Inception Report

Europe and Central Asia: Evaluation of Immunization Programming at the System Level

(2018-2023)

March 2024

UNICEF Europe and Central Asia Regional Office

Contents

Acronyms 4

1. Introduction 5

1.1 Background 5

1.2 Purpose and Objectives 5

1.3 Object and scope of the evaluation 6

1.4 Activities undertaken in the inception phase 8

1.5 Purpose and structure of the inception report 8

2. Regional context and evaluation object 9

2.1 Trends in immunization coverage 9

2.2 Factors cited as impeding progress in achieving immunization coverage 12

2.3 The UNICEF response 13

2.4 Theory of Change 15

3. Evaluation questions 19

3.1 Evaluation Questions and Sub-Questions 20

4. Evaluation approach, methods and techniques 24

4.1 Evaluation approach 24

4.2 Country case study sample: criteria, process and result 25

4.3 Evaluation methods 27

4.4 Evaluation techniques (data collection methods and sources) 36

5 Evaluation matrix 36

6. Evaluability 49

6.1 Evaluability 49

6.2 Evaluability "in practice" 49

7. Data collection 53

7.1 Overall approach to data collection, analysis and reporting 53

7.2 Document review 54

7.3 Quantitative data base reviews 55

7.4 Structured Key Informant Interviews 56

7.5 Site Visits 57

7.6 Regional Data Collection 58

7.6 Triangulation of evidence 59

7.7 Analysis plan 59
7.8 Limitations 61
7.9 UNEG Norms and Standards for Evaluation 62
7.9 Adhering to Ethical Standards 63
8 Schedule and roles and responsibilities of the evaluation team 64
9. Quality assurance 66
Annex 1: Terms of Reference 68
Annex 2: Brief Profiles of Case Study Countries 69
Annex 3: Documents Reviewed 84
Annex 4 : Persons Interviewed 86
Annex 5: Data Collection Instruments 88
Annex 6: Revisions to Evaluation Questions in the Terms of Reference 104
Annex 7: Document Mapping 108

Table 1: Regional contribution to SDG and SP targets in immunization 6
Table 2: Trends in Vaccine Coverage Rates for ECA 2018 to 2022 10
Table 3: Percentage Change in DTP3 and MCVI Vaccine Coverage 2019 to 2022 10
Table 4: Variations in District Level Vaccine Coverage 11
Table 5: Evaluation Questions and Sub-Questions 20
Table 6: Selected Case Study Countries 26
Table 7: Steps in Contribution Analysis as Applied to ECA Immunization Evaluation 28
Table 8: Complementary Evaluation Methods 29
Table 9: Key Evaluation Questions Matched with Lead Evaluation Methods 31
Table 10: Evaluation Matrix 37
Table 11: Data Availability and Limitations 50
Table 12: Documents Under Review 54
Table 13: Data Base Reviews 56
Table 14: Completed and Planned Key Informant Interviews and Group Discussions 56
Table 15: Analytical Process 60
Table 16: Challenges and Limitations 61
Table 17: Compliance with UNEG Norms 62
Table 18: Evaluation Schedule 64
Table 19: Roles and Responsibilities of the Evaluation Team 65

Figure 1: Model of Social and Behavioral Drivers of Vaccine Uptake 13
Figure 2: Theory of Change for UNICEF Support to Immunization at the National System Level: Europe and Central Asia 17
Figure 3: Key Assumptions Under-Lying the Theory of Change 18

Acronyms

BCS	Behaviour Change Strategy
BI	Behaviour Insights
CA	Contribution Analysis
CCS	Country Case Study
COAR	Country Office Annual Report
DTP3	Diphtheria, Tetanus and Pertussis Vaccine 3
ECA	Europe and Central Asia
EIA	European Immunization Agenda
EVM	Effective Vaccine Management
FGD	Focus Group Discussion
HPV	Human Papilloma Virus
KII	Key Informant Interview
MICS	Multiple Indicator Cluster Survey
OECD/DAC	Organization for Economic Cooperation and Development/Development Assistance Committee
RAM	Results Assessment Module
SBC	Social and Behavioural Change
SDG	Sustainable Development Goals
ToC	Theory of Change
ToR	Terms of Reference
UNEG	United Nations Evaluation Group
UNICEF	United Nations Childrens Fund
WUENIC	WHO/UNICEF Estimates of National Immunization Coverage

1. Introduction

This report presents the results of the inception phase of the multi-country systems-level evaluation of immunization programming in the UNICEF Europe and Central Asia (ECA) Region. The report builds on the evaluation Terms of Reference (ToR) (UNICEF ECA Regional Office, 2023) and presents the results of the inception phase undertaken from September 2023 to February 2024. The inception phase of the evaluation provides the detailed operational plan for the data collection, analysis and reporting phases of the evaluation which will be completed by September 2024.

1.1 Background

UNICEF ECA planned the evaluation of immunization programming as a key part of its Regional Office Management Plan in 2022. The decision to undertake the evaluation in 2023 and 2024 recognized the critical importance of immunization in the region based on:

- The central role of immunization in the achievement of Sustainable Development Goal 3 "to ensure healthy lives and promote well-being for all at all ages"[1] .
- The fact that immunization has been designated for UNICEF ECA as a Flagship Results Area for Thriving (under UNICEF Strategic Plan (SP) Goal Area 1[2].
- The critical role of vaccination in preventing early-childhood infectious diseases and enabling children to grow into healthy adults.

As noted in the ToR (p.1), immunization routinely reaches more households than any other health service and brings communities into regular contact with the health system which provides an effective platform for the delivery of other primary health care services.

1.2 Purpose and Objectives

Purpose: The purpose of the evaluation **is to provide a rigorous assessment of national governments and UNICEF's results to date (outcome-and impact-level) in contributing to the immunization coverage – taking into consideration considerable variability across countries and sectors**. This will provide an objective assessment of the strengths and weaknesses in approaches taken by different countries as well as insights on how to address possible system and programme-level bottlenecks. The evaluative focus is on **contribution** of multi-layered strategies and policies to the observed outcomes and impacts.

Objectives:

The objectives of the evaluation include:

[1] Accessed at: https://www.un.org/sustainabledevelopment/health/

[2] "Every child, including adolescents, survives and thrives, with access to nutritious diets, quality primary health care, nurturing practices and essential supplies". UNICEF 2022. Strategic Plan, 2022-2025, p.11.

1. To assess the impact of immunization programming in the health care system, looking at both supply and demand, and understand what worked and what did not in improving immunization coverage, especially for the hard-to-reach individuals/communities, how and why;

2. To determine the effectiveness, impact, coherence, relevance and efficiency of immunization programming with a system's lens;

3. To assess the actual and potential contribution of UNICEF work to the national and sub-national progress (outcome and impact) in immunization coverage, especially the hard-to-reach individuals/communities;

4. To draw lessons and provide recommendations for the refinement and potential scaling up of good practices to further support national governments in their efforts of strengthening immunization programming within the health care system.

1.3 Object and scope of the evaluation

Object of the Evaluation

With its systems-level focus, this evaluation will address both *the effectiveness of national immunization systems* and *the contribution of UNICEF support to reinforcing those systems* as part of strengthening national health systems to ensure they are well organized and financed to **reach out to every child with life-saving vaccines.**

At a regional level this means assessing the UNICEF ECA work on health systems strengthening to improve immunization rates with the overall goal that by 2030 all countries in the region will have 95 percent of children at national level and at least 80% of children in every district vaccinated with DTP3.

Regional work in health system strengthening (HSS) for immunization aims to contribute to the SDGs and the UNICEF SP Goals and targets as in table 1.

Table 1: Regional contribution to SDG and SP targets in immunization

SDG Targets	Global UNICEF Strategic Plan Goal Target
3.2 by 2030, end preventable deaths of newborns and children under 5 years of age; 3.3: by 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, waterborne diseases and other communicable diseases; 3.8 achieve universal health coverage, including financial risk protection, access to quality essential health care services and access to	(1.6 (b-ii)): 64 countries have at least 80% of the children vaccinated with DTP/Pent 3 in every district

safe, effective, quality and affordable essential medicines and vaccines for all.
Also, contribute to SDGs: 1; 4; 5; 9; 10; 11;17.

UNICEF support to immunization at the national level is described in Section 2 on regional context and the UNICEF response (including the Theory of Change).

Temporal scope of the Evaluation

The evaluation will focus on the period 2018 to 2023, while recognizing that some evaluation evidence pertaining to immunization in the region in 2023 will become available later in the data collection and analysis process. Covering this time-frame will require the evaluation to take into account the effects of the COVID 19 pandemic on immunization services in the 2020 to 2022 period.

Thematic scope of the evaluation

The evaluation will examine immunization programming in the health care system at national and (potentially) sub-national level with a focus on UNICEF's programmatic contribution. Additional attention will be paid to demand generation, including national systems efforts to generate demand through policies, programmes and services design and delivery.

Interviews undertaken at the UNICEF ECA Regional Office and in UNICEF Country Offices in Moldova Kyrgyzstan, and Tajikistan and at the UNICEF Kosovo[3] Office (Annex 4) have highlighted specific dimensions of the thematic scope of the evaluation which are reflected in the refined evaluation questions presented in Section 3. These have been further reinforced by the documents reviewed during the inception phase (Annex 3). They include:

- The importance of proactively addressing vaccine hesitancy and disinformation (including among health workers) subsequent to the COVID-19 pandemic accompanied by an increasing emphasis on outbreak preparedness and response.
- The apparent need to address both demand and supply side barriers to accessing immunization programming including the use of social and behavioural change strategies and approaches.[4]
- The need to integrate immunization programming within PHC services.

[3] All references to Kosovo shall be understood in the context of UNSCR 1244 (1999)

[4] These strategies and approaches may draw on Social Listening practices to identify perceptions and concerns and to generate insights to support/inform decision making and programming. Other SBC approaches may involve designing, testing and scaling up behavioral insight solutions.

- The critical importance of overcoming inequities based on gender roles and the lack of access for specific populations including ethnic minorities, children on the move, and children with disabilities.

Geographic Scope of the Evaluation

The scope of the evaluation is regional for ECA with a planned five in-depth country case studies (Section 4.2), including Bosnia and Herzegovina, Kosovo, Kyrgyzstan, Moldova, and Tajikistan.

1.4 Activities undertaken in the inception phase

During the inception phase the evaluation team has:

- Reviewed key global and regional documentation on immunization programming (Annex 3)
- Conducted key informant interviews with UNICEF staff and Gavi personnel at RO level.
- Developed a draft Theory of Change (ToC) for UNICEF support to immunization at country level based on a document review and group discussions at the ECA RO and sought and received feedback from COs.
- Reviewed data and documentation from COs in the region and developed criteria for selecting case study countries (Section 4)
- Conducted introductory interviews and meetings with UNICEF staff in the five countries chosen for desk studies.
- Sought and reviewed available evaluation evidence at regional and country level, especially relating to the five case study countries.
- Held consultations and discussions with the evaluation manager regarding applicable methods and approaches.
- Developed the draft Inception Report including draft data collection instruments.

1.5 Purpose and structure of the inception report

The purpose of the Inception Report is to provide a detailed overview of the methods and approaches to be used and to elaborate a robust operational plan for the evaluation. The report presents:

- This introductory section
- A review of the context for immunization in the ECA and a profile of the UNICEF response
- A draft Theory of Change for UNICEF support to immunization
- Refined evaluation questions resulting from the inception phase

- The proposed evaluation approach, analytical methods and data collection techniques and sources
- An assessment of the available evaluation evidence to support the chosen analytical methods
- An evaluation matrix
- A discussion of the limitations of the evaluation
- A description of Quality Assurance (QA) mechanisms and practices
- A note in ethical considerations.
- An evaluation workplan.

In addition, the annexes to the report provide the ToR, a profile of immunization and UNICEF support in the five case study countries, a listing of documents reviewed and of persons Interviewed, and draft data collection instruments to be used by evaluators during country case studies.

2. Regional context and evaluation object

2.1 Trends in immunization coverage

As noted in the ToR (p.1), the pattern of achievements in immunization coverage in the region in recent decades was severely impacted by the COVID-19 pandemic with immunization rates decreasing across and within countries in 2020. In addition, vaccine preventable diseases (in particular, measles and pertussis), long absent from the region had re-emerged by 2022. As an example, UNICEF Kyrgyzstan points out that the final epidemiological report on a measles and rubella outbreak for 2023 in that country reported 7046 cases registered and 1957 confirmed by laboratory tests. In total 9 deaths were registered from measles in Kyrgyzstan in 2023.

An internal review of WHO/UNICEF Estimates of National Immunization Coverage (WUENIC) released in July 2022 (UNICEF ECA, 2022) noted:

- Although the ECA outperformed other regions in terms of immunization coverage with main antigens: DTP1 – 96%, DTP3 - 94%; Measles first dose– 95% and second doze 94%, the region contained an estimated 200,000 zero dose children, approximately 50,000 more than in 2019.

- Over 300,000 children had not received two doses of the measles vaccine by the end of 2021 and were at high risk of contracting the disease.

- Overall coverage masked in country inequities: over 40% of countries have districts with DTP3/MCV coverage below 80% while the Roma population and religions communities have lower immunization coverage than non-Roma populations.

- Despite relatively high coverage, a cVDPV polio outbreak occurred in Tajikistan in 2020 and a cVDPV polio outbreak was reported in Ukraine in 2021 and was declared closed by the WHO in September 2023.[5]

WUENIC estimates released in July 2023 show the overall regional coverage rates which, although quite high, had either stagnated or slightly declined in 2022, even when compared to rates estimated for the peak COVID-19 impact years of 2020 and 2021 (Table 2).

Table 2: Trends in Vaccine Coverage Rates for ECA 2018 to 2022[6]

Vaccine	Regional Avg 2018	Regional Avg 2019	Regional Avg 2020	Regional Avg 2021	Regional Avg 2022	% Change 2019 to 2022
BCG	96	95	96	95	95	0
DTP 1	97	97	96	96	96	-1
DTP 3	95	96	94	94	94	-2
MCV1	96	97	94	95	93	-4
MCV 2	94	94	92	94	93	-1
Polio3	95	96	94	94	95	-1

More importantly, the regional data masks significant differences in coverage rates among countries in the region.

Table 3: Percentage Change in DTP3 and MCVI Vaccine Coverage 2019 to 2022

Country	Percentage Change DTP3	Percentage Change MCV1
Albania	-2	-9
Armenia	1	0
Azerbaijan	-11	-5
Belarus	0	0
Bosnia and Herzegovina	2	-7
Bulgaria	-2	-4
Croatia	-2	-3
Georgia	-9	-9
Greece	0	0
Kazakhstan	2	0
Kosovo	-5	-7

[5] WHO: Polio outbreak in Ukraine closed – a success story for public health despite extreme challenges of war (Sept. 2023)

[6] Sources: https://data.unicef.org/topic/child-health/immunization/ and WHOUNICEF Immunization Coverage for Selected Antigens – 2018 to 2022 (from: https://immunizationdata.who.int/

Country	Percentage Change DTP3	Percentage Change MCV1
Kyrgyzstan	-5	-2
Montenegro	-5	0
North Macedonia	-8	-4
Republic of Moldova	-3	-13
Romania	-3	-7
Serbia	-5	-6
Tajikistan	0	0
Turkiye	0	-2
Turkmenistan	-1	-1
Ukraine	-7	-19
Uzbekistan	3	0

There are also persistent differences in the levels of vaccine coverage within countries in the region. The 2022 UNICEF ECA review identified countries with significant deficits (in relation to targets) at the district level for selected vaccines.

Table 4: Variations in District Level Vaccine Coverage

Countries	Districts with DTP3 <80%	Districts with DTP3 >= 80%	Districts with DTP3 >= 95%	Districts with MCV1 <80%	Districts with MCV1 >= 80%	Districts with MCV1 >= 90%	Total number of districts
Armenia	0	45	30	0	45	43	45
Azerbaijan	10	53	14	6	57	52	63
Belarus	0	130	130	0	130	130	130
Bosnia and Herzegovina	8	9	0	15	2	1	
Bulgaria	0	28	11	0	28	19	0
Croatia	0			0			21
Georgia	21	44	12	7	58	48	65
Kazakhstan	0	17	12	0	17	17	215
Kyrgyzstan	0	41	19	0	41	41	41
Montenegro	6	18	3	24	0	0	0
North Macedonia	5	26	17	14	17	10	31
Republic of Moldova	6	38	8	12	32	16	44
Romania	6	36	3	8	39	15	0
Serbia	0	25	4	9	16	3	25
Tajikistan	0	66	58	0	66	61	66

Countries	Districts with DTP3 <80%	Districts with DTP3 >= 80%	Districts with DTP3 >= 95%	Districts with MCV1 <80%	Districts with MCV1 >= 80%	Districts with MCV1 >= 90%	Total number of districts
Türkiye	0	81	44	0	81	78	973
Turkmenistan	0	63	63	0	63	63	63
Ukraine	13	12	1	2	23	12	136
Uzbekistan	0	206	195	0	206	206	206

It is also worth noting that deficits in vaccine coverage within countries in the region are sometimes related to inequities in access among marginalized populations. For example, the 2022 Kosovo Office Annual Results Report notes that there are drastic disparities regarding full immunization for children under 2, with 38% coverage for Roma, Ashkali and Egyptian communities compared to 73% among the general population (UNICEF Country Office for Kosovo, 2023).

2.2 Factors cited as impeding progress in achieving immunization coverage

The factors and barriers impeding progress in achieving immunization coverage targets across the region are multiple and necessarily vary from country to country. At the same time, there are some that are cited with reference to most countries in the region. A review of regional and country office documents and interviews at the RO and CO levels point to common challenges to progress in immunization coverage. This does not imply that any one barrier predominates and they are not presented here in order of priority or significance.

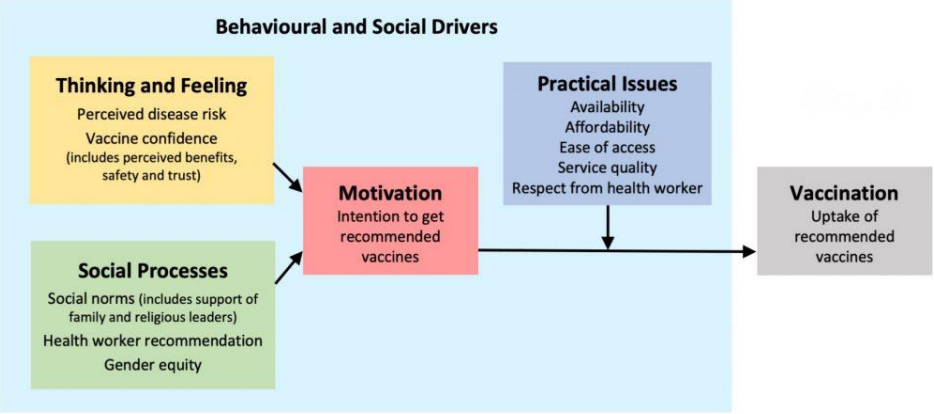
- Stigmatizing behavior or avoidance of serving some populations by some health workers;
- Vaccine hesitancy often driven by misinformation and fear of side-effects or mistrust of health institutions (including by health workers who are themselves hesitant and may rely on false contra-indications) and worsened by the COVID-19 pandemic;
- High turnover and shortages of trained health professionals as a result of the impact of COVID-19 but also due to issues in the training of public health staff;
- Weak data management and poor levels of digitalization of data on immunization and generally poor data availability for immunization data at district, sub-national and national level in some countries (including absence of disaggregated data to identify the un/under-immunized;
- Low levels of quality in service delivery in primary health systems, especially in terms of PHC staff trained in effective inter-personal communications in support of vaccination;

- Ongoing issues in effective vaccine management, including in cold chain management;
- Top-down and punitive approaches to public health management which pressures health professionals at local and district levels to report high coverage, leading to unreliable data and weakened planning and management; and
- Challenges in integrating and coordinating the design and delivery of immunization services with efforts to generate demand through social-behavioral change (SBC) initiatives.

Key informants at regional and country levels noted that the structure of health services in some countries in the region can make coordination of health promotion and immunization more difficult. Quite often, immunization services are embedded in departments for immunization-preventable diseases within the overall structure of the health ministries while public health promotion may be the responsibility of an agency outside the ministry. Some interviewees noted that it can be difficult for health services in the region to make the transition from a more centralized, legacy system based more on "command and control" to a service-based system oriented to meeting the needs of children, caregivers and their communities.

In addressing level of uptake of recommended vaccines the evaluation will need to examine not only the role of hesitancy and misinformation in the region but the full range of behavioral and social drivers of uptake. Figure 1 presents a model of these drivers.[7]

Figure 1: Model of Social and Behavioral Drivers of Vaccine Uptake



2.3 The UNICEF response

UNICEF ECA has been continuously engaged in supporting immunization programming at regional and country levels throughout the evaluation period – providing support both to the supply and ease of access for different groups to immunization services and efforts to generate demand and address vaccine hesitancy. In 2018, UNICEF ECA set out the strategy and building blocks for planned actions in support of immunization at country

[7] Source: The BeSD working group. Based on Brewer et al. Psychol Sci Public Interest. (2017).

level (UNICEF ECA, 2018). The overall strategic direction set in the 2018 concept note was to strengthen the evidence base, explore innovative approaches, and make use of existing partnerships with international (WHO and Gavi) and national stakeholders and ensure that Governments in the region assume ownership and accountability (p.2).

UNICEF ECA committed to support countries in the region to strengthen immunization by focusing on specific building blocks (p.2-3):

- Strengthening **leadership, governance and sustainable financing**.
- Improving **the evidence base** and building strong and **responsive immunization information systems.**
- Strengthening **supply-chain and procurement** activities.
- Building **the health workforce for quality service delivery** and immunization promotion (with a view to increase public trust in immunization and health systems.
- Strengthening **resilience and emergency response capacities** for disease outbreaks and public health emergencies.
- Strengthening **health sector capacity for demand creation**.

UNICEF support to immunization in the ECA region during the period also draws on guidance and planning work done at a global and regional level by UNICEF, the WHO and others. These documents set out strategic directions and key goals for immunization programming at global and regional level. They include:

- The European Vaccine Action Plan 2015 – 2020 (WHO Europe Region, 2015, p. 6).
- The European Immunization Agenda (EIA) 2030 (WHO Europe Regional Office, 2021, pp. 10-20)
- Nurturing Care for Early Childhood Development: A Framework for Helping Children Survive and Thrive (WHO, 2018, p. 37).
- UNICEF Immunization Roadmap to 2030 (UNICEF, 2021, p. 32)

These strategic documents share commonalities in terms of overall goals (protecting all children from vaccine preventable diseases in an equitable manner) and basic programmatic approaches (supporting national ownership, leadership and governance; strengthening planning, management and delivery systems, including procurement; supporting the health work force; and reaching the most vulnerable communities and families). The more recent documents (the EIA 2030 and the UNICEF Immunization Roadmap) also incorporate lessons from the COVID-19 pandemic and highlight emerging priorities and principles. For example, the EIA 2030 emphasizes (p.10):

- PHC as the basis for effective, efficient and resilient immunization systems;
- Equity based interventions – including gender responsive programming;
- People focused design, management and delivery;
- Country ownership;
- Data enabled decision making;
- Innovation and research-based programming; and
- Regional and national institutional partnerships.

Similarly, the UNICEF Immunization roadmap 2020 lays out a strategic shift (pgs. 22-25) that, among others, emphasises:

- Addressing a zero-dose agenda;
- Immunization as a strong foundation for PHC; and
- Innovative, evidence-based approaches to SBC.

In presenting a global ToC for UNICEF engagement in support to immunization (p.32), the UNICEF immunization roadmap specifies 3 overarching goals for UNICEF support to immunization:

1. **Catch up and recover:** Vaccinate children missed during the pandemic, restore disrupted immunization services and accelerate progress to achieve EIA 2030 goals.
2. **Leave no one behind**: Increase equitable access to and use of existing and new vaccines.
3. **Strengthen and sustain**: Strengthen immunization and primary health care to sustainably reach target populations with full vaccination and essential health services.

It is important that UNICEF ECA activities and investments in support of immunization contribute to strengthening national health systems in achieving these three overall goals. This has been a guiding principle for the inception phase in building on the work of the ECA Regional Office to develop the draft Theory of Change presented in Figure 1.

2.4 Theory of Change

Figure 2 presents the regional-level Theory-of-Change (ToC) for UNICEF support to national immunization programming at the system level in 2023. The draft ToC was developed based on the UNICEF ECA Concept Note, the guidance documents listed above, interviews with UNICEF ECA staff, Gavi staff in Geneva and remote interviews with UNICEF staff in Bosnia and Herzegovina, Kosovo, Kyrgyzstan, Moldova and Tajikistan. It has been shared with the health and evaluation advisers and focal points in all five case study countries for review and comment.

