

EVALUATION OF THE UNICEF ESWATINI COUNTRY PROGRAMME (2021-2025)

Final Report - Volume 2 Annexes

Evaluation of the UNICEF Eswatini Country Programme (2021-2025)

Volume 2. Annexes

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Final Report – Volume 2

March, 2025

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ANNEX 1. TERMS OF REFERENCE

Evaluation of the Government of Eswatini and UNICEF Country Programme of Cooperation 2021-2025

Background and Justification

As per UNICEF's Evaluation Policy, every UNICEF Country Program must be evaluated at least once every two country Program cycles. The Evaluation Section of the respective UNICEF Regional Office conducts such country program evaluations (CPEs).

CPEs intend to capture and demonstrate evaluative evidence of UNICEF's contributions to development results at the country level and the effectiveness of UNICEF's strategy in facilitating and leveraging national efforts for achieving development results. Their purpose is to:

- Assess results from the ongoing Country Program to inform the development of the next UNICEF Country Program Document (CPD)
- Strengthen the accountability of UNICEF to national and international stakeholders and the Executive Board

The CPE will be managed by the Evaluation Section of UNICEF's East and Southern Africa Regional Office, under the overall oversight of the ESARO Regional Director, and in close collaboration with the UNICEF Eswatini Country Office (ECO), Government of Eswatini and development partners. Quality assurance will be provided by UNICEF's Evaluation Office, which reports directly to UNICEF's Executive Director and is functionally independent within the Organization. The CPE will be conducted in accordance with the provisions of UNICEF's Evaluation Policy and the norms and standards of the United Nations Development Group (UNEG).

Evaluation Objectives

The **overall objectives** of the CPE are:

- To assess the relevance, effectiveness, efficiency, coherence, and sustainability of the Eswatini Country Program from its inception to the present, with a particular focus on equity, gender equality, disability, and UNICEF's strategic positioning in relation to its child rights mandate.
- To identify and document key successes, challenges, and lessons in implementing the current (2021-2025) Country Program, which can inform and support advocacy efforts for scale-up and replication.
- To provide a set of forward-looking and actionable recommendations to strengthen programmatic strategies in the design of the next Eswatini Country Program, taking into consideration national development priorities and plans and the 2030 Agenda for Sustainable Development in the country.

Scope of the Evaluation

The proposed CPE will cover the Eswatini Country Program (ECP) from 2021 to 2025, capturing and demonstrating evaluative evidence of the effectiveness of UNICEF in leveraging national efforts and the organisation's direct contributions to achieving development results for children at the country level. It is anticipated to begin in late September 2024 with the inception phase and take 60 days over seven months to complete. As a country-level evaluation of UNICEF, the CPE will focus on the formal UNICEF CPD approved by the Executive Board but also consider any changes/revisions from the initial CPD during the period under review. Subject to specific areas of focus identified below, the scope of the CPE includes the

entirety of UNICEF's engagement in the country and, therefore, covers interventions funded by all sources. The CPE will also cover any humanitarian or emergency response supported by UNICEF Eswatini during the period under evaluation.

The CPE should focus particularly on UNICEF's positioning within the development community and national partners regarding its child rights mandate. It will also examine equity, gender equality, and disability.

While the ECP will be the unit of analysis, each of the components making up UNICEF's Program will be assessed. The CPE will also strongly focus on equity, gender, and disability as cross-cutting themes across evaluation criteria and evaluation questions. It will also specifically examine the coherence of the ECP with the Core Commitments for Children in Humanitarian Action, Gender Action Plans (GAP) (2014 – 2017 and 2018 – 2021), and the United Nations Disability Inclusion Strategy (UNDIS).

The ECP is in year 4 of a 5-year cycle. Programmatic results are not expected to manifest sufficiently to draw conclusions about the impact of the present ECP. The CPE aims to foster learning of what has worked, what has not, and why in the current ECP with a view to designing the next ECP.

Evaluation Criteria and Questions

The CPE will be guided by key evaluation criteria and aim to answer the following evaluation questions:

Relevance: The CPE will seek to assess the extent to which the Country Program's objectives and design were and remain appropriate within the country context, as well as whether UNICEF's approach to addressing them was the most suitable considering its mandate, resource base, comparative advantages, and operational structures.

1. To what extent is the Country Program guided by national priorities, clear Program theories, and relevant Program strategies appropriate to the changing context and emerging issues, and responded and adjusted, as necessary?
2. To what extent has UNICEF been able to position itself as a strategic partner in the country context? What are UNICEF's comparative strengths in the country – particularly in comparison to other UN agencies and development partners - and how were these harnessed to help achieve the results?

Coherence: The CPE will assess policy consistency with key UNICEF strategies and international commitments, including gender equality and women's empowerment, disability inclusiveness, equity for children, and the human rights-based approach; and UNICEF's coordination and convening role within the UN, with government sectors and donors in Eswatini.

3. To what extent have ECP strategies to address gender equality, disability, and equity, particularly the alignment of the ECP with the Core Commitments for Children in Humanitarian Action, UNICEF's Gender Action Plans (2014-2017 and 2018–2021) and United Nations Disability Inclusion Strategy (UNDIS), been consistently integrated into all aspects of programming and implementation, including policy and advocacy?
4. Did the Country Office's strategic approach to addressing the challenges of equity, gender equality, and disability play a complementary role to that of the Government and other development actors?
5. To what extent is the Country Program linked to and achieving synergies and coordination with other UN agencies, particularly in response to emergencies such as COVID-19?

Effectiveness: The CPE will assess the extent to which the Country Program results were achieved and whether UNICEF's adopted strategies were gender responsive/transformational, disability-inclusive, and demonstrated a reasonable contribution at the outcome level, including any differential results across groups.

6. To what extent has the Country Program achieved or is likely to achieve its outcomes, including any differential results across gender, disability status, income, ethnicities, etc.? What results have been

achieved through convergence, and what are the other major factors influencing the achievement (or not) of Country Program outcomes?

7. Did the country Program contribute to reducing inequities and exclusion and progressing towards greater gender equality and disability inclusion? To what extent are programs, communications, and advocacy efforts gender-responsive/transformational and disability-inclusive, and, relatedly, are UNICEF ECO staff capacitated to integrate and implement gender-responsive/transformational and disability-inclusive programs?

Efficiency: The CPE will measure how resources/inputs (funds, expertise, time, etc.) were converted into and affected results. It is also understood as how UNICEF manages its partnerships, operationalizes its strategies, implements activities, and delivers outputs.

8. Were resources (funds, human resources, time, expertise, etc.) allocated and utilized strategically to track and achieve results, including equity, gender, and disability-related objectives?
9. To what extent have the convergence strategy, the Program structure, and the office structure supported the delivery of the Country Program? Were the chosen strategies and approaches the most cost-effective and efficient? Were there alternatives that would have worked better, and what are those?

Sustainability: The CPE will assess the extent to which continuation of benefits from Country Program interventions was ensured, including the likelihood of and risks to continued long-term benefits and its potential for scale-up and/or replication.

10. To what extent are the positive changes and effects of the Country Program sustainable at the relevant levels (e.g., community, provincial/state, national)? To what extent have the Program strategies adopted by UNICEF contributed to or were designed in a way that will contribute to the sustainability of results, especially equity, gender, and disability-related results?
11. To what extent have the Program strategies, plans, and tools, particularly those with an equity, gender, and disability focus, been institutionalized in systems, policies, mechanisms, and strategies among government, NGO/civil society, and other partners and stakeholders? Will the strategies/plans/tools be more widely replicated or adapted? What's the scalability of models introduced by UNICEF?

To answer these overarching questions, the evaluator will be expected to develop sub-questions as part of the evaluation matrix during the inception phase to further focus the evaluation, not expand its scope. These questions will be reviewed with all stakeholders during the inception period.

Evaluation Approach and Methods

The evaluation methodology will adhere to the United Nations Evaluation Group (UNEG) Norms & Standards¹ and will be further refined by the external evaluators during the inception phase, in close consultation with the ESARO Evaluation Section and key evaluation stakeholders. The evaluation design will emphasize the analysis of UNICEF's contributions to outcome-level and successes in influencing upstream changes, such as policy shifts, system strengthening, and high-level decision-making processes that contribute to the broader goals of the Country Program. The design should specify how data collection and analysis methods integrate gender and disability considerations throughout the evaluation process.

Theory of Change (ToC) Approach

A Theory of Change (ToC) approach will be used in consultation with stakeholders, as appropriate, to understand better how and under what conditions UNICEF's interventions are expected to improve the well-being of children in Eswatini. Discussions of the ToC will focus on mapping the assumptions behind the Program's desired change(s) and the causal linkages between the intervention(s) and the intended Country Program outcomes.

Contribution Analysis for Outcome-Level Change

¹ <http://www.unevaluation.org/document/detail/1914>

Accordingly, the evaluation will incorporate **Contribution Analysis** to assess the extent to which UNICEF's interventions have led to the achievement of specific outcome-level changes. Contribution Analysis is particularly useful in complex settings where multiple factors and actors influence outcomes.

Contribution Analysis will help determine how and to what extent UNICEF's activities have contributed to observed changes in the well-being of children in Eswatini. The analysis will involve identifying and testing causal links between the interventions and the outcomes, considering alternative explanations and other contributing factors. This approach will provide a clearer understanding of UNICEF's role in achieving the desired results.

Focus on Upstream Change

The evaluation will specifically assess the extent to which UNICEF's interventions have led to significant upstream changes in Eswatini. This includes analysing the effectiveness of UNICEF's advocacy efforts, system-strengthening initiatives, and strategic engagement with government and other stakeholders in driving policy and institutional changes that enhance children's well-being.

Analytical Methods for Upstream Change

To thoroughly assess UNICEF's impact on upstream changes, the evaluation will focus on the following analytical methods:

- **Policy Influence Analysis:** This method will evaluate how UNICEF's efforts have contributed to policy changes in Eswatini. The analysis will track specific policy shifts, assess UNICEF's role in these changes, and evaluate the strategies that influence policymakers and institutional practices. The analysis will consider the tactics employed, such as policy briefs, advocacy campaigns, and strategic partnerships, to understand how these contributed to shifts in the policy environment.
- **System Strengthening Analysis:** This method will assess how UNICEF's interventions have contributed to the strengthening of systems within key sectors, such as education, health, and child protection. The analysis will explore the extent to which UNICEF's efforts have enhanced the capacity of government institutions, improved service delivery mechanisms, and created sustainable changes in the systems that support children's rights and well-being.

Participatory Approach

A participatory approach will be maintained throughout the evaluation, ensuring that key stakeholders—including government representatives, civil society organizations, and other partners—are actively engaged in the evaluation process. Stakeholder consultations will be integral to assessing the ToC, identifying key moments of influence, and validating the findings related to outcome-level contributions and upstream changes.

Gender, Disability, and Equity

It is expected that the CPE apply strong equity, gender, and disability focus by i) including equity, gender, and disability in evaluation criteria and evaluation questions; ii) making evaluation methodology and data collection and analysis methods equity, gender, and disability responsive; and iii) reflecting equity, gender, and equity analysis in evaluation findings, conclusions and concrete recommendations and action points that can be addressed in the design of the next CPD both for better integration of equity and gender in the office and programming efforts, and for strengthened results for children.

Assessment of data availability and data constraints

Where possible and appropriate, the evaluation should seek evidence of what may or may not have occurred in the absence of UNICEF's Program.

As part of the inception phase, the evaluator will assess the available information, identify data constraints, and determine the data collection needs and methods. The methodology should be aware of and prepared to take advantage of the accumulated and in-process evidence generated through research, studies, surveys, and evaluations conducted within the UNICEF Eswatini Country Program.

With respect to indicators, the CPD results framework is updated annually during the annual reporting to show progress toward outputs. A Country Office Annual Report (COAR) is produced annually, covering all the Program components and implementation strategies and their status. The evaluator will be provided with other relevant programmatic surveys and studies.

The following secondary data will be reviewed, among others: background documents on the national context, documents prepared by international partners during the period under review and documents prepared by UN system agencies; Program plans and frameworks; progress reports; monitoring self-assessments such as the UNICEF Country Office Annual Reports; national surveys (e.g. Multiple Indicator Cluster Surveys (MICS); national reports; and evaluations conducted by the country office and partners. Sex-disaggregated data will be collected, where available, and assessed against Program outcomes.

