: Populations living in areas of high or extremely high water vulnerability

Of the 24 evaluations used – four reported quantitative data and eight reported qualitative data.

Table 28. Countries tracking populations living in areas of high or extremely high water vulnerability

Evaluation ID	Title	Country
16165	Joint UNICEF-Government of Bangladesh WASH programme evaluation	Bangladesh
16129	Country programme evaluation for Eswatini	Eswatini
16844	Évaluation prospective des filets de sécurité sociale (transferts monétaires) sur les enfants les plus vulnérables dans les interventions d'urgence et de développement en Haïti	Haiti
17317	Evaluation of the WASH smart city initiative pilot project in Baghdad	Iraq
18308	Evaluation of the WASH humanitarian response in Jordan (2018-2021)	Jordan
808	Real-time evaluation on emergency drought situation response in Kenya 2017	Kenya
17276	Real time evaluation of COVID-19 crisis response in Malawi	Malawi
2711	Evaluation du projet «Assurer l'accès aux services adéquats en eau potable, hygiène et assainissement dans la Moughataa de Koubenni»	Mauritania
8933	Final evaluation of SIDA-funded project "Improving children's access to water and sanitation in Somalia"	Somalia
16110	Summative impact evaluation of the WASH projects implemented by UNICEF in State of Palestine.	State of Palestine
12877	Evaluation of WASH services in camps and host communities	Syria/Jordan
411	External after-action review of the Government of Viet Nam and UNICEF emergency response supporting children and women in 10 provinces in Viet Nam affected by drought and saltwater intrusion crisis (2016-2017)	Viet Nam

Five evaluations reported positive results of UNICEF-supported programmes in helping populations living in areas of water vulnerability or scarcity. Three involved creating or rehabilitating water supply systems. Eswatini supported the rehabilitation of 24 non-functional rural water supply systems, giving 1,027 households and nearly 3,000 children access to water. The cash transfer programme in Haiti (which was 63 per cent financed by UNICEF) re-established supply chains, as well as provided awareness raising and training sessions for families to help them adopt sustainable water treatment and conservation practices. In Malawi, the UNICEF WASH programme supported water boards to make water accessible for vulnerable populations by supporting business continuity plans. UNICEF provision of humanitarian aid to Syrian refugees at border camps in Jordan, a country where water is already scarce, was described as effective for both the refugees and vulnerable populations. This was achieved by creating a community water system that provides access to safe and clean water, as well as safe management and disposal of wastewater offsite. Key enablers were a hotline to report problems, community mobilization, and use of high-quality parts to maximize sustainability.

Four evaluations (Bangladesh, Kenya, State of Palestine, Viet Nam) reported mixed results. In Bangladesh, UNICEF played a critical role in policy advocacy, ensuring that the WASH strategy was well informed and aligned to the country's needs, as well as providing new technology for tackling the arsenic contamination. Nearly 1.5 million additional people had access to safely managed sanitation facilities, meeting the target, although the target was missed in terms of the additional number of people with access to safely managed water sources. Resource mobilization was a key challenge, and the evaluation mentions that UNICEF was too focused on policy level issues. In Viet Nam, UNICEF procured water filters which were installed in 120 schools to produce safe drinking water, but chemical water treatment products reached households after the rain, limiting their utilization. A significant barrier here was inappropriate communication channels for ethnic minority communities and low literacy groups, such as printed materials and large community meetings which are not always well understood. The State of Palestine improved water quality and access in the Gaza Strip, as well as provided hygiene kits and training. Most survey respondents reported that their water and sanitation needs were well assessed and met, but some wanted more flexibility in the design of the services. In addition, delays in implementation

(mostly caused by restrictions on materials entering the Gaza Strip), insufficient funding and no effective cost recovery system were substantial barriers, but all projects were eventually completed. In Kenya, UNICEF's response to drought was via strengthening government and local capacity such as increasing water storage and treatment at household level. Many of the emergency WASH needs of women and children in target areas that were vulnerable to the drought were met by restoring access to water from non-functioning systems, extending supplies to schools, and improving household water treatment and storage. Although water trucking started late, it was greatly appreciated, particularly in areas with years of rain failure and long distances to water. However, the response lagged behind the nutrition and health sectors, and some of the WASH interventions aimed at restoring water access did not actually address the acute water stress faced by some communities without permanent water supplies. Many of the weaknesses in the relevance of the interventions were due to a general weakness in WASH needs assessment.

Only Iraq reported insufficient results, although this was a pilot programme. At the time of the evaluation publication, none of the main objectives had been met. There had been no reduction in water consumption, network management had not improved, the online billing and complaints system developed with UNICEF support remained pending and smart meters made very little difference from the consumers' point of view. The inability to monitor water consumption remotely was a significant limitation of the pilot, meaning that detection of leaks or unauthorized consumption was not possible, and the project was also hampered by a lack of country office human and financial resources.

Outcome 4.6: Reduce the funding gap to reach national WASH targets

Only four evaluations were found, and of the three that passed screening one was the Global Evaluation of UNICEF’s WASH programming in protracted crises (WiPC), the second (State of Palestine) lacked indicators to measure the impact of the programme and Nepal reported only that there was a funding gap in WASH, and UNICEF’s involvement here was unclear.

Table 29. Reducing the funding gap to reach national WASH targets

Evaluation ID	Title	Country/Region
16466	Global evaluation of UNICEF WASH programming in protracted crises 2014-2019	Global
406	Evaluation of the national early childhood development programme	Nepal
180	Evaluation of family centres in Gaza	State of Palestine

Three evaluations reported on funding gaps, despite WASH being the single largest sector by expenditure of emergency funding in UNICEF (16466), reaching US\$530 million in 2017. United Nations Children’s Fund, ‘Global Evaluation of UNICEF’s WASH Programming in Protracted Crises’ noted the lack of humanitarian-related WASH evaluations. Some useful findings from this particular evaluation is a near-complete absence of cash-based interventions for WiPC or evidence that cash had been considered as a potential modality. In addition, many UNICEF staff identified lack of funding as a key limitation

in developing deeper and more effective partnerships. The main facilitator here was the coordination role that UNICEF plays at crisis level, especially in engaging with local governments to facilitate better access and development of WASH policies. The main barrier is that UNICEF does not routinely collect data to determine the outcomes of WASH interventions (e.g., usage of facilities or demonstrated behaviour change). As noted by the global evaluation, without these data, UNICEF cannot measure programme effectiveness for WiPC and make appropriate course correction or programme changes.

Outcome 4.8: Number of countries developing, financing and implementing child-sensitive climate policies and programmes

Of the 20 evaluations found, 10 passed screening, all of which collected qualitative data.

Table 30. Countries tracking the development, financing and implementation of child-sensitive climate policies and programmes

Evaluation ID	Title	Country/Region
16165	Joint UNICEF-Government of Bangladesh WASH programme evaluation	Bangladesh
17871	Formative evaluation of the inclusion and mainstreaming of climate resilience in UNICEF Cambodia WASH Programme	Cambodia
18308	Evaluation of the WASH humanitarian response in Jordan (2018-2021)	Jordan
17394	Strategic positioning evaluation of UNICEF country programme in Maldives	Maldives
16733	An evaluation of 'UNICEF and disaster risk reduction: A child-centred approach'	Philippines
17895	External evaluation of the joint programme on social protection	Rwanda
16483	Evaluation of UNICEF capacity building investments in Tajikistan 2016-2018	Tajikistan
16576	Evaluation of UNICEF's disaster risk reduction programming in education in East Asia and the Pacific	EAPR
420	Evaluation of UNICEF Viet Nam rural sanitation and hygiene programme 2012-2016	Viet Nam
16979	Evaluation of the UNICEF ECA multi-country programme 2017-2021	LACR

Five evaluations demonstrated positive results, where UNICEF-supported interventions helped to develop child-sensitive climate policy and programmes. Tajikistan developed a national disaster risk reduction (DRR) and climate change adaptation strategy and ensured inclusion of children in the strategy – particularly their improved resilience to disasters and climate change. However, metrics to quantify “resilience” were not provided. The success of this programme was likely due to the design, which took into account the needs of rights holders and duty bearers at local and regional levels.