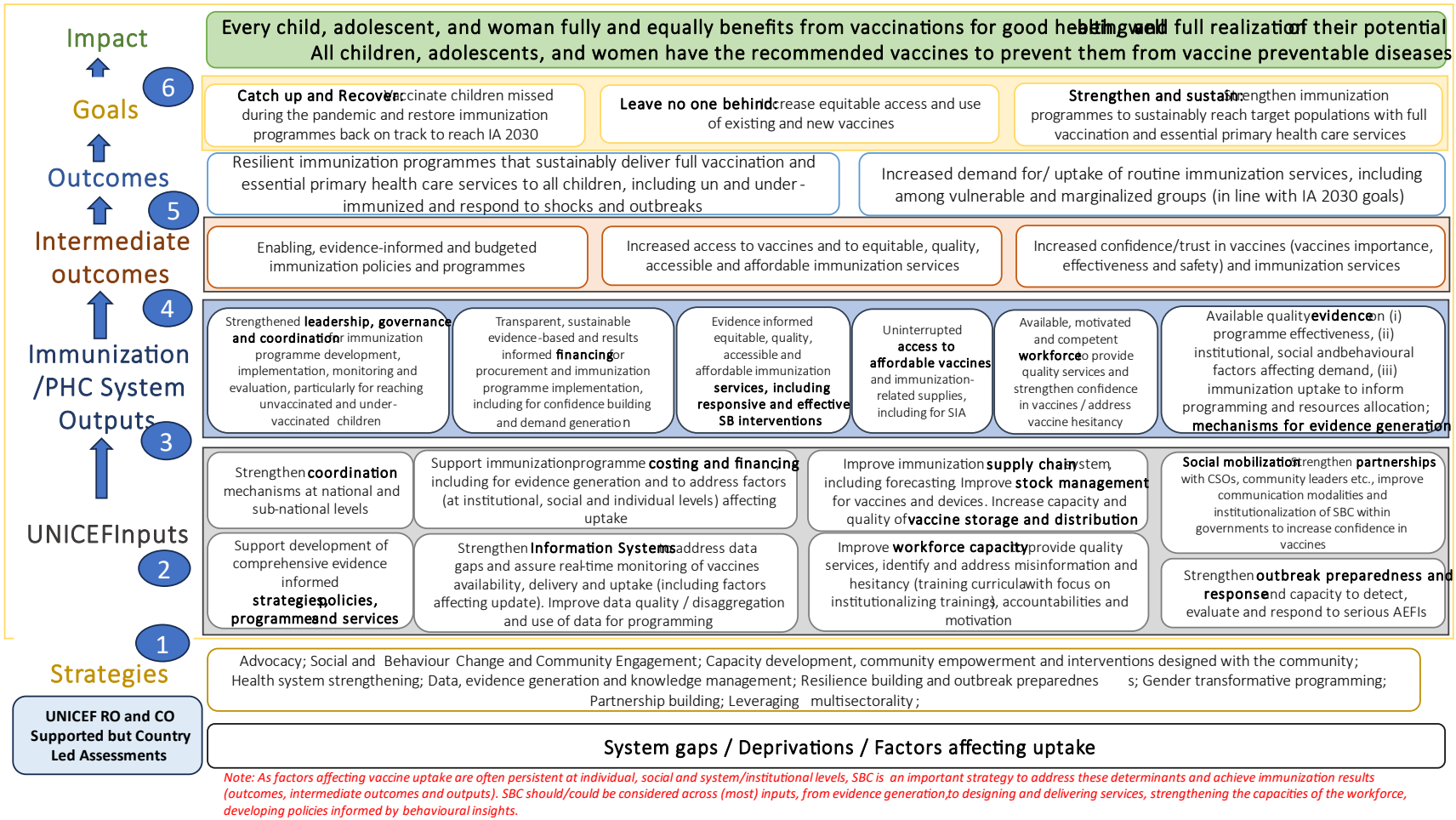
The draft ToC presented below is not expected to be the final version. During the data collection and analysis phases of the evaluation, the ToC will be refined and revised as required. The draft ToC should be revised as required to meet the country context in each of the five case study countries. This can perhaps be done by highlighting those components of the regional ToC which are most relevant to those activities supported by UNICEF.

The processes represented in graphic form in the ToC are not intended to be one-time or linear. A constant process of UNICEF supported assessment and re-assessment is the foundation for continuous evolution of the immunization systems depicted in the ToC.

In its present form the ToC serves the evaluation by:

- Identifying and highlighting activities and accountabilities of UNICEF while situating them within national immunization systems and thus preserving the systems level nature of the evaluation.
- Enabling the identification of key assumptions which are required at each major link in the chain of effects from UNICEF support to achievement of the immunization goals.
- Providing an important basis for the further refinement of evaluation questions and thereby strengthening the evaluation design.

Figure 2: Theory of Change for UNICEF Support to Immunization at the National System Level: Europe and Central Asia



Note: As factors affecting vaccine uptake are often persistent at individual, social and system/institutional levels, SBC is an important strategy to address these determinants and achieve immunization results (outcomes, intermediate outcomes and outputs). SBC should/could be considered across (most) inputs, from evidence generation, to designing and delivering services, strengthening the capacities of the workforce, developing policies informed by behavioural insights.

Figure 3: Key Assumptions Under-Lying the Theory of Change

Assumptions	
1	1.1 UNICEF is able to occupy a position within the architecture of support to immunization which is appropriate to its mandate and capacities given the regional and national context. 1.2 UNICEF supported assessment identify most critical and salient gaps in system coverage and effectiveness. 1.3 National strategies, plans and policies respond to identified gaps – including required financing and budgeting.
2	2.1 UNICEF RO and CO have required capacity to support national authorities and partners in implementing agreed plans and commitments integrating immunization within resilient PHC systems which are responsive to outbreaks. 2.2 UNICEF support is context-specific and appropriate to strengthening national systems for improved access to equitable services and demand generation (including addressing social and behavioural drivers of vaccine uptake).
3	3.1 National authorities and other partner are able to implement agreed commitments around plans, strategies, budgets and programs to improve system outputs in immunization and resilient and sustainable PHC. 3.2 UNICEF support to systems strengthening for immunization is appropriate and coherent with national efforts and commitments and the support of other partners.
4	4.1 National authorities (with appropriate UNICEF support) respond to ensure sustainable investment in system strengthening to improving the enabling environment for immunization within a resilient PHC system including leadership, governance and budgeting. 4.2 A strengthened health workforce, with appropriate capabilities, opportunities and incentives is able to provide quality immunization services appropriate to needs of excluded populations. 4.3 Immunization and PHC system strengthening as in 4.2 contributes to improved public trust and increased demand.
5	5.1 A strengthened and sustainable enabling environment for immunization within a resilient PHC system combines with more equitable access and increased demand to contribute to immunization goals.
6	6.1 Increases in access and sustained improvements in strengthened immunization systems are met with increased demand and, ultimately, to every child, adolescent and woman receiving recommended vaccines

3. Evaluation questions

As per the evaluation terms of reference (p. 6-7), the evaluation team has undertaken to "narrow and focus" the evaluation questions during the inception phase. The revision and focusing of the original evaluation questions was based on:

- Documents reviewed during the inception phase
- Key informant interviews with UNICEF Regional Office Staff
- Presentations, interviews and feedback from UNICEF CO staff in Bosnia and Herzegovina, Kosovo, Moldova, Kyrgyzstan and Tajikistan.

For the rationale behind the revision of the original evaluation questions see Annex 6

In addition, the revised evaluation questions reflect the different pathways and assumptions of the Theory of Change presented in Section 2.4. Taken as a whole, the revised evaluation questions encompass all the evaluation criteria set out by the OECD Development Assistance Committee as endorsed by the United Nations Evaluation Group (OECD/DAC, 2020).[8]

[8] Accessed at: https://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm\

3.1 Evaluation Questions and Sub-Questions

The set of evaluation questions and sub-questions presented here includes sub-questions (7.2 and 9.4) which were nominated by the UNICEF teams in Kosovo and BiH. It is expected that more country-specific sub-questions may added during operational planning for the evaluation in the five case study countries.

Table 5: Evaluation Questions and Sub-Questions

Evaluation Questions and Sub-Questions
OECD/DAC Evaluation Criteria: Relevance
KEQ 1. To what extent and in what ways has UNICEF responded to address immunization rates at country level? To what extent has it adapted to respond to changes and trends, including by addressing behavioural and social drivers of vaccine uptake at system, community and individual levels?
Sub-Question 1.1: To what extent has UNICEF supported assessments to identify gaps in national immunization programming over time? Have these responded to drivers of immunization rates (supply and demand)? **Sub-Question 1.2:** Has UNICEF been able to develop and use the right tools to identify and understand the factors affecting demand and uptake? **Sub-Question 1.3**: To what extent has UNICEF supported assessments of national system outbreak preparedness and response capacity? **Sub-Question 1.4:** Has UNICEF support to national strategies, plans and programs been context specific and relevant to addressing the identified gaps?
KEQ 2. To what extent has UNICEF assumed an institutional role in supporting immunization which is commensurate with its mandate, capacities and comparative advantages, especially in relation to key partners? To what extent does the UNICEF operational and strategic role at country level reflect its institutional strengths and comparative advantage in immunization support in relation to key partners?
Sub- Question 2.1: Have UNICEF COs been able to provide immunization support which is in keeping with the national context – including support to addressing social and behavioral drivers of vaccine uptake? **Sub-Question 2.2:** What barriers (financial, institutional, policy differences or others) may be preventing UNICEF from assuming a position commensurate with its mandate, capacities and comparative advantages? **Sub-Question 2.3:** To what extent are UNICEF COs addressing the cross-sectoral implications of immunization programming?
Coherence
KEQ 3. Where key partners have significant influence on the strengthening of immunization systems, has UNICEF support been aligned and/or complementary with actions by stakeholders to improve vaccination coverage in the ECA region?
Sub-Question 3.1: To what extent is UNICEF support context-specific and appropriate to the capacities, roles and evolving priorities of partners including national authorities and other members of the UNCT?

Evaluation Questions and Sub-Questions
Sub-Question 3.2: To what extent is UNICEF support aligned with and/or complementary to that provided by other stakeholders and partners?
KEQ 4. Where UNICEF has supported efforts to identify and address barriers and to increase demand for immunization (including adjustments to policies, programs, services, workforce capacity and accountability) has this resulted in programs and actions embedded into health systems and integrated into national immunization programmes, budgets and policies?
Sub-Question 4.1: To what extent has UNICEF support to programs in immunization been based on evidence of effectiveness and efficiency? **Sub-Question 4.2**: To what extent have national authorities incorporated UNICEF advocated policy and strategy changes into national strategies and programmes (including national budgets)? Where this has not occurred, what barriers have prevented adoption by health authorities?
Effectiveness
KEQ 5. To what extent do UNICEF RO and CO staff have the capacity, tools and incentives to effectively support national actions to address social and behavioral drivers of vaccine uptake as an integral element of support to system strengthening for immunization within PHC?
Sub-Question 5.1: Do UNICEF Country Office have the staff capacity to ensure effective support to national efforts to address social and behavioral drivers of vaccine uptake? **Sub-Question 5.2:** Are the guidelines, tools and support provided to COs in immunization programming adequate? **Sub-Question 5.3**: To what extent has UNICEF support enabled national authorities to identify and address drivers of vaccine uptake?
KEQ 6. To what extent has UNICEF contributed to strengthening national systems capacity to improve vaccine uptake?
Sub-Question 6.1: Is there a national process at country level (supported by UNICEF) to develop an evidence-based understanding of social and behavioural drivers of vaccine uptake and barriers to vaccination in order to develop solutions and to improve acceptance and confidence – including among marginalized groups? **Sub-Question 6.2**: To what extent has UNICEF supported contributed to strengthening national systems for outbreak preparedness and response? **Sub-Question 6.3**: What strategies and programs have been put in place at national system level to measure and address determinants of demand for immunization services?
KEQ 7. To what extent have health care systems been able to identify, understand and address factors affecting their ability to reach the most vulnerable and address issues of inequity in immunization programming?
Sub-Question 7.1: Has UNICEF supported national interventions that purposefully targeted vulnerable and under-vaccinated groups including by addressing service quality and acceptability for vulnerable populations? **Sub-Question 7.2**: **(Country Specific)** To what extent has UNICEF supported outreach efforts targeting vulnerable populations (e.g. Roma, Ashkali and Egyptian populations)? Have these efforts been successful and what adjustments could improve their effectiveness? **Sub-Question 7.3**: Have health systems responded to alter vaccine services to ensure higher quality, acceptability and increased confidence among vulnerable populations? **Sub-Question 7.4**: What evidence can be found of increased confidence among vulnerable communities of caregivers?

Evaluation Questions and Sub-Questions
KEQ 8. What drivers or groups of drivers influence the change in immunization coverage, positively or negatively at policy, system, services, community and individual level?
Sub-Question 8.1: Have UNICEF and its partners invested in data and evidence which can identify drivers and barriers to increased immunization coverage? **Sub-Question 8.2**: Where evidence exists, has it contributed to actionable recommendations for addressing barriers to vaccine uptake?
Sustainability
KEQ 9. To what extent has UNICEF support to immunization at country level contributed to sustainable system strengthening including capacity to address factors affecting vaccine uptake/demand?
Sub-Question 9.1: To what extent have national authorities integrated immunization strategies, plans and programs (including for integration of SBC/demand generation) within PHC? **Sub-Question 9.2**: To what extent has UNICEF been able leverage the funds of other organizations to advance the immunization agenda and improve coverage? **Sub-Question 9.3:** To what extent are immunization strategies, plans and programs incorporated into national budgets? What is the trend in national financing of immunization services? **Sub-Question 9.3:** Are efforts to generate and sustain demand sustainable over time and sufficient in scale to improve coverage over time? **Sub-Question 9.4: (Country Specific)** What approaches and strategies would ensure sustainability of UNICEF outreach efforts to improve vaccination coverage among vulnerable groups (Roma, Ashkali and Egyptian communities)?
Efficiency
KEQ 10. How efficient are health system's immunization policies and programmes to identify and address current and potential bottlenecks or inefficiencies?
Sub-Question 10.1: Do national strategies, plans and programs address the key gaps in coverage and the factors leading to those gaps as identified through improvements in data and analysis? **Sub-Question 10.2**: Do initiatives aimed at increasing coverage through improvements in equitable, high-quality supply have sufficient reach to effect national results in immunization coverage?
Impact
KEQ 11. To what extent have national health system's policies and programs (including for demand generation) aiming to improve vaccination rates over the past 5 years had an impact on overall vaccination coverage (including in under-vaccinated populations), vaccine-preventable disease incidence, perceptions and immunization-related behaviors of key stakeholders, such as healthcare providers, and caregivers?
Sub-Question 11.1: What have been trends in coverage for the most important vaccines during the evaluation period – including during and after the COVID-19 pandemic? **Sub-Question 11.2:** What evidence is available of a change in the dynamic of vaccine supply, delivery quality and demand (especially among marginalized groups) which indicate a return to a positive trajectory in the near term?
KEQ 12. To what extent has UNICEF been able to influence key stakeholders to take actions that can reasonably be expected to result in changes of vaccination rates and what have been

Evaluation Questions and Sub-Questions
the most impactful UNICEF supported investments aimed at increasing immunization coverage – including those fully or mostly financed by national governments?
Sub-Question 12.1: What are the views of key stakeholder partners on UNICEF's role in supporting changes in national strategies, priorities and programs in the immunization space? **Sub-Question 12.2:** Do UNICEF and its partners (including national authorities and other implementing partners) have credible evidence of the effectiveness of investments in immunization?

4. Evaluation approach, methods and techniques

This section addresses the overall evaluation design at three different levels: evaluation approach, evaluation methods and evaluation techniques (sometimes referred to as data collection methods).

4.1 Evaluation approach

The evaluation approach refers to both the type of questions that an evaluation needs to answer and the overall type of study that needs to be put in place to answer those questions (UNEG Working Group on Evaluation Methods, 2020, p. 5). The objectives for this evaluation (ToR, p.5) make it clear that it is intended to answer questions concerning the effectiveness of national immunization efforts at the system level in countries across the region, and to address questions relating to the contribution made by UNICEF to results framed as national and sub-national progress in immunization.

These questions require the evaluation to take a theory-based approach to provide clarity regarding the results and changes attained on the one hand and the contribution made by UNICEF on the other. This is recognized in the ToR (p.1) which characterizes the evaluation as a multi-country, theory-based evaluation incorporating country-specific analysis and a synthesis. In summary, the overall evaluation approach can best be described as:

- A theory-based evaluation grounded in a country case study approach with both formative and summative elements.

The summative element of the evaluation requires examination of results achieved during the evaluation period and the contribution made by UNICEF to those results. The formative element, in contrast, requires identifying strategic and programmatic approaches which are most promising and can be adopted or scaled-up to improve the effectiveness of UNICEF support to immunization going forward.

An evaluation using a theory-based, country case study approach will require specific design elements. These can be summarized as:

1. An agreed regional level theory of change (ToC) which can be applied flexibly at country level in support of the country case studies (Figure 2).

2. A well developed and articulated approach to selecting and carrying out country case studies (CCS) which relies on a common data collection, analysis and reporting framework but allows for specificity of inquiry in each CCS to enhance utility to key stakeholders at country level. For this evaluation, the country studies are also to be used as evaluation reports in their own right, but this does not change their central role in the regional evaluation. As a result, the individual country reports will include country-specific evaluation recommendations.

3. Use of analytical methods at both CCS and synthesis levels which are appropriate to the evaluation questions and which allow the country evaluation reports to be

augmented by quantitative and qualitative data and analysis at the regional level. The synthesis report will build on the country reports, with data collected at a regional level or in non-case-study countries. The synthesis report will also include recommendations applicable at a regional and country office level. The synthesis report will serve as an important vehicle to promote inter-country learning and serve the needs of the RO and all COs in the region.

The first of the required elements of the overall approach (the theory of change) is described in Section 2. Section 4.2. presents the rationale and results of the country case study sampling process as well as the evaluation methods and techniques (including data collection strategies and sources) which make up the second and third requirements for a theory-based, country case study grounded evaluation of UNICEF immunization programme in the ECA region.

4.2 Country case study sample: criteria, process and result

Given what is, from a statistical perspective, the small number of countries in the UNICEF ECA region (2022) and the importance of encompassing as much diversity of programming and context within the five-country sample, the evaluation has used a **purposive sampling** approach to selecting the proposed countries. Purposive sampling is often a preferred method for selecting case studies where mixed methods will be used for data collection and analysis. It can be defined as: "a group of non-probability sampling techniques in which units are selected because they have characteristics that you need in your sample" (Nikolopoulu, 2023).

A carefully selected purposive sample will allow the country case studies to both assess the effectiveness of UNICEF support in the 2018 to 2022 period and to identify promising cases of "what worked well" to inform programming going forward.

Within the overall approach of purposive sampling, the evaluation has applied a modified critical case sampling technique. Critical case sampling is used when a single or very small number of cases can be used to explain other similar cases. Nikolopoulu (2023) suggests that "a case is critical if what is true for one case is likely to be true for all other cases." In the case of countries in the UNICEF ECA region, this maxim could be modified somewhat as "a case is critical if what is true for one country is likely to be true for **most** of the other countries in the region, despite very real differences in geography and institutional contexts (including, for example, differences in income classification).

The process of selecting countries to carry out system-level immunization evaluations involved several steps. The process began with the identification of basic selection criteria following the preliminary document review and the overview of COARS and CPDS. The first-round country selection criteria were:

- Significant levels of UNICEF support and diversity of activities to advance immunization from 2018 to 2023 as reported in COARS and CPD documents.

- The level of UNICEF support to demand generation/SBC initiatives listed among UNICEF support to immunization from 2018 to 2023 and priorities for demand generation/SBC in current CPD.
- Geographic diversity.
- Challenges in achieving immunization coverage in at least some of the selected countries as indicated in the Regional Snapshot 2023.
- Significant numbers of zero-dose children in at least some of the countries selected.
- Representation of different levels of Gavi eligibility and support.

Using these criteria, the evaluation team developed a long list of 11 countries: Bosnia and Herzegovina, Georgia, Kazakhstan, Kosovo, Kyrgyzstan, Moldova, Montenegro, Romania, Serbia, Tajikistan and Uzbekistan.

This list was reviewed and discussed with UNICEF RO staff in the health and social and behavioural change (SBC) units and further refined down to six candidate countries. The final selection of five countries depended, in part, on logistical practicalities and the level of interest expressed by both the relevant UNICEF office and the national authorities. The final selection is provided in table 6.

Table 6: Selected Case Study Countries

Country	Total # of Activities 2018 to 2022 (CPD and COARS)	DG/SBC Activities (Subset of Total Activities)	Sub-Region	Coverage Challenge (2022)	Zero Dose Children (2022)	Gavi Support
Bosnia and Herzegovina	17	5	Eastern Europe	2022 DPT3 = 75%	4000	
Kosovo	7	-	Eastern Europe	5% point drop in DPT3 from 2019	Data Missing	Gavi MICs Regional Support
Kyrgyzstan	15	2	Central Asia	DPT 3 = 90%	15,000	Gavi Eligible – Preparatory Transition Phase
Moldova	11	3	Eastern Europe	DPT3 = 88%	4,000	Gavi MICs Regional Support
Tajikistan	5	1	Central Asia	DPT3 = 98	8,000	Gavi Eligible

The five countries selected for in-depth, country-focused evaluation case studies are Bosnia and Herzegovina, Kosovo, Kyrgyzstan, Moldova, and Tajikistan. The evaluation team has engaged with the health sections, social and behavior change specialists and child rights monitoring and evaluation specialists in each of the five CCS countries and has sought and received extensive documentation from each.

4.3 Evaluation methods

The term evaluation method is used here to describe the process of how data will be gathered overall and how it will be analyzed in order to answer evaluation questions (UNEG 2020, p.5). The critical point here is that evaluation methods are chosen in a direct response to different evaluation questions. Different evaluation methods are best suited to different types of evaluation questions asked in different contexts. Some have more stringent requirements (such as the need for a well-articulated theory of change for contribution analysis) than others.

The evaluation proposes to use two main evaluation methods to organize and analyze the evaluation data collected:

- Contribution analysis
- Process tracing

Contribution analysis. The essential value of contribution analysis is that it offers an approach designed to reduce uncertainty about the contribution the intervention is making to the observed results through an increased understanding of why the observed results have occurred and the roles played by the intervention and other internal and external factors (UNEG 2020, p.14).

The key advantages and disadvantages of contribution analysis (Mayne, 2020, p. 10) can be described as:

> Its advantages are that (1) it can be used to make **causal inferences when experimental and quasi-experimental designs are not possible**[9], (2) it explores **why and how an intervention has influenced change**, (3) it allows for making causal inferences about the intervention without necessarily examining external causal factors, and (4) it **addresses cases where there are numerous causal factors** at work by assessing contributory causes leading to credible contribution claims.

[9] It is important to note that Contribution Analysis does not claim to provide the same level of proof of causality as can be achieved by experimental approaches. It builds on the theory of change as a "model of contribution to rather than cause per se of the expected result" (Mayne, Use of Theory of Change Models, 2015). At the same time, the United Nations Evaluation Group defines contribution analysis as "an approach for assessing causal questions and inferring causality in real life evaluations" (UNEG, 2020, p. 14)

On the downside, (1) it often does require a substantial amount of data (see table 11 on data availability), (2) it requires a reasonably robust theory of change[10], and (3) it cannot determine **how much of an outcome result** can be attributed to an intervention.

The findings of a contribution analysis are not definitive proof, but rather provide evidence and a line of reasoning from which we can draw a plausible conclusion that, within some level of confidence, the program has made an important contribution to the documented results.

The process of contribution analysis involves six main steps (UNEG, 2020, p.14). Table 7 sets out the different steps in contribution analysis and how they have been or will be applied to this evaluation.

Table 7: Steps in Contribution Analysis as Applied to ECA Immunization Evaluation

Steps in Contribution Analysis	Status and Application to the Evaluation of Immunization in ECA
1. Set out the Contribution Problem (questions to be addressed)	Complete: Evaluation questions (particularly question 1) identify expected UNICEF contributions
2. Develop Theory of Change (results chain with causal links and assumptions)	Draft Theory of Change Developed at Regional Level (to be applied flexibly in country studies and modified as needed)
3. Gather Evidence (pre-existing and available)	Document and data base reviews as identified in Section 7 to review pre-existing data
4. Assemble and Assess (lay out and assess the credibility of the narrative of UNICEF contributions)	The analysis plan (section 7.7) details the process for collating, assessing, and triangulating qualitative and quantitative evidence
5. Seek Out More Evidence (gather more primary and secondary data to augment evidence as needed)	In practice, steps 4 and 5 can be done iteratively and consecutively. While evidence to be compiled is specified in advance (see evaluation matrix Section 5) it will be augmented as other sources are identified during data collection.
6. Revise the Narrative (identify reasonable causal claims wherever supported by evidence	In both country and synthesis reports claims of UNICEF contributions will be assessed against specific criteria.

[10] The theory of change presented in Figure 1 is comprehensive and detailed in order to cover all the more important interventions supported by UNICEF and the changes they are intended to enable at a system level. In practice – country case studies will focus on the causal pathways in the ToC that are most relevant to the national context. This will reduce the complexity of the pathways and linkages in the ToC at country level and help to ensure the tested elements of the ToC are sufficiently robust to support contribution analysis.

In applying step 6 to identify which claims of UNICEF contributions are credible and plausible, the evaluation will apply three criteria (UNEG 2023, p.14);

1. The contribution finding is consistent with pathways in a reasoned regional or country Theory of Change.
2. Activities have been implemented in a manner consistent with the Theory of Change.
3. The claimed contribution is supported by evidence on both achieved results and underlying assumptions.

Process tracing is a methodology in qualitative analysis that incorporates three essential tasks*: Causal Process Observation*, careful *Process Description* and attention to *Sequence* (Collier, 2011). As such, process tracing is most often used **within a case-study framework** to identify and explore causal factors contributing to an observed (often quantitative) outcome. As always in the application of process tracing as an analytical method within a case study framework, the key design questions concern whether or not the available evidence allows for a reasonable level of confidence in the findings. Nonetheless, process tracing has been identified and developed as a means to "establish whether or not a definable process of change has taken place and to assess the degree of confidence that it did when a traditional counterfactual approach is inapplicable" (IIED, 2016, p. 1).

The steps in process analysis are largely complementary to those in contribution analysis as described above. Table 8 illustrates the overlap and complementarity of the two methods.

Table 8: Complementary Evaluation Methods

Steps in Contribution Analysis	Corresponding or Complementary Steps in Process Tracing
1. **Set out the Contribution Problem** (questions to be addressed)	**Formulate a contribution claim** (identify a result where UNICEF can or has claimed that its activities or investments made a contribution).
2. **Develop Theory of Change** (results chain with causal links and assumptions)	**Reformulate the contribution claim** by reconstructing it as a process articulated into steps (usually in temporal terms, but it can also relate to the steps in the causal chain in the ToC since they are also often sequential).
3. **Gather Evidence** (pre-existing and available)	**Gather existing evidence** (quantitative and documentary) in relation to the contribution claim.

4.	**Assemble and Assess** (lay out and assess the credibility of the narrative of UNICEF contribution)	**Estimate the value** of the evidence gathered as a means of **measuring confidence** regarding the claim of contribution.
5.	**Seek Out More Evidence** (gather more primary and secondary data to augment evidence as needed)	**Update the evidence** as needed through primary and secondary data sources.
6.	**Revise the Narrative** (identify reasonable causal claims wherever supported by evidence	**Reformulate the contribution claim** as supported (or not) by the evidence gathered.