Data collection methods

The evaluation will use data from primary and secondary sources, including a desk review of documentation and information and interviews with key informants. It will follow a multi-stakeholder approach, and interviews will include Government representatives, civil society organizations, private-sector representatives, UN agencies, multilateral organizations, bilateral donors, and rights holders under the Program. Focus group discussions may be used to consult different groups of rights holders and duty bearers as appropriate.

Stakeholder Involvement. A participatory and transparent process will be followed to engage with multiple stakeholders at all stages of the evaluation process. During the inception phase, a stakeholder analysis will be conducted to identify all relevant UNICEF partners, including those who may not have worked with UNICEF but play a key role in the outcomes to which UNICEF contributes. This stakeholder analysis will play a key part in informing the reconstructed TOC, serve to identify key informants for interviews during the primary data collection phase of the evaluation, and examine any potential partnerships that could further improve UNICEF's contribution to the country.

MANAGEMENT ARRANGEMENTS AND QUALITY ASSURANCE

The evaluator/s will be recruited by and report to the ESARO Evaluation Section under the overall oversight of the ESARO Regional Director. For the day-to-day management of the CPE, the Evaluation Section will appoint an Evaluation Manager who will be accountable to the Regional Evaluation Adviser. UNICEF's Evaluation Office will provide quality assurance.

Eswatini Country Office will appoint an Evaluation Focal Point who will act as the primary liaison with the Evaluation Manager and will facilitate the data collection and evaluation process at the country level.

The Evaluation Manager will work with the Eswatini Country Office to constitute an Evaluation Reference Group (ERG) comprising critical stakeholders of the CPE, including Government counterparts; several senior Eswatini Country Office and ESARO staff members; select development, civil society organizations, and private sector partners. The ERG's responsibilities are described in the ERG terms of reference. The ERG has an advisory capacity whose primary role is to review evaluation milestones (terms of reference, inception report, draft evaluation report) and to provide comments. The ERG Secretariat will maintain a written record, as part of an audit trail, of all ERG comments, which the evaluator is expected to respond to in writing (agree – actions taken; disagree – justification).

SPECIFIC TASKS, DELIVERABLES, AND TIMELINE

The CPE is anticipated to begin in September 2024 with the inception phase and be completed in 60 days over seven months.

Timeline	Activity	Deliverable	Other elements to be aware of or link to
5 days	<u>Preparatory phase</u> - Secondary data collection and desk review - Preliminary stakeholder analysis - Preparation for the inception phase	1. Plan for the inception phase Recipients: members of the evaluation reference group	An evaluation Reference Group is formed. UNICEF and other stakeholders are informed to secure cooperation for the effort. UNICEF assembles documentation and data for use by the evaluator.
15 days	<u>Inception phase</u> - May include an inception mission to Mbabane, Eswatini (Re)Construction of Theory of Change - Stakeholder Analysis - Preparation of draft inception report and data collection tools - Engagement with stakeholders on the inception report - Ethical approval process - Finalization of inception report	2. Draft inception report Recipients: members of the evaluation reference group 3. The draft inception report and instruments will be presented to the Evaluation Reference Group in person or via video link. 4. Final inception report (plus completed audit trail addressing all comments) Recipients: members of the evaluation reference group	
20 days	<u>Data collection phase</u> - Preparation for data collection, including piloting of instruments - Mission in Eswatini to collect data and meet with stakeholders - Preparation of interview reports - Population of evaluation matrix - Preparation and delivery of Country Mission Debrief	5. Country Mission Debrief with key ECO staff at the end of the in-country mission	
20 days	<u>Drafting, validation, and completion phase</u> - Data analysis and drafting - Preparation of a PowerPoint presentation on emerging findings, conclusions, and recommendations - Engagement with stakeholders on the draft report - Finalization of report and summary PowerPoint presentation	6. Presentation of Preliminary Findings – in person or via video link – on emerging findings, conclusions, and recommendations with key evaluation stakeholders, including the Evaluation Reference Group. Recipients: members of the evaluation reference group 7. A complete first draft evaluation report	Presentations of key findings and recommendations need to be ready for the UNICEF Eswatini Strategic Moment of Reflection (preparation of the next CP) and other identified events in Q1 of 2025. The report structure, format, and quality should adhere to the UNICEF Evaluation Report

Timeline	Activity	Deliverable	Other elements to be aware of or link to
		Recipients: members of the evaluation reference group 8. Presentation of the findings, conclusions, and recommendations at the ECO Strategic Moment of Reflection; 9. A final evaluation report (plus a completed audit trail addressing all comments). The final report should be illustrated with data and infographics. Detailed recommendations on each theme should be presented in a separate concluding chapter. Equity, gender, and disability should also be included as cross-cutting themes throughout the findings. Recipients: members of the evaluation reference group 10. Final PowerPoint presentation that summarizes the evaluation findings. Recipients: members of the evaluation reference group	standards and the GEROS Quality Assessment System. Dissemination and use strategy commences as deliverables are received.
60 days	TOTAL		

Desired competencies, technical background, and experience

The Country Program Evaluation (CPE) is envisioned to be completed by one experienced individual. However, if the consultant proposes a team, the number of team members shall be determined by the consultant based on the requirements for the successful completion of the assignment. Each team member's involvement level must be specified in the proposal. UNICEF will not be involved in the contractual and financial agreements between the team leader and team members.

Minimum Requirements

The consultant must meet the following minimum requirements:

- **Education:** Advanced university degree in disciplines relevant to evaluation (e.g., social policy, economics, demography, anthropology, public health).
- **Experience:** At least ten years of experience conducting strategic program evaluations or evaluative reviews, with a proven track record of evaluating large multisectoral and multi-stakeholder country programs supported by UN or UNICEF. Experience in conducting country program/portfolio evaluations is preferred.
- **Expertise:** Demonstrated expertise in evaluating institutional support systems, including operations and human resource functions.
- **Knowledge:** Familiarity with programming theories and strategies employed in each program outcome component.
- **Regional Experience:** Work record in a Middle-Income Country in Africa.

- **Language Skills:** Excellent command of English, with proven ability to prepare high-quality reports.
- **Analytical Skills:** Strong quantitative and qualitative analytical skills.
- **Capacity:** Demonstrated ability to carry out the CPE and complete deliverables.

Significant Advantages

- **Communication Skills:** Proven ability to develop attractive evidence products that present complex information through infographics and other means of communication.
- **Contextual Knowledge:** Knowledge of the social, economic, and political context of Eswatini.
- **Evaluation Reports:** Record of top-ranked evaluation reports by GEROS.

Language of Consultancy

The consultancy will be conducted in English.

Administrative issues

Relevant administrative arrangements include the following:

- The consultancy will be conducted remotely, with a preference for candidates based in the Eastern and Southern Africa region.
- The consultant will be required to travel to Eswatini for data collection.
- The consultant must participate in weekly 30-minute progress meetings with UNICEF throughout the duration of the contract.

ANNEX 2. EVALUATION MATRIX

Evaluation question (EQ)	Indicators	Data collection methods	Data analysis	Expected strength of evidence
Relevance: <i>To what extent were the Country Programme's objectives and design appropriate for the country context at the outset, and do they remain so? Was UNICEF's approach to addressing them the most suitable considering its mandate, resource base, comparative advantages and operational structures? Was it relevant for marginal groups, particularly around gender equality, disability and equity?</i>				
EQ1. To what extent is the Country Programme aligned with national and subnational priorities and need, particularly amongst vulnerable groups, and to what degree has the Country Office identified and responded to changing needs?	-Evidence of comprehensive needs assessment, with attention to gender, equity and disability considerations -Extent to which the CP design was tailored to the unique needs and circumstances of children in Eswatini, taking account of gender, disability, equity, rural needs -Systematic mechanism exists for collecting, acting on and responding back to feedback from programme participants/stakeholders - Evidence of cyclical assessment to capture changing needs - Evidence within programme documentation of adapting to changing needs	-Document review (CP documentation, government policies and strategies) -Individual and group interviews with key informants representing UNICEF CO, Government, service delivery, implementing partners - Web survey of implementing partners	- Qualitative content analysis - Descriptive statistics - Gender sensitivity analysis - Disability inclusive analysis	Med-High
EQ2. How appropriate are the Programme theories of change and Programme strategies for the country context?	- Appropriateness of the ToCs to describe how the CP activities will lead to outcomes - Appropriateness of the strategies and approaches employed in the CP for addressing the identified challenges - Degree of innovation and adaptability in the design to cater to the specific needs of the target population	-Document review (CP documentation, government policies and strategies) -Individual and group interviews with key informants representing UNICEF CO, Government, service delivery, implementing partners	- ToC analysis - Qualitative content analysis - Descriptive statistics - Gender sensitivity analysis - Disability inclusion analysis	Med-high

	- Specific strategies in place to reach girls, children with disabilities, and mitigate disparities in access and participation	- Web survey of implementing partners		
Coherence: To what extent is the Country Programme aligned with key UNICEF strategies and international commitments, and how compatible is the Programme with the work of Government, the UN and other development actors particularly around gender equality, disability, equity and human rights?				
EQ3. To what extent is the Country Programme consistent with UNICEF strategies and international commitments, including for gender equality, disability, equity and the human rights-based approach?	-Extent to which sectors of UNICEF CP are consistent with UNICEF global strategies and policies - Degree to which sectors of UNICEF CO are aligned with international commitments for child development including for gender equality, disability inclusion, equity and human rights (SDGs, CRC, CEDAW, UNDIS)	- Desk review (UNICEF, policies and strategies, international policies and strategies) - Individual and group interviews with key informants representing, UNICEF CO, Government, UN agencies, donors, other development partners	- Qualitative content analysis - Mapping of international and UNICEF commitments against CP outcome areas	High
EQ4. To what degree is the UNICEF Country Programme playing a complementary role to Government and other development actors, including in addressing the challenges of gender equality, disability and equity?	-Extent to which sectors of UNICEF CP are consistent with the relevant priorities set in national policy frameworks -Degree of alignment between the goals and objectives of UNICEF's interventions and those outlined in government strategies and policies. -Documentation of how UNICEF's interventions have been tailored or adapted to fit within the legal, regulatory, and cultural contexts of the country -Perceptions by government, UNICEF and other development partners about degree of alignment -Engagement and collaboration with relevant stakeholders, such as gender, disability organizations, rural development agencies, and social welfare programmes	-Desk review (government policies, strategies, UNICEF, policies and strategies and programme documentation) - Individual and group interviews with key informants representing, UNICEF CO, Government, UN agencies, donors, NGOs and other development partners	- Qualitative content analysis - Stakeholder and intervention mapping	Med-high