Three evaluations (Bangladesh, Jordan and the Philippines) looked at a broad range of interventions, from policies to implementation of sustainable WASH projects. Bangladesh mostly provided recommendations to achieve greater impact but did highlight that providing safe and resilient WASH services in the face of the challenges posed by climate change required cross-cutting solutions. UNICEF sought to address this by working with the government to

pilot innovative solutions - one of these being the double platform deep tubewell with managed aquifer recharge.

The Philippines focused on making child-centred DRR and planning a priority for the government in terms of funding and acknowledgement. As a result, the UNICEF-supported programme made schools safer for learners and communities as they had the necessary skills to improve responsiveness to natural disasters. In addition, a child-friendly local governance audit made local government units “accessible, friendly and amenable to the specific needs of children and in which DRR preparedness was indicated as a measurable parameter to monitor progress.”

In Jordan, UNICEF went even further by ensuring sustainability by practices such as greywater treatment, and also advocating the government for long-term planning to ensure alignment with national policies. Moreover, UNICEF supported the country's first complete climate resilient water safety plan to develop research and build business cases relating to green growth and WASH for vulnerable communities, especially children.

Viet Nam is prone to natural disasters, so it is important to integrate resilience into future programming. The evaluated programme, which institutionalized CLTS, found wider awareness of health risks and mitigation actions, enabling communities to reduce the risks of post-emergency epidemics, and wider acknowledgement within government for integration of community-based approaches in other sectors. For example, support was provided to help improve local government staff capacities, regulations were issued to control water use during droughts, and technical support was provided to local government assist with updating DRR/climate change adaptation plans.

Five evaluations (Cambodia, EAPR, LACR, Maldives, Rwanda) reported mixed results, and broadly fell under three categories: developing resilient infrastructure, policy interventions, and cash transfers.

Developing resilient infrastructure

- ▶ Cambodia provided deeper boreholes that offer better resilience to drought, and raised latrines so they are more protected from flooding. However, water resources were not regularly monitored making it difficult to determine if there was any improvement or change. In addition, UNICEF's climate resilience interventions appeared to be compartmentalized. Environmental factors should be integrated with all sanitation programmes to ensure that relevant factors are adequately addressed.

Policy interventions

Countries in EAPR found that UNICEF programming for DRR in education was aligned with national priorities and policies and was coherent with global and regional instruments and frameworks, including most of UNICEF's own strategies. UNICEF contributed to strengthening policies and capacities both where risk-informed education plans already exist and where they were still in development. However, cross-sector coordination remained weak,

possibly because the 'UNICEF Asia Pacific Strategy for Mainstreaming Disaster Risk Reduction in Education' (2010), which promoted cross sectoral programming, was not widely used by staff. In addition, the scope and intensity of UNICEF's country-level interventions tended more towards emergency responses. Weak mainstreaming in some countries resulted in DRR in education being siloed within the sectors rather than being strategically integrated. A similar finding was noted in Maldives where the focus was on strengthening institutional mechanisms for prevention, response, and recovery at community level, meaning there was insufficient attention paid to integrating climate change and DRR as a cross-cutting concern. However, in this programme UNICEF strengthened its partnerships with national actors for DRR. Countries in LACR also found that the original objectives and outcomes of the multi-country programme were well aligned with the priorities of the supported countries. However, these were abandoned when there was a need to react to emergencies such as hurricanes or volcanic activity, although this did show flexibility of the programme. In addition, the evaluation noted that emergency measures were often not sustainable over time and required more systemic reform. In response, the government then changed its policy to admit migrant children into the regular public school system. Overall, the evaluation highlighted that children were overlooked in key regional national, climate and energy related strategies, policies, and legislation.

Cash transfers

Rwanda focused on a cash transfer programme of which the benefits impacted a wide range of individual, household and community-level outcomes, such as resilience of households to shocks including climate-related shocks. However, the development of a financing and national resource mobilization strategy for social protection was not achieved. This would have unlocked further financing from the government to implement a sector strategic plan that included climate funds for shock-responsive social protection.

Outcome 4.9: Countries with child-sensitive disaster risk and recovery policies, strategies and plans at national, subnational and/or sectoral level

Eleven evaluations were included, two were quantitative and the remaining nine were qualitative in nature. Two evaluations also feature in 4.8 and no evaluations reported negative or insufficient results.

Table 31. Countries tracking child-sensitive disaster risk and recovery policies, strategies and plans at national, subnational and/or sectoral level

Evaluation ID	Title	Country/Region
175	Evaluation of local capacity building and community empowerment programme in Bangladesh	Bangladesh
16812	Évaluation indépendance du programme éducation et développement des adolescents	Djibouti
18952	Multi-country evaluation of UNICEF's response to the Venezuela outflow crisis – Ecuador country case study	Ecuador
17507	Multi-country programme evaluation: Kyrgyzstan country case	Kyrgyzstan
16366	Evaluation of the child-centred DRR programme	Nepal
18608	UNICEF Democratic People's Republic of Korea country programme evaluation 2017-2023	North Korea
16733	An evaluation of 'UNICEF and disaster risk reduction: A child-centred approach'	Philippines
18435	Evaluation of emergency preparedness in Sudan country office	Sudan
411	External after action review of the Government of Viet Nam and UNICEF emergency response supporting children and women in 10 provinces in Viet Nam affected by drought and salt water intrusion crisis (2016-2017)	Viet Nam
16576	Evaluation of UNICEF's disaster risk reduction programming in education in East Asia and the Pacific	EAPR
16610	Evaluation of UNICEF contribution to education in humanitarian situation	Global

Evaluations in Djibouti, Kyrgyzstan and the Philippines found positive results, all of which focused on the implementation of DRR strategies. UNICEF supported the Djibouti Ministry of National Education and Vocational Training for prevention of natural disasters, and a national strategy for DRR in schools was being developed in the context of climate change at the time of the evaluation. Kyrgyzstan reported that the proportion of local governments implementing local disaster risk reduction strategies had increased from a baseline of 10 per cent to 26 per cent. The Philippines implemented DRR plans to prepare for potential disasters by making sure that their utility and purpose were clear and aligned with broader national strategy and engaging with relevant stakeholders responsible for planning and responding to

emergencies. The Philippines increased the focus on children and mitigation of their vulnerabilities during implementation, which resulted in a stark change in attitude among local government units in engaging children. The only slight negative element reported for this evaluation was the lack of strategy for engaging children with disabilities, who are often disproportionately affected by disasters. In contrast, Kyrgyzstan carried out planned interventions that addressed the needs of vulnerable children including children with disabilities.

Several programmes reported mixed results and fell under three broad categories: (1) implementation of DRR strategy and coordination, (2) information systems and gaps, and (3) capacity building.