As in contribution analysis – the first step is to establish the agreed outcome to be examined and then identify and describe a plausible process that could have led to the outcome. In this case the purpose is not only to identify the contribution made by one or more actors but to map out the sequence of actions that led to a given outcome. This method is particularly suited to identify the factors that lead to positive or negative changes and relate those to the process of program development and implementation.

Table 9 provides an overview of how the proposed evaluation design plans to apply these two methods across the higher-level Key Evaluation Questions (KEQ). The application of methods across the full suite of evaluation questions is specified in the evaluation matrix: Table 5.

In addition, the evaluation will address KEQ 6 on the capacity of UNICEF offices to effectively support immunization systems by applying a capacity development model which emphasizes institutional knowledge and skills, resources and tools and incentives/motives. KEQ 8 which addresses the reach of UNICEF supported immunization systems and the extent they service marginalized populations will be addressed, in part, by profiling available results data at the outcome level in each of the case study countries but will also use contribution analysis as the lead analytical approach.

Table 9: Key Evaluation Questions Matched with Lead Evaluation Methods

Key Evaluation Questions	Lead Evaluation Methods and Rationale[11]
OECD/DAC Evaluation Criteria: Relevance	
KEQ 1. To what extent and in what ways has UNICEF responded to address immunization rates at country level? To what extent has it adapted to respond to changes and trends, including by addressing behavioural and social drivers of vaccine uptake at system, community and individual levels?	**Lead Method: Process Tracing** This KEQ addresses certain characteristics of UNICEF support (adaptability and responsiveness) and thus is not directly concerned with assessing contribution. As such, it is more appropriately addressed through process tracing. The question does not refer to the results of UNICEF actions but their **relevance and appropriateness** in the face of changes and trends in immunization at country level. Important findings and lessons can be drawn tracing the processes used to assess needs, and design and implement UNICEF programming in light of evolving needs. Qualitative and documented evidence of UNICEF processes will be linked to quantitative data on expenditures, and activity levels mapped against data on trends in immunization coverage (including estimates of demand and drivers of vaccine uptake). To apply process tracing the **hypothesis for testing** in relation to KEQ1 can be formulated as: *UNICEF ECA and COs in the region have in place a planning and programming process that has effectively responded to trends and changes in the context for immunization programming by adapting and modifying their programmatic support to national governments.*
KEQ 2. To what extent has UNICEF assumed an institutional role in supporting immunization which is commensurate with its mandate, capacities and comparative advantages, especially in relation to key partners? To what extent does the UNICEF operational and strategic role at country level reflect its institutional strengths and comparative advantage in immunization support in relation to key partners?	**Lead Method: Process Tracing** The KEQ does not require establishing or testing causal linkages in the chain of effects of the theory of change. Rather it focuses on how UNICEF has (or has not) been able to assume the role in supporting immunization at country level that is commensurate with its key strengths and comparative advantages. As a result, it is more suited to process tracing as an analytical method.

[11] It is important to point out that more than one method can be applied to a given evaluation question as appropriate, but the evaluation design relies on the designated lead method as the main methodology for organizing and analyzing evaluation evidence

Key Evaluation Questions	Lead Evaluation Methods and Rationale[11]
	The question requires two parallel lines of analysis – first establishing claims of the UNICEF operational and strategic strengths and comparative advantage in the immunization space (from documents such as COARS and KIIS) and then examining reported strategic and operational outcomes while working backwards to establish the credibility of UNICEF influence claims in relation to its comparative advantages. The hypothesis for testing can be formulated as: *UNICEF has in place systems and process that allow it to build on comparative advantages relating to its mandate, strategic position, and operational and technical capacities (in relation to other actors in the immunization space) to assume an appropriately leading role in immunization support at country level.*
Coherence	
KEQ 3. Where key partners have significant influence on the strengthening of immunization systems, has UNICEF support been aligned and/or complementary with actions by stakeholders to improve vaccination coverage in the ECA region?	**Lead Method: Process Tracing** The evaluation question is not concerned with the results of UNICEF support but its important characteristics – how well it is aligned and how UNICEF achieved the perceived level of alignment. As such, process tracing is more appropriate for this question than contribution analysis. The degree of alignment can be partially established through careful documentary analysis (national plans, strategies, budgets, UNICEF guidance documents etc.) and subsequently confirmed/tested by KIIs. The next step is to follow the steps taken by UNICEF to establish and maintain alignment over time and under different conditions and contexts. Hence process tracing is chosen as the lead method. The hypothesis for testing can be formulated as: *There is an identifiable process by which UNICEF has successfully aligned its advocacy, technical support and support to service delivery with actions by other stakeholders aimed at improving vaccination coverage.*
KEQ 4. Where UNICEF has supported efforts to identify and address barriers and to increase demand for immunization	**Lead Method: Contribution Analysis**

Key Evaluation Questions	Lead Evaluation Methods and Rationale[11]
(including adjustments to policies, programs, services, workforce capacity and accountability) has this resulted in programs and actions embedded into health systems and integrated into national immunization programmes, budgets and policies?	KEQ4 is formulated specifically as a test of how UNICEF efforts might or might not have led to given programs and actions by national governments (and the characteristics of those actions). As such it is well suited to CA as a lead method. The methodological task here is to establish the results as measured in terms of programs and actions embedded in national health systems using indicators such as national strategies, program documents, national budgets, implementing partner reports etc. validated to the extent possible through KIIs, and then examining the links in the causal chain from UNICEF support to resulting programs and actions by authorities at the country level.
Effectiveness	
KEQ 5. To what extent do UNICEF RO and CO staff have the capacity, tools and incentives to effectively support national actions to address social and behavioral drivers of vaccine uptake as an integral element of support to system strengthening for immunization within PHC?	**Lead Method: Capacity Modelling[12]** This KEQ is focused on the capacities, tools and incentives within the UNICEF RO and the UNICEF offices in the five focus countries. There are many different models for assessing organizational capacity. The proposed model focuses on knowledge and skills, resources and tools and incentives/motives (USAID, 2010, p. 6).
KEQ 6. To what extent has UNICEF contributed to strengthening national systems capacity to improve vaccine uptake?	**Lead Method: Contribution Analysis** The question focuses squarely on the role and contribution of UNICEF to national efforts to improve vaccine acceptance and confidence among caregivers in the national immunization system/programme. This will require accessing every possible source of quantitative and qualitative information on trends in vaccine acceptance and confidence and then assessing how national programme reflects UNICEF support at each level of the chain of effects.
KEQ 7. To what extent have health care systems been able to identify, understand and address factors affecting their ability to reach the most vulnerable and address issues of inequity in immunization programming?	**Lead Method: Profiling Outcome Data** This question does not focus on the UNICEF role but on a key outcome at the national systems level to answer if vulnerable groups are being reached in an equitable way.

[12] The proposed capacity analysis model is a simplified version of the model presented in the USAID Institutional Capacity Development Handbook:

Key Evaluation Questions	Lead Evaluation Methods and Rationale[11]
	Answering this will require data that is disaggregated by vulnerable group participants to the maximum extent possible.
KEQ 8. What drivers or groups of drivers influence the change in immunization coverage, positively or negatively at policy, system, services, community and individual level?	**Lead Method: Contribution Analysis** This question is applicable at the system level as well as in relation to UNICEF support. In this case contribution analysis as an analytical method will focus on first profiling the agreed changes that have occurred (triangulated across outcome and output measures). The second analytical step will involve review of evaluations and commissioned research triangulated with KII results to establish the link between an outcome level change and the drivers of demand and supply.
Sustainability	
KEQ 9. To what extent has UNICEF support to immunization at country level contributed to sustainable system strengthening including capacity to address factors affecting vaccine uptake/demand?	**Lead Method: Contribution Analysis** As with all applications of contribution analysis – this KEQ requires first establishing the extent of achievement of the desired result (sustainably strengthened immunization systems at country level) and then determining the contribution made by UNICEF.
Efficiency	
KEQ 10. How efficient are health system's immunization policies and programmes to identify and address current and potential bottlenecks or inefficiencies?	**Lead Method: Process Tracing** This KEQ does not require the direct measurement of the efficiency of national systems of immunization. Rather it involves assessing how national systems have established and implemented processes to first detect bottlenecks and inefficiencies impeding results (and thereby harming cost-effectiveness) and subsequently to amend policies and programmes to address them. Process tracing is well suited to this form of KEQ.
Impact	
KEQ 11. To what extent have national health system's policies and programs (including for demand generation) aiming to improve vaccination rates over the past 5 years had an impact on overall vaccination coverage (including in under-vaccinated populations), vaccine-preventable disease incidence, perceptions and immunization-related behaviors of key stakeholders, such as healthcare providers, and caregivers?	**Lead Method: Contribution Analysis** This evaluation question focuses directly on the impact level results of national health systems efforts to advance the immunization agenda over the evaluation period. In the absence of a credible counter-factual it will be necessary to temper quantitative measures of impact with qualitative assessments gleaned from the document review and key informant interviews. Contribution analysis will allow the evaluation to explore the link between changes in national immunization systems and trends in coverage to the extent that qualitative evidence supports such a link.
KEQ 12. To what extent has UNICEF been able to influence key stakeholders to take actions that can reasonably be expected to result in changes of vaccination rates and	**Lead Method: Contribution Analysis** The challenge for the evaluation will be first establishing whether and to what extent any changes in immunization policies and programmes have resulted in improvements

Key Evaluation Questions	Lead Evaluation Methods and Rationale[11]
what have been the most impactful UNICEF supported investments aimed at increasing immunization coverage – including those fully or mostly financed by national governments?	in coverage rates. This is especially difficult given the confounding effects of the COVID-19 Pandemic. For example, if coverage rates declined in the evaluation period would they have fallen further without national actions supported by UNICEF. Given the focus on UNICEF influence CA is the method most suited to this evaluation question.[13]

[13] As with all the KEQs it will be important to distinguish between UNICEF acting on its own and effort by UNICEF to complement or leverage action by other actors such as WHO or Gavi. This is directly addressed in KEQ 3 under the OECD/DAC evaluation criterion of coherence.

4.4 Evaluation techniques (data collection methods and sources)

UNEG defines an **evaluation technique** as relating to the specific contents of the data collection strategy including both qualitative and quantitative techniques such as key informant interviews, document reviews, and scaling and ranking techniques (UNEG Working Group on Evaluation Methods, 2020, p. 5).

5 Evaluation matrix

The evaluation matrix (Table 10) provides an illustration of data collection methods and sources in relation to Key Evaluation Questions.

The set of evaluation questions and sub-questions addressed in the evaluation matrix will be supplemented by specific sub-questions that are particularly relevant to the context in each of the five case study countries as suggested by the UNICEF teams in each office. Sub-questions 7.2 and 9.4 are examples of sub-questions that have been suggested by the UNICEF teams in Kosovo and BiH. It is expected that more will be added during operational planning in the five case study countries.

Table 10: Evaluation Matrix

Evaluation Questions	Assessment Criteria/Indicators	Data/Evidence Source
OECD/DAC Evaluation Criteria: Relevance		
KEQ 1. To what extent and in what ways has UNICEF responded to address immunization rates at country level? To what extent has it adapted to respond to changes and trends, including by addressing behavioural and social drivers of vaccine uptake at system, community and individual levels?		

Sub-Question 1.1: To what extent has UNICEF supported assessments to identify gaps in national immunization programming over time? Have these responded to drivers of immunization rates (supply and demand)?
Sub-Question 1.2: Has UNICEF been able to develop and use the right tools to identify and understand the factors affecting demand and uptake?
Sub-Question 1.3: To what extent has UNICEF supported assessments of national system outbreak preparedness and response capacity?
Sub-Question 1.4: Has UNICEF support to national strategies, plans and programs been context
	Lead Method: Process Tracing
	• Change in coverage rate for selected vaccines over time – country and region (for context)
	• Comparison of assessments of knowledge/attitude/practices of caregivers regarding immunization (where available)
	• Changes in the number/type and scale of UNICEF support to immunization by year and country
	• Changes in the allocation of UNICEF support to immunization between support to service delivery and demand generation activities over time
	• Degree of UNICEF responsiveness to changing immunization context reported by key stakeholders inside and outside governments
	• Level (financially) and diversity of UNICEF support to innovations to address vaccine hesitancy and misinformation
	• Frequency and extent of UNICEF support to research and analysis on barriers to service improvement and demand generation over time
	• Verifiable examples of changes in design of UNICEF programmes in support of immunization in response to challenges in the immunization space over time.
		• WEUNIC data 2019 to 2022
		• COARS and CPD citations re immunization support and results
		• Budget allocations to specific immunization support programme elements over time as reported in UNICEF AWPs
		• Root cause analysis reports of national immunization programmes
		• Partnership review forms, quarterly and final progress reports from implementing partners in immunization
		• Vaccine introduction plans
		• National plans on health promotion and immunization
		• UNICEF health program proposal and design documents – including immunization
		• EVM Management Assessment Reports
		• Key Informant Interviews
		  ○ UNICEF CO Staff (Health/SBC/ECD, CP)
		  ○ UNICEF RO Staff (regional perspective)
		  ○ WHO staff
		  ○ MOH Immunization programming and management
		  ○ MOH cold chain and service delivery
		  ○ National Health Promotion Agency
		  ○ Implementing partners
		  ○ CSOs (non-implementing
		  ○ Multilateral/Bilateral donors

Evaluation Questions	Assessment Criteria/Indicators	Data/Evidence Source
specific and relevant to addressing the identified gaps?		
KEQ 2. To what extent has UNICEF assumed an institutional role in supporting immunization which is commensurate with its mandate, capacities and comparative advantages, especially in relation to key partners? To what extent does the UNICEF operational and strategic role at country level reflect its institutional strengths and comparative advantage in immunization support in relation to key partners?		
Sub- Question 2.1: Have UNICEF COs been able to provide immunization support which is in keeping with the national context – including support to addressing social and behavioral drivers of vaccine uptake? **Sub-Question 2.2:** What barriers (capacities, financial, institutional, policy differences or others) may be preventing UNICEF from assuming a position commensurate with its mandate, capacities and comparative advantages? **Sub-Question 2.3:** To what extent are UNICEF COs addressing the cross-sectoral implications of immunization programming?	**Lead Method: Process Tracing** • Number, type and resource envelope (budgeted and expended) for UNICEF program support to immunization at country level over time including the portion allocated to SBC activities • Volume (financial) and types of non-UNICEF support to national immunization programs over time (for comparison (including portion allocated to SBC) • Verifiable examples of UNICEF technical support and advocacy role in changes to national strategies, policies and programs as evidenced in documents and verified in KI interviews • Examples of UNICEF technical support and advocacy contributing to mainstreaming of SDB/demand generation in national policies, programs and budgets. • UNICEF participation and role in sector coordination architecture at national level (working groups, coordinating committees etc.) • Reported experiences and opinions of decision makers within the MoH, National Public Health Agency, other state partners) • Reported experience and opinion of UNICEF partners within and outside the UNCT regarding comparative advantage and institutional role of UNICEF	• COARS and CPD citations re immunization support and results • Budget allocations to specific immunization support programme elements over time as reported in AWPs • Vaccine introduction plans • National plans on health promotion and immunization • UNICEF health programme proposal and design documents – including immunization • Advocacy tools (concept papers, Power Point Presentations, meetings of workshop etc.) used to engage with government and partners on needed changes in immunization policies and programmes • Key Informant Interviews (As for Q1)

Evaluation Questions	Assessment Criteria/Indicators	Data/Evidence Source
Coherence		
KEQ 3. Where key partners have significant influence on the strengthening of immunization systems, has UNICEF support been aligned and/or complementary with actions by stakeholders to improve vaccination coverage in the ECA region?		
Sub-Question 3.1: To what extent is UNICEF support context-specific and appropriate to the capacities, roles and evolving priorities of partners including national authorities and other members of the UNCT? **Sub-Question 3.2**: To what extent is UNICEF support aligned with and/or complementary to that provided by other stakeholders and partners?	**Lead Method: Process Tracing** • Comparative analysis of degree of alignment and complementarity between UNICEF support programming and national strategies, plans and programs in immunization • Level of alignment between UNICEF immunization program documents and immunization support programming from other external sources (bilateral/multilateral/foundations) • Experience and opinion of UNICEF UN partners • Experience and opinion of MoH and other national health authorities • Experience and opinion of Implementing partners and CSOs. • UNICEF participation and role in coordination mechanisms for PHC and immunization.	• COARS and CPD citations re immunization support and results • Budget allocations to specific immunization support programme elements over time as reported in UNICEF AWPs • Vaccine introduction plans • National plans on health promotion and immunization • UNICEF health programme proposal and design documents – including immunization • Key Informant Interviews ○ UNICEF CO Staff (Health/SBC/ECD, CP) ○ UNICEF RO Staff (regional perspective) ○ WHO staff ○ MOH Immunization programming and management ○ National Health Promotion Agency ○ Implementing partners ○ Multilateral/Bilateral donors ○ Staff of agencies participating in coordination platforms
KEQ 4. Where UNICEF has supported efforts to identify and address barriers and to increase demand for immunization (including adjustments to policies, programs, services, workforce capacity and accountability) has this resulted in programs and actions embedded into health systems and integrated into national immunization programmes, budgets and policies?		
Sub-Question 4.1: To what extent has UNICEF support to programs in immunization been based on evidence of effectiveness and efficiency? **Sub-Question 4.2**: To what extent have national authorities incorporated	**Lead Method: Contribution Analysis** • Documented uptake of solutions aimed to increase vaccine coverage as reflected in the national immunization effort over time as reflected in: ○ National immunization strategy/program/action plan components ○ Immunization program budgets including budget line items for service delivery and demand generation (yes/no/level)	• COARS re immunization support and results • Budget allocations to specific immunization support programme elements over time as reported in UNICEF AWPs • Root cause analysis reports of national immunization programmes • Vaccine introduction plans • National plans on health promotion and immunization • Key Informant Interviews ○ UNICEF CO Staff (Health/SBC/ECD, CP) ○ UNICEF RO Staff (regional perspective)

Evaluation Questions	Assessment Criteria/Indicators	Data/Evidence Source
UNICEF advocated policy and strategy changes into national strategies and programmes (including national budgets)? Where this has not occurred, what barriers have prevented adoption by health authorities?	○ Approved National pedagogy and curriculum for training service providers including home visit nurses ○ Policies and practices in EVM ○ Established functional capacity in SBC including: evidence generation on factors influencing demand/uptake (including through social media listening but also use of behavioral insights for service design and provision and for capacity development) as well as use of digital communications platforms for demand generation. (as opposed to campaigns) • Experiences and opinions of: ○ UNICEF CO staff ○ MoH Staff ○ Implementing partners ○ Non-Implementing Partner CSOs	○ WHO staff ○ MOH Immunization programming and management ○ MOH cold chain and service delivery ○ National Health Promotion Agency ○ Implementing partners ○ CSOs (non-implementing • Site visits to observer practices at service delivery sites (immunization and demand generation)
Effectiveness		
KEQ 5. To what extent do UNICEF RO and CO staff have the capacity, tools and incentives to effectively support national actions to address social and behavioral drivers of vaccine uptake as an integral element of support to system strengthening for immunization within PHC?		
Sub-Question 5.1: Do UNICEF Country Office have the staff capacity to ensure effective support to national efforts to address social and behavioral drivers of vaccine uptake? **Sub-Question 5.2:** Are the guidelines, tools and support to COs in	**Lead Method: Capacity Assessment** • Number, type, level and funding of Full Time Equivalent (FTE) positions at RO and CO level dedicated in whole or in part to support to immunization within PHC (health adviser/specialist and same for SBC, ECD, M&E, Child Protection etc. with estimates of person days per month allotted to immunization support of all types (proposal preparation, programme support, monitoring etc.) at the CO level	• UNICEF CO staffing complements • Proposals for Gavi regional programme support to staff at RO and CO levels • Estimates by RO and CO staff of person days per month spent on immunization support • Examples of tools and guidance to immunization programming developed at HQ or RO level and aimed at supporting CO engagement in support to immunization including but not limited to: ○ Behaviour Insights (BI) Research ○ Root Cause Analysis ○ EVM Assessment and Support

Evaluation Questions	Assessment Criteria/Indicators	Data/Evidence Source
immunization programming adequate? **Sub-Question 5.3**: To what extent has UNICEF support enabled national authorities to identify and address drivers of vaccine uptake?	• UNICEF CO staff experience and opinion on availability and utility of guidelines and tools for immunization programming provided from HQ and RO levels • Frequency, duration, extent of interactions on immunization between CO and RO staff (including, for example webinars, remote meetings, workshops (in person and remote). • Experience and opinions of select UNICEF partners at regional and country level, especially: ○ MoH and National Health Promotion Agency ○ Implementing Partners ○ WHO and other UNCT members engaged in immunization space	○ Mapping Institutional Capacity for Mainstreaming Demand Generation ○ Training caregivers and medical professionals on responsive service delivery ○ Digital information systems for administration and management of vaccine programming (inside or outside DHMIS) ○ Others as identified. • Key Informant Interviews ○ UNICEF CO Staff (Health/SBC/ECD, CP) ○ UNICEF RO Staff (regional perspective) ○ WHO staff ○ MOH Immunization programming and management ○ MOH cold chain and service delivery ○ National Health Promotion Agency ○ Implementing partners
KEQ 6. To what extent has UNICEF contributed to strengthening national systems capacity to improve vaccine uptake?		
Sub-Question 6.1: Is there a national process at country level (supported by UNICEF) to develop an evidence-based understanding of social and behavioural drivers of vaccine uptake and barriers to vaccination in order to develop solutions and to improve acceptance and confidence – including among marginalized groups?	**Lead Method: Contribution Analysis** • Estimates of knowledge/attitude/practices of caregivers re immunization, especially survey data and measured changes in KAP where available • Results/findings of research studies assessing drivers of vaccine uptake at policy, institutional/system, services, community and individual levels (including disaggregated data on who are unvaccinated and why) • Documented UNICEF support to research conducted to assess barriers. • Key informant views on trends in determinants of acceptance and confidence including transparency of government policies, trust in health workers, availability of reliable information	• WEUNIC data on vaccine coverage over time • Reports on knowledge, attitudes and practices regarding immunization on the part of health care professionals, service providers and caregivers as found in surveys at national and sub-national level. These are available in all five focus countries and have been repeated in more than one. • Root Cause Analysis reports • UNICEF AWPs • Selected RAM indicators in PHC and immunization • Partnership review forms and quarterly and final progress reports from implementing partners engaged in support to demand generation for immunization • Surveys of parental/caregiver attitudes carried out by digital information platforms (Beboo surveys). • KIIs including:

Evaluation Questions	Assessment Criteria/Indicators	Data/Evidence Source
Sub-Question 6.2: To what extent has UNICEF supported contributed to strengthening national systems for outbreak preparedness and response? **Sub-Question 6.3**: What strategies and programs have been put in place at national system level to measure and address determinants of demand for immunization services?	• Changes in the number/type and scale of UNICEF support to demand generation and SBC/BI over time • Level (financially) and diversity of UNICEF support to national efforts address social and behavioral drivers of vaccine uptake including SBC/BI grounded solutions. • Frequency and extent of UNICEF support to research and analysis on barriers to vaccine uptake over time • Documented examples of research results informing changes in policies and programs • Experience and opinions of select UNICEF partners at regional and country level, especially: ○ MoH and National Health Promotion Agency ○ Implementing Partners ○ WHO and other UNCT members engaged in immunization space	○ UNICEF CO Staff (Health/SBC/ECD, CP) ○ UNICEF RO Staff (regional perspective) ○ WHO staff ○ MOH Immunization programming and management ○ MOH cold chain and service delivery ○ National Health Promotion Agency ○ Implementing partners
KEQ 7. To what extent have health care systems been able to identify, understand and address factors affecting their ability to reach the most vulnerable and address issues of inequity in immunization programming?		
Sub-Question 7.1: Has UNICEF supported national interventions that purposefully targeted vulnerable and under-vaccinated groups including by addressing service quality and acceptability for vulnerable populations? **Sub-Question 7.2**: **(Country Specific)** To what extent has UNICEF supported outreach efforts	**Lead Method: Profiling of Outcome Data** • Documented examples of UNICEF support to targeted interventions • Findings of research reports and surveys tracking who are the under-vaccinated and their characteristics and locations • Changes over time in numbers of zero dose children as well as coverage and dropout rates for selected vaccines (i.e. DPT 3 drop put) disaggregated for key marginalized groups as available • Reported evidence of outbreaks of vaccine preventable disease among marginalized/vulnerable groups as reported by national authorities and UNICEF/WHO	• WEUNIC data for national and regional trends and context for key vaccine coverage • Country-specific surveys and research reports on vaccine hesitancy and/or access and coverage for specific marginalized and hard to reach groups of children • COAR Reports • Country specific assessments including: ○ EVM assessments ○ BI Assessments ○ Root Cause Analysis ○ Disease surveillance and emergency response reports • KIIs including: ○ UNICEF CO Staff (Health/SBC/ECD, CP) ○ UNICEF RO Staff (regional perspective)

Evaluation Questions	Assessment Criteria/Indicators	Data/Evidence Source
targeting vulnerable populations (e.g. Roma, Ashkali and Egyptian populations)? Have these efforts been successful and what adjustments could improve their effectiveness? **Sub-Question 7.3**: Have health systems responded to alter vaccine services to ensure higher quality, acceptability and increased confidence among vulnerable populations? **Sub-Question 7.4**: What evidence can be found of increased confidence among vulnerable communities of caregivers?	• Differential vaccine coverage rates over time in comparison with national and regional averages. • Documented availability of home visiting and/or marginalized group (i.e. Roma) mediators/community health worker outreach programs • Experience and opinions of: ○ UNICEF CO staff ○ MoH and NHPA staff ○ WHO staff ○ Implementing partners ○ CSOs representing marginalized groups not implementing UNICEF programmes ○ Service providers at points of service	○ WHO staff ○ MOH Immunization programming and management ○ MOH cold chain and service delivery ○ National Health Promotion Agency ○ Implementing partners • Selected site visits and delivery observations
KEQ 8. What drivers or groups of drivers influence the change in immunization coverage, positively or negatively at policy, system, services, community and individual level?		
Sub-Question 8.1: Have UNICEF and its partners invested in data and evidence which can identify drivers and barriers to increased immunization coverage? **Sub-Question 8.2**: Where evidence exists, has it contributed to actionable	**Lead Method: Contribution Analysis** • Changes over time in immunization coverage rates and drop out rates as well as changes in the number of zero dose children (for context) • Reported drivers of positive and negative response as illustrated in surveys and research papers produced at country level • Documented examples of research results and data being used to inform UNICEF support and/or national programs.	• WEUNIC data 2019 to 2022 • Root cause analysis reports of national immunization programmes • Partnership review forms, quarterly and final progress reports from implementing partners in immunization • EVM Assessment Reports • Root Cause Analysis Reports • Knowledge/attitudes/practices survey reports of service providers and caregivers • Key Informant Interviews ○ UNICEF CO Staff (Health/SBC/ECD, CP)