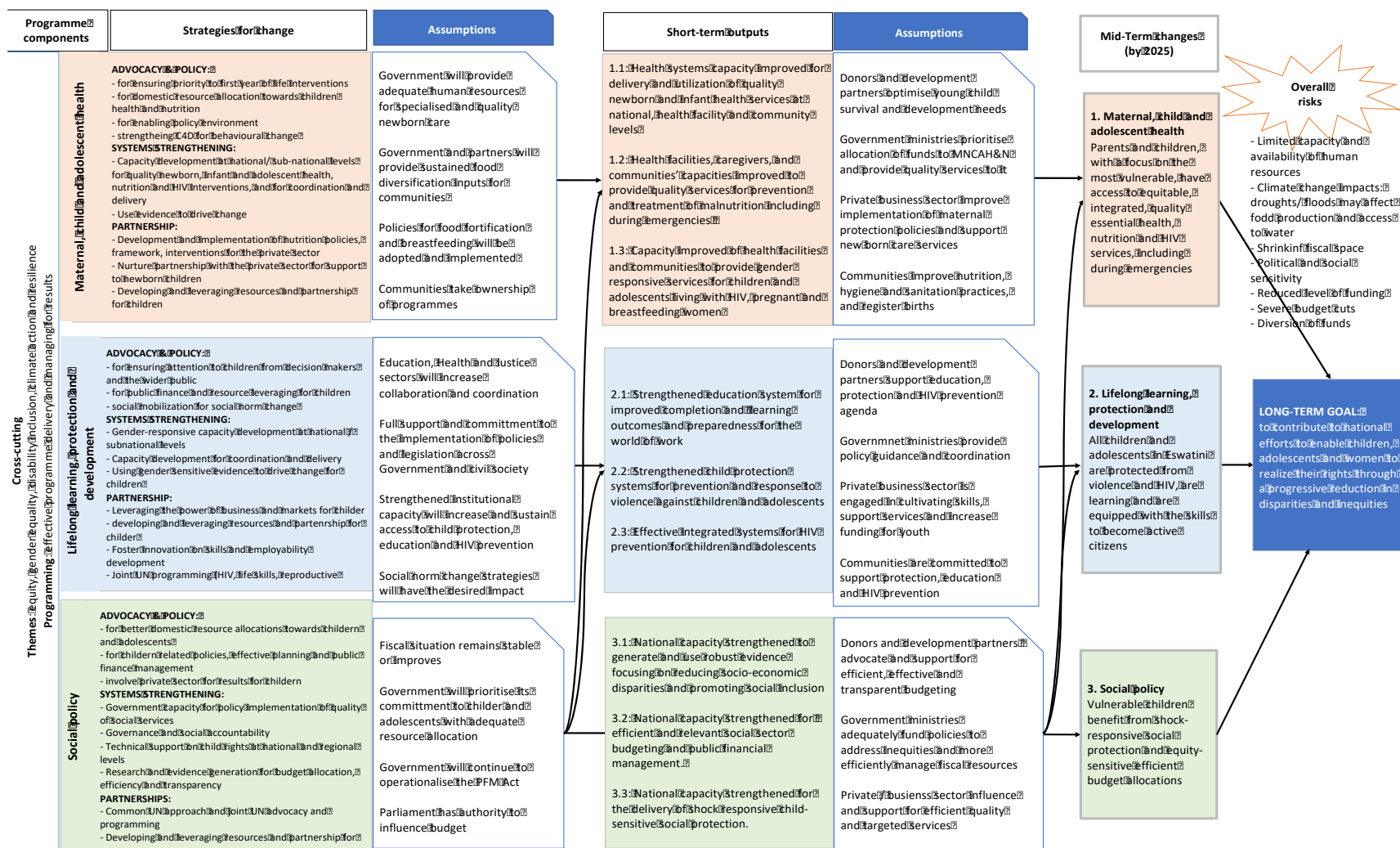
	-Training and support provided to CP practitioners to enhance their knowledge and skills in inclusive practices			
EQ5. To what extent is the Country Programme linked to and achieving synergies and coordination with other UN agencies, particularly in response to emergencies such as COVID-19?	-Evidence of mapping of how CP fits against other UN agencies priorities and programmes, to avoid duplication of efforts - Evidence of collaboration with other UN agencies on related initiatives -Perceptions by government, and other development partners about degree of alignment between UNICEF and other UN agencies - Evidence of systematic co-ordination with other UN agencies in response to Covid-19 and other agencies	-Desk review (UN Sustainable Development Co-operation Framework) - Individual and group interviews with key informants representing, UNICEF CO, Government, UN agencies, donors, other development partners	- Qualitative content analysis - Stakeholder and intervention mapping	Med-high
Effectiveness: <i>To what degree has the Country Programme achieved or is expected to achieve its results, including for marginal groups (gender, equity, disability)? What has enabled and/ or constrained the achievement of results?</i>				
EQ6. To what extent has the Country Programme achieved or is likely to achieve its outputs and outcomes including any differential results across gender, disability status, income, rural / urban etc.?	-Extent to which outputs of the programme have been achieved and extent to which outputs have contributed to achieve outcomes, according to the measurement of defined indicators - The likelihood of UNICEF contribution to observed changes -Extent to which Stakeholders are satisfied with results achieved - Levels of satisfaction expressed by government stakeholders - Levels of satisfaction by service providers -Evidence of entities take-up or replication of UNICEF pilot projects	-Desk review (results assessments modules, surveys, annual reports, other monitoring reports -Deep dives - KIIs (government, service providers, development partners) - FGDs (government, service providers, development partners, rights-holders) - Web survey (implementing partners)	- Qualitative content analysis - Descriptive statistics - Policy influence analysis - System strengthening analysis - Contribution analysis - ToC analysis	Med-high
EQ7. What are the major factors influencing the achievement (or not) of Country Programme outcomes (including	- Donors and development partners advocate for and support education,	-Desk review (RAM surveys, annual reports, monitoring reports, UNICEF and national	- Qualitative content analysis - Descriptive statistics	Med-high

convergence strategies, capacities, partnerships, gender, disability and equity responsiveness)?	health, nutrition, WASH and child protection with budgetary allocation - Government prioritise allocation of funds and quality of services for education, health, nutrition, WASH and child protection - Private sector is committed to implementation of quality services in respective areas - Communities are engaged in supporting education, health, nutrition, WASH and child protection -Level of influence of external factors (political, social economic etc) on achievement (or not) of CP outcomes - Level of influence of internal factors (quantity, quality, timeliness of delivery etc) on achievement (or not) of CP outcomes -Challenges and Limitations for effective implementation identified	data around emergency situations) - Deep dives -Individual and group interviews with key informants representing, UNICEF CO, Government, UN agencies, donors, other development partners including NGOs and private sector - FGDs representing rights-holders - Web survey of implementing partners	Policy influence analysis System strengthening analysis Contribution analysis	
EQ8. To what extent has the Country programme responded to emergency situations, climatic shocks, governance issues?	Comprehensive Risk Matrix exists covering all actions and includes robust mitigation actions -Existence of programme documentation setting out appropriate response in line with emergencies/ changing situation	-Desk review (RAM surveys, annual reports, monitoring reports, UNICEF and national data around emergency situations) -Individual and group interviews with key informants representing, UNICEF CO, Government, UN agencies, donors, other development partners including NGOs and private sector	Qualitative content analysis Descriptive statistics	Med-high
EQ9. To what extent has UNICEF been able to position itself as a strategic partner in the country context, and to	- Evidence that UNICEF has analysed its comparative strengths across different partners within CP programme areas	-Desk review (policies, strategies, UNICEF, policies and strategies and programme documentation)	- Qualitative content analysis - Contribution analysis - Stakeholder and	Med-high

leverage on its comparative strengths to help achieve its results?	- Perceptions by UNICEF and other stakeholders (government, UN agencies, development actors) that UNICEF is working to its strengths	- Individual and group interviews with key informants representing, UNICEF CO, Government, UN agencies, donors, NGOs and other development partners	intervention mapping	
Efficiency: To what degree does the Country Programme deliver, or is likely to deliver, results in an efficient and timely way?				
EQ10. Were the funds allocated and/or mobilized by UNICEF in Eswatini, invested in the most appropriate priority areas, delivering results for children in a timely way with high quality standards? What were the key enabling/ constraining factors?	-Financial resources are sufficient to achieve the CP's intended results within its timeframe -Human resources are sufficient to achieve the CP's intended results within timeframe -Technical capacity of UNICEF is sufficient to achieve CP's intended results - CP activities are implemented within the timeframe. - Proportion of resources (financial, human, technical) allocated to the implementation of the CP -Percentage of resources (financial, human, and material) specifically allocated to support gender, disability, equity-focused interventions	- Documents Review (programme documentation including financial reports) - Individual and group interviews with key informants representing, UNICEF CO, Government, implementing partners - Web survey of implementing partners	-Qualitative content analysis - Descriptive statistics -Financial data analysis in Excel using sum, average and trend analysis to analyse financial flows and efficiency - Monitoring data analysis	Medium
Sustainability: To what extent is there likely to be continuation of benefits from the Country Programme (with consideration of gender, equity and disability)? What is the potential for scale-up and replication of interventions?				
EQ11. To what extent are the positive changes and effects of the Country Programme likely to be sustainable at the relevant levels (e.g., community, provincial/state, national) especially equity, gender, and disability-related results?	-Types of measures taken to support the Government in sustaining the CP outcomes without UNICEF's support -Perceptions of stakeholders around the governments level of commitment to supporting the outcome areas following UNICEF's engagement	- Documents Review (programme documentation including financial reports) - Individual and group interviews with key informants representing, UNICEF CO, Government, implementing partners, service delivery -FGD with rights holders	Qualitative content analysis Descriptive statistics	Medium

	- Evidence of analysis of risks to sustainability and mitigation measures in place	-Web survey of implementing partners		
EQ12. To what extent have the Programme strategies, plans, and tools, particularly those with an equity, gender, and disability focus, been institutionalized in systems, policies, mechanisms, and strategies among government, NGO/civil society, and other partners and stakeholders?	- Number of government institutions/ministries that have integrated CP priorities into their strategic plans or development agendas after receiving UNICEF support - Existence of policy statements or official endorsements by government institutions/ministries demonstrating their commitment to strategies, plans, tools influenced by UNICEF support -Number of supportive policies or legal frameworks developed or revised by government institutions/ministries with UNICEF's support to further support CP areas	- Documents Review (programme documentation including financial reports) - Individual and group interviews with key informants representing, UNICEF CO, Government, implementing partners -Web survey of implementing partners	Qualitative content analysis Descriptive statistics	Medium
EQ13. What interventions introduced by UNICEF are likely to be more widely replicated or adapted, and scaled up?	Financial resources allocated by government institutions/ministries to CP initiatives - Evidence of uptake of UNICEF models by government -Evidence of UNICEF and government planning for scaling-up of models -Existence of regular communication channels and platforms between UNICEF and government institutions/ministries to exchange knowledge and coordinate actions related to CP outcomes	Documents Review (programme documentation including financial reports) - Individual and group interviews with key informants representing, UNICEF CO, Government, implementing partners -Web survey of implementing partners	Qualitative content analysis Descriptive statistics	Medium

ANNEX 3. RECONSTRUCTED OVERARCHING THEORY OF CHANGE



ANNEX 4. THEORIES OF CHANGE FOR EACH OUTCOME AREAS

The following theory of change narratives are extracted from the Country Programme Strategy Notes (PSN). Visuals are copied from their stand-alone pdf files.

Outcome 1: Maternal, child and adolescent health

In changing the pathway to move from the current state of high newborn and infant mortality, high stunting rates and AIDS related mortality in children and adolescents, UNICEF Eswatini's country programme 2021 to 2025 will contribute towards reaching the desired situation where ***all children in Eswatini survive, thrive and reach their full potential***. The overall expected pathway to change is that:

IF/THEN pregnant women and newborns will access necessary services (timely quality antenatal care package, skilled birth attendance and post-natal and essential newborn care)

IF Health facilities and communities provide at scale a package of quality maternal and newborn health services

IF Caregivers (mothers, community health, family members) have adequate knowledge on danger signs and take appropriate action

IF the enabling environment improves through leadership, accountability and increased quality of data for evidence-based planning through efficient birth registration

IF/THEN children are not stunted physically and cognitively and are protected from preventable diseases

IF Mothers and Children, especially those aged under two years, access services for prevention of stunting and other forms of malnutrition

IF girls and boys (especially those aged under two years) have increased access to early stimulation and nurturing care)

IF caregivers have increased knowledge and skills to practice appropriate feeding practices

IF legislation, policy and plans are evidence-based, adequately resourced to support infant feeding practices (especially breastfeeding).

IF/THEN children and adolescents living with HIV will achieve viral suppression AND the number of AIDS related deaths will reduce.

IF children and adolescents are accessing quality child and adolescent friendly HIV Prevention and Treatment Services.

IF support systems for children and adolescents living with HIV are implemented at health and community level (including parents and caregivers).

Output 1: Improved Health systems capacity for delivery and utilization of quality maternal, newborn and infant health services at national, health facility and community levels

Health systems strengthening for maternal, newborn and infant care: UNICEF will target the 11 public health facilities that provide maternity services in all regions of the country and will specifically support;

1. Strengthening MNCAH leadership and accountability at all levels including planned reviews for; the Health Management Information System (HMIS), Client Management Information System (CMIS), Client Satisfaction Feedback Mechanism (CSFM), etc.
2. Capacity building for MNCAH mentorship (ToT for mentors and strengthening institutionalization of mentorship in 11 health facilities providing maternity services, regional level through RHMT).
3. Strengthening Quality of Care for MNCAH in 11 facilities (Standards implementation, QOC projects, perinatal/neonatal death audits, care of the small/premature and sick baby) Quality of care broad.
4. Interoperability of birth registration systems (MoH & MoHA) to facilitate BR roll out.
5. Strengthening planning and use of domestic resources through development and dissemination of budget briefs, investment case for health and nutrition to stimulate broad domestic and international resource mobilization and engagement with key donors and development partners. Advocacy for infrastructure development utilizing domestic resources.