Implementation of DRR strategy and coordination

- ▶ In Nepal, child-centred DRR increased the capacity of stakeholders across various levels and ensured that DRR efforts were sustained. The evaluation reported that local officials recognized and involved children in risk profiling and hazard mapping for evidence-based planning. As a result, 77.5 per cent of child respondents said that they had participated in the preparation of risk mapping and 60.9 per cent played a prominent role in planning various activities. However, there is a need for adequate budgeting to carry out activities more effectively and to strengthen information, education, and communication to improve outreach. Although the programme contributed to the non-structural aspects of school DRR through training and planning, there was a need to develop the structural perspective too, for example, building safer schools that can stand in the event of natural disasters. In addition, the application of learning was limited to subgroups within schools and communities. In the multi-country evaluation in EAPR, UNICEF programming for DRR in education was both aligned and responsive to national priorities and policies, and UNICEF contributed to strengthening policies and capacities where risk-informed education plans already existed and where they were still in development. UNICEF significantly contributed to building the resilience of education systems to promote resumption of learning as soon as possible after a disaster and promoted child-centred risk assessments. However, although UNICEF supported school safety frameworks, country-level interventions tended more toward emergency response. In addition, the 'UNICEF Asia Pacific Strategy for Mainstreaming Disaster Risk Reduction in Education' was not widely used to guide staff.
- ▶ In Viet Nam, DRR in schools and national coordination activities were relevant and met beneficiary needs. Including DRR in an emergency response was a positive step towards more integrated programming and in building cooperation for child-centred DRR between UNICEF and the government. Much more could have been done, however, to link the response to existing networks to strengthen community resilience. There was a high level of satisfaction with the programme's achievements, (particularly capacity building) considering the short timeframe and lack of

experience of large-scale, slow onset emergency responses. This was possibly due to response workplans that were based on national and provincial level consultations. However limited beneficiary involvement in decision-making resulted in macro rather than micro/context-specific planning. For example, using ineffective communication methods, such as printed materials and large community meetings for ethnic minority and low-literacy groups who were unable to fully engage with these formats. The global evaluation found that UNICEF advocated successfully for national institutions to integrate education in emergencies responsibilities, supporting national systems to be more responsive and resilient in emergencies and in promoting the mitigation and prevention of risk in national education systems. UNICEF work on preparedness and risk-informed programming made a significant difference in internal and external preparedness to respond to crises, including upstream work with governments to include disaster risk reduction in national policies and strategies. However, UNICEF's activities for education in emergencies were generally more appropriate in natural disasters than in complex, protracted crises such as health crises and economic crises, which were less anticipated.

Information systems and gaps


The UNICEF Sudan Country Office made good use of human and financial resources to create a functionally effective emergency preparedness system which was aligned to the UN Common Country Analysis. However, managing information during emergencies needed improvement, particularly the government's disaster management information system. Ecuador integrated DRR strategies that contained specific plans to manage the impacts of displacement caused by disasters, specifically the migrant outflow due to disasters. Here, UNICEF implemented actions and efforts to address information gaps around gender-based violence. Strong coordination with local and national actors on the implementation of innovative structures to prevent sexual exploitation and human trafficking took place but needed further strengthening. The main barrier here was underfunding, which was partly due to a lack of strong regional and global advocacy.

Capacity building


Bangladesh built the capacity of departmental and local government staff institutions on child-focused planning in response to natural disasters. However, the extent of actual improvement and upskilling were only marginal on disaster management, possibly because the training was inconsistent in terms of structure and content and was given only once without a refresher course. North Korea, in feedback to the government, included suggestions for how capacity building for crisis management would have been useful, such as guidelines on DRR that cover risk assessment and responding to disasters. However this may have been beyond UNICEF's remit or control. Both the EAPR and global evaluations noted that UNICEF's actions were focused on disaster response rather than capacity development, policy support and resilience building.

Overall facilitators and achievements, and barriers and areas for improvement for GA 4

Facilitators and achievements

 Many programmes reporting positive results described the use of CLTS as encouraging community ownership of latrines, and these were particularly positive when women's groups were involved in the decision-making process. Other ways in which UNICEF helped in GA 4 was supporting ministries of education to ensure sanitation facilities were gender segregated in schools. Several programmes found that improving access to menstrual products and appropriate facilities increased attendance at schools for girls, but once the initial supply ran out, many schools struggled to restock the products. Several programmes reported how UNICEF created or rehabilitated water supply systems and chains, including ensuring the resilience of infrastructure. UNICEF successfully supported strengthening policy and enabling environments ensuring that WASH strategies were well informed and aligned to the country's needs. Similarly, UNICEF aided development of national DRR climate change adaptation strategies, ensuring these were child-centred and received the necessary focus, funding, and prioritization. Another key facilitator was UNICEF's coordination role, as well as engagement with local governments to improve access to and development of WASH policies.

Barriers and areas for improvement

 The main barrier reported for GA 4 was a lack of monitoring and assessment, including specific indicators that could measure progress. In one example, decisions did not appear to be taken as part of a strategically designed plan, possibly forcing risk and costs on to partner organizations and creating risks for UNICEF that its monitoring systems cannot support. Another common barrier was when a programme worked across multiple ministries, in which the UNICEF team had varying levels of influence. Sometimes, programmes were over ambitious, possibly because UNICEF's interventions were more focused toward emergency response or a recovery plan. In some cases, communication materials were inappropriate, for example provision of printed materials that were not always well understood, like in Viet Nam. Similarly there was lack of strategy for engaging children with disabilities in some countries. Finally, UNICEF's financial support could be misguided. For example, in one case funds were re-distributed to combat a disease outbreak, meaning that a contingency should have been in place.

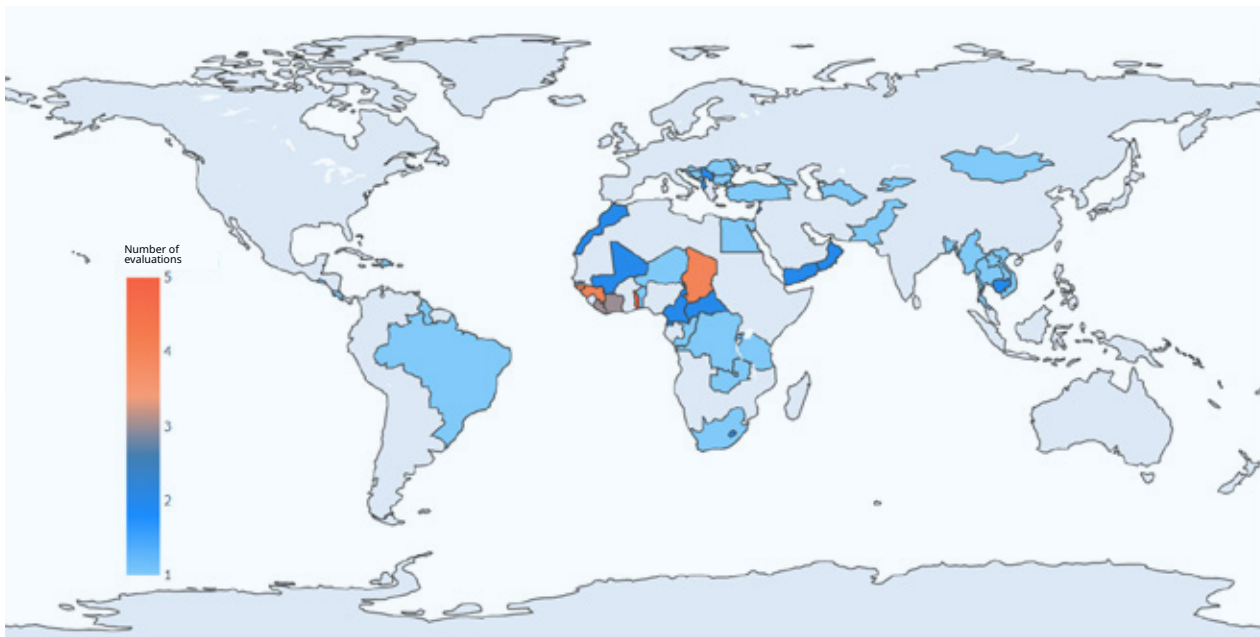


Goal Area 5

Every child, including adolescents, has access to inclusive social protection and lives free from poverty