Evaluation Questions	Assessment Criteria/Indicators	Data/Evidence Source
recommendations for addressing barriers to vaccine uptake?	• Documented drivers of positive and negative service delivery and demand trends as identified by Implementing Partners in administrative reporting • Strengths and weakness in national programmes of immunization service delivery (including the cold chain and vaccine procurement and distribution) and demand generation identified in situation analysis and needs assessment reports • Experience and opinions of: ○ UNICEF CO staff ○ MoH and NHPA staff ○ WHO staff ○ Implementing partners ○ CSOs representing marginalized groups not implementing UNICEF programmes ○ Service providers at points of service	○ UNICEF RO Staff (regional perspective) ○ WHO staff ○ MOH Immunization programming and management ○ MOH cold chain and service delivery ○ National Health Promotion Agency ○ Implementing partners ○ Individual service providers ○ CSOs (non-implementing ○ Multilateral/Bilateral donors
Sustainability		
KEQ 9. To what extent has UNICEF support to immunization at country level contributed to sustainable system strengthening including capacity to address factors affecting vaccine uptake/demand?		
Sub-Question 9.1: To what extent have national authorities integrated immunization strategies, plans and programs (including for integration of SBC/demand generation) within PHC? **Sub-Question 9.2**: To what extent has UNICEF been able leverage the funds of other organizations to advance the immunization	**Lead Method: Contribution Analysis** • As per KEQ 4 above regarding evidence on embedding of UNICEF supported programmes (including programs to address systems capacities to strengthen demand) into national plans and budgets, plus • Changes over time in national budget (including a specific budget line) for immunization programming (including for integration of SBC/demand generation) • Increases (or reductions) in support to immunization from other external funders both bilateral and multilateral (including funding for SBC/demand generation)	• Budget allocations to specific immunization support programme elements over time as reported in UNICEF AWPs • Vaccine introduction plans • National plans on health promotion and immunization • Key Informant Interviews ○ UNICEF CO Staff (Health/SBC/ECD, CP) ○ UNICEF RO Staff (regional perspective) ○ WHO staff ○ MOH Immunization programming and management ○ National Health Promotion Agency ○ Implementing partners ○ CSOs (non-implementing

Evaluation Questions	Assessment Criteria/Indicators	Data/Evidence Source
agenda and improve coverage? **Sub-Question 9.3:** To what extent are immunization strategies, plans and programs incorporated into national budgets? What is the trend in national financing of immunization services? **Sub-Question 9.3:** Are efforts to generate and sustain demand sustainable over time and sufficient in scale to improve coverage over time? **Sub-Question 9.4: (Country Specific)** What approaches and strategies would ensure sustainability of UNICEF outreach efforts to improve vaccination coverage among vulnerable groups (Roma, Ashkali and Egyptian communities)?	• Changes in national immunization strategies, plans and programmes that indicate a strong national commitment to funding and implementing immunization programming • Positive changes in public attitudes to immunization as measured in survey results • Experience and opinions of: Experiences and opinions of: ○ UNICEF CO staff ○ MoH Staff ○ Implementing partners ○ Bilateral and Multilateral donors supporting immunization during the evaluation period	
Efficiency		
KEQ 10. How efficient are health system's immunization policies and programmes to identify and address current and potential bottlenecks or inefficiencies?		
Sub-Question 10.1: Do national strategies, plans and programs	**Lead Method: Process Tracing**	• WEUNIC data 2019 to 2022 • Root cause analysis reports of national immunization programmes

Evaluation Questions	Assessment Criteria/Indicators	Data/Evidence Source
address the key gaps and the factors leading to those gaps in coverage identified through improvements in data and analysis? **Sub-Question 10.2**: Do initiatives aimed at increasing coverage through improvements in equitable, high-quality supply have sufficient reach to effect national results in immunization coverage?	• Frequency of country-led reviews of immunization policies and programmes to identify and address bottlenecks and inefficiencies • Documented national policies and processes for regular assessment of availability, accessibility, affordability and quality of immunization services (within PHC) • Documented examples of country-led diagnosis of bottlenecks (and the quality/comprehensiveness of these diagnoses) accompanied by remedial action (Yes/No) • Joint and/or country led processes for monitoring the results of remedial action (Yes/No/Assessed quality) • Experience and opinions of: Experiences and opinions of: ○ UNICEF CO staff ○ MoH Staff ○ Implementing partners ○ Bilateral and Multilateral donors supporting immunization during the evaluation period	• Survey reports on national attitudes to immunization • Partnership review forms, quarterly and final progress reports from implementing partners in immunization • National plans on health promotion and immunization • EVM Management Assessment Reports • Key Informant Interviews ○ UNICEF CO Staff (Health/SBC/ECD, CP) ○ UNICEF RO Staff (regional perspective) ○ WHO staff ○ MOH Immunization programming and management ○ MOH cold chain and service delivery ○ National Health Promotion Agency ○ Implementing partners ○ CSOs (non-implementing Multilateral/Bilateral donors
Impact		
KEQ 11. To what extent have national health system's policies and programs (including for demand generation) aiming to improve vaccination rates over the past 6 years had an impact on overall vaccination coverage (including in under-vaccinated populations), vaccine-preventable disease incidence, perceptions and immunization-related behaviors of key stakeholders, such as healthcare providers, and caregivers?		
Sub-Question 11.1: What have been trends in coverage for the most important vaccines during the evaluation period –	**Lead Method: Contribution Analysis** As in Q7: • Changes over time in numbers of zero dose children as well as coverage rates for selected vaccines (at national and at sub-national level where available)	• WEUNIC data 2019 to 2022 • Budget allocations to specific immunization support programme elements over time as reported in UNICEF AWPs • Root cause analysis reports of national immunization programmes • Partnership review forms, quarterly and final progress reports from implementing partners in immunization

Evaluation Questions	Assessment Criteria/Indicators	Data/Evidence Source
including during and after the COVID-19 pandemic? **Sub-Question 11.2:** What evidence is available of a change in the dynamic of vaccine supply, delivery quality and demand (especially among marginalized groups) which indicate a return to a positive trajectory in the near term?	• Reported evidence and documentation of outbreaks of vaccine preventable disease as reported by national authorities and UNICEF/WHO • Differential vaccine coverage rates over time in comparison with national and regional averages. • Measured changes in service provider and caregiver knowledge and attitude to immunization as measure in surveys. • Survey data on the volume of misinformation circulating on social media and its effect on attitudes among caregivers (where available) • Research results reported regarding the role and perspective of medical professionals regarding immunization counselling for care-givers • Experience and opinions of: ○ UNICEF CO staff ○ MoH and NHPA staff ○ WHO staff ○ Implementing partners ○ CSOs representing marginalized groups not implementing UNICEF programmes ○ Service providers at points of service	• Vaccine introduction plans • National plans on health promotion and immunization • EVM Management Assessment Reports • Key Informant Interviews ○ UNICEF CO Staff (Health/SBC/ECD, CP) ○ UNICEF RO Staff (regional perspective) ○ WHO staff ○ MOH Immunization programming and management ○ MOH cold chain and service delivery ○ National Health Promotion Agency ○ Implementing partners ○ CSOs (non-implementing ○ Multilateral/Bilateral donors
KEQ 12. To what extent has UNICEF been able to influence key stakeholders to take actions that can reasonably be expected to result in changes of vaccination rates and what have been the most impactful UNICEF supported investments aimed at increasing immunization coverage – including those fully or mostly financed by national governments?		
Sub-Question 12.1: What are the views of key stakeholder partners on UNICEF's role in supporting changes in national strategies, priorities and	**Lead Method: Contribution Analysis** As in KEQ 4, and KEQ 6 plus: • Comparative ranking of selected RAM results indicators by programme support element in UNICEF programming • Research findings reported on relative impact of selected interventions to strengthen immunization service delivery and demand generation	• WEUNIC Data • Selected RAM indicator results in PHC and immunization by year (See Annex _) • UNICEF AWPs (for typology of supported programs) • Implementing partner reports • Research and survey reports on service provider and caregiver attitudes

Evaluation Questions	Assessment Criteria/Indicators	Data/Evidence Source
programs in the immunization space? **Sub-Question 12**.2: Do UNICEF and its partners (including national authorities and other implementing partners) have credible evidence of the effectiveness of investments in immunization?	• Rating of results reporting by Implementing Partners across intervention types. ○ UNICEF CO Staff (Health/SBC/ECD, CP) ○ UNICEF RO Staff (regional perspective) ○ WHO staff ○ MOH Immunization programming and management ○ MOH cold chain and service delivery ○ National Health Promotion Agency ○ Implementing partners ○ CSOs (non-implementing) ○ Multilateral/Bilateral donors	• Root cause analysis reports • National immunization service assessment reports • Key Informant Interviews ○ UNICEF CO Staff (Health/SBC/ECD, CP) ○ UNICEF RO Staff (regional perspective) ○ WHO staff ○ MOH Immunization programming and management ○ MOH cold chain and service delivery ○ National Health Promotion Agency ○ Implementing partners ○ CSOs (non-implementing ○ Multilateral/Bilateral donors

6. Evaluability

6.1 Evaluability

There are two main components to evaluability as described in the literature: evaluability in principle and evaluability in practice (Davies, 2013, p. 7). Evaluability in principle is concerned mainly with the nature of a program or project being evaluated. Most importantly, to be evaluable in principle, the object of the evaluation should be capable of being captured in a theory of change which should answer the question: can this program, policy, strategy or initiative be evaluated as it is described at present.

Section 2 on the regional context, the UNICEF response at country level and the theory of change provides essential evidence of the basic logic of UNICEF support to immunization at the regional and national level in the ECA. In sum, there is no compelling reason to find that UNICEF support to immunization programming in the region is not evaluable in principle.

6.2 Evaluability "in practice"

Evaluability in practice focuses on "the availability of relevant data and the systems and capacities which make the data available" (Davies, 2013, p.7). In order to determine evaluability in practice for this evaluation, it is necessary to examine the data requirements specified in the evaluation matrix and determine how much of that data can be found in the data bases, documents and personal experiences and recollections of key informants in the five focus case study countries.

During the inception phase, the evaluation team with support from staff in the UNICEF ECA and in each of the five UNICEF offices in case study countries reviewed evaluative data availability from central UNICEF sources such as the COARS and CPD inventories and the RAM system. They also sought and briefly reviewed documentary sources from the five focus country UNICEF offices (Bosnia and Herzegovina, Kosovo, Kyrgyzstan and Moldova).

Table 11 assesses the availability and limitations of evaluative data specified in the evaluation matrix.

Table 11: Data Availability and Limitations

Data Element Specified in the Evaluation Matrix	Availability from UNICEF or other central sources	Availability from UNICEF COs in Focus Countries	Comments and Limitations
WEIC UNIC Data on Vaccine Coverage Rates	Yes – Updated annually		Based on DHS and UMIC data adjusted using formulas – sometimes masks gaps in coverage – national level only
COARs and CPD citations	Yes – updated annually		Not always comprehensive or specific enough to identify different components of support to immunization
UNICEF expenditures by General and Specific activity codes	Yes – RAM DAPM system	Yes – Can be checked by CO Health Unit	May have missing data at RAM-DAPM level but should be corrected at CO level
Country Overview on Demand (2023) Docs.	Yes	Yes – available for all countries	Provide a one-time snapshot of demand generation including drivers and notes on available survey data – can guide further investigation of trends depending on timing and availability of survey data
Selected RAM Indicators in Immunization including specific indicators (CSI) related to SBC	Yes	Yes – available for all countries	RAM indicator data is consolidated at national level. Sub-national and regional data is sometimes available at country level from surveys and special studies
UNICEF planned expenditures in immunization in AWP including expenditures in SBC/demand generation		Yes – available in rolling plans	Statements of intent and may differ from actual expenditures – not yet uploaded by all countries
Changes in UNICEF support to Immunization illustrated by work of Implementing Partners		Yes – available in IP reviews and quarterly and annual reports	Not all reports available at CO level for the period but enough to provide a profile of Ips and their activities in immunization
Vaccine introduction plans		Yes – selected focus countries where HPV is being introduced	May not be available for all relevant Focus Countries

Data Element Specified in the Evaluation Matrix	Availability from UNICEF or other central sources	Availability from UNICEF COs in Focus Countries	Comments and Limitations
National strategies and plans for immunization including for demand promotion		Yes – available for some focus countries	Can be important in illustrating changes in national direction but requires process tracing to assess UNICEF contribution
UNICEF Health Program Proposals and Des. Docs		Yes – available	Not always converted into programming
EVM Management Assessment Reports		Yes – available	Provide a good overview of the barriers assessment in the cold chain, procurement and other aspects of EVM at country level
Advocacy tools for engagement with partners		Yes – selected tools available for each country	Requires a more systematic review during CCS missions
Staffing in Health, SBC and Related Fields at CO level (As in evaluation matrix for sub-question 5.1)		Can be gathered by nationally team members	Needs to be put in context in relation to work requirements over time.
Tools and Guidance Documents on (eg.) - BI research - Root cause analysis - EVM assessment and support - Training - Digitization (including DHMIS for Immunization - Mapping capacity - Others as identified	Yes – HQ and RO level	Selected tools provided in country folders but to be expanded	Best reviewed in conjunction with key informant interviews at CO level
BI Research papers and profiles Root Cause Analysis Reports KAP reports on the part of service providers and caregivers		For KAP reports: all five focus countries in some form Root Cause analyses in four of five countries and BI papers in selected countries	Sometimes not available as time series with two data points during the evaluation period.

Data Element Specified in the Evaluation Matrix	Availability from UNICEF or other central sources	Availability from UNICEF COs in Focus Countries	Comments and Limitations
Key Informant Interviews • UNICEF CO Staff (Health/SBC/ECD, CP) • UNICEF RO Staff (regional perspective) • WHO staff • MOH Immunization programming and management • MOH cold chain and service delivery • National Health Promotion Agency • Implementing partners • CSOs (non-implementing • Multilateral/Bilateral donors	Yes at RO Level	Yes	Can be identified for each focus country and for regional issues (UNICEF institutional space). However, care needs to be taken during the KII process to ensure cross-triangulation of views. It will also be important to ensure that interviews include the temporal perspective assessing changes over time and the role(s) played by UNICEF.
Site Visits		Yes – Selected location and sites	Will allow the evaluators to both observe immunization programs and practices and discuss/query observed conditions and practices. Provides a ground-proofing of perceptions of effectiveness harvested from documents and KIIs in the capital. Does not allow for interaction with beneficiaries given ethical requirements.

It is important to note that the evaluation team will continue to identify and collect key documents during the data collection phase. The central team will ensure that gaps in document availability at this time will be filled.

7. Data collection

7.1 Overall approach to data collection, analysis and reporting

The evaluation is regional in scope but grounded in a multi-country approach with five distinct country case studies (Bosnia and Herzegovina, Kosovo, Kyrgyzstan, Moldova, and Tajikistan). In response, the evaluation has undertaken (and proposes to continue) a two-track approach to data collection. This involves:

- A **central evaluation team** composed of the evaluation team leader and lead evaluation researcher supported by the researcher in the UNICEF ECA Evaluation Unit will conduct regional key informant interviews and document reviews, and compile and analyze data applying at a regional level as well as in the five case-study countries.
- The central evaluation team is responsible for preparing the draft and final Inception Report as well as overseeing the work of **nationally-based evaluation team members** in each of the five countries. The process of contracting the national evaluators is underway at this time.
- In each of the case study countries the **national evaluation team member** will be responsible for data collection and joint analysis and for preparation of draft and final **Country Evaluation Reports** which will include recommendations for action at country level. The five **COs** will play a supportive role in country-level data collection to ensure access and guidance, as appropriate. This work will be guided by country-specific Evaluation Reference Groups (ERG).
- The **central evaluation team** will provide input, guidance and oversight to the national evaluation team members and will engage in joint analysis and preparation of the Draft Country Evaluation Reports. The central evaluation team will have responsibility for Quality Assurance of the Country Evaluation Reports and will take part in presentations to the country ERGs.
- The **central evaluation team** will also be responsible for preparation and finalization of the Evaluation Synthesis Report which will synthesize the results of the five Country Evaluation Reports augmented by data collection and analysis at the regional level. The synthesis report will include recommendations applicable at both country and regional level.

7.2 Document review

The evaluation will rely on an extensive and structured review of documents at a global regional and country level. The documentation review has been underway since the beginning of the inception phase and will continue through the data collection phase. Key documents under review or proposed for review are listed in table 12.

Table 12: Documents Under Review

Proposed Document Review Categories at Regional and Country Level
UNICEF HQ and Regional Level
• ECA Regional Annual Reports and Workplans
• ECA Regional Immunization Snapshots and Overview Reports
• European Immunization Agenda 2030 (World Health Organization)
• European Vaccine Action Plan 2015-2020 Link
• Nurturing Care Framework for early childhood development by the World Health Organization (WHO), UNICEF, the World Bank and other partners: 2018
• Concept Note Health System Strengthening to Improve Immunization Coverage in Europe and Central Asia (2018)
• Regional Evaluation Theory of Change (In Development)
• UNICEF Immunization Roadmap to 2030
• UNICEF Strategic Plan 2022-2025
• WHO Europe: Elements of Strong Immunization Program
Case Study Country Level
• Annual Work Plans (Immunization and SBC) 2018 to 2022
• Country Program Documents and Accompanying Results Frameworks
• Assessment (Mid-Line and End-Line) of Immunization Programs Supported by UNICEF – Including for Introduction of New Vaccines
• Assessments of Barriers to Access to Immunization based on Gender, Ethnicity, Location or Children with Disability or other Marginalized Populations
• Behaviour Insight Reports on Drivers Influencing Immunization
• Root Cause Analysis Reports
• Communications for Behaviour Change Strategies (UNICEF and National)
• Country Office Annual Results Reports (COAR)

Proposed Document Review Categories at Regional and Country Level
• Country Program Documents Applicable 2018-2022
• Effective Vaccine Management Assessment Reports
• Evaluations of Immunization, Demand Generation (for immunization) and SBC Programs including Social Listening Programs
• Reports of Assessments of Demand Generation Mainstreaming in Policies, Programs and budgets (Moldova and Kyrgyzstan)
• Grant Agreements: Government; UNICEF; Gavi
• Implementing Partner Progress Reports (Immunization Programming including Demand Generation and SBC)
• BI Research Reports and Knowledge, Attitudes and Practices Studies on Immunization Demand, Acceptance and Hesitancy.
• Mapping of Institutional Capacity and Needs for Mainstreaming Demand Promotion and SBC in National Immunization Strategies
• MMR Outbreak and Vaccine Support Reports and Guidelines (Gavi)
• National Immunization Strategies and Plans
• Reports on Immunization Access and Coverage for Vulnerable Populations including Ethnic Minorities
• Roadmaps for Digitization of Immunization Information Systems
• Root Cause Analysis and Vaccination Improvement Plans (National and Sub-National)
• Sub-national Plans for Implementing National Immunization Strategies/Programs/Plans
• Vaccine Cold Chain Assessment, Rehab and Improvement Reports and Plans
• Other Relevant Documents Identified During Country Case Studies

It is important to note that not all country level document types listed in table 12 have been located and compiled at this point in time. However, the evaluation team is confident that a complete document review set can be compiled and made available for all five case study countries during the data collection phase.

7.3 Quantitative data base reviews

The central evaluation team has begun to review data from external and UNICEF controlled data bases on expenditures, results and immunization coverage rates at a regional and national level during the inception phase. The data collection phase of the evaluation will continue this work and extend it further to examine data available at sub-

national level in the case study countries. The data sets to be reviewed are listed in table 13.

Table 13: Data Base Reviews

Proposed Data Base Reviews at Regional and Country Office Levels
Regional Level
• RAM DAPM Data on Immunization Results Indicators – Regional Level
• RAM DAMP Data on Expenditures in Immunization – Regional Level
• WUENIC Data on Trends in Vaccination Coverage for ECA – Regional Level
Case Study Country Level
• RAM DAPM Data on Immunization Results Indicators – Country Level (Standard and Additional)
• RAM DAPM Data on Expenditures in Immunization by General (31-02) and Specific Intervention Codes (31-02-01 t- 31-02-10) – Augmented by Data Provided by Country Offices
• WUENIC Data on Trends in Vaccination Coverage – Country Level
• National and Sub-National Data on Vaccine Coverage Compiled from MICS and From Digitized or Manual Immunization Information Management Systems
• Others to be identified during the data collection phase.

7.4 Structured Key Informant Interviews

At both regional and country level, the evaluation has begun the process of conducting structured and semi-structured key informant interviews as well as focus group discussions (for example on the development of the ToC) as part of developing the Inception Report. These will be continued during the data collection and analysis phase. The identified categories of key informants are described in table 14.

Table 14: Completed and Planned Key Informant Interviews and Group Discussions

Key Informant Categories
Regional Level
• ECA Senior Management
• ECA Health Unit and SBC Unit Staff

Key Informant Categories
• Selected Gavi Staff with Knowledge of Gavi/UNICEF collaboration at Country Level
• Regional Partners in Immunization Support (WHO, UNICEF, Gavi)
Case Study Country Level
• UNICEF CO Staff Engaged in Immunization or Related: Immunization Focal Point. Evaluation Focal Point, SBC Officer, Representative or Deputy Representative
• Other UN Offices as appropriate but must include WHO
• National and Regional, District or Municipal Health Authorities Engaged in Immunization or SBC Programming
• Staff of Supply Chain Distribution and Service Delivery Points (National and Regional)
• Implementing Partners Engaged in Immunization, Demand Generation and SBC for Immunization
• CSO Engaged in PHC and/or Immunization Delivery but Not Implementing Partners of UNICEF
• CSOs Representing Marginalized and or Hard-to-Reach Populations
• Non-UN Multilateral or Bilateral Agencies Supporting Immunization
• Academic Institutions or Researchers Engaged in Immunization Research (Including addressing misinformation and vaccine hesitancy)
• Others as identified at country level

The UNICEF COs in the five case study countries are in the process of developing key stakeholder maps for each country. The country immunization profiles in Annex 2 include stakeholder maps for Bosnia and Herzegovina and for Kosovo. Others are in development.

7.5 Site Visits

In addition to collecting documents and conducting KIIs in offices of key stakeholders in the capital, the national evaluation team members will carry out visits to key sites both in the capital and in outlying districts and municipalities.

The main purpose of site visits is to provide evaluation evidence that can be used to test the validity of the Theory of Change by validating the extent of changes in immunization service quality and reach. They will also aid the evaluation in exploring the extent of the contribution by UNICEF (and other partners) and serve to identify barriers and challenges at an operational level. By allowing the evaluation to engage with service managers and providers across a wide variety of contexts, site visits also provide an important lever for

triangulation and a validity check on results identified through other data sources such as survey data or research reports.

There is no set sample size for site visits – even as a percentage of, for example, health facilities in the country. Rather, the goal is to select a sample of immunization service administration and delivery sites which illustrates the operation of the system in different geographic locations which, in turn, face different contexts. In particular, it will be useful to ensure the sample covers:

- Areas/districts reporting varying levels of success in maintaining or raising immunization coverage rates – this would include an urban/rural split.

- Service delivery points that provide access for different marginalized or hard-to-reach populations which might include for example: Roma people or similar ethnic/cultural minorities; refugee populations; locations with high numbers of zero dose children.

- In practical terms, a selected sample of approximately 20 to 25 site visits (as a supplement to Key Informant Interviews in the Capital City) is a useful guide to sample size.

The final selection of site visits will be developed in consultations between the central evaluation team, the national evaluation team members and the UNICEF CO in each of the case study countries.

7.6 Regional Data Collection

In addition to collecting data for each of the five country case studies, the evaluation will review data and conduct KIIs at a regional level. In order to place the country evaluation reports in context, the Synthesis Report will include a profile of results data at a national level across the region. It will also include a review of UNICEF RO tools and research documents on support to immunization (including research and supporting tools for SCB and demand generation). Most importantly, the central evaluation team will conduct a limited set of KIIS with selected key UNICEF partners and multilateral agencies supporting immunization programming in the region.

Finally, in order to better address KEQ 2 (on UNICEF's institutional role at country level) the central evaluation team will carry out 4-5 KIIs with decision makers from the UNICEF CO, development partners supporting immunization (WHO, Gavi, other multilateral/bilateral donors) in two countries. These will be countries that the RO staff indicate represent cases where UNICEF has not achieved an institutional role commensurate with its mandate and comparative advantages. The purpose of the interviews will be to identify barriers and constraints that limit the UNICEF role with a view to recommending approaches that can, potentially, overcome these barriers.

7.6 Triangulation of evidence

The data collection, analysis and reporting plan for the evaluation is constructed to facilitate triangulation both within and across data sources. At the country case study level this includes:

- Triangulation of the results of KIIs and Focus Group Discussions with different categories of informants (UNICEF, Other UN, Ministry of Health, CSOs, Implementing Partners, etc.).
- Comparison of results of the KIIs and FGD with evidence from the Document and Data Base Reviews.
- Validation of the results and findings of the country evaluation study with the embers of the national ERG.

At the synthesis report level triangulation encompasses:

- Integrating the results of regional level data collection (KIIs, documents and data base reviews) into the Draft and Final Synthesis Report to provide a broader context and identify contextual differences across the region.
- Quality assurance overview of the consistency of evaluation evidence reported within and across country case study evaluation reports.
- Facilitating a workshop with the full evaluation team during the late stages of data collection to identify emerging findings at the national and regional level including examining consistency of findings and variability due to contextual factors across the region.
- Triangulating the results of data base and results reporting evidence at regional, country and sub-national levels with the results of KII and FGDs at country level.