Newborn Health: the vision of Eswatini is to reduce by 50 per cent the number of neonatal deaths due to prematurity, sepsis and infections by 2025.

IF	THEN	ASSUMPTIONS AND RISKS
If pregnant women start ANC in the first trimester, AND receive quality ANC including adolescent friendly services for adolescents, AND benefit from high impact maternal nutrition interventions, AND delivery is attended by a skilled attendant, AND high risk pregnancies are identified early, AND birth plans outlining actions to be taken in emergency are followed; if the quality and coverage of services for maternal, and small and sick newborn care improves, AND caregivers (mothers, community health care professionals) have adequate knowledge on danger signs and take appropriate action, AND health facilities have capacity (knowledge and skills) to provide specialized care for sick and small newborns and implement standards for maternal and newborn care, including death audits; if strong leadership and accountability health system for newborn health are clearly defined across the continuum of care, AND there is sufficient equitably distributed quantity of qualified and	...then mothers and newborns will receive timely quality health services, then the risk of pregnancy, delivery and neonatal related complications will be reduced, thus reducing neonatal morbidity and disability.	Assumptions: • Government will provide adequate human resources and domestic financing for specialized and quality newborn care and other services for children and adolescents. • Strong health management information systems to provide data for monitoring output and outcome results • Government including the public health system will be adaptive & receptive to the social accountability mechanisms. Risks: • Low prioritisation of newborn care by Government. • Shrinking fiscal space which will influence

supervised health personal deployed to all health facilities, AND health information is accurate, timely and used for decision making; AND health commodities and equipment are sufficient.		domestic resource allocations to other areas rather than services for children.
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Output 2: Improved health facilities, caregivers, and communities' capacities to provide quality services for prevention and treatment of malnutrition including during emergencies

Specifically, UNICEF will target interventions towards reaching children during the first 1,000 days of life and will provide technical and funding support towards:

1. Strengthening nutrition leadership, coordination and capacity for implementation at health facility (maternity protection policies/guidelines targeting private sector).
2. Strengthening systems for capture and analysis of nutrition data / information (as part of HMIS) including surveillance.
3. Communication for Development (C4D)/ Social change emphasizing improved MIYCN at health facility and community levels with focus on improvement on feeding practices (including food diversification & cooking demonstrations).
4. National and community systems strengthening for implementation, monitoring and reporting for ODF. (family and community capacities to adopt Positive Sanitation and Hygiene Practices including community Led Total Sanitation).
5. Strengthen WASH and nutrition preparedness and response interventions during emergency based on CCC.

The long-term vision of Eswatini is a country with improved nutritional status of its population, particularly women and children, so that the potential for healthy development and inclusive success of the nation is fully realised.

IF	THEN	ASSUMPTIONS AND RISKS
If Mothers and children especially those aged under two years receive services for prevention of stunting and other forms of malnutrition, If Infants and children are protected from preventable diseases, If Girls and boys especially those aged under two years have increased access to early stimulation and nurturing care, If multi-sectoral political commitment and approaches are in place to support prioritized and integrated package of both nutrition-sensitive and nutrition-specific interventions with an equity focus, If Supporting and implementing partners at national and sub-national level, have increased capacity and accountability in evidence-based planning, budgeting and regulating the scaling up of high-impact nutrition sensitive and nutrition-specific interventions and monitoring the	... then children will access and utilise acceptable minimum diets, then children will have improved nutrition status, then children will be protected from repeated infections, then children will have adequate psychosocial stimulation; then children will thrive and reach their full potential physically and emotionally, thus stunting among children will be reduced.	Assumptions: • Government will allocate adequate domestic resources for sustained vaccine procurement and child health interventions. • Government and partners will provide sustained food diversification inputs for communities • Policies for food fortification and maternity protection will be adopted and implemented by the Private Sector. • Communities are willing and ready to take ownership of community health nutrition and WASH

results with equity, If national systems for harmonized procurement, logistics and supply chain management are strengthened for delivery of equitable and quality essential nutrition services, If government workers in nutrition related sectors (health, agriculture, and others) have increased capacity to deliver nutrition services according to standards at all times, If caregivers, family members, communities and institutions have increased knowledge and skills to practice appropriate feeding practices during critical periods of growth and development, are food secure and demand quality nutrition services, If legislation and policy that protects early and exclusive breastfeeding is enforced; government health sector plans are evidence-based, adequately resourced, effectively implemented, enforced and monitored, if health workers educate mothers and caregivers on stimulation of the babies during the first 1,000 days (from pregnancy to 2 years), AND mothers and care givers stimulate their babies, AND health workers routinely screen children for developmental milestones AND health workers and caregivers identify children with developmental challenges and treat them appropriately	programmes for sustainability. Risks: • Weak systems to identify and support children with disability • Delayed funding for vaccine procurement. • Limited funding to facilitate elimination of open defecation in line with SDG targets. • Emergencies including drought and floods/storms that may affect food production and access to safe water.
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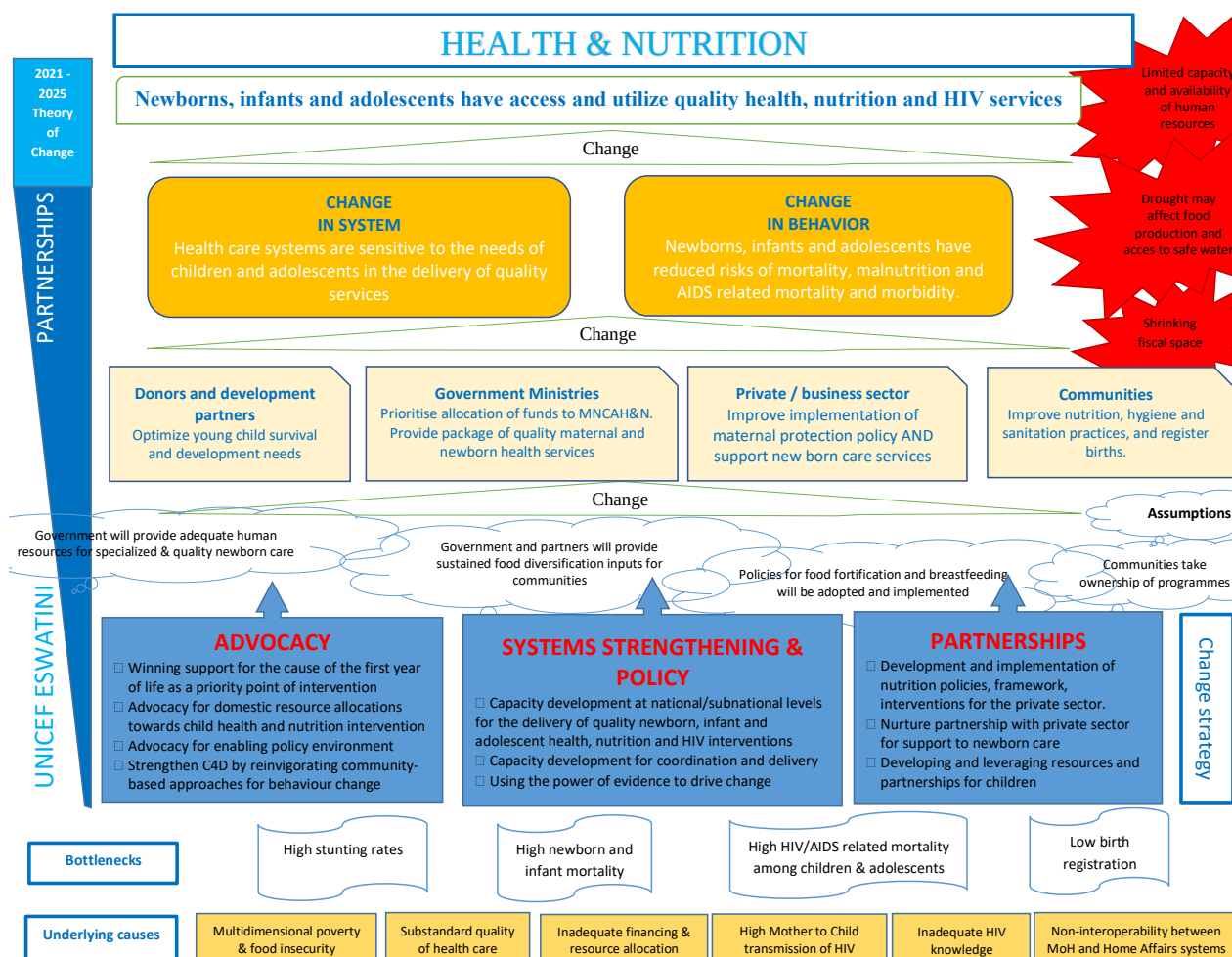
Output 3: Improved capacity to provide gender responsive services for children and adolescents living with HIV, pregnant and breastfeeding women Health facilities and communities'

Awareness creation and community empowerment: UNICEF will target constituencies (Tinkhundla) specifically in regions with highest deprivations and these are in Lubombo, Shiselweni and Manzini. The support will include:

1. Strengthening community level systems capacity to deliver information and promote positive newborn care practices including identification of danger signs in newborns and infant and appropriate management including early initiation of breastfeeding, and birth registration;
2. Strengthening systems linkages between health facilities and communities for enhanced post-natal follow up especially for HIV positive women and HIV exposed children and generate evidence to inform PMTCT programming;
3. Strengthening accountability systems for results for children at community level involving multisectoral actors and enhanced community ownership of newborn care.

The desired outcome is that children and adolescents receive ART and achieve viral suppression which will contribute to reduction of AIDS related mortality.

IF	THEN	ASSUMPTIONS AND RISKS
IF all health facilities and service providers are aware and responsive to adolescent needs including pregnant adolescents, if children and adolescents at risk are tested for HIV through various platforms; if all children and adolescents diagnosed with HIV are initiated on ART, AND children and adolescents living with HIV adhere to ART, if support systems for children & adolescents living with HIV are implemented at health facility and community levels, if care givers and adolescents have adequate knowledge on importance of ART adherence, AND ART for children and adolescents are available at decentralized levels	...then, children and adolescents living with HIV will achieve viral suppression...then children and adolescents living with HIV will live long, thus the number of AIDS related deaths among children and adolescents will reduce.	Assumptions: • Government will sustain the availability of ART especially paediatric formulations • Health services will be adolescents friendly. • Adolescents will utilize youth friendly health services. Risks: • Stockout of ART including paediatric ART formulations.