In summary: The main finding from the 54 evaluations related to this GA was that UNICEF used its prestige and experience to foster the integration of and collaboration between partners. Thanks to UNICEF's coordination role, stakeholders were able to cooperate to make political decisions around the allocation of public budgets. UNICEF increased capacities in public finance management, ensuring that these were sufficient and appropriate, as well as mobilized financial resources. Although programmes were generally successful, some could not achieve their full potential because of limited financial allocations, and sustainability was at risk when a programme relied on just one donor. To address this, UNICEF could encourage support from the private sector. In addition, greater attention should be paid to marginalized and minority groups. Another barrier was the low numbers of and training and motivation of health and social workers. Improving this would decrease the number of programmes ending prematurely due to high turnover. Finally, a lack of follow-up and baseline figures hindered assessment of programmes.

Figure 6. Distribution of evaluations for Goal Area 5



Outcomes 5.1 and 5.4: Reduction of child poverty and improvement of social protection systems and floors

Twelve evaluations considered social protection as a small component of a wider intervention, and few addressed child poverty directly.

Table 32. Countries tracking reduction of child poverty and improvement of social protection systems and floors

Evaluation ID	Title	Country
18807	Multi-country evaluation of UNICEF's response to the Venezuela outflow crisis – Brazil country case study	Brazil
17755	Valoracion en tiempo real de la respuesta de UNICEF a COVID-19 en Republica Dominicana	Dominican Republic
16897	Evaluation of humanitarian response	Egypt
13389	Impact evaluation of targeted social assistance in Georgia	Georgia
17507	Multi-country programme evaluation: Kyrgyzstan country case	Kyrgyzstan
16948	Country programme evaluation UNICEF Lebanon (2017-2021)	Lebanon
17017	Evaluation of Lesotho 2019-2023 CPD	Lesotho
18883	Evaluation of Joint UN project «Activate»	Montenegro
617	Summative evaluation of "First priority: no more 'invisible' children!" 2011-2015	Romania
15498	Country programme evaluation for Serbia (2016-2020)	Serbia
18939	Évaluation formative du programme de pays Togo – UNICEF 2019-2023	Togo
18921	Endline survey and formative evaluation of the integrated early childhood development programme	Viet Nam

Nine evaluations reported positive outcomes regarding child social protection, including Brazil, Dominican Republic, Egypt, Kyrgyzstan, Lesotho, Romania, Serbia, Togo, and Viet Nam. Two emerging themes were (1) integration of partners and eliminating inequalities (Kyrgyzstan, Serbia), and (2) referral of protection-related cases (Brazil). Kyrgyzstan went so far as to suggest the partnership strategy could be used as a model for UNICEF's work in other countries. Romania increased the capacity of local authorities to rapidly identify the most vulnerable children and their families and included a questionnaire to build a database on vulnerable children and connect them to basic services. As a result, three times more families received help from community workers in the intervention communes. Services were not only provided to a growing number of children, but these were also tailored to better meet their needs. Poverty-related

vulnerabilities were addressed in 80 per cent of the cases recorded. At first glance, the UNICEF model appears to increase pressure on the system, since the focus on identifying and addressing vulnerable cases made them more visible. However, case files are much better prepared, allowing vulnerabilities to be addressed. For example, up to 100 per cent more children previously unregistered with a family physician became registered.

A total of 17 evaluations reported mixed results. Brazil, Montenegro and Serbia highlighted that whilst some attention was paid to minority and vulnerable groups, this component of the programmes was not adequate, particularly for children with disabilities, non-regularized migrants, and those in informal transit areas. Serbia stressed that overcoming social norms and enabling broader changes in society would help to overcome this barrier.

Six evaluations (Egypt, Dominican Republic, Georgia, Lebanon, Montenegro, Togo) referred to child poverty and the economics surrounding social protection systems for children. Montenegro stated that of all social protection expenditure, 97 per cent was spent on social and child protection benefits. Togo and Dominican Republic referred to overall spending during the COVID-19 pandemic with the former highlighting that child protection was struggling and the recommendation to overcome this was more advocacy, in partnership with the main influential institutions on budget exercises, with a view to strengthening the momentum already initiated by the government to invest more in children. Broadening the range of donors in the country programme, including non-traditional donors such as the private sector, was also recommended. In contrast, Dominican Republic significantly offset urgent financing needs through virtual fundraising activities and new financing. Georgia and Lebanon offered cash benefits more directly to children through expense allocation or cash transfer. The former increased household spending on education but did not increase the amount of range of food bought. In addition, since the assistance voucher was only accepted in certain shops, this increased the cost of food access. Lebanon found the cash benefit “very effective” although no hard metrics were given to support this.

Four evaluations (Dominican Republic, Kyrgyzstan, Lebanon, Viet Nam) discussed the importance of improving the capacity of health and social workers, given that a lack of numbers, training, and influence were among the main barriers to implementation of social protection systems. Although training should be offered and encouraged to fill skills gaps, funding remained a significant factor in countries’ ability to conduct training or incentives to train. Kyrgyzstan recommended that leveraging partnerships should be continued and extended, particularly in social protection, including social cash benefits as well as the development of social services and social work.

Placing social work at the centre of a support ecosystem would increase access for the most vulnerable children to other key services. Implementing this recommendation requires a comprehensive evaluation of the existing social protection system to establish a strategy for reform, and the development of social service workers’ competencies and public image. For example, Lebanon found that UNICEF had increased the management and development skills of social workers, enabling them to carry out their roles effectively in identifying protection cases, demonstrating the importance of capacity building.

Montenegro, Lesotho and Togo all noted that many of the interventions for social protection were conducted in a siloed approach by institutions and to varying degrees of priority. Togo reported a lack of strategic framework for multisectoral integration and coordination, somewhat echoed by Lesotho which highlighted that this had consequences for resource mobilization, although UNICEF had contributed to enhancing social protection for children through strengthening policies and strategies. As stated by Montenegro, joint efforts contributed to stronger and more coherent results. UNICEF should consider this during the planning phase of future intervention strategies. Lebanon showed that UNICEF strengthened the collaboration between the relevant government ministry and wider civil society and as a result, the country office was better able to work with local levels of governance to reach children holistically with an effective protective environment.