While there is no expectation that the evaluation evidence gathered within and across data sources will always align, findings will be more robust where they are supported by consistent evidence from a variety of sources.

7.7 Analysis plan

The analysis plan is based on effectively addressing the KEQs presented in Section 3 above. The plan is organized to encourage and facilitate participation in the analysis by the national evaluation team members, the central evaluation team and UNICEF ECA evaluation unit staff, especially the Evaluation Manager. The plan is also based on the application of the two leading evaluation methods: Contribution Analysis and Process Tracing as applicable to each KEQ.

For those KEQs with **contribution analysis** designated as the lead analytical method, evaluation sub-questions have been developed in relation to the assumptions identified in

the ToC (Figure 2). By reviewing the evaluation criteria and supporting evidence compiled in relation to each evaluation sub-question (Table 10: Evaluation Matrix), the evaluation team will be able to test and validate the relationships in the ToC between UNICEF support and improvements in national immunization systems (and resulting outcomes). This will allow the evaluation team to:

a) develop evaluation findings on national system effectiveness and the UNICEF contribution to results in immunization;
b) identify areas of the Theory of Change at both county and regional level that should be modified to better capture the relationship between UNICEF support and national system results; and,
c) identify successful programming approaches and good practices which can inform future programming.

For those KEQs with **process tracing** identified the evaluation team will address the sub-questions by determining how UNICEF influenced processes that led to policy and program decisions with subsequent improvements in national systems and results achieved. In Table 9, each KEQ to be addressed through process tracing is assigned a hypothesis to be tested during the evaluation. The central and national evaluation team members will assemble the evidence related to these KEQs (1,2,3 and 10) to test the validity of the hypotheses identified in Table 9.

The analysis will be carried out by following a careful step-by-step process as described in table 15.

Table 15: Analytical Process

Steps in the Analytical Process
1. Complete Profile of Investment and Activities in Immunization (including Demand Generation and SBC) at Regional and Country Level
2. Compile and Analyse Results Data at Country and Sub-National Level in Case Study Countries
3. Compile and Analyse Results of KIIs and FGDs in Each Case Study Country
4. Within Each Country Case Study: Compile Evaluation Evidence from KIIS, Document Reviews and Data Base Reviews in a Structured File Format (Excel Based)
5. Develop Draft Findings and Conclusions at Country Evaluation Level
6. Test and Validate Country Case Study Findings and Conclusions in a Joint Workshop health with National Evaluation Team Members and Central Evaluation Team
7. Present Draft Findings and Conclusions at Country Level to the National ERGs
8. Draft Country Evaluation Reports
9. Central Evaluation Team Consolidates Findings from the Workshop (No 6)

10. Cross-Compare Findings and Conclusions of Country Evaluation Reports with Documents, Data Base Reviews and KIIS at regional level
11. Prepare and Present Draft Findings and Conclusions for Synthesis Report to ECA Region
12. Draft Final Report and Recommendations Presented to ECA Regional Office

7.8 Limitations

Table 16: provides an overview of the most important limitations of the proposed approach and the mitigation strategies incorporated into the evaluation design.

Table 16: Challenges and Limitations

Challenges and Limitations	Mitigation strategies
A dual focus: national systems and UNICEF support The evaluation focuses on both the effectiveness of national immunization systems and UNICEF's contribution to results. This presents a compound evaluation object with the accompanying risk of lack of focus.	KEQs have been developed to include careful identification of the dual focus nature of the evaluation – always locating the UNICEF contribution within the context of immunization system performance and strengthening at the national level. For each KEQ and sub-question the evaluation team will differentiate between system results and UNICEF contribution through the careful application of contribution analysis
Assessing the UNICEF contribution in a complex institutional and programming space with multiple interventions and partners	Careful application of contribution analysis and identification of the UNICEF position in the architecture for support to immunization. Process began with development of provisional Theory of Change which will be refined and validated during CCS
The wide variety of national contexts	Application of a purposive sampling approach to CCS selection with criteria detailed in Section 4. In addition, the analysis process allows for exploration of differing contexts across the five case-study countries to be balanced with the regional perspective.
Data availability and reliability especially at sub-national level with considerable evidence of unreliability given reported levels of immunization and the frequency of disease outbreaks	It will be important to address data limitations during the country evaluations in particular accounting for delays and variations in WUENIC data at country level. The infrequency of national surveys such as MICS and DHS which form the basis of WEUNIC and other projections of immunization coverage. Careful consultation with Key Informants will help to provide perspective on data adequacy and reliability during the country case studies.

In summary, within the resource and time limitations of the evaluation, the proposed design and operational plan will allow the achievement of the stated objectives to the required level of confidence within UNEG evaluation norms and standards.

7.9 UNEG Norms and Standards for Evaluation

The evaluation will be carried out in accordance with UNEG norms and standards for evaluation. Table 17 provides an overview of the evaluation design and operational plan in light of the UNEG general norms for evaluation (UNEG, 2021, pp. 10-12):

Table 17: Compliance with UNEG Norms

UNEG Norms	Evaluation Compliance
1. Internationally Agreed Principles, goals and targets	The evaluation is expressly designed to assess UNICEF performance and contribution to goals in immunization which are integral to the achievement of SDG 3: Ensure well being and promote healthy living for all at all ages.
2. Utility	The evaluation is designed to provide findings, conclusions and recommendations that can inform and guide programming for UNICEF, national authorities and key stakeholders in case study countries and across the region
3. Credibility (independence, impartiality and rigorous methodology)	The evaluation is being independently managed by the ECA Office of Evaluation and conducted by an impartial team of international and national team members recruited through a competitive process and vetted to ensure no conflicts of interest. In addition, the evaluation methods have been reviewed by key stakeholders at regional and national level.
4. Independence	In prior evaluations the central and national team members have demonstrated their ability to evaluate without undue influence by any party. The ECA Evaluation Office is also providing independent management of the evaluation.
5. Impartiality	None of the evaluation team members have been or will be directly responsible (in the near future) for policy setting, design or management of immunization programming in the region.
6. Ethics	See Section 7.10
7. Transparency	The evaluation products will be publicly available through the online UNICEF Evaluation Portal
8. Human Rights and Gender Equality	The evaluation directly focuses on access to quality evaluation services for marginalized populations in accordance with the principle of "no-one-left-behind". This is especially relevant in immunization programs.
9. National Evaluation Capacities	By engaging national team members fully in all aspects of the evaluation this study will contribute to strengthening national capacities in each of the case study countries – capacities that can strengthen national systems for evaluation.
10. Professionalism	The evaluation team has been selected based on their experience, knowledge and demonstrated integrity. They will follow these norms and applicable ethical standards throughout the evaluation.

7.9 Adhering to Ethical Standards

The evaluation will conform to and uphold the UNCEF Ethical Guidelines for Evaluation (UNEG, 2020, pp. 7-10) as they are organized around the four principles of integrity, accountability, respect and beneficence.

Integrity

This requires the evaluation managers and the evaluation team to be committed to honesty and truthfulness in their communications and actions and to demonstrate professionalism and competence through the evaluation process. It also demands that the evaluation team demonstrate independence, impartiality and incorruptibility. These interdependent and mutually reinforcing principles are supported by an evaluation design that requires frequent updating and reporting to key stakeholders at regional and national levels and oversight by independent ERGs in each country.

Accountability

Accountability must be achieved through transparency regarding the evaluations purpose and actions taken (as evidenced by this Inception Report) as well as responsiveness to any questions which arise during the conduct of the evaluation. It also means that the evaluation manager and team members must take responsibility for meeting the evaluation purpose, for exercising due care and for ensuring redress whenever action is needed. The team members are committed to delivering high quality evaluation products and deliverables on-time and within budget to the extent that these dimensions are within their control. Accountability also requires fairly and accurately reporting to stakeholders the decisions, actions and intentions of the evaluation. This Inception Report is one of the elements in that reporting process. Others are illustrated in the work-plan in Section 8.

Respect

Respect encompasses access to the evaluation process by relevant stakeholders: powerless to powerful. This has been pursued during the Inception Phase of the evaluation by engaging with UNICEF staff at regional and country office levels and by their engagement with national authorities, including for participation in the country Evaluation Reference Groups. It also requires fair representation of different voices in the evaluation process by engaging with stakeholders across the spectrum of UNICEF staff, national authorities, development and implementing partners, and those neither delivering immunization services or financed by UNICEF.

Beneficence

This principle requires the evaluation and the evaluators to consider the ongoing risks and benefits arising from the evaluation process and products – including longer term consequences. For this evaluation that means, among other considerations, ensuring that the costs, including the opportunity cost of staff time devoted by UNICEF staff, national authorities, service providers and other stakeholders, is commensurate with the benefit realized through findings, conclusions and recommendations which can inform and

improve future programming. In addition, it requires the evaluation to "do no harm" and to ensure the evaluation makes an overall positive contribution to human and natural systems and to the mission of the United Nations. This positive contribution has been pursued throughout the commissioning and design of the evaluation and will be a continuing priority during the data collection, analysis and reporting phases.

UNICEF Ethical Standards in Research

In addition, the evaluation has been designed and will be carried out in accordance with UNICEF ethical standards in research, evaluation, data collection and analysis (UNICEF, 2021). As per these standards (p.2), all team members will have completed UNICEF ethics training prior to commencing work and reflections on ethics are embedded in the Quality Assurance process. The evaluation plan has been assessed against Instruction 3 of the UNICEF ethical standards (p.12 and 13) and it does not require review by an external ethical review board or panel. Specifically:

- Evidence generation does not involve cohorts whose agency is limited (including children and care-givers at vaccination sites)
- There is no potential for direct data collection to result in harm to participants
- The privacy of interviewees and respondents will be protected
- Evidence generation does not have the potential to compromise the safety and well being of individuals
- There is no non-universal distribution of resources to participants; and
- There is no use of novel technologies and innovations for data collection and processing as the methods proposed are well-tested and accepted practices.

8 Schedule and roles and responsibilities of the evaluation team

Table 18: Evaluation Schedule

Evaluation Schedule	
Task	Target Completion Date
Inception Phase	
Complete Inception Meetings/Interviews (Regional and Focus Countries	September to Early December
Draft Inception Report to the Evaluation Manager	January 15, 2024
Revise and Circulate to the CO and RO	January 19, 2024
Comments from CO and RO	February 11, 2024
Country ERG Meetings	February 2024
Final Inception Report	March 15, 2024
Data Collection Phase	

Evaluation Schedule	
Advertise and Engage National Team Members	March 2024
Complete Country Study Detailed Work Plan)	March 2024
Key Informant Interviews and Site Visits	April and May 2024
Supervisory visit by Evaluation Team Leader – Evaluation Manager	April 2024
Completion of Data Collection by National Consultant	End May
Data Consolidation Workshop	Week of June 3-5, 2024
Analysis and Reporting Phase	
Draft Country Reports to Evaluation Manager and CO	Mid June 2024
Revision and Submission and Presentation to the Country ERG	End June 2024
Receipt of Comments from the Country ERG	End June 2024
Finalize Country Reports	Early July 2024
Draft Synthesis Report	End July 2024
Final Synthesis Report	Mid-August 2024

The roles and responsibilities of the evaluation consulting team members are described in table 19.

Table 19: Roles and Responsibilities of the Evaluation Team

Evaluation Team Member	Roles and Responsibilities
Ted Freeman: Team Leader Central Evaluation Team	• Manage the central evaluation team • Take part in regular meetings with the Evaluation Manager • Conduct regional level KIIs and FGDs • Liaise with CO M&E and Health Staff on Required Information • Co-develop Terms of Reference for national team members • Take part in regular meeting with the national evaluation team members • Oversite and co-management of national team members • Facilitate and participate in remote and in-person workshops with national team members • Oversee and national consultant contributions to the development of draft and final Country Evaluation Reports • Lead authorship (along with the Lead Researcher) of the Country Evaluation Reports • Assist in presentation of draft country evaluation reports to the country ERGs

	• QA responsibility for the draft and final country evaluation reports • Facilitate and lead the Data Consolidation Workshop with national evaluation team members • Draft, present and finalize the Evaluation Synthesis Report
Paola Vela: Lead Researcher Central Evaluation Team	• Lead responsibility for evaluation data reviews and compilations • Lead responsibility for engaging with national team members on data base reviews and on tools for compiling and consolidating evaluation evidence • Co-development (with the Team Leader) of evaluation data collection tools and data management methods and tools • Assist Evaluation Team Leader in liaison with Evaluation Manager and M&E staff at CO level • Help Facilitate and take par in the Data Consolidation Workshop. • Assist in preparation of draft and final country evaluation reports • Assis in the preparation of the draft and final synthesis report
National Evaluation Team Members	• Take part in regular meetings with the Evaluation Team Leader and Lead Researcher • Conduct a review of documents and quantitative profiling on immunization and UNICEF support to immunization • Translate and adapt instruments to the local context, including: – Questionnaires, Interview Protocols, Site Observation Protocols, in consultation with UNICEF CO (COs will utilize translation services as required) • Consult with the UNICEF CO on the Stakeholder Map – identifying key national stakeholders for key informant interviews • Carry out Key Informant Interviews with key stakeholders at central level • Conduct site visits within and outside the capital • Compile the results of document reviews, key informant interviews and site visits for review and discussion with the Evaluation Team Leader and Lead Researcher • Conduct follow-up interviews and/or document reviews as required – to be determined in consultation with the Evaluation Team Leader. • Take part in an in-person data consolidation and validation workshop at the end of the data collection phase with the full evaluation team in Istanbul (TBD). • Participate in co-development of findings, conclusions, and recommendations (clear, realistic, and prioritized) • Contribute to drafting of the country evaluation report. • Support and participate in Country (ERG) meetings and follow-up. • Assist the Evaluation Team Leader and Lead Researcher in any required revisions and adjustments to finalize the country evaluation report.

9. Quality assurance

The evaluation will continue to implement a utilization-focused and participatory approach as a key element in quality assurance. This is highlighted by:

- Extensive consultations at ECA RO and Country Office levels during the inception phase of the evaluation

- Engagement with COs in the five case study countries during the inception phase on the Theory of Change, KEQs, data availability, KII selection, site visit selection and recruitment of national team members.
- Supportive supervision of the central evaluation team by the Evaluation Manager
- Regular consultative meetings between the central evaluation team and the Evaluation Manager
- Clear responsibility for QA of regional level draft and final Inception, Country Evaluation and Synthesis Reports assigned to the Evaluation Team Leader in consultation with the Evaluation Manager.
- External quality review of evaluation reports to ensure they meet evaluation standards. Reports require a minimum Satisfactory rating.
- Responsibility for contractual recruiting and administrative management of the national evaluation team members shared by the Evaluation Manager.
- Responsibility for operational oversight of the national evaluation team members by the evaluation team leader.
- The system of independent, external Country Evaluation Reference Groups to convene in each of the case study countries and to have responsibility for reviewing and commenting on the draft Country Evaluation Reports. UNICEF Country Office staff will also be reviewing and providing feedback to the draft reports. In addition, ECA Regional Office staff will review and comment on the Synthesis Report. Final approval of the Country and Synthesis evaluation reports lies with the Evaluation Manager.

Annex 1: Terms of Reference

Insert link to PDF Terms of Reference:

Annex 2: Brief Profiles of Case Study Countries

Note: Profiles will be updated during the data gathering stage of the evaluation. Data on expenditures is provisional at this stage.

Bosnia and Herzegovina

Number of Activities 2018-2022	17
DG/SBC Activities	5
Coverage Challenge	75%
Zero Dose Children	4,000

Context- *Source: COARS 2018-2022*

- **2022:** Vaccine coverage is declining for almost all vaccines, but for the first dose of Mumps, Measles and Rubella (MMR): coverage was 80 per cent in 2019 and only 60 per cent in 2021
- **2021:** Despite the Government's investments in COVAX and other mechanisms to accelerate vaccination programmes, under 30 per cent of BiH's population has been fully vaccinated, among the lowest in Europe.
- **2021:** COVID-19 has exposed many deficiencies in the health sector in BiH, among them a poor level of digitalization of data on immunization and poor quality of cold chain.
- **2020:** Routine immunization services suffered during the COVID-19 pandemic. Preliminary data show a considerable drop (i.e. 38 percent for measles containing vaccine first dose in FBiH for the first 9 months) in the already low rates of immunization.
- **2020:** According to latest estimated overall immunization coverage in Roma communities is only about 5 percent.
- **2019:** As a country exposed to several risks, in 2019 BiH faced a serious measles outbreak, with about 1,000 cases mainly in Sarajevo, as a result of a very low immunization coverage in the country.
- **2018:** UNICEF, the WHO and other partners continued addressing the low immunisation coverage, estimated at less than 70 per cent according to the latest government data. Research showed that many health workers have difficulties communicating effectively with parents about immunisation and health centres do not provide reminders to parents on when the next vaccination is due.

Immunization Rates (by type of vaccine)

Vaccine	BIH 2018	Regional Avg 2018	BIH 2019	Regional Avg 2019	BIH 2020	Regional Avg 2020	BIH 2021	Regional Avg 2021	BIH 2022	Regional Avg 2022
BCG	95	96	96	95	96	96	94	95	96	95
DPT 1	87	97	84	97	85	96	85	96	85	96
DPT 3	73	95	72	96	72	94	76	94	75	94
MCV1	68	96	65	97	61	94	61	95	58	93
MCV 2	76	94	68	94	60	92	63	94	60	93
HPV										
Polio3	73	95	74	96	74	94	75	94	75	95

Brief Descriptions of UNICEF Support and Results *Source: COARs 2018-2023*

2022	UNICEF's investment in refurbishing BiH's cold chain contributed to strengthening overall health system. UNICEF has imported 332,640 doses of vaccines through COVAX and procured over EUR1.5 million of equipment and vaccine material with EU4HEALTH UNICEF's public information campaigns reached over 1.6 million people, and 518 members of religious communities UNICEF supported assessments to improve access to and the quality of the vaccination programme, including effective vaccine management assessments and the electronic immunization records system
2021	UNICEF continued providing technical support to relevant authorities to craft evidence-based, accurate messaging and conducting effective risk communication campaigns reaching over 3.7 million people. UNICEF completed a comprehensive cold chain assessment for the immunization programme UNICEF with partners has started the advancement of electronic health records on immunization
2020	UNICEF started a comprehensive cold chain assessment for the immunization programme to better advise on gaps and needs to improve the cold chain

	UNICEF was selected by the BiH Council of Ministers of as procurement coordinator for COVID-19 vaccines through the COVAX mechanism. UNICEF support the development of Preparedness and Outbreak Response Plans for Measles
2019	*UNICEF rolled out an* 'Immunization App' in collaboration with Ministries of Health and Public Health Institutes UNICEF in partnership with the FBiH Public Health Institute and two Roma NGOs (Romalen and Kalisara) strengthened work in several Roma communities
2018	UNICEF BiH in collaboration with Ministries of Health and Public Health Institutes helped develop an innovative immunization app UNICEF and public health institutes partnered with a local non-government organisation to develop and run a blog designed to provide parents with evidence-based information on vaccines

Immunization Expenditures (totals by year) *Source: RAM* (To be adjusted and corrected in consultation with CO Staff)

Expenditure Intervention Code	2018	2019	2020	2021	2022	2023
Demand for Immunization (C4D)	$ 11,454		$ 2,028	$ 9,426		
Purchase of vaccines and devices	$ 133,848	$ 45,722	$ 88,126			
Immunization Operations	$ 512,615	$ 187,257	$ 159,424			
SBC and Community Engagement for Immunization					$ 637,405	$ 922,569
Evidence generation and policy advocacy for immunization					$ 89,652	
Immunization programes to reach zero dose communities					$ 440,860	$ 190,370
Technical Assistance for Immunization - Excluding Polio Tech. Assistance					$ 152,888	$ 31,007
Total	***$ 657,918***	***$ 232,979***	***$ 249,578***	***$ 9,426***	***$ 1,320,804***	***$ 1,143,946***

Stakeholder Map- *Source: BiH Country Office*

Category	Position	Person	Contact Information
UN	Imm. Focal Point	Dusan Kojic	dkojic@unicef.org
	Evaluation Focal Point	Andrea Marinkovic	amarinkovic@unicef.org
	SBC Officer	Sejla Dizdarevic	sdizdarevic@unicef.org
	Rep / Dep Rep	Veronika Vashchenko	vvashchenko@unicef.org
	WHO Immunization Focal Pt	Mirza Palo	palom@who.int
	WHO Deputy Representative	Erwin Cooreman	cooremane@who.int
National / Entites / Brcko District Health Authorities	MoCA Health Sector coordinator	Davor Pestovic	davor.pestovic@mcp.gov.ba
	MoH FBIH Imm. Focal Point	Goran Cerkez	Goran.Cerkez@fmz.gov.ba
	MoHSW RS Imm. Focal Point	Amela Lolic	a.lolic@mzsz.vladars.net
	Director IPH Brcko	Asmir Mujanovic	Asmir.Mujanovic@bdcentral.net
	Director IPH FBIH	Sinisa Skocibusic	s.skocibusic@zzjzfbih.ba
	Director IPH RS	Bojan Djenic	bojan.djenic@phi.rs.ba
	Immunization Program Manager Brcko	Andja Nikolic	Andja.Nikolic@bdcentral.net
	Immunization Program Manager FBIH	Sanjin Musa	s.musa@zzjzfbih.ba
	Immunization Program Manager RS	Jela Acimovic	jela.acimovic@phi.rs.ba
Supply Chain and Service Delivery Points	Cold Chain DP-Federation BiH	Sejla Colakovic	s.colakovic@zzjzfbih.ba
	Cold Chain DP-Republika Srpska	Dejan Arezina	dejan.arezina@phi.rs.ba
	Electronice Immunization System in RS - Ministry of Health	Zdravko Grubac	z.grubac@mzsz.vladars.rs
	Cold Chain DP-Brcko District	Emina Hajdarevic	Emina.Hajdarevic@bdcentral.net
Implementing Partners	Društvo za promociju prirodnih nauka "Nauka i svijet" (website vakcine.ba, partnership ended in sept 2023)	Jelena Kalinic	jkalinic10@gmail.com
	KOMITET ZA MEDJUNARODNU RAZMJENU STUDENATA MEDICINE REPUBLIKE SRPSKE - SAMSIC (short term partnership in Spring/Summer 2023)	Andjela Arar	secgen.samsic@gmail.com
	Fondacija za razvoj medija i civilnog drustva "Mediacentar" (short term partnership in Spring/Summer 2023)	Maida Muminovic	maida@media.ba
	FONDACIJA INFOHOUSE (partnership ended in Sept 2023, number of projects implemented)	Dzenana Aladjuz	infohouse@infohouse.ba
CSOs Engaged in PHC and/or Immunization Delivery or Promotion but **NOT** Implementing Partners	Lege artis (Facebook page, high credibility, pediatrician led)	Slaven Krajina	38765537541
	Web platform Raskrinkavanje.ba	Tijana Cvjeticanin	info@raskrinkavanje.ba; redakcija@raskrinkavanje.ba
CSOs Representing Marginalized and/or hard to reach populations	Udruženje Centar za podršku Roma "Romalen" Kakanj, Head of Organization	Mirela Begic	romalekakanj@yahoo.com; +38732553451
	Brcko District Red Cross		
	Interreligious Council BiH		
Non-UN Multilateral or Bilateral Agencies Supporting Immunization	USAID, Project Management Specialist Democracy OfficeUSAID Sarajevo	Marinko Sakic	38761228984, msakic@usaid.gov
	Delegation of the European Union to BiH & European Union Special Representative in BiH; PM Civil Protection, Demining & Health	Biljana Tomić	Biljana.TOMIC@eeas.europa.eu; +387 33 254 767
Academic Institutions or Research Bodies Engaged in Immunization Research Including in Addressing Mis-Information and Vaccine Hesitancy	Medical Faculty Banja Luka		

Kosovo

Number of Activities 2018-2022	7
Coverage Challenge	DPT3 coverage 90% in 2022
Gavi Support	GAVI MICs Regional Support

Context- *Source: COARs 2018-2022*

- **2022:** Administrative data show a concerning 5 percentage points drop in immunization rates during the pandemic
- **2021:** Overstretch in health personnel due to the COVID-19 response continued impacting the routine immunizations
- **2020:** Among disruptions caused by the COVID-19 pandemic, the routine immunization program that covers more than 210,747 children in the age group 0-12 was completely suspended for two months
- **20220:** There are drastic disparities regarding full immunization for children under 2, with 38% coverage for Roma, Ashkali and Egyptian communities compared to 73% among the general population
-
- **2019:** Over 130,000 children were vaccinated against vaccine-preventable diseases
- **2018:** Immunization coverage among Roma, Ashkali and Egyptian children remained around 30 per cent.