Outcome 2: Lifelong learning, protection and development

In changing the pathway to move from the current state of high violence, high rate of HIV and low learning outcomes, UNICEF Eswatini's country programme 2021 to 2025 will contribute towards reaching the desired situation where ***all children and adolescent in Eswatini are protected from violence and HIV, are learning and skilled to transition to active citizen***

The overall expected pathway to change is that:

if the education system is efficient and providing all children and adolescent with the necessary skills to learn and become active citizen, including out of school adolescent,

if the child protection system is strengthened to provide quality services for the prevention and response to violence, exploitation and abuse against children and adolescents

if HIV prevention for adolescents and young people is mainstreamed and integrated in all systems

then ***all children and adolescent in Eswatini will be protected from violence and HIV, will be learning and skilled to transition to active citizen.***

The various programme components of learning, protection, HIV and adolescent participation have a detailed Theory of Change, which can be found below:

Output 1: Strengthened education system for improved learning outcomes and skills development		
To strengthen the education system with the vision to equip children and adolescent with the necessary skills to become active citizen, UNICEF Eswatini will to contribute to:		
1) Improving school readiness through roll out of early learning, 2) Improving the quality of education (teaching and learning) 3) Strengthening the Skills and Technical and Vocational Education Training curriculum, including financial and entrepreneurship skills 4) Supporting alternative pathways for out-of-school adolescent 5) Strengthening the data information system 6) Promote adolescent participation in school governance platforms.		
The focus on gender and inclusion will be sharpened through better gender mainstreaming, a focus on parity, and targeted interventions for adolescent girls and children and adolescent living with disability.		
UNICEF Eswatini will also continue advocating for more resources to be allocated to the Education budget and the expansion of school numbers.		
IF	THEN	ASSUMPTIONS AND RISKS
If all children have access to early learning programmes (rollout of grade 0 to all schools, minimum standards, fully budgeted and financed); If the quality of education has improved throughout schooling (good quality teaching and learning materials and tools, qualified teachers, competencies-based assessment, in service training);	THEN the education system will be more efficient, leading to more equitable education provision, and thus leading to more children and adolescent achieving high learning outcomes and better prepared for the world of work	• The Government of Eswatini remains committed to the Children's Agenda, and education remains a priority. • The Government will invest in expanding formal pre-primary education and expand the number of secondary schools • Alternative skilling pathways that will be developed will match local labor market demands

If skills and TVET programmes are better coordinated and structured and adapted to the labour market (skills and TVET framework developed and implemented, curriculum content and teaching methodology, qualified teachers); If alternative pathways for out of school adolescent are accessible and provide young people with the appropriate skills; If schools are safer space for children and adolescent (reduce violence and bullying, reporting system in place, access to services for survivors of violence); If skills for personal empowerment and active citizenship are developed If adolescent participation is embedded in decision making process		- Continuity of education during emergencies (particularly droughts) is ensured with improved government capacity so that there is no break in education of children living in risk prone areas. - Government of Eswatini will develop opportunities to increase domestic revenue and reduce reliance on volatile SACU flows.
Output 2: Strengthened child protection system and develop positive social norms for prevention and response to violence against children and adolescent		
In the context of Eswatini's well-developed policy and legislative framework for child protection, UNICEF Eswatini focus to reduce violence against children and adolescent will support: 1. Strengthening national, regional and sub regional capacity for coordination and response to violence, with a particular focus on sexual violence against children 2. Enhancing positive social norms for the prevention of violence against children 3. Empowering children and adolescent to exercise their rights and agency to live free of violence, seek help and build gender-equitable-non-violent relationships Programming will address critical groups of children with special protection needs who are often left behind, including children in with disabilities, children conflict with law, children living in prisons, children without parental care and children living in alternative care. These particularly vulnerable groups of children and adolescent are often denied access to basic education, health, social protection and justice services.		
IF	THEN	ASSUMPTIONS AND RISKS
If people believe violence is negative and adopt protective behavior; If households, schools, communities, institution and social media are safe and protective environment that support nonviolence and nondiscrimination; If children know their rights and know where to report violence and child right abuse; If adolescent engagement and participation is developed and embedded in all decision-making processes;	THEN the social and cultural norms will be more protective, gender transformative and inclusive, and then the national, regional and subregional violence prevention and response system is more likely to be efficient thus leading to a reduction in violence against children and in sexual violence against adolescent girls.	- The Government of Eswatini remains committed to the Children's Agenda and protecting children against violence is a priority. - Increased commitment to protection against violence during emergencies (particularly droughts) is ensured with improved government capacity to prepare for emergency so that prevention and response mechanism are in place - Government of Eswatini will develop opportunities to increase domestic revenue and reduce reliance on volatile SACU flows.

If the quality of response services to violence is improved; If quality and regular data are available; If a strong coordination system is in place		
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Output 3: Effective, integrated, gender and adolescent responsive system for HIV prevention for adolescent and young people

While there has been a steady decline in new HIV infections among adolescents over the past decade, the slow rate of that decline coupled with the rapidly increasing population of adolescents will continue to fuel the HIV epidemic. The risk is especially high among adolescent girls and young women, adolescent key populations, including those who are sexually exploited, victims of gender-based violence, and men who have sex with men.

UNICEF'S role in the effort to ensure Eswatini has effective integrated systems for HIV prevention for adolescents and young people is premised upon UNICEF's strategic position as a knowledge leader and champion for children, adolescents and young people. Scaled-up and targeted combination prevention packages for adolescents at risk of HIV, including biomedical, behavioural and structural interventions, are urgently needed.

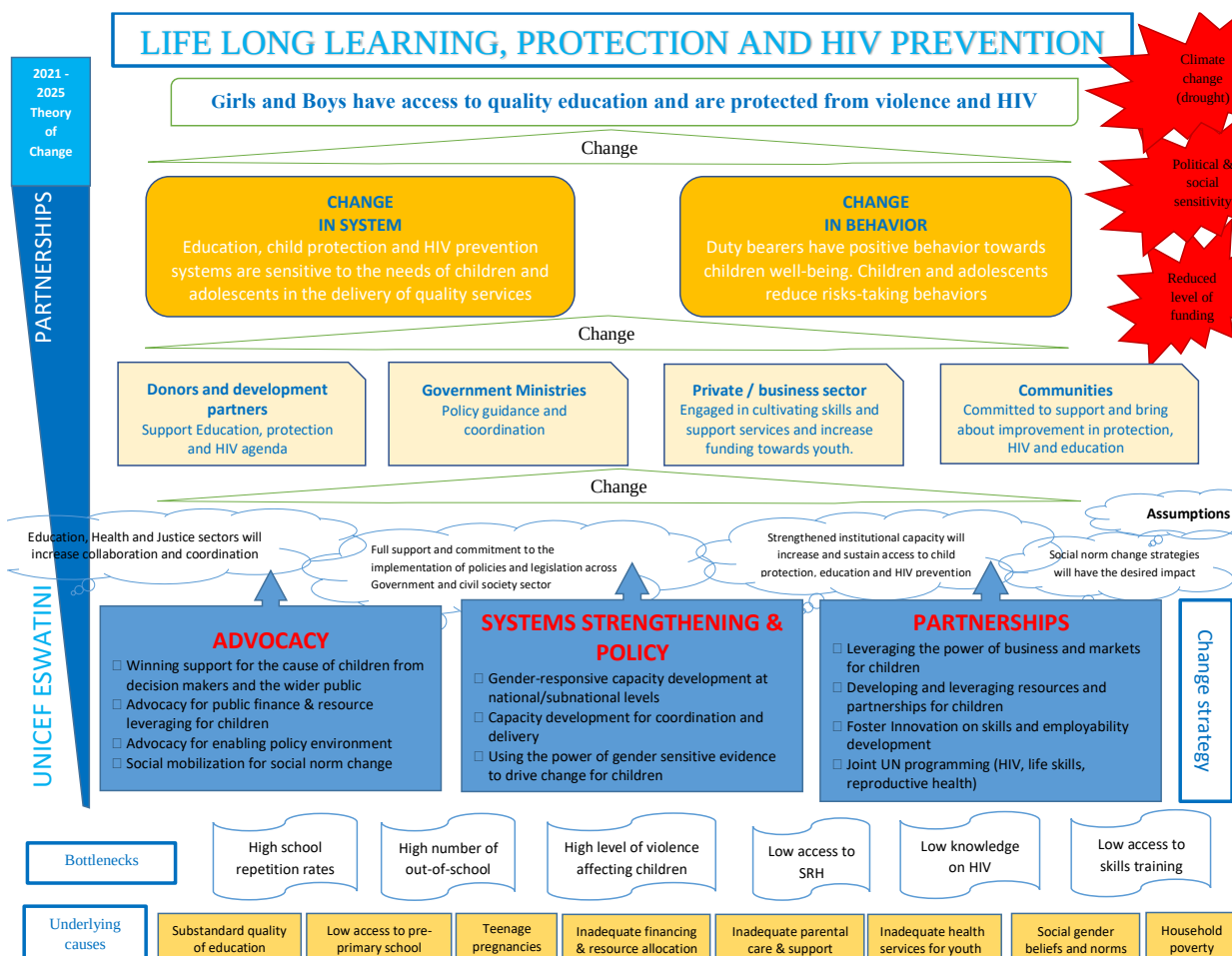
To strengthen the national system with the vision to reduce adolescent and young people's vulnerability to HIV, UNICEF Eswatini will contribute to :

- High level strategic, evidence informed advocacy for removal of barriers mitigating against HIV prevention programming,
- Resource mobilisation and leveraging through partnerships and alliance building.
- Ensure that the voices of adolescents and young people is on the table by supporting advocacy for development of national child and adolescent participation framework
- Ensure schools are used as a platform for an integrated HIV prevention response for adolescents and young people.
- Integrating HIV into adolescent sexual and reproductive health education and services, including prevention of unplanned pregnancy.

Reducing adolescent and young people vulnerability to HIV infection: increasing utilization of gender and adolescent responsive prevention services, scaling up use of new technology and adolescent-friendly communication channels to reach adolescents with key messages on health, education, protection, and HIV.

IF	THEN	ASSUMPTIONS AND RISKS
If HIV prevention programmes for adolescents and young people are sustained and scaled up If quality adolescent responsive health services are available If comprehensive sexuality education is available in schools and in the community If households, schools, communities are safer and gender-based violence is reduced If caregivers and parents have knowledge, skills and positives attitudes for HIV prevention and sexual	THEN, there will be effective integrated systems for HIV prevention for children and adolescents THEN fewer number of new HIV infections in adolescents will occur in Eswatini.	• The Government of Eswatini remains committed to the Children's Agenda, and HIV prevention remains a priority. • Donors funding and domestic resources remains at the level they need to be to achieve the global goals on HIV, • Continuity of HIV services during emergencies (particularly health emergency) is ensured with improved government capacity so that there is no break in access to health services during emergency. • Government of Eswatini will develop opportunities to increase domestic

education for adolescent and young people If demand for quality services is increased If adolescents are meaningfully engaged in HIV prevention programming		revenue and reduce reliance on volatile SACU flows. • High donor dependency on HIV with changes in the global donor context.
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Outcome 3: Social policy

The overarching vision of the Social Policy programme is that by 2025 equity sensitive budget allocations based on high-quality evidence improves effectiveness of national programmes affecting children **which will reduce vulnerabilities faced by children and strengthen the human capital base of the country**. The overall theory of change diagram (see Annex) presents the vision and multi-year change pathway to how each output will be achieved.

Strengthened national capacity to generate robust evidence regarding child poverty can promote policies that address in socio-economic disparities and hence promote social inclusion. To alleviate the burden of multi-dimensional poverty on children and other vulnerable populations, the development of a child sensitive

national social protection system by building national capacity, engaging with key stakeholders and ensuring that national frameworks and programmes adequately encompass children's rights is key.

Strengthened public financial management systems are central to credible budget execution, which will strengthen evidence-based policies as well as balanced and equitable resource allocations to enhance the delivery of basic service delivery to better address the needs of poor and vulnerable children.

To this end, the Social Policy programme will strengthen national systems in the area of statistics, a child-sensitive social protection system and a public finance framework that promote the fulfilment of child rights in Eswatini.

The theory of changes states that:

IF we build strong capacity in national institutions to build the evidence base for policy advocacy and use it to advocate for positive policy change for children;

IF we support the development of a child-sensitive and inclusive national social protection system,

IF government policies are adequately funded to address existing vulnerabilities, including through efforts to expand fiscal space and prioritize the resource envelope;

IF budgetary resources are more effectively, efficiently and equitably used to implement policies for the most vulnerable and marginalized children and women;

IF governance structures and systems are strengthened so that social services for children are delivered as planned and budgeted

THEN social services will reduce vulnerabilities faced by children and strengthen the human capital base of the country by 2025.