Outcome 5.2: Government spending on essential services (education, health and social protection)

A total of 31 evaluations were identified, of which 20 passed screening. Countries include Bangladesh, Bulgaria, Cambodia, Chad, El Salvador, Guinea, Lesotho, Liberia, Mongolia, Myanmar, Rwanda, Sudan, Oman, Tanzania, Türkiye, Turkmenistan, as well as several multi-country evaluations including WCAR and LACR. A key facilitator that drove many of the positive results was collaboration and alliances. For example, programmes in El Salvador, Oman, and the multi-country evaluation in WCAR (17486) all highlight the value of cooperation between stakeholders. In contrast, a main barrier was related to the rapid turnover of public sector civil servants or insufficient financing of human resources, which led to discontinuity of programmes, highlighted in Guinea, Liberia, and Rwanda.

Table 33. Countries tracking government spending on essential services

Evaluation ID	Title	Country/Region
16157	Joint UNICEF-Government of Bangladesh nutrition programme evaluation 2017-2020	Bangladesh
18522	Country programme evaluation for Cambodia CPD 2019 - 2023	Cambodia
17762	Evaluation formative du résultat clé pour les enfants (KRC 7)	Chad
17821	Valoración en tiempo real de la respuesta de UNICEF al COVID-19	El Salvador
17872	Evaluation sommative et formative de l'Initiative « Communes de Convergence » en Guinée	Guinea
17017	Evaluation of Lesotho 2019-2023 CPD	Lesotho
17451	Evaluation of birth registration	Liberia
17503	Evaluation on implementation of the law on child protection in Mongolia	Mongolia
16960	Evaluation of UNICEF's public finance for children technical support to the Ministry of Social Welfare, Relief and Resettlement of the Government of Myanmar – Phase I, II and III	Myanmar
18526	Country programme evaluation for Oman	Oman
16678	Summative evaluation of the integrated programme (Phase 2)	Rwanda
16867	Evaluation of justice for children programming with focus on the family and child protection units	Sudan
8935	Evaluation of the bringing nutrition to scale project in Iringa, Mbeya and Njombe Regions (2013–2017)	Tanzania
16081	Evaluation of Türkiye country programme 2016-2020	Türkiye
18583	Evaluation of the Joint SDG Fund Programme “Improving the system of social protection through the introduction of inclusive quality community-based social services” in Turkmenistan	Turkmenistan
17858	Multi-country evaluation of the health and nutrition programme outcome	EAPR (Kiribati, Solomon Islands, Vanuatu)
16979	Evaluation of the UNICEF ECA multi-country programme 2017-2021	LACR

17829	Multi-country formative evaluation of the key result for children (KRC) #7 (birth registration) for the period 2018-2021	WCAR (Côte d'Ivoire, Guinea, Guinea-Bissau, Liberia, Togo, Chad, Cameroon and Equatorial Guinea, Benin, Liberia)
17176	Multi-country evaluation of the UNICEF's contribution to increasing immunization coverage in Central African Republic, Congo, Equatorial Guinea, Guinea, Mali, Niger and Togo including the progress towards UNICEF WCARO key result for children #1 before and during the COVID-19 pandemic (2018- 2020)	WCAR (CAR, the Congo, Equatorial Guinea, Guinea, Mali, Niger, Togo)
17486	Multi-country formative evaluation of the key result for children (KRC) #7 (birth registration) for period 2018-2020	WCAR (Côte d'Ivoire, Guinea, Guinea-Bissau, Liberia, Togo, Chad, Cameroon, Equatorial Guinea, Benin)

A total of nine evaluations found positive results, where UNICEF-supported interventions helped governments to improve spending on essential services or to reduce inefficiencies. All of these involved improving or increasing financial resources although the interventions and effects varied across the programmes. Three evaluations discussed relatively broad changes: the first, El Salvador, stated that “although conditioned by the limited funds available [UNICEF's response]... has been effective in supporting the government's response in health, water and sanitation, education, protection and inclusion.” A main facilitator here was alliances with international financial institutions, which influenced wide-ranging political decisions on the allocation of public budgets in favour of childhood, or the continuity of education. The second, Myanmar, improved public finance management capacities, especially in budgeting. As a result, the Ministry of Social Welfare, Relief and Resettlement budget increased tenfold between 2016-2017 and 2020-2021 and there was an improvement in effectiveness of social programmes, especially for the Department of Social Welfare. The third, WCAR (17486) mobilized financial resources and set up four budget lines to deliver planned birth registration interventions. Expenditure increased from 50.5 per cent in 2019 to 65.9 per cent in 2020 and enabled support for personnel, for the civil status system and advocacy and capacity building of the civil status system. Like in El Salvador, a key facilitator was collaboration between UNICEF, the government, and technical partners.

Several evaluations focused on UNICEF's contribution to strengthening the evidence and knowledge base on several issues affecting child well-being including funding allocation for essential social services. In Oman, UNICEF found evidence regarding the current state of fiscal space for the fulfilment of child rights and access to services. This provided a relevant input for the government to better understand the availability of resources. Feedback from national institutions was positive regarding their commitment to improve targeting and budgeting for child services within wider social reforms. Similarly, Tanzania highlighted a recent government instruction of minimum spending towards improving nutrition-specific interventions. Implementation of these at local level required policy and programming guidance, and planning and budgeting tools. These are now in place, making it possible to plan and budget based on evidence about performance and bottlenecks.

Mongolia shows how UNICEF data collection improved budget allocation. In this case, responsibility for multi-disciplinary teams was transferred from one ministry to another, which undermined budget allocation and consequently weakened the implementation of the Law on Child Protection. Despite the greater budget of the new ministry, local level child protection services remained underfunded, resulting in significant disruptions to the delivery of child protection services. The UNICEF Mongolia Country Office played an important role in the development and implementation of the Law on Child Protection, including leveraging a budget increase for child protection through its evidence-based reports.

Another programme that demonstrates UNICEF's value in data capture is Cambodia where UNICEF's sector reform interventions included strong evidence generation (and engagement in public financial management). There was a greater potential for improving accountability and transparency of targeting and access to services for the most vulnerable. In addition, UNICEF's work on public financial management and social policies contributed to better planning by subnational education officials and building the capacity of 1,646 communes to plan and deliver social services that promote budget accountability was considered a great achievement.

Türkiye found that UNICEF had made a significant contribution to protecting children, notably through its work in strengthening protection systems at all levels and the child protection component of a cash transfer scheme. UNICEF worked closely with the government and was instrumental in the adoption by over 30 municipalities of child-friendly budgeting. This is against a background of a change in government structures following an attempted coup, resulting in a rapid turnover of staff. Finally, Liberia shows the importance of adequate state funding. Here, the biggest threat to sustainability was limited government funding for BR, which is still mostly handled using donor funds. A key barrier was human resource gaps, since the majority of the BR workforce serves as volunteers and as a result, several civil registration centres were not able to operate at full capacity. UNICEF funding focused on ensuring families had improved access to quality BR services, capacity strengthening of health care workers and the development of the BR communication strategy. Consequently, BR interventions multiplied the number of registered births from baseline.

Several evaluations reported mixed results, and these fell under three broad categories: (1) social protection budget support; (2) health budget support including vaccination and nutrition; and (3) improving government budgeting.