Immunization Rates (by type of vaccine)

Vaccine	Kos 2018	Regional Avg 2018	Kos 2019	Regional Avg 2019	Kos 2020	Regional Avg 2020	Kos 2021	Regional Avg 2021	Kos 2022	Regional Avg 2022
BCG		96		95		96	92	95	93	95
DPT 1		97		97		96	92	96	93	96
DPT 3		95		96		94	87	94	90	94
MCV1		96		97		94	85	95	88	93
MCV 2		94		94		92	92	94	94	93
HPV										
Polio3		95		96		94	96	94	93	95

Brief Descriptions of UNICEF Support and Results *Source: COARs 2018-2022*

2022	UNICEF continued its collaboration with the National Institute of Public Health (NIPH) to strengthen the immunization system and increase vaccination coverage. UNICEF supported trainings for health workers across all municipalities to use the digitalized immunization registration system now available under the Health Information System A new National Immunization Action Plan 2022-2025, developed with UNICEF technical assistance, was also finalized and approved in 2022 UNICEF also completed the renewal of the entire vaccine cold chain system, with procurement and installation of new equipment at all levels of vaccine delivery UNICEF supported the NIPH with a door-to-door catch-up vaccination campaign which reached over 8,331 families from the Roma, Ashkali and Egyptian communities Coordinated support of UNICEF and UNOPS to the NIPH allowed the opening of the new Central Vaccine Storage facility in Pristina UNICEF supported NIPH with training of vaccination teams on Interpersonal Communication Skills for Immunization (IPC) based on the adapted training package developed by UNICEF RO.
2021	To respond to pandemic-related interruptions in routine immunization services, UNICEF, in collaboration with NIPH, supported a door-to-door catch-up routine immunization campaign, with a focus on communities and locations with historically low vaccination rates UNICEF continued its strong support to the COVID-19 emergency response by providing technical support to MoH for introduction and rollout of the COVID-19 vaccine. A total of 739,620 donated vaccines were delivered through the COVAX Facility, including the first vaccines offered in Kosovo, and covering 21% of the total population with two doses of the vaccine

	UNICEF supported the MoH and NIPH to strengthen the cold chain system through delivery of 16 refrigerators by the COVAX Facility to vaccination centers Through UNICEF support, the MoH also unified and digitalized the immunization data under the Health Information System UNICEF supported MoH with communication and demand promotion for COVID-19 vaccination from 2021-2022, through digital and mass media communication, social listening and outreach activities for vulnerable populations.
2020	UNICEF provided support to the National Institute of Public Health (NIPH) and MoH in establishing 60 temporary immunization centers UNICEF in collaboration with the NIPH conducted door-to-door visits to households to identify children who has missed their immunizations Through UNICEF support to MoH and NIPH, a Cold Chain Equipment (CCE) assessment was conducted to facilitate strengthening the vaccine cold chain system for the routine immunization programme and the development of a preparedness plan for the COVID-19 vaccine storage
2019	Through close collaboration with the Institute of Public Health, over 130,000 children were vaccinated against vaccine-preventable diseases. With funding by MOH and support from Supply Division, UNICEF was able to extend the range of procurement services to include the influenza vaccine
2018	UNICEF has continued to support the MoH and the National Institute of Public Health with procurement services for vaccines to strengthen the Expanded Programme of Immunisation for all children

Immunization Expenditures (totals by year) *Source: RAM* (To be adjusted and corrected in consultation with the UNICEF office)

Expenditure Intervention Code	2018	2019	2020	2021	2022	2023
SBC and Community Engagement for Immunization	No information available				$ 161,059	$ 674,235
Immunization Supply Chain. including cold chain					$ 17,115	$ 68,837
Total					***$ 178,174***	***$ 743,072***

RAM Indicator Data (2022) *Source: RAM*

Results Area	Definition	Start Date	End Date	Baseline Year	Indicator Unit	Baseline Value	Target Year	Target Value	Rating Type	Finalization Date	Rating	Act
Strengthening primary health care and high-impact health interventions	Number of temporary COVID-19 vaccination sites established	01.10 .2021	31.12 .2025	2021	Number	0	2022	10	End-year assessment	03.02.2023	Partially Achieved	9
Immunization services as part of primary health care	Children < 1 year receiving DTP-containing vaccine at national level	01.10 .2021	31.12 .2025	2020	Percent	95	2025	98	End-year assessment	03.02.2023	Partially Achieved	90
Immunization services as part of primary health care	Percentage of cold chain equipment having electronic continuous temperature monitoring system	01.10 .2021	31.12 .2025	2020	Percent	0	2023	100	End-year assessment	03.02.2023	Fully Achieved	100
Immunization services as part of primary health care	Percentage of population immunized with COVID-19 vaccines through COVAX agreement	01.10 .2021		31.12. 2025	2020	0	2021	20	End-year assessment	01.02.2022	Fully Achieved	21

Stakeholder Map- *Source: Kosovo Office*

Category	Position	Person	Contact Information
Central-Level Insitutions	Ministry of Health, Deputy Minister	Dafina Gexha	dafina.gexha@rks-gov.net
	National Institute of Public Health of Kosovo, EPI Manager	Fetije Fetaj	fetije.fetaj@rks-gov.net
	National Institute of Public Health of Kosovo, Head of Social Medicine Department	Merita Berisha	merita.berisha@niph-kosova.org meritaberisha@yahoo.com
	National Institute of Public Health of Kosovo, Public Health Specialist/ SM Dep.	Florie Basholli	florambasholli@gmail.com
Healthcare Providers / Municipal-Level Institutions	Kosovo Medical Chamber, Director	Pleurat Sejdiu	pleurat.sejdiu@omk-rks.org
	Kosovo Chamber of Nurses, Midwives and other HCW, Director	Naser Rrustemaj	naser.rrustemaj@aab-edu.net
	Association of Pediatricians		Shoqataepediatervetekosoves@gmail.com
	Oncology Clinic (UCCK), Oncologist	Dafina Ademi	044/405-988
	Peditric Clinic (UCCK), Director of Pediatric Clinic	Violeta Grajcevci	044/263-741
	Main Family Medicine Centres, Municipal Health Directorate	Izet Sadiku	izet.sadiku@rks-gov.net
	Immunization Units at MFMC, Main Family Health Centre Gjilan	Ismet Uruqi	ismet.uruqi@rks-gov.net ismeturuqi@hotmail.com
Donors / Development Agencies	WHO, Head of Pristina Office	Oleksandr Martynenko	martynenkoo@who.int
	WHO, Health Officer	Edita Haxhiu	haxhiue@who.int
Civil Society Organizations, Academia, Private Sector, Other	Balkan Sunflowers Kosova, Director	Ferdane Asllani	ferdane.asllani@balkansunflowers.org
	Action for Mothers and Children, Director	Vlorian Molliqaj	vlorian.molliqaj@amchealth.org
	Forum for Development and Multi-ethnic Collaboration, Director	Oliver Vujovic	oliver.csd@gmail.com
	Balkan Sunflowers Kosova, Former Director	Muhamet Arifi	muhametarifi.ks@gmail.com

Kyrgyzstan

Number of Activities 2018-2022	15
DG/SBC Activities	2
Coverage Challenge	DPT 3 = 90%
Zero Dose Children	15,000
Gavi Support	GAVI Eligible- Preparatory Transition Phase

Context- *Source: COARS 2018-2022*

- **2022:** The Minister of Health's arrest for alleged corruption in June, which was followed by the Chair of Cabinet dismissing all three Deputy Ministers, resulted in very turbulent time in this key social sector ministry, also affecting the Republican Center for Immunization
- **2021:** Following a constitutional referendum in April 2021, Kyrgyzstan moved from a parliamentary to a presidential regime, consolidating presidential powers over the executive, judiciary and legislative branches.
- **2021:** As a result of joint efforts of the Kyrgyz government with development partners, six types of COVID19 vaccines – four WHO-approved – became available to people above the age of 18, including through the COVAX mechanism, a worldwide initiative aimed at equitable access to COVID-19 vaccines. Despite vaccine availability, vaccination uptake is low. According to latest data, as of 24 January 2022, 16.2 per cent of population is vaccinated against COVID-19.
- **2020:** Some 20,000 children under two risk missing out on essential vaccines.
- **2019:** • The country also experienced considerable measles outbreaks with a total of 2,569 cases reported in 2019. Strengthening immunization programmes is therefore important.

Immunization Rates (by type of vaccine)

Vaccine	Kyr 2018	Regional Avg 2018	Kyr 2019	Regional Avg 2019	Kyr 2020	Regional Avg 2020	Kyr 2021	Regional Avg 2021	Kyr 2022	Regional Avg 2022
BCG	97	96	96	95	96	96	97	95	97	95
DPT 1	98	97	99	97	90	96	87	96	90	96
DPT 3	94	95	95	96	87	94	89	94	90	94
MCV1	96	96	96	97	92	94	93	95	94	93
MCV 2	96	94	98	94	93	92	97	94	97	93
HPV										
Polio3	92	95	96	96	87	94	90	94	90	95

Brief Descriptions of UNICEF Support and Results *Source: COARs 2018-2022*

2022	UNICEF strengthened the supply chain and vaccine storage capacity to deliver vaccines to all. Through provision of cold chain equipment, access to specialised refrigeration equipment at vaccine points increased from 49 to 85 per cent nationwide. UNICEF also supported the MoH to combat vaccination hesitancy through enhanced communication and social mobilization strategies. UNICEF further strengthened the collaboration with GAVI - the Vaccine Alliance, in partnership with the World Health Organization and the MoH. The partnership focused on strategic planning and immunization programme delivery, with a special focus on under-vaccinated children The Republican Health Promotion and Mass Communication Centre started using the data at Ministry of Health (MoH) meetings to tailor communications on vaccines. Eventually, weekly social listening reports were shared with all COVID-19 Communication Group members, including development partners. Together with behavioural insights, social listening data helped shape public communication on vaccination, respond to information voids, and debunk myths. It was also used build public trust, as distrust in public authorities was identified as a primary reason for low vaccination UNICEF also supports health-care providers to be open to user feedback. Training on interpersonal communication and home visiting for medical workers emphasizes the importance of active listening and motivational interviewing for childhood immunization and COVID-19 vaccination counselling.

2021	UNICEF's support to pandemic response increasingly focused on COVID-19 vaccination, including communication, to overcome significant vaccine hesitancy within the population. UNICEF supported the government in receiving over 1.28 million doses of COVID-19 vaccines through COVAX and facilitated the logistics for an additional nearly 1.25 million doses outside COVAX UNICEF strengthened the national immunization system by improving the cold chain, vaccine procurement and data management, and increasing knowledge and acceptance of vaccination among parents UNICEF built the capacity of 3,000 members of 952 Village Health Committees on the importance of vaccination to help them raise awareness in their communities. UNICEF also supported targeted outreach to parents of over 8,000 children who were not fully vaccinated.
2020	UNICEF support focused also on maintaining and strengthening essential routine health services for women and children; in particular, support for routine immunisation services was provided. UNICEF completed Cold Chain Equipment Optimisation Platform priorities for 2020 by increasing access to specialised refrigeration equipment at vaccine points from 49 to 85 per cent nationwide UNICEF supported key government officials in equity-based analysis of several data sources on maternal and child health, nutrition, and immunization, using the Equitable Impact Sensitive Tool
2019	With funding from GAVI, the Vaccine Alliance, and UNICEF's technical assistance, thousands of children will access safer vaccines thanks to the instalment of 632 specialized refrigerators at vaccination points throughout the country. Eight per cent of under-vaccinated children in targeted areas were also immunized thanks to UNICEF's communication for development efforts. More than 36 per cent of targeted parents were reached through social mobilization and community engagement activities, including traditional and social media. The capacity of 600 health workers and healthcare authorities to better communicate on immunization was developed.
2018	UNICEF Kyrgyzstan partnered with governmental, social and religious organizations to support the MoH to promote immunization. In terms of systems-strengthening, great strides were made toward ensuring optimal functioning of cold chain systems in the immunization response in the Kyrgyz Republic. The first phase of the cold chain optimization platform was launched; the platform will cover all regions of the country. To support improved vaccine coverage, a multi-sectoral coalition was formed and coordinated to implement the communication strategy on immunization, the work of which is guided by concerted strategic plans and learning modules.

Immunization Expenditures (totals by year) *Source: RAM*

Expenditure Intervention Code	2018	2019	2020	2021	2022	2023
Immunization Supply Chain. including cold chain	No information available				$ 370,442	
Purchase of vaccines and devices					$ 1,069	
Polio continious social mobilization and communication					$ 794,750	
SBC and Community Engagement for Immunization						$ 372,402
Evidence generation and policy advocacy for immunization						$ 491,645
Total					***$ 1,166,261***	***$ 864,047***

RAM Indicator Data (2022) *Source: RAM*

Results Area	Definition	Start Date	End Date	Baseline Year	Indicator Unit	Baseline Value	Target Year	Target Value	Rating Type	Finalization Date	Rating	Actual
Immunization services as part of primary health care	% of targeted mothers reached through continuous social mobilization and communication to promote immunization	01.10. 2018	31.12. 2022	2017	%	0	2022	30	End-Term	02.02.2023	Fully Achieved	90

Moldova

Number of Activities 2018-2022	11
DG/SBC Activities	3
Coverage Challenge	DPT 3 = 88% (2022)
Zero Dose Children	4,000
Gavi Support	GAVI MICs Regional Support

Context- *Source: COARS 2018-2022*

- **2022:** The national vaccination rate of 32.3 per cent is well below the 70 per cent target for 2022, largely because of vaccine hesitancy caused by misinformation, the war in Ukraine and other factors. Coverage among healthcare workers is high (93 per cent), it is at 65 per cent among people aged 70-79, and 58 per cent among people aged 60-69, however it is only 34 per cent among those aged 80 and higher. Routine vaccination coverage rates have continued to decline, and on average, remains below the 95 per cent target for all antigens.
- **2022:** The presence of a high number of Ukrainian refugees in Moldova required that informational materials be adjusted and translated into Ukrainian and disseminated through the Blue Dots, Refugee Accommodation Centres, and social media.
- **2021:** Moldova's COVID-19 vaccination rate of 28.7 per cent is below the 40 per cent target for 2021. Coverage among healthcare workers is high (90 per cent), but only 52 per cent among the elderly (60 y.o. and higher)
- **2021:** The immunization programme has a high overall coverage (84 to 97 per cent) without rotavirus and anti-HPV. However, vaccination coverage rates have been steadily declining over the past decade, posing a threat to the control of communicable diseases
- **2021:** Routine vaccination coverage continues to be below the national targets (95 per cent). In 2020 it worsened by a 5-10 p.p. decline for almost all antigens for vaccine preventable disease
- **2020:** Most routine primary health care was suspended for two months, including childhood immunizations
- **2019:** Moldova continued to face a worrying trend of mistrust in vaccines and it is the highest in the region. Even though in 2018 the national coverage reached 93 per cent for DTP3 and 93 per cent for MMR1), the national target of 95 per cent was not met.
- **2018:** Coverage for measles/mumps/rubella vaccination fell from 96 per cent in 2006 to 87 per cent in 2017
- 2018: Although the pan-European measles outbreak reached Moldova, timely action to curb the outbreak were taken by the Government, in collaboration with concerned partners

Immunization Rates (by type of vaccine)

Vaccine	Mol 2018	Regional Avg 2018	Mol 2019	Regional Avg 2019	Mol 2020	Regional Avg 2020	Mol 2021	Regional Avg 2021	Mol 2022	Regional Avg 2022
BCG	96	96	94	95	95	96	98	95	93	95
DPT 1	96	97	91	97	86	96	87	96	89	96
DPT 3	93	95	91	96	86	94	87	94	88	94
MCV1	93	96	97	97	84	94	83	95	84	93
MCV 2	96	94	95	94	95	92	95	94	96	93
HPV	44		48		50		40		47	
Polio3	94	95	94	96	87	94	88	94	88	95

Brief Descriptions of UNICEF Support and Results *Source: COARs 2018-2022*

2022	UNICEF supported the drafting of the National Health Strategy 2022–2032, the draft National Immunization Programme 2023-2027 and its implementation plan, while continuing to provide support to vaccine procurement, capacity building of health service providers and demand generation for routine and COVID19 immunization. UNICEF conducted a qualitative study on "Perceptions, Attitudes and Beliefs on the acceptance of COVID-19 vaccine in the Republic of Moldova". The findings revealed that misinformation and disinformation spread primarily through social media contributed to vaccine hesitancy by spreading unscientific and unsubstantiated information about the effects of the vaccine. The study also revealed that medical professionals were trusted but unable to convey the information in a proper way.

	To tackle misinformation, UNICEF addresses the rumors, fake news and vaccine scares through innovative social listening (to identify misinformation) and myth debunking methods In collaboration with the MOH, UNICEF provided training to family doctors on routine child immunization, reaching 50 per cent of family doctors in the country, with over 2,071 refugee children receiving immunization UNICEF jointly with WHO continued the support strengthening the supply chain and demand generation for COVID19 and routine immunization services through local and regional communication campaigns reaching population from the less coverage rate with routine and COVID-19 vaccines with the generous support of USAID
2021	UNICEF and WHO supported the development and costing of the National Vaccine Deployment Plan (NVDP), and a simulation exercise to prepare the country to receive, distribute, store and administer the SARS-Cov-2 vaccines To enhance vaccine storage capacities, UNICEF procured and distributed 432 units of cold-chain equipment (including one ultracold chain freezer). UNICEF supported the procurement of 3 million syringes, equipment and medical furniture to organize Vaccination Marathons immunizing over 12,000 people, and provided transportation of mobile vaccination teams of MU that reached additional 1,000 people in rural áreas the CO spent considerable human, technical and financial resources on supporting the SARS-CoV-2 vaccine procurement, distribution, storage and delivery, as well as communication and outreach activities to encourage vaccine uptake Working closely with WHO and the Ministry of Health, UNICEF supported the development and implementation of the National Vaccine Deployment Plan and the accompanying Communication Strategy. Being part of the national coordination teams responsible for implementing both was invaluable. It helped the country secure more than 2 million vaccination doses and vaccinate more than one million people UNICEF provided technical support to the Ministry of Health (MoH) and the National Agency of Public Health (NAPH) on implementing the National Immunization Programme and increasing the demand for safe and high-quality vaccines for children. Around 0.9 million doses of vaccines for routine immunization of children were procured through UNICEF Supply Division and distributed. A ToT was completed for 10 specialists from the Medical University (MU), health facilities, and NAPH in interpersonal communication for immunization, to support the integration of interpersonal communication aspects in the training of health professionals.
2020	UNICEF supported MHLSP with the procurement and distribution of 1.5 million vaccine doses to help with the catch-up. Around 300 family doctors and nurses (98 per cent women) were trained on vaccine catch-up and continuing with safe immunization practices during the pandemic UNICEF Moldova, jointly with WHO, supported MHLSP and the National Agency for Public Health (NAPH) to access the COVAX mechanism for timely access to coronavirus vaccines. UNICEF and WHO supported a vaccine introduction readiness assessment. Furthermore, the assessment of the cold supply chain to ensure the safe deployment of coronavirus vaccine in the Republic of Moldova, including for ultra-cold-chain equipment, was carried out by the NAPH with UNICEF support jointly with WHO, UNICEF also provided technical assistance to MHLSP to develop the national vaccination plan
2019	UNICEF Moldova continued to ensure available stocks of vaccines through liaison between UNICEF Supply Division and the Ministry of Health, Labour and Social Policy (MHLSP), with almost 1.5 million doses of vaccines procured and distributed nationwide. An assessment of root causes of low coverage with immunization was conducted in three of the most underperforming districts with UNICEF ECARO support. Findings, such as low capacities in interpersonal communication, contra-indications, population mobility, vaccine scares on social media informed the development of costed action plans to reverse the negative immunization trends.
2018	UNICEF Moldova and UNICEF's Supply Division supported MHLSP and NAPH to conduct a forecasting exercise of the national immunization programme, resulting in the procurement of vaccines and consumables totalling US$1,115,812, financed by the MHLSP. In addition, the Government allocated US$265,000 for implementation of an immunization communication strategy and action plan (2017-2020), developed with UNICEF support in 2017 The pan-European measles outbreak reached Moldova in 2018 with a total of 326 confirmed cases

	The MHLSP and NPHA, with support from WHO and UNICEF, implemented a broad crisis [measles] communication action plan and media outreach campaign through both traditional and social media. As a result, 9,360 children received a catch-up MMR immunization in August–October 2018. MECR issued an order to all schools requesting nonadmission of non-vaccinated children The [measles] outbreak provided several important lessons learned regarding the importance of intersectoral coordination and the need for high-level engagement to further boost immunization coverage in the country; strengthen capacity of the health workforce for quality service delivery and immunization promotion; and improve the evidence base, while building a strong and responsive immunization information system Appropriate and ongoing communication and engagement of local and central authorities with ethnic or religious minority groups is pivotal to address negative social norms, such as antivaccination beliefs and immunization hesitancy

Immunization Expenditures (totals by year) *Source: RAM* (To be adjusted/corrected in consultation with the UNICEF Office)

Expenditure Intervention Code	2018	2019	2020	2021	2022	2023
Immunization Operations	No information available	-$ 1,386	No information available			
Immunization programes to reach zero dose communities					$ 9,673	
SBC and Community Engagement for Immunization						$ 348,808
Technical Assistance for Immunization - Excluding Polio Tech. Assistance						$ 100,295
Total		***-$ 1,386***			***$ 9,673***	***$ 449,103***

RAM Indicator Data (2022) *Source: RAM*

Results Area	Definition	Start Date	End Date	Baseline Year	Indicator Unit	Baseline Value	Target Year	Target Value	Rating Type	Finalization Date	Rating	Actual
Immunization services as part of primary health care	Extent to which communication and social mobilization plan for routine and supplementary immunization is implemented by health providers	02.10.2018	31.12.2022	2016	Score	Score 1	2022	Score 2.5	End-year assessment	02.02.2023	Fully Achieved	Score 2.5
Immunization services as part of primary health care	Number of COVID-19 vaccination points strengthened	31.30.2020	31.12.2022	2020	NUMBER	0	2021	1300	End-year assessment	12.01.2022	Fully Achieved	1300

Tajikistan

Context- *Source: COARS 2018-2022*

- **2022:** Children in Tajikistan have also faced many challenges due to various flooding, earthquakes, a polio outbreak in 2021, a measles outbreak in 2022, conflict along the Tajikistan-Kyrgyzstan border, potential inflow of Afghan refugees as well as the socioeconomic effects of the COVID-19 pandemic
- **2022:** Vaccine coverage remains consistently high in Tajikistan, reaching 520,000 children annually. Nonetheless, the health system is often overwhelmed and under-resourced
- **2021:** Tajikistan was the first Central Asian country to receive COVID-19 vaccine through the COVAX mechanism in March 2021, with the official launch of the National Vaccine Deployment Plan.
- **2020:** Tajikistan is one of the eligible GAVI (the Vaccine Alliance) COVAX Advance Market Commitment (AMC) countries to receive COVID-19 vaccine when it is available. The Minister of Health and Social Protection of Population of the Republic of Tajikistan (MOHSPP) established a working group to support the preparation process for the introduction of the COVID-19 vaccine, including cold chain and readiness assessment, vaccine request application and deployment plan
- **2019:** Despite high immunization coverage (over 95 per cent), 2017 DHS showed a lower coverage with 79 per cent of children aged 12-23 months immunized with all age-appropriate vaccines

Immunization Rates (by type of vaccine)

Vaccine	Taj 2018	Regional Avg 2018	Taj 2019	Regional Avg 2019	Taj 2020	Regional Avg 2020	Taj 2021	Regional Avg 2021	Taj 2022	Regional Avg 2022
BCG	99	96	98	95	98	96	98	95	99	95
DPT 1	98	97	98	97	98	96	97	96	98	96
DPT 3	96	95	97	96	97	94	97	94	97	94
MCV1	98	96	98	97	98	94	97	95	98	93
MCV 2	97	94	97	94		92	96	94	97	93
HPV										
Polio3	96	95	97	96	97	94	97	94	97	95

Brief Descriptions of UNICEF Support and Results *Source: COARs 2018-2022*

2022	Together with WHO, UNICEF supported the Ministry of Health and Social Protection of the Population (MoHSPP) to develop the fully costed National Immunization Strategy 2023-2027. Amongst other priorities, the document takes account of the new programme direction to address 'zero-dose' children and high-risk groups in immunization service delivery In response a measles outbreak, UNICEF and WHO supported supplementary immunization activities, targeting 418,365 children (6 months to 15 years) in high-risk areas with 99 per cent coverage. Through procurement support, UNICEF ensured availability of essential vaccines in the country; as of 31 December 2022, 96.5 per cent of children under one year received the third dose of pentavalent vaccine. In 2022, UNICEF delivered over 5.2 million doses of three types of COVID-19 vaccines through the COVAX AMC platform; over 5.2 million people over 18 years old (97.6 per cent) received two doses of COVID-19 vaccine and 5,232,503 people (96.7 per cent) received one booster dose To improve responsive parenting, UNICEF and MoHSPP launched the Bebbo parenting app to promote nurturing care of children from 0-6 years old. The app provides comprehensive, evidence-based information and interactive tools for tracking child development, immunization and health check-ups
2021	In 2021, with GAVI support, UNICEF supported procurement and shipment of over eleven million doses of COVID-19 vaccine – 42 per cent through the COVAX Advance Market Commitment

	platform. UNICEF provided essential equipment and supplies, such as vaccine carriers, icepacks and freezers. To ensure safe management of COVID-19 vaccines, SOPs on Healthcare Waste Management related to COVID-19 vaccination were developed in Tajik and Russian. Together with WHO, UNICEF supported the Ministry of Health and Social Protection of the Population (MoHSPP) in COVID-19 response through revision and roll-out of the National Deployment and Vaccination Plan. These efforts strengthened the cold chain/ultra-cold chain and increased capacity of 3,256 health workers, which contributed to a reduction of new cases UNICEF's support to GoT through procurement of supplies and capacity building contributed to maintaining high coverage of routine immunization and uninterrupted provision of essential services to women and children In partnership with WHO, UNICEF supported the MoHSPP to provide supplementary Polio immunization for 1.27 million children (99 per cent coverage country-wide), which helped end a Polio outbreak
2020	UNICEF managed to prevent stock-out of essential vaccines and IMCI drugs at healthcare facilities throughout 2020; provision of supplies and capacity building contributed to maintaining high coverage of the routine immunization programme and uninterrupted provision of essential services to women and children UNICEF and WHO took the lead in supporting MOHSPP on COVID-19 vaccine introduction. This included a vaccine readiness assessment; cold chain assessment and gap analysis; development of a COVID-19 vaccine request, and a vaccine deployment plan Collaboration with WHO, GAVI, UNDP contributed to high immunization coverage
2019	Application of vaccines need estimation and budgeting tool combined with persistent advocacy for financing sustainability gained traction with a modest increase (one per cent) in the state allocation for vaccine procurement (28 per cent in 2019). With the Government of Japan's financial support, UNICEF procured and distributed essential life-saving vaccines and IMCI drugs to all primary healthcare facilities resulting in vaccination of over 500,000 children which accounts for consistent 98 per cent coverage country-wide With GAVI funding, optimising immunisation was complemented with a Knowledge, Attitude and Practice (KAP) study on immunization in 10 low-performing locations. The findings revealed reasons for immunization hesitancy and refusal: insufficient awareness, fears and lack of understanding, inadequate communication between health workers and caregivers, and transportation costs as main barriers to child vaccination. A communication strategy to optimise immunisation reach approved by MoHSPP in October 2019 will be implemented in 2020
2018	UNICEF Tajikistan, with funding from the Government of Japan, ensured uninterrupted children's access to vaccines and essential drugs for the integrated management of childhood illnesses programme, which helped decrease child morbidity and mortality. Between January and August, over 290,000 children benefitted from the vaccines To protect children from polio, UNICEF Tajikistan supported introduction of the inactivated poliovirus vaccine (IPV) into the routine immunization schedule in June 2018. This, along with capacity building of 126 health managers, 174 family doctors and 2,948 vaccinators benefitted 63,000 children across the country. UNICEF support ensured the smooth introduction of IPV and a resultant increase in IPV coverage from 66 percent to 85 percent, between JuneSeptember 2018 With GAVI health-system strengthening funding, UNICEF Tajikistan strengthened the Republican immuno-prophylaxis centre's cold chain, which resulted in a more reliable delivery system of potent, quality vaccines to children. This was achieved with procurement of cold chain equipment for 256 health facilities, and capacity building of health managers and technicians on use and maintenance of the new equipment across all regions.