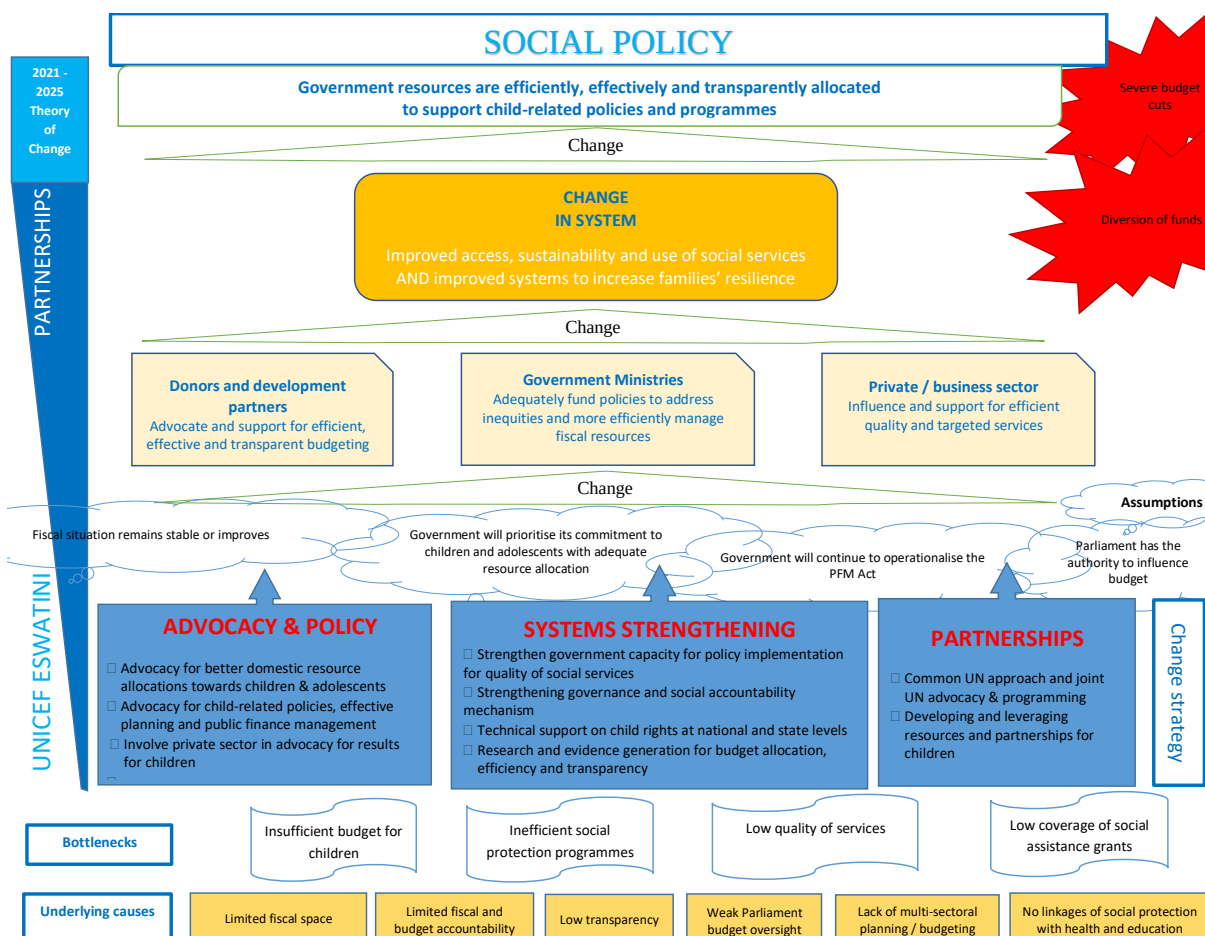
Risks and Mitigation

- Low prioritization of funding for child related sectors. UNICEF will conduct evidence-based advocacy for higher allocations and increased efficiency within the budget allocations for child-related sectors.
- Limited appreciation for the importance of a child-sensitive social protection vis-à-vis national development objectives and targets, UNICEF Eswatini will to engage in advocacy and seek to position social protection as part of the broader social policy agenda of the Government.

Assumptions

- National and state governments are committed to providing a greater emphasis on equity focused monitoring and data management, within the context of evidence-based planning for and achieving the national development goal and targets.

Political will exists to bring about improvements in the child centred planning, budgeting and implementation of social service programmes to reduce inequities.



ANNEX 5. STAKEHOLDER MAPPING

Stakeholders' roles and interest in the Country programme, and key linkages amongst them:

Major stakeholders and partners	Role in the country programme implementation	Key linkages with the other stakeholders
United Nations Children's Fund (UNICEF)		
UNICEF Eswatini Country Office (CO)	Responsibility of Country Programme (CP) development and implementation	Linked with all the other stakeholders
UNICEF ESARO	Support to CO in CP development and implementation	UNICEF Eswatini CO and with UNICEF Executive Board
UNICEF Executive Board	Provide guidelines and overarching support to CO	UNICEF Eswatini CO and with UNICEF ESARO
Government of Eswatini		
Central Statistics Office (CSO)	Multiple Indicator Cluster Surveys	UNICEF Eswatini CO, MoH, MoFT
Deputy Prime Minister's Office (DPMO)	Support for gender and family; youth; social welfare; disability. Prevention and response to VAC (2023)	UNICEF Eswatini CO, MoJCA, MoEPD
Ministry of Economic Planning and Development (MoEPD)	Budgets for children's services; statistics; leadership on aid coordination	UNICEF Eswatini CO, MoFT and with all the other Ministries
Ministry of Education and Training (MoET)	Support for quality primary and secondary education; early childhood development; education information management system	Linked with UNICEF Eswatini CO, MoEPD, DPMO, CSO
Ministry of Finance & Treasury	Civil Registration vital statistic; Ownership of the PF4C agenda and Open Budget Surveys	UNICEF Eswatini CO, MoEPD, CSO
Ministry of Health (MoH)	Maternal, newborn and child health (including immunisation); Health Information Management System; HIV/AIDS prevention, care and treatment; Birth registration; Nutrition Council	UNICEF Eswatini CO, MoEP, MoHA (for birth registration)
Ministry of Home Affairs (MoHA)	Birth registration	UNICEF Eswatini CO, MoH
Ministry of Justice and Constitutional Affairs (MoJCA)	Legal framework for child rights	UNICEF Eswatini CO, MoEPD, DPMO
Ministry of Labour and Social Security (MoLSS)	Social policy development	UNICEF Eswatini CO, DPMO, MoEPD
Ministry of Natural Resources and Energy (MoNRE)	Emergency response; Water Department	UNICEF Eswatini CO, MoEPD
United Nations agencies		
Global Fund to Fight AIDS, Tuberculosis and Malaria	Support the protection from HIV	UNICEF Eswatini CO, MoH, UNAIDS, UNFPA, WHO
International Labour Organization (ILO)	Support to Lifelong learning, protection and development and social policy	UNICEF Eswatini CO, MoET

Joint United Nations Programme on HIV/AIDS (UNAIDS)	• HIV/AIDS prevention and treatment; • Unified Budget Results and Accountability Framework (UBRAF); • PMTCT evaluation; • Sexual exploitation and abuse prevention	UNICEF Eswatini CO, MoH, WHO, UNFPA
Office of the Special Representative of the Secretary-General on Sexual Violence in Conflict	Support to protection from VAC/VAG	UNICEF Eswatini CO, DPMO, MoJCA
Office of the United Nations High Commissioner for Refugees (UNHCR)	Support to Lifelong learning, protection and development and social policy	Linked with UNICEF Eswatini CO, DPMO, MoH, MoJCA, UNFPA, WHO
United Nations Country Team (such as Resident Coordinator Office, Operations Management Team, M&E Task Force)	Support to programme effectiveness	UNICEF Eswatini CO, all the other UN agencies in country, and relevant government stakeholders
United Nations Educational, Scientific and Cultural Organization (UNESCO)	United Nations Partnership / joint programme on the Rights of Persons with Disabilities (UNPRPD) with UNFPA & WHO	UNICEF Eswatini CO, MoET
United Nations Entity for Gender Equality and the Empowerment of Women (UN Women)	Support to Lifelong learning, protection and development and social policy	UNICEF Eswatini CO, DPMO
United Nations Population Fund (UNFPA)	• HIV/AIDS prevention and treatment • United Nations Partnership / joint programme on the Rights of Persons with Disabilities (UNPRPD) with WHO & UNESCO	UNICEF Eswatini CO, MoH, WHO, UNAIDS
United Nations Sustainable Development Cooperation framework (UNSDCF)	• UNICEF lead of the UNSDCF Result Group on Accountable Governance, Justice and Human Rights; • Development of the Civil Unrest Contingency Plan and implementation of preparedness activities; • Participation in all results groups	UNICEF Eswatini CO, all the other UN agencies in country, and relevant government stakeholders
World Food Programme (WFP)	Conduct the Eswatini Vulnerability Assessment	UNICEF Eswatini CO, MoH (Nutrition Council)
World Health Organization (WHO)	• Immunization; • Emergency preparedness and building resilience; • HIV/AIDS prevention and treatment; • United Nations Partnership / joint programme on the Rights of Persons with Disabilities (UNPRPD) with UNFPA & UNESCO; • COVID-19 response	UNICEF Eswatini CO, MoH, UNAIDS, UNFPA
Development partners		
European Union Delegation	• Supporting development of social protection policies; • Collaborations on programmes in the Education sector	UNICEF Eswatini CO, MoET

Foreign, Commonwealth and Development Office (FCDO) / UKAid	• Provision of neonatal and child health services both at community and health facility levels; • HIV/AIDS prevention and treatment (in partnership with UBRAF, 2gether 4SRHR)	UNICEF Eswatini CO, MoH, UNAIDS, UNFPA, WHO
Taiwan International Cooperation and Development Fund	Support to maternal, child and adolescent health component	UNICEF Eswatini CO, MoH
United States Agency for International Development (USAID)	• Support to introducing innovations to health facilities (in partnership with Canada and ELMA); • COVID-19 response	UNICEF Eswatini CO, MoH, WHO, Young Heroes, SWAGAA
United States President's Emergency Plan for Aids Relief (PEPFAR)	Support HIV and AIDS interventions	UNICEF Eswatini CO, MoH, UNAIDS, WHO
World Bank	• COVID-19 response; • Nutrition and general health system strengthening and financing	UNICEF Eswatini CO, MoH, MoET, MoNRE
Civil Society Organisations /NGOs		
Baylor College of Medicine Children's Foundation	Healthcare services	UNICEF Eswatini CO, MoH, right holders
Bantwana Initiative	Mitigating the socio-economic impact of the COVID-19 pandemic amongst selected vulnerable population groups	UNICEF Eswatini CO, DPMO, right holders
Clinton Health Access Initiative Eswatini	Conduct a pilot testing and deployment of an Electronic Maintenance and Management System (EMMS) in 15 selected health facilities	UNICEF Eswatini CO, MoH, right holders
Coordinating Assembly of Non-Governmental Organizations (CANGO)	Primary health care	UNICEF Eswatini CO, MoH, right holders
Elizabeth Glaser Paediatric AIDS Foundation (EGPAF)	PMTCT evaluation	UNICEF Eswatini CO, MoH, right holders
Eswatini Business Health and Wellness	COVID-19 vaccine rollout for underperforming Tinkhundla	UNICEF Eswatini CO, MoH, right holders
Family Life Association Eswatini (FLAS)	SRH service	UNICEF Eswatini CO, MoH, right holders
George Town University	Implementation of health interventions including immunization	UNICEF Eswatini CO, MoH, right holders
Globecare Foundation	Implementation of WASHFIT project to improve water, sanitation and hygiene facilities in health care facilities	UNICEF Eswatini CO, MoH, MoNRE, right holders
Nhloso Likusasa Lichakazile	Mitigating the socio-economic impact of the COVID-19 pandemic amongst selected vulnerable population groups	UNICEF Eswatini CO, DPMO, MoET, right holders
Population Services International (PSI)	Promote health communication and information dissemination in communities	UNICEF Eswatini CO, MoH, right holders

Red Cross	Emergency response; HIV prevention for adolescent and young people in Eswatini	UNICEF Eswatini CO, MoH, right holders
SAFAIDS	Knowledge for action	UNICEF Eswatini CO, MoH, UNFPA, health care centres, right holders
Siphilile	Mentor Mothers Model and promotion of breastfeeding	UNICEF Eswatini CO, MoH, right holders
Swaziland Action Group Against Abuse (SWAGAA)	Prevention and response to VAC and GBV	UNICEF Eswatini CO, DPMO, MoJCA, USAID
Swaziland National Association of Teachers (SNAT)	Advocating for school reopening	UNICEF Eswatini CO, MoET, schools, right holders
The Luke Commission	Facilitate access to healthcare	UNICEF Eswatini CO, MoH, right holders
Vusumnotfo	Capacity Strengthening to Mitigate Climate Change on Community WASH Systems	UNICEF Eswatini CO, MoNRE, right holders
World Vision	Support to Lifelong learning, protection and development component	UNICEF Eswatini CO, MoET, right holders
Young Heros	Reintegration of out-of-school children	UNICEF Eswatini CO, MoET, right holders
Private partners		
Business Eswatini	Support to vaccination campaigns	UNICEF Eswatini CO
Eswatini National Television	Media collaboration	UNICEF Eswatini CO
MTN Foundation	Use of MTN network for U-Report	UNICEF Eswatini CO, right holders
Service providers		
Health centres and hospitals	Provision of health services to children, adolescents, youths, parents; Provision of birth registration services	UNICEF Eswatini CO, MoH, right holders
Schools	Provision of education services to children, adolescents, youths	UNICEF Eswatini CO, MoET, right holders
Right Holders		
Children, adolescents, youths (female and male, persons with disabilities)	Benefit from health services, lifelong education, protection, social policies	Service providers (health centres and hospitals; schools), CSOs
Parents	Access to PMTCT services	Service providers (health centres), CSOs