Social protection budget support

The increase in the Sudanese government's budget supporting family and child protection units (FCPUs) improved the long-term sustainability of the programme. Although 62 FCPUs were established since 2007 allowing most child clients to feel protected from violence, there are significant differences in coverage between states. In Mongolia, responsibility for multidisciplinary teams was transferred from one ministry to another, which undermined budget

allocation and consequently weakened the implementation of the Law on Child Protection resulting in significant disruptions to the delivery of child protection services. Local government resources for child protection work are often limited and inconsistent, possibly because child protection is not considered as a priority. In addition, where local administration allocates funds to child protection services to alleviate the lack of budget allocation, this funding is rarely used efficiently. UNICEF has played an important role in the development and implementation of the Law on Child Protection, including leveraging a budget increase for child protection through its evidence-based reports. Rwanda stated that two outcomes on social protection were assessed as "fully achieved" but did not elaborate on what this meant in practice. There was evident interest and willingness by government agencies to continue the programme, which translated into securing additional public sector financial contributions for components including nutrition, early childhood development and social protection.

Health budget support including vaccination and nutrition

Rwanda reports mixed results in this category. While the five per cent reduction in national stunting (from 38 per cent in 2015 to 33 per cent in 2020) met the programme's intended target, at local level some districts only saw a 1.6 per cent decrease. This programme was hindered by high staff turnover. In countries across WCAR (17176) priority expenditure was not embedded in the public investment programme which determines the five-year allocations of government resources to health sector expenditure, but there was an increase in financial contribution from the government. Due to the limited health budget, a vaccination programme was only maintained with UNICEF support. In Bangladesh, there was a higher budget allocation towards operationalizing integrated nutrition information systems and capacity building of health workers, but there was insufficient budget to support other activities such as effective management of severe acute malnutrition and maternal nutrition. This was largely hindered by lack of a clear mechanism to follow-up with patients on compliance with treatment protocol post-discharge.

Improving government budgeting

UNICEF's support to the Lesotho Ministry of Finance enabled it to implement pre-budget public consultations with the aim of improving the quality and transparency of the budgeting process. In addition, UNICEF built capacities in the Ministry of Finance to develop briefs for the national budget for education, and social protection. While there are examples of the government institutionalizing UNICEF-supported programmes and taking over the financing of these, budgetary constraints will remain for the foreseeable future, which limit the prospects for the government to scale up successful interventions. There is, however, a huge burden of expectation from government partners that UNICEF will continue to mobilize resources on their behalf to fund important activities, possibly indicating insufficient budgeting by the government. Turkmenistan supported the establishment of a government inter-sectoral coordination mechanism, and created 45 specialist positions, costed services to inform government decision-making, and advocated for the new system of community-based social services to be incorporated into the state budget. In addition, the programme drafted and adopted a new law on community-based social services. However, the national system was not ready to implement some specialized services on, for example, gender-based violence. The EAPR multi-country evaluation in Kiribati, Solomon Islands, and Vanuatu found limited evidence that the system approach to cash assistance was effective at strengthening national capacities. Most interview respondents considered that UNICEF should carry on supporting Ministry of Health ownership, but with a continued effort to better align with national systems, share information, and engage in policy-related discussions.

All four evaluations that reported negative or insufficient results found fault with public expenditure, although two found specific effects on birth registration (BR). Chad reported an improvement from 12 to 26 per cent at the national level, but this fell short of the target of 50 per cent. This is explained by the shortage of BR and the low public financing of civil status. Countries across WCAR (Benin, Cameroon, Chad, Côte d'Ivoire, Equatorial Guinea, Guinea, Guinea-Bissau, Liberia, Togo) identified several factors responsible for low BR, including weak prioritization of civil registration in national plans and budgets. Both evaluations highlight limited public funding of BR as the biggest threat to sustainability. The other two evaluations reported on limited expenditure more generally. In LACR, there was a particular weakness identified in influencing public expenditure for children, which although is key indicator, data were not systematically collected or analysed. UNICEF advocacy for increasing funding for children was emphasized as a weakness since there had been little measurable effect on public expenditure despite UNICEF promotion of systemic change in legislative and policy frameworks with a view to generating sustainability. Likewise in Guinea, financing of human resources was almost impossible within the state budget leading to civil servants assigned to municipal services.

Outcome 5.3: Pro-poor public social spending

Fifteen evaluations reported outcomes on pro-poor public social spending, including: Albania, Costa Rica, the Gambia, Haiti, Lao People's Democratic Republic, Morocco, Oman, Serbia, Thailand, Yemen, and Zambia and two regional evaluation in LACR.

Table 34. Countries tracking pro-poor public social spending

Evaluation ID	Title	Country/Region
16554	Evaluation of UNICEF's contribution to the normative policy framework of the social care reform in Albania	Albania
13672	Evaluation of the child-friendly cantons' programme	Costa Rica
16370	Evaluation of the BReST cash transfer programme	the Gambia
18951	Evaluation of the «Leaving no-one behind: establishing the basis for social protection floors in Lao PDR»	Lao People's Democratic Republic
16991	Evaluación formativa del programa amor para los más chiquitos	Morocco
16949	Country programme evaluation for Morocco	Morocco
18526	Country programme evaluation for Oman	Oman
16745	Evaluation of models for scale-up potential in Serbia	Serbia
18850	Final evaluation of accelerating progress towards an integrated and modernized social protection system for all in Thailand (United Nations joint programme on social protection for all in Thailand)	Thailand
17442	Evaluation of community management of acute malnutrition in Yemen	Yemen
16901	End of programme evaluation of the Government of the Zambia- United Nations joint programme on social protection December 2015 - March 2019	Zambia
19024	Evaluation of joint programme 'Enhancing resilience and acceleration of the SDGs in the Eastern Caribbean	LACR
16979	Evaluation of the UNICEF ECA multi-country programme 2017-2021	LACR

UNICEF was mainly involved in providing technical support and coordination for social care services as well as cash transfer programmes in Lao People's Democratic Republic and the Gambia. Increases in geographic coverage were observed in multiple reports including Lao People's Democratic Republic, Yemen, and Zambia because of UNICEF involvement. UNICEF also contributed to strengthening evidence around key issues (e.g., funding for essential services) as well as institutional and individual capacity building (Morocco, Oman, Serbia, Zambia). UNICEF was able to influence policy and ensure that provision of social care services remained a priority for decision-makers in Yemen). Financial support such as cash transfers

and grants were also beneficial in improving care and nutrition for children within different households in the Gambia and Thailand.

Resource mobilization, policy coordination, and advocacy efforts were major factors in ensuring that services were catered towards the poor. UNICEF's credibility was also an important factor that facilitated the participation of government entities and has been able to develop strong partnerships with various national stakeholders, thereby broadening its reach, access, and overall contribution to country programmes such as Morocco (16949), Yemen and countries in LACR (19024). Reported barriers that challenged the sustainability of these programmes

were a lack of joint programming with other interventions in Albania, Morocco (16949), Serbia, and Zambia; ineffective policies in Morocco (16991); insufficient facilities and high transport costs in the Gambia, Yemen, LACR; limited human resources in Oman; and the COVID-19 pandemic in Thailand.

Costa Rica found mixed results which noted the importance of UNICEF's participation which encouraged mayors' offices to support their municipalities. UNICEF's reputation was valued highly yet interview data showed that once child-friendly cantons' certification was passed, there was a decrease in interest

and support was eventually lost due to changes in government. A reported challenge was the weak culture of monitoring together with a lack of strategic communication at the central level of programme coordination. Insufficient results were observed in LACR (16979). Despite highlighting UNICEF's reputation for excellent communication, the evaluation did not sufficiently capture UNICEF-added value. This was due partially to the fact that some activities were set aside because of natural disasters such as hurricanes, volcanic eruption, and the COVID-19 pandemic.