	As technical advisors, UNICEF quality-assured the development of the GAVI cold-chain equipment optimization platform. To better advocate for domestic funding for vaccines and related products; strong vaccine and supply-chain management; and capacity of health planners and service providers, UNICEF Tajikistan and Ministry of Health and Social Protection of the Population developed 'vaccine-needs estimation' and budgeting tools, and trained Ministry of Health and Social Protection of the Population and Ministry of Finance officials on its use

Immunization Expenditures (totals by year) *Source: RAM*

Expenditure Intervention Code	2018	2019	2020	2021	2022	2023
Evidence generation and policy advocacy for immunization	No information available				$ 1,508,582	$ 201,900
Immunization supply chain, including cold chain						$ 3,234,999
Total					***$ 1,508,582***	***$ 3,436,899***

Annex 3: Documents Reviewed

Collier, D. (2011). Understanding Process Tracing. *Political Science and Politics*, 823-830.

Davies, D. R. (2013). *Working Paper 40: Planning Evaluability Assessments .* Department for International Development.

GEEAP. (2023). *Cost Effective Approaches to Global Learning.* Washington: Word Bank.

Grau, R. W. (2023). *Outcome Harvesting.* Better Evaluation .

IIED. (2016). *Clearing the fog: new tools for improving the credibilty of impact claims.* International Institute for Environment and Development .

Mayne, J. (2015). Use of Theory of Change Models. *Canadian Journal of Program Evaluation*, 119-142.

Mayne, J. (2020). *A brief on contribution anaysis: Principles and concepts.* evaluating advocacy.

Nikolopoulu, K. (2023). *What Is Purposive Sampling? | Definition & Examples.*

OECD/DAC. (2020). *Evaluation Criteria.* Organizatoin for Economic Cooperation and Development: Development Assistance Committee.

UNEG. (2020). *Compendium of Evaluation Methods Reviewed.* United Nations Evaluation Group.

UNEG. (2020). *Ethical Guidelines for Evaluatios .* United Nations Evaluation Group.

UNEG. (2021). *Norms and Standards for Evaluation.* United Nations Evaluation Group.

UNEG Working Group on Evaluation Methods. (2020). *Compendium of Evaluation Methods Reviewed - Volume 1.* United Nations Evaluation Group.

UNESCO. (2023). *SDG4 Mid-Term Progress Report.* UNESCO.

UNICEF. (2019). *Every Child Learns: UNICEF Education Strategy 2019-2030.* New York: UNICEF.

UNICEF. (2020). *Secondary Education Guidance: Multiple and Flexible Pathways.* New York: UNICEF.

UNICEF. (2021). *UNICEF Immunization Roadmap to 2030.* New York: UNICEF.

UNICEF. (2021). *UNICEF Procedure on Ethical Standards in Research, Evaluation, Data Collection and Analysis.*

UNICEF. (2023). *A Systems Approach to Multiple Flexible Pathways: UNICEF action to enable out-of-school adolescents to develop skills for school, life and work.* New York: UNICEF Education Section.

UNICEF. (2023). *Evaluation Terms of Reference: Evaluation of UNICEF contribution to the reduction of out-of-school children and improving access to multiple and flexible pathways to learning.* New York: UNICEF.

UNICEF Country Office for Kosovo. (2023). *Country Office Annual Results Report 2022.*

UNICEF ECA. (2018). *Health Systems Strengthening to improve immunization coverage in Europe adn Central Asia.* Geneva: UNICEF Regional Office for Europe and Central Asia.

UNICEF ECA. (2022). *Background Note: WEUNIC data for 2019 to 2021.* UNICEF.

UNICEF ECA Regional Office. (2023). *Evaluation Terms of Reference: Immunization Programming at the Systems Level.* Geneva: UNICEF ECARO.

UNICEF ECA Regional Office. (2023). *Evaluation Terms of Reference: Immunization Programming at the Systems Level.* Geneva: UNICEF ECARO.

UNICEF Evaluation Office. (2018). *The Out of School Children Initiative (OOSCI): Formatie Evaluation .* New York: UNICEF.

UNICEF, UNESCO and ILO. (2023). *Global Out of School Children Inititative Operational Manual .* New York: UNICEF.

USAID. (2010). *Human and Institutional Capacity Development Handbook: A USAID Model for Sustainable Performance Improvement.* USAID.

WHO. (2018). *Nurturing Care for Early Childhood Development: A Framework for Helping Children Survive and Thrive.* Copenhagen: WHO in partnership with UNICEF, the World Bank and others.

WHO Europe Region. (2015). *European Action Plan 2015-2020.* WHO Europeant Regional Office.

WHO Europe Regional Office. (2021). *European Immunization Agenda EIA.* Copenhagen: WHO Europe Regional Office.

Annex 4 : Persons Interviewed

Name	Organization	Position
ECARO Regional Office - Geneva		
Octavian Bivol,	UNICEF	Deputy Regional Director
Gabriele Fontana	UNICEF	Regional Health Adviser
Aleksandra Jovic	UNICEF	Early Childhood Development Specialist
Jan Castilhos Franca	GAVI	Consultant
Mirella Hernani	UNICEF	Regional Evaluation Adviser
Mario Mosquera	UNICEF	Regional Adviser Social and Behavioural Change
Jamilya Sherova	GAVI	Senior Country Manager
Svetlana Stefanet	UNICEF	Regional Health Specialist
Sergiu Tomsa	UNICEF	Social and Behavioural Change Specialist
Viviane Bianco	UNICEF	
Bosnia and Herzegovina Country Office		
Selja Dizdarevic	UNICEF	Social and Behaviour Change Officer
Andrea Marinkovic	UNICEF	Monitoring and Evaluation Specialist
Dusan Kojic	UNICEF	Health Officer
Jela Acimovic	UNICEF	Health and Nutrition Specialist
Kosovo Office (Nov 30)		
Arjeta Gjikolli	UNICEF	Monitoring and Evaluation Officer - OIC CRM Specialist
Sajeda Atari	UNICEF	ECD Specialist
Beke Veliu	UNICEF	Health Officer
Arta Haliti	UNICEF	Social Behaviour Change Officer
Dita Dobranja	UNICEF	Monitoring and Evaluation Officer
Kyrgyzstan Country Office (Dec 5)		
Cristina Brugiolo	UNICEF	Deputy Representative
Tolgonai Berdikeyeva	UNICEF	Child Rights Monitoring Specialist,
Kubanychbek Monolbaev	UNICEF	Immunization Specialist
Surenchimeg Vanchinkhuu	UNICEF	Health Specialist
Galina Solodunova	UNICEF	Social and Behaviour Change Specialist
Asylgul Akimjanova	UNICEF	Social and Behaviour Change Officer
Moldova Country Office		
Igor Codreanu	UNICEF	Health Officer
Farhad Imambakiev	UNICEF	Social Behavior Change specialist
Elena Laur	UNICEF	Monitoring and Evaluation Specialist

Name	Organization	Position
Tajikistan Country Office		
Eri Dwivedi	UNICEF	Deputy Representative: Programs
Saidali Qodirov	UNICEF	Health Officer: Head of Immunization
Mubinjon Rustamov	UNICEF	Chief of Planning, Monitoring and Evaluation
Muhammad Zahoor	UNICEF	Social Behaviour Change Specialist

Annex 5: Data Collection Instruments

The data collection instruments included here have been developed in consultation with UNICEF staff at ECA and in the five case study countries. They will be refined and adapted during detailed operational planning of the data collection and analysis phase in each of the case countries. This will involve consultations with national evaluation team members who will review them for suitability in the national context in each country.

Key Informant Interview Guides

Note: Question Numbering

In all KII Guides, the Question Numbers begin with a short code for the category of Key Informant being interviews. For example, question in the guide for interviews of staff at the UNICEF CO begin CO and are numbered sequentially from CO1 to COx. In addition, the evaluation sub-questions that are addressed by each question are indicated in parenthesis after the question number. In the guide for UNICEF CO interviews first question is numbered CO1: (7.2/11.1).

Notes for the interviewer are provided as needed in each guide.

Key Informant Interview Guide 1: UNICEF Country Office Staff (CO)

Interviewer Notes

- Each member of the UNICEF CO with direct or indirect involvement in support of immunization should be interviewed. This should include not only staff directly managing immunization programming but, for example, SBC specialists and any other sector advisors or specialists who may have cross-sectoral involvement in support of immunization. While a group presentation/interview may be useful to begin the process, these should be followed up by individual interviews.

- This is the most detailed and lengthy KII Guide so it may take more than one session to complete the interview.

- Before beginning emphasise the need for precision and detail rather than generalizations in the answers.

Introduction

Thank you for your participation in this meeting. This interview is essential to a successful evaluation of UNICEF support to immunization programming in _____.

The purpose of the evaluation is to provide an assessment of national governments and UNICEF results to date in contributing to the immunization coverage. This will provide an objective assessment of the strengths and weaknesses in approaches taken by different

countries and by UNICEF as well as insights on how to address possible system and programme-level bottlenecks.

Overall Assessment and UNICEF Role

CO1: (7.2/10.1/11.1): What is your assessment of the performance of the national immunization system (strategy, plans, programs and service delivery) from 2018 to 2023, both in terms of institutional performance and achieving targeted coverage rates?

Can you explain your assessment?

CO2: (1.1): Has the national immunization system been modified or adjusted to respond to gaps in services or coverage that have become evident during the evaluation period? Can you give examples?

CO3 (1.1/1.2): Can you identify instances where UNICEF supported assessments of different elements of the national immunization system and what was the focus and purpose of those assessments? Why were these a priority?

CO4 (1.1/1.2): Did any of these assessments address the social and behavioral drivers of vaccine uptake and demand generation?

CO5: (1.1): Did UNICEF supported assessments of different elements of national immunization programming helped to identify important gaps in service and access: gaps which in turn contribute to limited coverage)? Can you give examples?

CO6: (1.2): Have national institutions responsible for immunization responded by making changes in strategies, policies or programs to address the gaps identified through UNICEF supported assessments (including action to address social and behavioral drivers of vaccine uptake and to respond to disinformation)? If not, what prevented action?

CO7: (2.1/2.2): In your view, has UNICEF been able to assume an institutional role in supporting immunization which is commensurate with your mandate, capacities and comparative advantages?

If yes, please give examples? If no, can you list the barriers and constraints that limit the UNICEF role?

Responding to COVID-19

CO8: (1.1) In your experience how did the COVID-19 pandemic impact the national immunization system and its capacity and reach? Not just for COVID-19 vaccines but for the immunization system as a whole? For example, did it change social and behavioral attitudes to immunization generally?

CO9: Can you assess the effectiveness of the response to COVID-19 by the national immunization system- both for COVID-19 vaccines and for sustaining the national system of immunization?

CO10: How effective was UNICEF in supporting this response? Can you explain your assessment?

Coherence, Collaboration and Partnership

CO11: (2.3): As UNICEF works to support the national immunization system, how important is cross-sectoral collaboration among the different units in the Country Office? Can you explain why?

CO12: (2.3): If cross-sectoral collaboration is important to achieve results in supporting immunization, is this being achieved in the Country Office? If yes, can you give examples and if no, indicate the barriers/constraints that limit cross-sectoral collaboration?

CO13: (2.3): How is this cross-sectoral collaboration reflected in your work with national stakeholders? For example, how do you coordinate communications from the UNICEF office to stakeholders and what are areas of cross-sectoral collaboration could be improved?

CO14: (3.1) Which organizations are the most important key partners for national health authorities and for UNICEF in providing support to the immunization system (including international organizations)? Can you explain how each key partner supports the national immunization system?

CO15: (3.1) How has the UNICEF CO worked to ensure that its support is aligned with the immunization priorities and strategies of the national health authorities? With other members of the UN Country Team? With other international donors and supporters? Was there any misalignment or duplication of international support?

Evidence-Based Policies and Programs

CO16: (4.1): How has UNICEF worked with the national immunization system to strengthen the evidence-based for policy making and programming? Including strengthening and/or digitizing immunization data reporting?

CO17: (4.1/4.2): What types of research into the social and behavioral drivers of vaccine uptake was supported by UNICEF during the evaluation period? For example:

Root Cause Analysis: Yes/No

BI Research: Yes/No

KAP Surveys: Yes/No

Others: _____

CO17 B: (4.1/4.2) Can you give examples of how this research addressed factors affecting demand at different levels in the system (policy, systems, services, community, individual)?

CO18: (4.1) Has UNICEF been able to provide national authorities with evidence of effectiveness when advocating changes in policies and programs? Examples?

CO19: (4.2) Have national authorities been able and willing to incorporate UNICEF advocated changes in strategies and programs in the national system? What factors encouraged or limited their response?

Effectiveness, Strengthened Systems and Equity

CO20: (5.1) Does the UNICEF CO have the staff capacity to provide needed technical support to immunization; especially in relation to social and behavioural change and methods/approaches to overcome vaccine hesitancy and misinformation? Please consider the following factors:

- Presence of staff in posts responding to immunization needs (including absences and rotation)
- The types of posts allocated and staffed
- The level of the posts
- The security of funding, and,
- The expertise/capacities of persons in those posts.

Any other important factors/

CO21: (5.2) In providing technical support in immunization, what guidelines, tools or other support do you receive from the Regional Office or from Headquarters? Is it sufficient and has it improved over time? Can you explain how it might be improved?

CO22: (5.3/61): Have the national authorities been able to identify the most important drivers and factors affecting immunization uptake – including social and behavioral drivers at policy, system, services, community and individual level? What are they?

CO23: (5.3/6.1/7.1/7.2/7.3): If we define vaccine hesitance as hesitancy or refusal to accept quality and equitable vaccination services, how has UNICEF supported the process of assessing drivers of hesitancy and developing a credible response?

CO24: (5.3/6.1/7.2/7.3): With respect to disinformation what tools or mechanisms have been used to identify sources and flows of disinformation and how did UNICEF support a national response?

CO25: (7.1/7.2/7/3): Is the national immunization data system sensitive enough to provide disaggregated data on under-served and marginalized populations? If not, is UNICEF supporting efforts to improve the system and how?

CO 26: (7.1/7.2/7.3): Has the national immunization system been able to reach the most vulnerable caregivers and children (see listing in the COARS and other country documents) with equitable access to life-saving immunizations? If yes, how is that being measured?

CO 26B: (Country Specific) (7.2) To what extent did UNICEF support outreach efforts targeting vulnerable populations (e.g. Roma, Ashkeli, Egyptian populations)? Have these efforts been successful and what adjustments could improve their effectiveness?

CO 27: (8.1) Without limiting the question to social and behavioral drivers of vaccine uptake and demand generation, have UNICEF and its partners contributed to improvements in understanding the drivers and barriers to increased immunization coverage? Can you identify those drivers?

CO28: (8.2) Have national authorities acted on this improved understanding to address and remove barriers to increased coverage? How and to what extent did UNICEF influence those decisions?

Sustainability

CO29: (9.1/9.2) Have national authorities integrated UNICEF supported strategies and programs for immunization within the national PHC program? Have they supported these initiatives with adequate budgets?

CO29B: (Country Specific) (9.4): What approaches and strategies could ensure the sustainability of UNICEF supported outreach efforts to improve vaccination coverage among marginalized groups (Roma, Ashkali and Egyptian communities)?

CO 30: (9.1/9.2): Has UNICEF been able to leverage the funds of other organizations (bilateral or multilateral) to advance the immunization agenda and improve coverage?

CO31: (9.3): Turning to demand generation efforts, are national programs and approaches to generate demand operating at a large enough scale to improve coverage? Can you provide examples of what those efforts are and who they cover? Can they be sustained?

Efficiency and Impact

CO32 (10.1/10.2): Taken together, do national strategies, plans and programs address the main gaps in coverage that have been identified during the evaluation period?

Have they addressed both supply and demand side barriers to improved coverage (including the system/supply side capacity to strengthen confidence in vaccination and vaccines and to stimulate demand)? Please provide examples.

CO33: (11.1/11.2): What evidence exists that the national immunization system has improved in terms of availability of supply, equitable service delivery (including service quality and non-discrimination), and improving demand and confidence (especially among marginalized care-givers) during the evaluation period?

Is this supported by data on immunization coverage at national and sub-national level?

CO 34: (12.1/12.2) From your perspective, what have been the most impactful investments in improving the effectiveness of the national immunization system supported by UNICEF? Can you identify supporting evidence for these impacts?

Key Informant Interview Guide 2: Health Authorities (HA) Managing or Delivering Immunization Services

Notes for Interviewers

- This guide is meant for use with national health authorities in the capital (including the Ministry of Health, the National Institute for Immune Preventable Diseases (or its equivalent) and the National Health Promotion Agency (or its equivalent) or any other national agency important to the national immunization system. Not all questions may be relevant for all agencies and staff and the interviewer should be guided by the results of the UNICEF CO interviews and their own reading of documents to prioritize questions depending on the interviewee.

- In addition – this guide should be used when interviewing authorities at a sub-national level where references to the national system can be read as appropriate to the regional/district/canton or municipality in questions.

- Remind the interviewee of confidentiality of responses and point out that we are trying to assess the effectiveness of UNICEF support within the national and local system of immunization planning, procurement, programming and delivery (including demand generation).

- Clarify that the evaluation covers the period 2018 to 2023

Introduction

Thank you for your participation in this meeting. This interview is essential to a successful evaluation of UNICEF support to immunization programming in _____.

The purpose of the evaluation is to provide an assessment of national governments and UNICEF results to date in contributing to the immunization coverage. This will provide an objective assessment of the strengths and weaknesses in approaches taken by different countries and by UNICEF as well as insights on how to address possible system and programme-level bottlenecks.

Overall Assessment and UNICEF Role

HA1: (7.2/10.1/11.1): How would you judge the performance of the national/district/local immunization system (strategy, plans, programs and service delivery) from 2018 to 2023, both in terms of institutional performance and achieving targeted coverage rates?

Can you explain your assessment?

HA2: (1.1): Has the immunization system been modified or adjusted to respond to gaps in services or coverage that have become evident during the evaluation period? Can you give examples?

HA3: (2.1/2.2): Can you describe the different ways that UNICEF has supported your organization in strengthening the immunization system and services? Has this support been suited to UNICEF's strengths as an organisation?? If not, why not?

HA4: (1.1/1.2): Has UNICEF supported your agency in undertaking assessments of different elements of the national immunization system and what was the focus and purpose of those assessments? Why were these a priority?

HA5 (1.1): More precisely, has UNICEF supported the immunization system by helping to identify gaps in services and access (gaps which in turn contribute to limited coverage)? Can you give examples?

HA5: (1.2): Has your agency been able to make changes in strategies, policies or programs to address these gaps? What are those changes?

Responding to COVID-19

HA6: (1.1) How did the COVID-19 pandemic impact the national immunization system and its capacity and reach? Not just for COVID-19 vaccines but for the immunization system as a whole?

HA7: Can you assess the effectiveness of the national system response to COVID-19- both for COVID-19 vaccines and for sustaining the non-COVID vaccination coverage?

HA8: How did UNICEF support this response? Was this support effective?

Coherence, Collaboration and Partnership

HA9: (2.3): In your view does the UNICEF Team provide coherent and consistent message of support to your organization? Do staff members work together across different sectors within the UNICEF CO? Can you give examples?

HA10: (3.1) Which national and international organizations are the most important key partners for you in providing support to the immunization system)? Can you explain how each key partner supports the national immunization system?

HA11: (3.1) Is support to immunization provided by the UNICEF CO office aligned with your organization's priorities and strategies? With other members of the UN Country Team? With other international donors and supporters?

HA12: Has UNICEF supported your organization in strengthening immunization systems at a sub-national level? For example, by supporting capacity building for service providers or administrators?

Evidence-Based Policies and Programs

HA13: (4.1): Has UNICEF worked with your organization to strengthen the evidence-based for policy making and programming? For example, by strengthening and/or digitizing immunization data reporting?

HA14: Did UNICEF support your organization to undertake research into the social and behavioral drivers of vaccine uptake? Can you give examples of the resulting products or reports? Did your organization take steps to act on the results of this research and what were they?

HA15: (4.1) Has UNICEF been able to provide your organization with evidence of effectiveness when advocating changes in policies and programs? Examples?

HA16: (4.2) Has your organization been able to incorporate UNICEF advocated changes into immunization policies or programs? What contributed to this result?

Effectiveness, Strengthened Systems and Equity

HA17: (5.1) Does the UNICEF CO have capacity to provide your organization with high quality technical support to immunization?

HA18: (5.3/61) Has your organization been able to identify the most important drivers and factors affecting immunization uptake? What are they?

HA19: (5.3/6.1/7.2) How has UNICEF supported the process of assessing drivers of vaccine uptake and coverage? Can you identify steps in the process where UNICEF made an important intervention?

HA 20: (5.3/6.1/7.2/7.3): With respect to vaccine disinformation, what tools or mechanisms have your organization used to identify sources and flows of disinformation and how did UNICEF support a national response?

HA 21: Does your organization have access to reliable information on underserved and under-vaccinated populations so that you can develop policies, plans and service changes to reach the under-served and marginalized with immunization services they will accept?

HA 22: (7.2): Has the immunization system been able to reach the most vulnerable caregivers and children in your communities with equitable access to life-saving immunizations? If yes, how is that being measured?

HA 22B: (Country Specific): (7.2) To what extent did UNICEF support your organization in outreach efforts targeting vulnerable populations (e.g. Roma, Ashkeli, Egyptian populations)? Have these efforts been successful and what adjustments could improve their effectiveness?

HA23: (8.2) Has the work done by UNICEF to identify drivers of increased immunization coverage contributed to decisions and actions taken by your organization? Can you be precise about how that process worked?

Sustainability

HA 24: (9.1/9.2) Has your organization integrated strategies and programs for immunization to the national PHC program? Are they supported with adequate budgets? What is the trend in national financing of immunization over time?

HA 25: (9.2): To what extent, if any, has UNICEF assisted your organization in accessing funding from other international organizations to advance the immunization agenda and improve coverage?

Efficiency and Impact

HA 26: (9.3) Turning to demand generation efforts, are national programs and approaches to generate demand operating at a large enough scale to improve coverage? Can they be sustained?

HA 27: (11.1/11.2): As an overall system and not just in terms of campaigns or mobile teams, has the immunization system been improved in terms of availability of supply, equitable service delivery (including the quality and non-discriminatory delivery of services), and improving demand and confidence (especially among marginalized care-givers) during the evaluation period?

HA 28: (12.1/12.2) From your perspective, what have been the most impactful investments made by your organization to improve the effectiveness of the immunization system?

Key Informant Interview Guide 3: Implementing Partners (IP)

Notes for Interviewers

- While Key Informants from implementing partners will probably focus on their cooperation with and support from UNICEF, it is also important to ensure that they provide information on how their work fits within the national or sub-national immunization system and how it supports the work of government authorities – including in reaching marginalized caregivers and communities.

- Remind the interviewee of confidentiality of responses and point out that we are trying to assess the effectiveness of UNICEF support within the national and local system of immunization planning, procurement, programming and delivery (including demand generation).

- Clarify that the evaluation covers the period 2018 to 2023

Introduction

Thank you for your participation in this meeting. This interview is essential to a successful evaluation of UNICEF support to immunization programming in _____.

The purpose of the evaluation is to provide an assessment of national governments and UNICEF results to date in contributing to the immunization coverage. This will provide an objective assessment of the strengths and weaknesses in approaches taken by different countries and by UNICEF as well as insights on how to address possible system and programme-level bottlenecks.

Overall Assessment and UNICEF Role In Immunization Programming

IP1: (7.2/10.1/11.1): What is your assessment of the performance of the national immunization system (strategy, plans, programs and service delivery) from 2018 to 2023, both in terms of institutional performance and achieving targeted coverage rates?

Can you explain your assessment?

IP2: (3.1/3.2): Can you describe the role your organization plays within the national/regional/local immunization system?

IP3: (1.1): Has your organization changed the way it operates in providing immunization services or engaging in advocacy or research in order respond to trends or changes among the groups of caregivers your serve? Can you give examples?

IP4: (2.1/2.2): How has UNICEF supported your organization to plan, manage or provide immunization services? Has this support been effective and relevant given UNICEF's capacities in _____?

If yes, please give examples? If no, can you list the barriers/constraints that limit the UNICEF role?

IP6: (2.3): More specifically has UNICEF supported your organization to undertake or to access research on the social and behavioral drivers of vaccine uptake? If so, what types of research was done and what was the product? Did it influence your organization's policies and programs?

Responding to COVID-19

IP7: (1.1) How did the COVID-19 pandemic impact your organization and its capacity and reach in immunization? Not just for COVID-19 vaccines but for the immunization system as a whole?

IP8: How did UNICEF support your organization in responding to the pandemic, including in maintain or recovering coverage for non-COVID vaccines? Was this support effective?

Coherence, Collaboration and Partnership

IP9: (3.1) Other than UNICEF, which organizations are important partners to your organization in addressing the challenge of immunization?

IP10: (3.1) Is UNICEF support to your organization aligned with the immunization priorities and strategies of the national health authorities (and sub-national authorities where you work)?

Evidence-Based Policies and Programs

IP11: (4.1): How has UNICEF worked with your organization (or others) to strengthen the evidence-based for policy making and programming?