ANNEX 6. DEEP DIVE DATA COLLECTION AND SUBNATIONAL SITE VISITS

Overview of Data Collection for the Three Deep Dives

Outcome	Theme	National interviews	Subnational visits
	1. Immunization as an entry point to promote integration of immunization and other essential services in Primary Health Care (PHC) health facilities: health system strengthening to bring about changes	KIIs with UNICEF Eswatini (2) MoH (5), IP (2)	KIIs: King Sobhuza II Public Health Unit staff - Manzini Region (3), Ministry of Health - Manzini Region (4) Focus group discussion with rights holders (8)
	2. System strengthening within the education sector: supporting the establishment of an education management informant system	KIIs with UNICEF Eswatini (2), MoF (2), MoET (3), IP (1)	KIIs with staff at St. Francis Primary School, Mbabane (3)
	3. Supporting policy development in the social assistance sector	KIIs with UNICEF (1), DPMO (4), WB (1)	N/A

Subnational Site Visits In More Depth

Date	Stakeholder / Project	Details
29/01/2025	King Sobhuza II Public Health Unit, Manzini	Group interview with Public Health Unit Manager and two nurses, and visit to some of the PHU premises, with a focus on the vaccines storage and cold room financed by UNICEF FGD with eight mothers of children who had received integrated immunization services in the last four years at the PHU.
29/01/2025	St. Francis Primary School, Mbabane outskirts	Group interview with the school Principal, Deputy Principal, and Focal Teacher for Education Management Information Systems

ANNEX 7. DATA COLLECTION INSTRUMENTS

Background:

The data collection tools were prepared for different types of stakeholders. They are aligned with the evaluation matrix (with interview guides including all questions related to where they are considered to be informants).

It should be noted that the guides were adjusted according to particular areas of interest/ experience of stakeholders and/ or the time available. In some cases, the time and/or dynamics of interviews did not allow or make advisable the inclusion of the full list of questions.

This annex presents an overall introduction and then specific questions for each stakeholder type.

The guidance was for:

- Interviews with national government stakeholders
- Interviews with UNICEF staff
- Interviews with other UN agencies
- Interviews with implementing partners
- Interviews with other development partners
- Interviews with service providers
- Focus Group Discussions with rights holders
- Web survey for UNICEF staff and implementing partners
- U-report survey

Introduction

At the start of each interview there was an introduction by the evaluation team to provide an overview and background information to the evaluation:

Good morning Mr/ Ms [name],

Many thanks for your availability to meet me/us today.

My name is [name of the evaluator], I am an independent evaluator within Indeva Consulting, the evaluation team that is currently conducting the external evaluation of UNICEF's work in Eswatini in the last four years, from 2021 to 2024. The purpose of this evaluation is to build a comprehensive evidence base to inform the development of UNICEF's next five-year country programme for Eswatini, which is due in 2025.

The evaluation will cover UNICEF's interventions in Eswatini from March 2021 to December 2024. It will include the entirety of UNICEF's engagement in the country and, therefore, any interventions funded by all sources, and any humanitarian or emergency response supported by UNICEF Eswatini during the period under evaluation. The evaluation will pay particular attention to the cross-cutting themes of equity, gender equality, and disability inclusion in UNICEF's work.

More in detail, the evaluation will assess the relevance, effectiveness, efficiency, coherence, and sustainability of the Eswatini Country Programme from its inception to the present, and UNICEF's strategic positioning in relation to its child rights mandate. It will identify key successes, challenges, and lessons in implementing the current Country Programme, which can inform and support advocacy efforts for scale-up and replication. It will provide a set of forward-looking and actionable recommendations to the design of the next Eswatini Country Programme, taking into consideration national development priorities and plans and the 2030 Agenda for Sustainable Development in the country.

As a UNICEF partner, we really value your opinions and perspective to inform this evaluation. This interview is confidential. While your name will be indicated in the list of key informants in the evaluation report, in no

way in the report it will be possible to trace what you said. Your participation is voluntary. You can decide not to participate, or you can choose to stop at any time. If there is a question that you do not want to answer for any reason, you do not have to answer it. Please know that you can skip any question they are not comfortable answering, and you can decide to end their participation at any time.

During the interview, I will be taking notes to help me remember what will be said. The interview will last no longer than one hour.

Do you have any questions at this stage? If you have questions at a later stage, you can contact me or X [\[name of the Evaluation focal point\]](#).

Knowing this information, are you willing to participate in this discussion?

Initial question for all:

The interviewee will be asked about their role and how long they have been doing it, so as to ascertain their type and length of engagement with UNICEF.

Interviews with national government stakeholders

Initial questions:

- Can you please tell me about your Ministry's engagement with UNICEF?

Effectiveness follow-up:

- What do you consider to be UNICEF's main contributions to [technical area] that you are aware of?
- What have been the main enabling factors/ 'ingredients' of UNICEF's work that had led them to have success in the [areas mentioned above]
[Probe on convergence strategies, capacities, partnerships, gender, disability and equity responsiveness)?
- Please share any shortcomings of UNICEF's work (in technical area) that you are aware of?
- To what extent has UNICEF responded to emergency situations, climatic shocks, governance issues?

Coherence:

- Do you believe that UNICEF is playing a complementary and supportive role in relation to the work of your ministry?
- Do you believe that UNICEF is working in a sufficiently coordinated way with other UN agencies and development actors? Are there any examples of overlap?
How was the co-ordination during the Covid 19 pandemic?
- Do you feel that UNICEF is sufficiently leveraging its comparative strengths to help achieve its results?

Relevance:

- Overall, do you believe that UNICEF's work is appropriately identifying and responding to the priority needs in realising child rights?
- Do you believe that UNICEF is identifying and responding sufficiently to the needs of girls? Of disabled children? Of lower income groups?
- Has UNICEF responded to changes in need over the last five years?

Sustainability

- To what extent do you feel that the successes from UNICEF's work likely to continue in the future?

- Can you share any examples of where UNICEF's support has led to any changes in government mechanisms, systems, policies?
- Are there any interventions that the government is planning to replicate or scale up?

Interviews with UNICEF staff

Initial questions:

- Can you please tell us about your role in UNICEF and how long you have been in post?

Effectiveness:

- What in your view have been UNICEF's main achievements and contributions to [technical area] within the current country programme cycle?
- Why do you think that these have been successful?
[Probe on convergence strategies, capacities, partnerships, gender, disability and equity responsiveness as relevant]
[If not already covered.. what are the main successes in upstream work – system strengthening / policy advocacy? Can you tell us about why they have worked? This is a key area of interest for the evaluation. Likewise, what are the key challenges and what is UNICEF doing to progress?]
- Please can you tell us about UNICEF's response to the changing context - emergency situations, climatic shocks, governance issues – and whether it has been sufficient?
- What in your view have been and are the main challenges in achieving the objectives of the current programme cycle (in technical area) ?
- What has contributed to those challenges?

Coherence:

- Do you believe that UNICEF is playing a complementary and supportive role in relation to the government? Is there any misalignment?
- Do you believe that UNICEF is working in a sufficiently coordinated way with other UN agencies and development actors? Are there any examples of overlap?
- How was the co-ordination during the Covid 19 pandemic?
- Do you feel that UNICEF is sufficiently leveraging its comparative strengths to help achieve its results?

Relevance and programme design:

- Overall, do you believe that the design of the current programme has been 'fit-for purpose?' (thinking of the three outcome areas, theories of change, main strategies)
- Is there anything in hindsight that you feel should have been different?
- What's your view on whether UNICEF has been appropriately identifying priority needs in realising child rights?
Probe. Do you believe that UNICEF is identifying and responding sufficiently to the needs of girls? Of disabled children? Of lower income groups?
- Within programming in practice, is UNICEF adequately responding to their needs? Follow up. What could be done differently?

Efficiency?

- Do you find UNICEF systems to be supportive and enabling for efficient programme implementation? Are there any key challenges?
- Would you say that programme implementation has been efficient, generally?
- What is your view on whether there is sufficient human and technical capacity in-country to deliver?

- What is your view on the degree of financial allocation that UNICEF has (approx.. \$16 million over 5 years) in relation to the scale of need?
- Is the programme structure conducive to efficient and effective programme implementation?

Sustainability

- To what extent do you feel that the successes from UNICEF's work likely to continue in the future?
- Can you share any examples of where UNICEF's support has led to any changes in government mechanisms, systems, policies?
- Are there any interventions that the government is planning to replicate or scale up?
- What are the main challenges to achieving long-lasting impact from the CP?

Interviews with other UN agencies

Effectiveness:

- What do you consider to be UNICEF's main contributions in Eswatini over the last 4-5 years?
- Why do you believe that these have been successful? What have been the main enabling factors?
- Do you believe that UNICEF places sufficient emphasis (in practice) on gender, disability and equity, and reaching those marginalised groups?
- Do you believe that UNICEF is working in a sufficiently strategic way within Eswatini? Are they tapping into their strengths sufficiently? Are there any areas of duplication? Are there any areas that you feel that they could be working in, but aren't currently?
- To what extent has UNICEF responded to emergency situations, climatic shocks, governance issues?

Coherence:

- In your view, is UNICEF working in a sufficiently coordinated way with other UN agencies and development actors, including yourselves?
- Can you please tell me about UNICEF's co-ordination with yourselves during the Covid 19 pandemic?

Relevance:

- Overall, do you believe that UNICEF's work is appropriately identifying and responding to the priority needs in realising child rights in Eswatini?
[Probe. Do you believe that UNICEF is identifying and responding sufficiently to the needs of girls? Of disabled children? Of lower income groups?]

Efficiency:

- What is your view on the degree of financial allocation that UNICEF has (approx. \$16 million over 5 years) in relation to the scale of need?
- Do they appear to have sufficient human and technical capacity in-country to deliver?

Sustainability

- To what extent do you feel that the successes from UNICEF's work is likely to continue in the future? What are the main challenges in the Eswatini context?

Interview with implementing partners

Initial:

- Can you please tell me about your organisation's engagement with UNICEF?

Effectiveness:

- Within your work with UNICEF, what do you consider to be the main achievements?

- Why do you think that those initiatives [adapt to appropriate wording dependent on response above] have been particularly successful?
- Have there been any challenges (external or internal) to achieving planned for results? What has contributed to those challenges? Could anything have been done to avoid them?
- Could you please tell me about UNICEF's responses to any emergency situations, climatic shocks, governance issues whilst you have been working with them?

Coherence:

- In your view, is UNICEF working in a sufficiently coordinated way with government? And other development actors?
- Can you please tell me about UNICEF's co-ordination with yourselves during the Covid 19 pandemic?

Relevance:

- Can you share with us whether UNICEF is particularly supporting the most vulnerable children within programming? How do they identify them? And how do they address their needs? Is this sufficient in your view? *[Note that have brought relevance and effectiveness together here as more logical for interviewee]*
[Probe re needs of girls? Of disabled children? Of lower income groups?]

Efficiency:

- Has UNICEF supported yourselves efficiently? How do you tend to communicate with them?
- Do they respond in a timely way?
- Are payments made on time? Have there been any contractual issues?
- Do they appear to have sufficient human and technical capacity in-country to deliver?

Sustainability

- To what extent do you feel that the successes from UNICEF's work is likely to continue in the future?
- Can you tell us about any interventions/ initiatives that are likely to be widely replicated or adapted, and scaled up?
- What are the main challenges in the Eswatini context n children's rights that need to be responded to going forward?

Interviews with other development partners

Initial:

- Can you please tell me about your organisation's engagement with UNICEF?