Outcome 5.5: Countries taking action to support care work, through family-friendly policies

A total of eight evaluations were investigated, of which seven passed screening.

Table 35. Countries tracking action to support care work, through family-friendly policies

Evaluation ID	Title	Country/Region
15889	Transformation of institutions and prevention of separation of families	Bosnia and Herzegovina
409	Promoting and protecting the rights of children: A formative evaluation of UNICEF's child protection in Cambodia	Cambodia
19186	Évaluation formative de la stratégie de dépistage familial du VIH au Cameroun (évaluation multi-pays)	Cameroon
16127	Evaluation of family and community-based services for prevention and response to violence, abuse, exploitation and exclusion of the most vulnerable children in Croatia	Croatia
6704	Evaluation of mother and child weeks programme	Pakistan
8863	Evaluation of UNICEF's contribution towards the Isibindi Programme in Eastern Cape: 2014 – 2018	South Africa
16815	Evaluation formative du projet d'accélération de l'accès et l'adhérence au traitement ARV pédiatrique chez les enfants et adolescents vivant avec le VIH dans quatre pays d'Afrique de l'Ouest et du Centre (République Centrafricaine, Tchad, Togo et Cote d'Ivoire)	WCAR (CAR, Chad, Togo, Côte d'Ivoire)

Two evaluations focused on programmes to combat HIV (Cameroon and WCAR); three on family separation (Bosnia and Herzegovina, Cambodia, Croatia); one on mother and child health (Pakistan); and one on safe spaces (South Africa). Of these, only one evaluation had a significant focus on a programme enabling countries to take action to support care work through family-friendly policies (Croatia).

Bosnia and Herzegovina, Croatia, Pakistan, and the regional evaluation in WCAR determined that financial resources were sufficient and appropriately distributed, which enabled stakeholders to carry out the interventions programmed in the action plans in a timely manner. However, Pakistan did note that the initiative's overall efficiency was undermined as resources did not reach the most marginalized or poorest groups in some regions. Cameroon stated

that the programme was not accompanied by the allocation and availability of specific financial resources.

Positive outcomes are evident across the evaluations, with core improvements identified in parental knowledge (Pakistan), communication between family members (Cameroon, Croatia, Pakistan, South Africa), and parental childcare skills (Croatia). Facilitators were most notably systematic reform (Bosnia and Herzegovina), government buy-in (Cambodia) and the availability of tools to support care work (Croatia, WCAR).

Quantitative data was provided in four evaluations (Cambodia, Pakistan, South Africa, WCAR). Countries in WCAR noted that programmes exceeded targets, with 14,840 children and adolescents put on antiretrovirals in CAR, Chad, Togo and Côte d'Ivoire over the three years of implementation, against a target of 12,904. Cambodia noted that 69 per cent of reintegrated children (740 out of 1,065) were reunified with family or placed in a community-based placement. Of these, 582 were under 18 years of age at the time of their first placement. However, no comparison to baseline numbers was provided. Pakistan highlighted that the programme led to an increased number of deliveries in hospitals (67.4 per cent of births attended by doctors and 12.2 per cent by local health workers), dispelled various cultural misconceptions about vaccines and encouraged women to get tetanus shots (91.9 per cent) during their last pregnancy and 77.5 per cent acknowledged that the benefits of tetanus vaccinations were properly explained to them. The initiative similarly raised women's knowledge of deworming tablets and 77.7 per cent of mothers reported that deworming tablets were provided to their children during the mother and child weeks. Encouragingly, South Africa reported that the programme achieved more than 90 per cent of the set targets during the funding period.


Logistics difficulties related to the travel of the team to families and irregular supplies were reported as hindering the smooth implementation of programmes in Cameroon and Pakistan. In addition, a lack of framework, monitoring, and referral mechanisms made it hard to fully assess progress, especially in relation to improvements in care within families in Bosnia and Herzegovina, Cambodia, Cameroon, and Croatia. Notably, countries in WCAR reported that the ownership of the programmes by the different sections of UNICEF, as well as cross-functionality and integration at UNICEF country office level, had been weak. This was a significant barrier to implementation and should be addressed through greater internal communication.

While attempts were made to consider the different needs of male and female caregivers, children and particularly at-risk groups, it was not done systematically in Bosnia and Herzegovina or Croatia. Progress should be routinely monitored to assess benefits to those most in need. It was also suggested that capitalizing on the central role of mothers, adolescents, and the availability in the community of people living with disabilities could be beneficial for scaling up programmes in Cameroon. Furthermore, stigmatization from peers and religious or cultural acceptance were noted as barrier in two reports, Pakistan and WCAR. Addressing social norms could help to combat this, and an educational element should be introduced in future programmes.


One of the core themes emerging from the data was around the integration of health and care workers in interventions. Access to professionals care services was noted as a barrier in Cameroon, Croatia and WCAR. WCAR countries mentioned that task shifting had been beneficial in countries with few health personnel. However, Pakistan noted that health workers lacked motivation in the absence of monetary compensation for additional work, which had a negative impact on their efficiency and job productivity. Bosnia and Herzegovina, Cambodia, and South Africa mentioned the importance of integrating social workers and child and youth care workers into the programme, with Cambodia highlighting that without both theoretical and practical training for social workers, and further investment in community-based alternative care, reaching the target of reintegration (30 per cent of children) was unlikely. This was echoed in South Africa, which stated social workers and child and youth care workers should be encouraged to work together in the same multi-disciplinary teams.

Overall facilitators and achievements, and barriers and areas for improvement for GA 5

Facilitators and achievements

 One of the strongest ways in which UNICEF was able to act was by improving the integration of partners, forging collaboration between the relevant government ministry, and wider civil society and implementing valuable partnership strategies. Cooperation between actors, coordinated by UNICEF, was a key facilitator that drove many of the more positive results including wide-ranging political decisions on the allocation of public budgets. In addition, UNICEF's credibility and reputation was a key factor that facilitated the participation of government entities, allowing it to influence policy. UNICEF was able to improve public finance management capacities, especially in budgeting, mobilize financial resources, and set up budget lines, as well as provide policy and programming guidance and tools. Finally, UNICEF not only provided direct cash transfers and grants but also ensured that financial resources were sufficient and appropriately distributed, to allow actors to carry out the programmed interventions effectively.

Barriers and areas for improvement

 While GA5 aims to improve social inclusion, several evaluations reported insufficient attention paid to marginalized minority and vulnerable groups such as children with disabilities. This could be overcome by initiatives to address social norms. A second barrier was around funding. Relying on just one donor threatened sustainability and contribution from non-traditional donors such as the private sector should be encouraged. Some programmes could not reach their full potential due to limited allocation of resources. Thirdly, the low numbers, motivation, and capacity of health and social workers was often hindered by a lack of training and status as well as high turnover leading to programmes ending prematurely. Finally, as previously noted, common barriers included inadequate assessment mechanisms such as poor methods of follow-up, lack of baseline figures, frameworks or monitoring systems.



Conclusions

The GEES provides a comprehensive analysis of the effectiveness of UNICEF's interventions, drawing on evidence from 631 evaluations, supplemented and validated by insights gathered from in-depth interviews with key experts across the organization. The GEES identifies both strengths and areas for improvement in UNICEF's efforts to achieve positive outcomes for children across all five GAs. It offers a consolidated overview of where UNICEF has demonstrated strong performance, emphasizing significant achievements, and the enabling factors that contributed to these successes. At the same time, the GEES also outlines where improvements are needed by addressing identified barriers and exploring opportunities for enhancing interventions. The following conclusions reflect the overall findings, highlighting areas where UNICEF has excelled and where it could further strengthen its interventions for the benefit of children.