IP12: Did UNICEF support your organization to undertake research into the social and behavioral drivers of vaccine uptake? Can you give examples of the resulting products or reports? Did your organization take steps to act on the results of this research and what were they?

Effectiveness and Equity

IP13: (5.1): Does the UNICEF CO have the staff capacity to provide your organization with needed technical support to immunization? Please explain.

IP14: (5.3/61) In your experience, what are the most important social and behavioral drivers of vaccine uptake? Has your organization been able to develop methods and approaches to address barriers to uptake? What has worked and how?

IP15: (7.2): Does your organization have access to reliable and useful data on the level of access and coverage experienced by under-vaccinated and marginalized populations – including data disaggregated by vulnerable group?

IP16: (7.2): Has your organization been able to reach the most vulnerable caregivers and children with needed access to life-saving immunizations? If yes, how is that being measured?

IP 16B: (Country Specific): (7.2): To what extent did UNICEF support your organization in outreach efforts targeting vulnerable populations (e.g. Roma, Ashkeli, Egyptian populations)? Have these efforts been successful and what adjustments could improve their effectiveness?

Sustainability

IP17: (9.1/9.2) To your knowledge, have national authorities integrated UNICEF supported strategies and programs for immunization within the national PHC program? Have they supported these initiatives with adequate budgets?

IP18: (9.2) To your knowledge, has UNICEF helped your organization to access funding from any other international development partners?

IP 19: (Country Specific) (9.4): In your experience, what approaches and strategies could ensure the sustainability of outreach efforts to improve vaccination coverage among marginalized groups (Roma, Ashkali and Egyptian communities)?

Efficiency and Impact

IP20 (10.1/10.2): Taken together, do national strategies, plans and programs address both supply and demand side barriers to improved vaccine coverage? Please provide examples.

IP21: (11.1/11.2): What evidence exists that the national immunization system has improved in terms of:

- Availability of supply and supply chain management;
- equitable service delivery;
- improving demand generation and instilling confidence in vaccines and vaccination services (especially among marginalized care-givers) during the evaluation period?

IP 22: (10.1/11.2): What is your view of the current structures and processes for managing different elements of the immunization system? How can they be improved?

Key Informant Interview Guide 4: Other Bilateral and Multilateral Organizations (MO)

Interviewer Notes

- The main focus of this interview is to assess the coherence of UNICEF advocacy, policy engagement, technical assistance, and service delivery support with engagement in support to immunization by other bilateral or multilateral (non-UN) stakeholders also active in the immunization space. It also allows the evaluation to gather another perspective on the effectiveness and equity of the national immunization system.

Introduction

Thank you for your participation in this meeting. This interview is essential to a successful evaluation of UNICEF support to immunization programming in _____.

The purpose of the evaluation is to provide an assessment of national governments and UNICEF results to date in contributing to the immunization coverage. This will provide an objective assessment of the strengths and weaknesses in approaches taken by different countries and by UNICEF as well as insights on how to address possible system and programme-level bottlenecks.

Overall Assessment and UNICEF Role

MO1: (7.2/10.1/11.1): What is your assessment of the performance of the national immunization system (strategy, plans, programs and service delivery) from 2018 to 2023, both in terms of institutional performance and achieving targeted coverage rates?

Can you explain your assessment?

MO2: (2.1/2.2): In your view, has UNICEF been able to assume an institutional role in supporting immunization which is commensurate with its mandate, capacities and comparative advantages?

If yes, please give examples? If no, can you list the barriers/constraints that limit the UNICEF role?

Responding to COVID-19

MO3: (1.1) In your experience how did the COVID-19 pandemic impact the national immunization system and its capacity and reach? Not just for COVID-19 vaccines but for the immunization system as a whole? For example, did it change social and behavioral attitudes to immunization generally?

MO4: Can you assess the effectiveness of the response to COVID-19 by the national immunization system - both for COVID-19 vaccines and for sustaining the national system of immunization?

MO5: How effective was UNICEF in supporting this response? Can you explain your assessment?

Coherence, Collaboration and Partnership

MO6: (3.1) Which organizations are the most important key partners for national health authorities in providing support to the immunization system (including international organizations)?

MO4: (3.1) To your knowledge, how has the UNICEF CO worked with your organization and any other key partners supporting immunization to ensure coherence and alignment and consistent messaging and advocacy?

Evidence-Based Policies and Programs -

MO5: To your knowledge, how has UNICEF worked to strengthen the evidence base for national policy making and programming? In particular, has UNICEF contributed to research on the social and behavioral drivers of vaccine uptake?

Effectiveness and Equity

MO5: (5.1) In your view does the UNICEF CO have the staff capacity to provide needed technical support to immunization; especially in relation to social and behavioural change and methods/approaches to overcome vaccine hesitancy and misinformation?

MO6: (5.3/61) In your view do national authorities have reliable evidence on what are the most important drivers of vaccine uptake? If so, are the barriers to uptake being addressed?

MO7: (7.1/7.3): Does the national system have access to reliable and useful data on the level of access and coverage experienced by under-vaccinated and marginalized populations – including data disaggregated by vulnerable group?

MO8 (7.3): Has the national immunization system been able to reach the most vulnerable caregivers and children (see listing in the COARS and other country documents) with equitable access to life-saving immunizations? If yes, how is that being measured?

MO8B: (Country Specific) (7.3): To your knowledge, has UNICEF supported outreach efforts targeting vulnerable populations (e.g. Roma, Ashkeli, Egyptian populations)?

Have these efforts been successful and what adjustments could improve their effectiveness?

Sustainability

MO9: (9.1/9.2**)** To your knowledge have national authorites integrated strategies and programs for immunization to the national PHC program? Are they supported with adequate budgets? What is the trend in national financing of immunization over time?

MO 10: (9.2**):** To your knowledge, to what extent, if any, has UNICEF assisted natinal authorities to in access funding from other international organizations to advance the immunization agenda and improve coverage?

MO11: (Country Specific) (9.4): In your experience, what approaches and strategies could ensure the sustainability of outreach efforts to improve vaccination coverage among marginalized groups (Roma, Ashkali and Egyptian communities)?

MO8: (11.1/11.2): What evidence exists that the national immunization system has improved in terms of availability of supply, equitable service delivery, and improving demand and confidence (especially among marginalized care-givers) during the evaluation period?

Is this supported by data on immunization coverage at national and sub-national level?

MO9: (12.1/12.2) From your perspective, what have been the most impactful investments in improving the effectiveness of the national immunization system supported by UNICEF? Can you identify supporting evidence for these impacts?

Key Informant Interview Guide 5: Other Civil Society Organizations (CSO)

Interviewer Notes

- The purpose of these interviews is to gain an outsider perspective (non-UN and not an implementing partner) from organizations engaged in supporting equity and access to health services (including immunization) or marginalized and under-service communities which are often home to families of zero dose or low dose children and which often report much lower levels of immunization coverage.

Introduction

Thank you for your participation in this meeting. This interview is essential to a successful evaluation of UNICEF support to immunization programming in _____.

The purpose of the evaluation is to provide an assessment of national governments and UNICEF results to date in contributing to the immunization coverage. This will provide an

objective assessment of the strengths and weaknesses in approaches taken by different countries and by UNICEF as well as insights on how to address possible system and programme-level bottlenecks.

Overall Assessment and UNICEF Role

CSO1: Can you please provide me with an overview of your organization, in particular which communities or groups does it advocate for and/or provide services to?

CSO 2: (7.2/10.1/11.1): Given your answer above, what is your assessment of the performance of the national immunization system (strategy, plans, programs and service delivery) from 2018 to 2023 in relation to providing equitable access to quality immunization services to the members of this group?

CSO3: (2.1/2.2): In your view, has UNICEF been effective in advocating for or directly supporting equitable access for marginalized populations? If yes, please give examples? If not, how and why do you think it has it not been effective?

Coherence, Collaboration and Partnership

CSO4: (3.1) Other than UNICEF**,** which organizations are actors in ensuring delivery of quality immunization services to the groups represented by your organization?

CSO5: (3.1) Are UNICEF's actions aligned with the immunization priorities and strategies of these other key partners?

Evidence-Based Policies and Programs

CSO6: (5.3/6.1): In your experience, what are the most important drivers of vaccine uptake, especially including social and behavioral determinants of uptake (including among the group or groups you represent?

CS07: (5.3/6.1): To your knowledge, has UNICEF supported research to help determine the social and behavioral determinants of vaccine uptake and to identify and overcome barriers to access for the group(s) you represent?

Effectiveness and Equity

CSO8: To your knowledge, does the national immunization system have access to reliable and useful data on the level of access and coverage experienced by under-vaccinated and marginalized populations – including data disaggregated by vulnerable group?

CSO9 (7.1/7.3): Has the national immunization system been able to reach the most vulnerable caregivers and children with needed access to life-saving immunizations? If yes, how is that being measured?

CSO9B: (Country Specific) (7.3): To your knowledge, has UNICEF supported outreach efforts targeting vulnerable populations (e.g. Roma, Ashkeli, Egyptian populations)? Have these efforts been successful and what adjustments could improve their effectiveness?

Sustainability

CS10: (9.1/9.2) To your knowledge, have national authorities integrated strategies and programs for immunization within the national PHC program? Have they supported these initiatives with adequate budgets?

CSO 11: (Country Specific) (9.4): In your experience, what approaches and strategies could ensure the sustainability of outreach efforts to improve vaccination coverage among marginalized groups (Roma, Ashkali and Egyptian communities)?

Impact

CSO12 (10.1/10.2): Taken together, do national strategies, plans and programs address both supply and demand side barriers to improved vaccine coverage? Please provide examples.

CSO13: (11.1/11.2): What evidence exists that the national immunization system has improved in terms of availability of supply, equitable service delivery, and improving demand and confidence (especially among marginalized care-givers) during the

Annex 6: Revisions to Evaluation Questions in the Terms of Reference

Evaluation Questions in the Terms of Reference	Revised Key Evaluation Questions	Rationale
Relevance		
1. To what extent have national health care systems responded to the immunization needs of children, especially the most vulnerable?	**KEQ 1.** To what extent and in what ways has UNICEF responded to address immunization rates at country level? To what extent has it adapted to respond to changes and trends, including by addressing behavioural and social drivers of vaccine uptake at system, community and individual levels?	The revised wording focuses on the UNICEF response and its adaptability to changes and trends over time. The question of the responsiveness of national health care systems to immunization needs is addressed in revised KEQ 6 below.
2. To what extent has UNICEF responded to address immunization rates? To what extend has it adapted to respond to changes and trends? (UNICEF-specific)?	**KEQ 2.** To what extent has UNICEF assumed an institutional role in supporting immunization which is commensurate with its mandate, capacities and comparative advantages, especially in relation to key partners? To what extent does the UNICEF operational and strategic role at country level reflect its institutional strengths and comparative advantage in immunization support in relation to key partners?	Original Question 2 is now addressed under KEQ1. KEQ2 focuses on a key priority question noted during Inception Phase interviews – the institutional role played by UNICEF in the immunization space in relation to its strengths and comparative advantages
Coherence		
3. To what extent can key partners influence the strengthening of the system for immunization, performance and sustainability? To what extent does partner interaction play a role?	**KEQ 3.** Where key partners have significant influence on the strengthening of immunization systems, has UNICEF support been aligned and/or complementary with actions by stakeholders to improve vaccination coverage in the ECA region?	Revised KEQ 3 addresses the main aspects of original evaluation questions 3 and 4 – the importance of partnerships and the interaction of partners and the alignment of UNICEF programming in relation to the actions of key partners.
4. To what extent has UNICEF been aligned to the key influencing stakeholders for immunization to improve vaccination coverage in the ECA region? (UNICEF-specific)	**KEQ 4.** Where UNICEF has supported efforts to identify and address barriers and to increase demand for immunization (including adjustments to policies, programs, services, workforce capacity and accountability) has this resulted in programs and actions embedded into health systems	Revised KEQ 4 replaces original evaluation question 7.

Evaluation Questions in the Terms of Reference	Revised Key Evaluation Questions	Rationale
	and integrated into national immunization programmes, budgets and policies?	
Effectiveness		
5. What drivers or group of drivers influence the change in immunization coverage, positively or negatively, looking at both demand and supply?	**KEQ 5.** To what extent do UNICEF RO and CO staff have the capacity, tools and incentives to effectively support national actions to address social and behavioral drivers of vaccine uptake as an integral element of support to system strengthening for immunization within PHC?	Original evaluation question 5 has now been moved to KEQ 8 below: still under the criteria of effectiveness. Revised KEQ 5 focuses directly on RO and CO capacity to assist countries in the region to address drivers of vaccine uptake as identified in document reviews and interviews during the inception phase.
6. To what extent have health care systems been able to reach the most vulnerable and address issues of inequity in immunization programming?	**KEQ 6.** To what extent has UNICEF contributed to strengthening national systems capacity to improve vaccine uptake?	Original evaluation question 6 has now been moved to KEQ 7.
7. To what extent is demand for immunization (e.g BI solutions, communication, IPC training, etc) embedded into health systems and integrated into national immunization programmes, budgets and policies?	**KEQ 7**. To what extent have health care systems been able to identify, understand and address factors affecting their ability to reach the most vulnerable and address issues of inequity in immunization programming?	KEQ 7 is identical to the original evaluation question 6. The original evaluation question 7 is now covered under KEQ 5
8. To what extent has UNICEF positioning played a role to address existing bottlenecks in immunization coverage? (UNICEF-specific)	**KEQ 8.** What drivers or groups of drivers influence the change in immunization coverage, positively or negatively at policy, system, services, community and individual level?	KEQ 8 is identical to original question 5 but repositioned to better reflect the results of KEQs 5, 6 and 7. The original evaluation question 8 is now covered under
9. To what extent has UNICEF enabled results to improve vaccine acceptance and confidence at the		Original evaluation question 9 is now addressed in **KEQ** 6 which also replaces the term *enabled* with *contributed to* in recognition of the rule of

Evaluation Questions in the Terms of Reference	Revised Key Evaluation Questions	Rationale
system level? (UNICEF-specific)		other programmes and actors while maintaining a UNICEF-specific dimension.
Sustainability		
	KEQ 9: To what extent has UNICEF support to immunization at country level contributed to sustainable system strengthening including capacity to address factors affecting vaccine uptake/demand?	The original evaluation questions did not explicitly address the OECD/DAC criterion of sustainability so this has been added.
Efficiency		
10. What have been the most impactful investments?		Now covered in KEQ 12 below.
11. How efficient are health system's immunization policies and programs to identify and address potential bottlenecks or inefficiencies?	**KEQ 10:** How efficient are health system's immunization policies and programmes to identify and address current and potential bottlenecks or inefficiencies?	No change from the original
12. How responsive is the national health system to respond to behaviors of stakeholders in the system, including healthcare providers, and caregivers? Is there a process in place to understand and respond to behavior changes into ongoing efforts to improve vaccination rates?		Now covered in KEQ 8.
Impact		
13. What has been the impact of the national health system's policies and programs to improve vaccination rates over the past 5 years on the overall vaccination coverage, vaccine-preventable disease incidence, and	**KEQ 11.** To what extent have national health system's policies and programs (including for demand generation) aiming to improve vaccination rates over the past 5 years had an impact on overall vaccination coverage (including in under-vaccinated populations), vaccine-preventable disease incidence, perceptions	In the absence of an experimental or quasi-experimental design with a comparator or counterfactual to establish impacts the wording of original evaluation question 13 has been slightly revised.

Evaluation Questions in the Terms of Reference	Revised Key Evaluation Questions	Rationale
perceptions and behaviors of key stakeholders, such as healthcare providers, and caregivers?	and immunization-related behaviors of key stakeholders, such as healthcare providers, and caregivers?	
14. To what extent UNICEF has influenced key stakeholders that resulted on changes of vaccination rates? (UNICEF-specific)	KEQ 12. To what extent has UNICEF been able to influence key stakeholders to take actions that can reasonably be expected to result in changes of vaccination rates and what have been the most impactful UNICEF supported investments aimed at increasing immunization coverage – including those fully or mostly financed by national governments?	KEQ 12 has been revised to encompass essential elements of original evaluation question 10 as well as question 14.

Annex 7: Document Mapping

The Country Offices have provided the evaluation team with the following documentation. Some data elements extracted from these documents have been included in the brief country profiles provided in Annex 2. The profiles will be updated based on feedback from the Country Offices in the five case study countries.

In addition, the national team members, supported by the central evaluation team, will be tasked with updating and reviewing the documentation provided. Where the reviewed documents provide significant evaluative evidence, this will be entered in a common evidence template that will summarize the results of key informant interviews, site visits and document and data reviews in relation to each evaluation question and sub-question. The central evaluation team will provide guidance to national team members on how to compile evidence the common, structured format for ease and transparency of analysis – both within and across the five country evaluation studies.

Key Documentation Uploaded to UNICEF ECA Regional Evaluation of Support to Immunization by Country

Country	Key Documents
Bosnia and Herzegovina	• COARS 2018 to 2022 • CPDs (2) Covering Evaluation Period • Vaccine Cold Chain Rehab Assessment Reports for BIH, Republika Srpska (RS) and District Brčko (DB) (2021 • UNICEF Donations of vaccines and equipment 2021 to 2023 (Excel) • Reports on Digitization of Immunization Records (DB, RS, BIH) • Correspondence on vaccine pricing and shipments BIH and UNICEF Supply Division (EU for Health Program) • Effective Vaccine Management (EVM) Assessment Reports for DB, RS BIH) 2022 • Multi-Year Action Plan on Immunization 2018-2022 • Project and Implementing Partner Reports: ○ Innovative use of SMVS/Video for Immunization (BIT) with local partner Infohouse (2021) ○ Vakcine.ba: immunization information public support website (2023) ○ "Leading the development of Standard Operating Procedures (SoP's) as a part of Effective Vaccine Management (EVM) activities in Federation BiH, Republika Srpska, and Brcko District BiH" UNICEF for US AID (2023) ○ Final Progress Report: Health promotion and disease prevention in Roma communities from Roma support centre "Romalen" Kakanj / CZP " Romalen" Kakanj to UNICEF BIH 2023

	○ Quarterly Progress Report to UNICEF: We Care – Implemented by Komitet za medjunarodnu razmjenu studenata medicine Republike Srpske-SAMSIC (2023) ○ Quarterly Progress Report: Youth for Better Media – Increased media and health literacy skills to reduce effects of disinformation on routine vaccination: Fondacija za razvoj medija i civilnog drustva "Mediacentar" (2023) ○ Quarterly Progress Report: Ensuring COVID-19 response within religious communities in Bosnia and Herzegovina: World Vision International in BiH (Jan 2023) • Root Cause Analysis and Vaccination Improvement Plans for: Sarajevo, Banja Luka, Bijelijina, West Herzegovian Canton, Zeneca Dobij Canton (2018). • Evaluating a behaviourally-informed intervention to increase demand for MMR1 immunisation in Bosnia and Herzegovina (2023) • An insight into the knowledge, attitudes and practices of parents and the wider social community regarding regular immunization in Bosnia and Herzegovina (Infohouse – 2023)

Country	Key Documents
Moldova	• UNICEF Moldova Annual Reports 2018 to 2022 • CPDs (2) Covering Evaluation Period (2018-2022 and 2023-2027) • Situation Analysis of children and adolescents in the Republic of Moldova (UNICEF) https://www.unicef.org/moldova/en/reports/situation-analysis-children-and-adolescents-republic-moldova • PERCEPTIONS, ATTITUDES AND BELIEFS ON THE ACCEPTANCE OF ANTI COVID-19 VACCINE IN THE REPUBLIC OF MOLDOVA (2022) • END-LINE ASSESSMENT OF THE INTERVENTIONS UNDER 'HPV+ IN MOLDOVA' INITIATIVE (2022) • AMC30 CDS Results Tracker (Excel Link) June 2023 Moldova (WHO-UNICEF) • AMC30 CDS Results Tracker (Excel Link) November 2022 (WHO) • Article: Immunization Intervention in Balti Led by Root Cause Analysis (2022) • Balti District Plan for the Improvement of National Immunization Program (Undated) • Draft Government of Moldova Decision on the National Immunization Plan (2023 to 2027 with appended National Program Plan • Final Partnership Review Form: MOL/PCA2022101 (COVID-19 Risk Communication and Community Engagement in 24 districts, including in RACs): Asociatia Obsteasca Centrul Strategii si Politici de Sanatate (Centre for Health Strategies and Policies): October 2022 • Standard Quarterly Progress Report: A situational analysis and mapping of the existing hotlines in the R. of Moldov: Health for Youth Association (HF/Y) June 2023 • National Immunization Programme 2021 to 2025 Overview MDA 2021 • Communication for Behaviour Change Strategy for the National Immunization Programme Republic of Moldova 2017 – 2020 (2017) • Mapping of Institutional Capacity and Needs for Mainstreaming demand promotion and Social and Behavioural Change (SBC) in national immunization policies, programs and budgets (Oxford Policy Management) 2020 • Root Cause Analysis of National Immunization Program Performance at Sub-national level in Moldova (undated) • PP Presentation on the communications campaign on immunization carried out by the Centre of Health Strategies and Policies supported by UNICEF, MOH and the Moldova NPHA (2023) • COVID-19 Vaccine Rollout in the Republic of Moldova Final Report to USAID (Dec 2022)

	• Commodities Request Template for COVID 19-related Commodities via UNICEF (USAID)

Country	Documents
Kosovo	• UNICEF Kosovo Annual Reports 2018 to 2022 • Analysis of the Situation of Women and Children in Kosovo, 2019 • Kosovo Action Plan for Immunization (2022 – 2025) • Analysis of the Health System (2021 – Albanian) • Action Plan on Communicable Diseases (2022) • Health Workforce Statistics (2021) Excel • Health Statistics (Govt of Kosovo) pdf 2021 • Vaccination Coverage 2022 • WHO/UNICEF Joint Reporting Process (JRF) 2020 • JRF 2021 • Pneumococcal Conjugate Vaccine, Rotavirus Vaccine, and Human Papillomavirus Vaccine Introduction Plan (PCV 2023 and HPV 2024) • Kosovo (UNSCR 1244) and Roma, Ashkali and Egyptian Communities in Kosovo 2019–2020 MICS Immunization snapshot • Law on Child Protection – 2019 • Law on Public Health – 2008 • Kosovo (UNSCR 1244) Multiple Indicator Cluster Survey 2019–2020 and Roma, Ashkali and Egyptian Communities in Kosovo Multiple Indicator Cluster Survey 2019–2020 - Survey Findings Report • National Plan on Health Promotion and Education (2022 to 2025 (Alb.) 2023 • MICS Based Policy Brief on Child Health (2020) • Population projection according to single age up to 85+, by age and year (Excel) • Expanded Immunization Program and introduction of new vaccines in Kosovo (PPT 2023)

	• Rapid Qualitative Assessment of Immunization on general population (Parents and Health and Education Sector Workers) • Rapid Qualitative Assessment of Immunization on Roma, Ashkali and Egyptian communities • Sectoral Strategy on Health 2015 to 2017 • Law of Public Health Administrative Action on Immunization (2011) • Needs Assessment on Immunization Services (2023)

Country	Key Documents
Kyrgyzstan	• COARS 2018 to 2022 • CPD 2018 to 2022 and 2023 to 2025 • Action plan for a two-phase measles-rubella immunization campaign (2023) • Grant Agreement between the Government of Kyrgyzstan (the "Government"), United Nations Children's Fund ("UNICEF") and Gavi Alliance (“Gavi”) • 2023 Measles & Rubella vaccine support guidelines • National Plan for Increasing Immunization Coverage 2023 • Behaviour insights research on drivers influencing childhood immunization-related behaviours in Kyrgyzstan • Communication on Immunization2018-2021 • IMMUNIZATION DEMAND PROMOTION PLAN IN THE FRAME OF THE NATIONAL IMMUNIZATION CALENDAR OF THE KYRGYZ REPUBLIC FOR 2024-2030 • Effective Vaccine Management (ESM) Kyrgyzstan 2022 • Conducting assessment of the gender-related barriers to immunization in Kyrgyzstan (ToR) (2023) • Roadmap for digitalization of the immunization information system in Kyrgyzstan (2022) • GAVI UNICEF Joint Appraisal Report (2023) • UNICEF Immunization Output Report Presentation 2023 • Kyrgyzstan HPV Vaccine Introduction 2022: Rapid Formative Research Results • Kyrgyz Republic National Immunization Strategy 2030 • Annex 2 of MRP - ORF application: Activty-Costing Template for measles outbreak response immunization in Kyrgyzstan (in US dollar). • Mapping of institutional capacity needs and entry points for mainstreaming demand generation in national immunisation policies, programmes, and budgets (2021) • Implementing Partner PCA Reports for: Association for Health Promotion; Centre for Child Protection; Mutukalim; Red Crescent. • KYRGYZSTAN: ROUTINE IMMUNIZATION COMMUNICATION STRATEGY AND ACTION PLAN 2018 – 2020 • Report on Behavioural Change Aspects of Routine Immunization in Kyrgyzstan (2022)

Country	Key Documents

Tajikistan	• Cold Chain Equipment Optimization Platform 2024-2025
	  • Operational Deployment Plan & Budget
	  • Inventory Gap Analysis
	  • Comprehensive CCE Needs Document
	  • Effective Vaccine Management (EVM) 2022 & Improvement Plan
	• EPI Official statistics in 2022
	• UNICEF Programme of Cooperation 2023-2025: Two Year Work Plan
	• C4D Crisis Communication Plan Review: Gaps and Opportunities
	• GAVI Partnership Engagement Framework (PEF) Targeted County Assistance (TCA)
	• Crisis Communication Plan
	• Strengthening the Health System in Tajikistan- GAVI HSS
	• Communication Strategy for Routine Immunization
	• Application Form for COVID-19 Vaccine Delivery- Third Funding Envelope of Support
	• Tajikistan Zero Dose Analysis- GAVI
	• Tajikistan National Immunization Strategy 2030
	• UNICEF Data Mapping Exercise
	• UNICEF Tajikistan Country Programme Evaluation 2020
	• Assessment Results: The CSO in Tajikistan working in the Expanded Program of Immunization: Mapping and Capacity
	• Situation Analysis of Children's and Young Women's Rights in Tajikistan 2019