Achievements and facilitators

- ▶ **Services, infrastructure, and capacity building of local actors:** Key achievements included improving services and infrastructure, as well as building capacity of actors, ranging from health care workers to volunteers, young people, and parents.
- ▶ **Raising community awareness and community engagement:** UNICEF played a key role in raising community awareness through outreach campaigns and community engagement, although this depends on the effective support and encouragement of workers and volunteers.
- ▶ **Cash transfers:** Cash transfers provided by UNICEF or partners were a key benefit to communities, for example, preventing asset selling and allowing children to attend school rather than having to work. However, these must be applied appropriately, and their value properly adjusted against inflation.
- ▶ **Coordination:** UNICEF leveraged its role and reputation to facilitate coordination between partners and communities.
- ▶ **Cross-sectoral work:** Interventions that spanned multiple settings—such as sectors, programmes, countries, or regions—proved to be more effective in achieving results compared to those focused solely on specific sectors. These broader interventions also provided better mechanisms for assessing the impact of UNICEF-supported programmes and optimizing the use of resources for conducting evaluations. Strong examples of this can be found in evaluations conducted in WCAR.

- ▶ **Learning culture:** A culture of sharing lessons and how to implement change is vital to improvement. Being open and honest about what worked and did not work well and how to implement change was seen as a fundamental improvement facilitator.
- ▶ **More strategic evaluation planning and accountability mechanisms:** The GEES found that evaluations covering multiple settings were not only more cost-effective, but also more efficient in measuring impact. Evaluations carried out in partnership with other UN agencies were, for example, mentioned by informants as good examples of this kind of evaluation. It would reduce duplication of efforts and use resources more effectively as it was recognized that evaluation was time-consuming and costly. Additionally, evaluations had a greater influence when conducted in contexts where robust accountability mechanisms were put in place to ensure the implementation of recommendations.
- ▶ **Inconsistent inclusion of cross-cutting themes:** Cross-cutting themes such as gender and disability were often not integrated into the initial planning stages of programmes and were instead treated as additional requirements to address later. For example, disability inclusion was frequently overlooked, and it was only when a child with a disability was identified within the programme that the need for such considerations became apparent.
- ▶ **Lack of consideration for contextual needs:** Programmes were not always sufficiently tailored to meet the diverse and specific needs of children, particularly in areas such as language inclusion and overcoming geographical barriers. In some cases, interventions did not fully account for the fact that children and their communities may speak different languages or live in remote locations, which can hinder their access to services.
- ▶ **Unintended consequences:** UNICEF should remain aware that some positive outcomes can lead to unintentional negative impacts. For instance, certain programmes may exacerbate inequalities, like failing to provide the necessary IT infrastructure for accessing an online programme, excluding some individuals, while increased enrollment may result in overcrowded classroom conditions.



Barriers and areas for improvement

- ▶ **Weak data and monitoring:** Inadequate data capture and monitoring were noted as barriers in every GA. Similarly, the GEES found that that some data systems and processes were too complex and outdated, and disconnected from other systems hindering effective assessment of programmes. This was seen as a priority area for improvement across all GAs.
- ▶ **Uneven communication, planning and coordination:** Uneven communication, planning, and coordination can significantly hinder programme implementation. For instance, in some programmes, the lack of standardized processes between UNICEF and implementing partners led to delays in programme implementation. This fragmentation not only affected the consistency and quality of services delivered but also resulted in resource inefficiencies, as efforts were duplicated and critical information was lost. Addressing these challenges requires establishing clear communication channels, standardized protocols, and coordinated planning efforts to ensure seamless collaboration among all partners.
- ▶ **Lack of exit strategies:** Several evaluations noted the absence of exit strategies and/or sustainability plans to inform the future of projects or programmes supported by UNICEF, which is particularly concerning in a funding-constrained environment. UNICEF should ensure that interventions have appropriate in-built exit strategies and/or sustainability to avoid reliance on UNICEF's long-term support.
- ▶ **Limited pool of experts:** A significant challenge in the field is the difficulty in recruiting staff who possess both sector-specific expertise and a deep understanding of the unique dynamics of the country or region in which they are expected to operate. This gap in capacity can hinder effective programme implementation. To address this barrier, fostering collaboration across sectors and agencies is crucial, as such partnerships can help pool knowledge, resources, and expertise, thereby strengthening the capacity to meet field needs effectively.



Recurring lessons and recommendations

Recurring lessons and recommendations drawn from the analysis of the sampled evaluations were thoroughly examined to identify key opportunities for strengthening and advancing UNICEF's efforts on behalf of children across the five GAs. Through this comprehensive review, several common themes and insights emerged from the GEES, providing valuable guidance for informing future UNICEF programming.

These are:

- ▶ **Amplify a right-based and child-centric focus**
- ▶ **Promote cross-sectoral collaboration**
- ▶ **Strengthen internal and external communication**
- ▶ **Optimize programme implementation and sustainability**
- ▶ **Enhance data collection systems and foster transparency**
- ▶ **Cultivate bold innovation**
- ▶ **Strengthen evaluation planning and accountability mechanisms**



Amplify a right-based and child-centric focus

Leverage UNICEF's reputation and partnerships to reinforce its core mission of supporting the rights of every child, ensuring that their voices are actively solicited, prioritized, and integrated into all decision-making processes. This approach will place children at the heart of every intervention and policy, enhancing UNICEF's ability to advocate for their rights and well-being.



Promote cross-sectoral collaboration

Strengthen and promote multi-sectoral collaboration to enhance the holistic impact of UNICEF's programmes. Encourage the integration of diverse disciplines and sectors, moving beyond sector-specific approaches to create more comprehensive, effective, and responsive interventions that address the multifaceted needs of children and communities.



Strengthen internal and external communication

Enhance communication channels both internally within UNICEF and externally with partners to streamline programme implementation. Clear, consistent, and transparent communication will ensure cohesive action, improve coordination, and maximize the overall impact of UNICEF's interventions.



Optimize programme implementation and sustainability

Tailor UNICEF's programmes to maximize their impact on target communities and children, while minimizing barriers to access and mitigating any unintended negative consequences. Emphasize the development of robust exit strategies and sustainability plans, empowering communities to take ownership and ensuring long-term success and resilience.



Enhance data collection systems and foster transparency

Rapidly improve data collection systems to strengthen programme monitoring, internal review processes and inform decision-making. Foster a culture of transparency and accountability by openly addressing challenges, learning from failures, and utilizing data-driven insights to continuously improve UNICEF's effectiveness.



Cultivate bold innovation

Transform UNICEF's culture from one that is risk-averse to one that actively embraces bold, innovative, and evidence-based strategies. Create an environment that encourages experimentation, creativity, learning and adaptability, enabling UNICEF to respond effectively to evolving challenges and emerging opportunities.



Strengthen evaluation planning and accountability mechanisms

Implement robust accountability measures to enhance evaluation planning at the outcome level, ensuring alignment with UNICEF's five GAs. Ensure the timely and effective implementation of evaluation recommendations, reinforcing a culture of responsibility, transparency, and continuous improvement across the organization. Put in place adequate follow-up mechanisms to evaluations through performance reviews of UNICEF staff or future evaluations.



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