Effectiveness:

- What do you believe to be UNICEF's main successes in Eswatini over the last 4-5 years?
- Why do you think that those initiatives [adapt to appropriate wording dependent on response above] have been particularly successful?
- Do you believe that UNICEF is working in a sufficiently strategic way within Eswatini? Are they tapping into their strengths sufficiently? Are there any areas of duplication?
- Are you aware of how UNICEF has responded to change - emergency situations, climatic shocks, governance issues?

Coherence:

- In your view, is UNICEF working in a sufficiently coordinated way with development actors, including yourselves?

- Can you please tell me about UNICEF's co-ordination with yourselves during the Covid 19 pandemic?

Relevance:

- Overall, do you believe that UNICEF's work is appropriately identifying and responding to the priority needs in realising child rights in Eswatini?
[Probe. Do you believe that UNICEF is identifying and responding sufficiently to the needs of girls? Of disabled children? Of lower income groups?]

Efficiency:

- What is your view on the degree of financial allocation that UNICEF has (approx. \$16 million over 5 years) in relation to the scale of need?
- Do they appear to have sufficient human and technical capacity in-country to deliver?

Sustainability

- To what extent do you feel that the successes from UNICEF's work is likely to continue in the future?
- What are the main challenges in the Eswatini context?
- Are there any areas that you feel that they could be working in, but aren't currently?

Interviews with Service Providers

These are for the deep dive areas: (i) health facilities that provide immunisation services; (ii) school regarding education management information services

Initial:

- Can you please tell me about your organisation's engagement with UNICEF/ implementing partner?

Effectiveness:

- Within your work with UNICEF/ implementing partners, what do you consider to be the main achievements?
- Why do you think that those initiatives [adapt to appropriate wording dependent on response above] have been particularly successful?
- Have there been any challenges (external or internal) to achieving planned for results? What has contributed to those challenges? Could anything have been done to avoid them?
- Could you please tell me about UNICEF's responses to any emergency situations, climatic shocks, governance issues whilst you have been working with them?

Coherence:

- In your view, is UNICEF/ the implementing partner working in a sufficiently coordinated way with local government? And other development actors?
- Can you please tell me about UNICEF/ implementing partner's co-ordination with yourselves during the Covid 19 pandemic?

Relevance:

- Can you share with us whether UNICEF/ implementing partner is particularly supporting the most vulnerable children within programming? How do they identify them? And how do they address their needs? Is this sufficient in your view? *[Note that have brought relevance and effectiveness together here as more logical for interviewee]*
[Probe re needs of girls? Of disabled children? Of lower income groups?]

Efficiency:

- Has UNICEF/ implementing partner supported yourselves efficiently? How do you tend to communicate with them?
- Do they respond in a timely way?
- Are payments made on time? Have there been any contractual issues?
- Do you engage with other partners from UNICEF's wider programme (e.g. other similar service providers, and/ or implementing partners) to share experiences ?

Sustainability

- To what extent do you feel that the successes are likely to continue in the future?
- Can you tell us about any interventions/ initiatives that are likely to be widely replicated or adapted, and scaled up?
- What are the main challenges in your area [immunisation/ health, early child education, social welfare) that need to be addressed going forward?

Group interview with the Youth Advisory Board

The group interview will be with 3-5 adolescents and youths, aged 15 and over. The aim is to understand their experience of engaging with UNICEF on the Youth Advisory Board (degree and scope of engagement, satisfaction levels, perspectives on uptake, and priorities for youth in Eswatini for the future).

The purpose of their engagement will be fully explained, along with their rights (informed consent, confidentiality, ability to stop the interview/ process at any stage, see section 6). They will not be requested to share personal information or personal stories thus reducing any potential ethical risk/ concern.

It will be important to ensure ethical and do-no-harm considerations are integrated. Parental consent forms may be sought if advised and agreed by UNICEF, and referral pathways can be set out with guidance by UNICEF. The evaluation team will adhere to the principles set out in UNICEF's Ethical Research Involving Children.² As an established group of adolescents that UNICEF regularly engages with, the evaluation team will defer to UNICEF protocols/ processes.

Questions

Initial:

- Can you please tell me about your experience of being on the Youth Advisory Board?

Effectiveness:

- What do you think works well about the work of the Youth Advisory Board?
- Do you feel that the work of the Youth Advisory Board is listened to within UNICEF? Can you give me examples please?
- Are there any areas that do not work as well?
- How could it be improved in the future?

Relevance:

- Do you feel that the Youth Advisory Board is representative of youth? Probe. Gender, disability, equity, HIV?
- What are the key issues for children, adolescents, and youth currently in Eswatini?

² UNICEF, 2013, Ethical Research Involving Children

- From your perspective are UNICEF responding adequately to these issues?

Efficiency:

- Do you feel sufficiently supported by UNICEF?
- Are there systems in place to provide feedback?
- How efficient is UNICEF's administration around the Youth Advisory Board?

Sustainability:

- How do the Youth Advisory Board members ensure that the benefits of being on the Board are of wider benefit (through schools/ colleges/ youth groups/ wider community)?

Focus Group Discussions with rights holders

Introduction:

Hello and welcome!

My name is [name of the facilitator] and this is my colleague [name of the observer/note-taker]. We are currently doing an assessment of UNICEF's work in Eswatini in the last four years, from 2021 to 2024. UNICEF has supported the delivery of immunization services in your community / early child education centres / social welfare services [this to be adjusted based on the topic of the FGD]. Since you have first-hand experience of the immunization services / early child education centres / social welfare services, we really value your opinions and perspective about what worked well and what worked less well. They will contribute to learning and to inform future delivery of this service.

During this discussion, we will ask you some questions. Please, know that there are no right or wrong answers. You don't need to come to any agreement. We expect you to have different points of view and you are welcome to share your point of view even if it differs from what others have said. We are here to ask questions, listen, and make sure everyone has a chance to share.

We are interested in hearing from each of you. So, if you will talk a lot, we may ask you to give others a chance. And if you aren't saying much, we may call you on, although you are free not to respond. We just want to make sure we hear from all of you, and you all have a chance to share your opinion. Overall, the session should take no longer than one hour /hour and a half.

We will be taking notes to help us remember what will be said. The information you will share is confidential and will not be passed to others. No names will be included in any reports.

Please note that your participation is voluntary. If you decide not to participate, that is completely okay, we will understand. If you do decide to participate, you can choose to stop at any time. If there ever is a question that you do not want to answer for any reason, you do not have to answer it. Please know that you can skip any question they are not comfortable answering, and you can decide to end their participation at any time.

Do you have any questions at this stage? If you have questions at a later stage, you can contact X [name of the Evaluation focal point] for any clarifications

Knowing this information, are you willing to participate in this discussion?

Questions for each deep dive FGD:

Deep dive 1: Immunization as an entry point to promote integration of immunization and other essential services in Primary Health Care (PHC) health facilities: health system strengthening to bring about changes

[4-8 Parents/ caregivers of children who have received immunisations]

- Can you please tell us about your experiences of the services that you have received during the immunisation visits?
- Has it been beneficial for you, your child and household?

- Did you have any concerns about the experience?
- Is there anything that could be improved?

Deep dive 2. System strengthening within the education sector: supporting the establishment of an education management informant system [4-8 school management and teachers]

- Can you please tell us about your experiences of the education management information system?
- How has it been beneficial for the school? In what ways?
- How has the process of adopting it within the school been?
- Was there sufficient support and training?
- Have there been any challenges of using it? What do you do when you face any challenges? Is there sufficient support?
- How about children with disabilities? OVC? Others? how decide on who to include?
- Is there anything that could be improved?
- Can you use it to also access data about children's health?
- Has there been any cross learning with other schools?

Staff and Implementing Partners Survey

Sections in blue are to guide the Evaluation Team and the EMG/ERG. They will not be included and displayed in the final survey.

Sections in black are the actual survey questions, answers, and instructions

Introduction

The East and South Africa Regional Office (ESARO) Evaluation Office of UNICEF has commissioned an independent evaluation of UNICEF Eswatini Country Programme 2021-2025, focusing on UNICEF's work in Eswatini from 2021 to end of 2024. Amongst its objectives, the evaluation aims to assess the results from the ongoing Country Programme and to learn lessons with which to inform the development of the next UNICEF Country Programme Document in early 2025.

The evaluation is basing its data collection approach on both in-person and remote data collection tools, including a web-based survey. This survey targets UNICEF staff and UNICEF's implementing partners' staff who have been working with UNICEF in the last four years. As key stakeholders in this evaluation, we really value your feedback regarding UNICEF's contribution to the well-being of children in Eswatini.

Your responses will be submitted to the evaluation team and the information will not be directly shared with any UNICEF staff members. The survey includes some background questions to help the evaluation team disaggregate data. No question in the survey is mandatory; however, we kindly encourage you to share your honest opinion, in order to assess and improve UNICEF's work in the future. Please be assured that the survey is strictly anonymous and confidential.

The survey will likely take no longer than 15 minutes of your time, although you are welcome to spend more time on it if you wish. The survey will be active until 30 January 2025. We would greatly appreciate it if you could please complete the survey by that date.

Participation in this survey confers consent for the information from this survey to be used confidentially for the purposes of the evaluation. Your responses will remain confidential and will not be shared with any other persons.

Section A: Respondent profile

Firstly, we would like to know some details about you and your area of work for disaggregation purposes. Information provided is confidential.

Q1. What kind of organisation or institution do you work with? *Please, select one answer.*

- UNICEF
- Civil Society Organisations / Non-governmental Organisations
- Private business
- Other (*please specify*)

Q2. What is your main area of work? *You can select as many answers as appropriate.*

- Immunization
- Nutrition
- HIV prevention and care
- Lifelong education
- Child protection
- Social protection
- New-born registration
- Other (*please specify*)

Q3. For UNICEF personnel, how long have you been working with UNICEF Eswatini? For the personnel of other institutions and organizations, how long have you (as an individual) been working in partnership with UNICEF? *Please, select one answer.*

- Prior to 2021
- Since 2021
- Since 2022
- Since 2023
- Since 2024

Q4. With what of the following gender do you identify yourself? *Please, select one answer.*

- Female
- Male
- Non-binary
- Prefer not to say

Section B: Your opinion on UNICEF's work in Eswatini

Relevance

[Link to EQ1 and EQ2](#): Q5. To what extent do you agree with the following statements on the alignment of UNICEF's strategies and approach in the last four years to Eswatini national and subnational priorities and need, particularly amongst vulnerable groups? *Please, select one answer for each statement.*

Answer options: Strongly disagree, Disagree, Agree, Strongly agree, Don't know

- UNICEF's strategies and approach have been tailored to address the unique needs and circumstances of children in Eswatini, taking account of different regional and urban-rural needs
- Specific strategies have been in place to reach girls, and mitigate gender-based disparities in access and participation
- Specific strategies have been in place to children with disabilities, and mitigate disparities in access and participation
- Systematic mechanisms have been put in place for collecting, acting on and responding back to feedback from programme participants and other stakeholders
- UNICEF's strategies and approach have been sufficiently assessed to capture changing needs, and adjusted when necessary to changing needs
- UNICEF's strategies and approach have been innovative and have adapted to cater to the specific needs of the target population

Effectiveness

[Linked to EQ6](#): Q6. How satisfied are you with the results achieved in your area of work through UNICEF's initiatives and interventions in terms, for instance, of service coverage, accessibility, quality etc. Please refer to a rating scale from 1 to 7, with 1 being very dissatisfied and 7 being very satisfied? *Please, provide a rate to the statements that refer to your area(s) of work.*

- Immunization
- Nutrition
- HIV prevention and care
- Lifelong education
- Child protection
- Social protection policy
- New-born registration
- Other (*please specify*)

[Linked to EQ7](#): Q7. Please explain what you feel has contributed to the effectiveness of the work (such as policy support, resource allocation, stakeholder engagement etc.). [Open answer]

[Linked to EQ7](#): Q8. Please explain what you feel has hindered the effectiveness of the work (such as policy support, resource allocation, stakeholder engagement etc.). [Open answer]

[Linked to EQ8:](#) Q9. How satisfied are you with UNICEF's capacity to adequately respond to contextual changes, such as emergency situations, climatic shocks, governance changes, on a rating scale from 1 to 7, with 1 being very dissatisfied and 7 being very satisfied? *Please, select one answer.*

Answers: 1 - 2 – 3 – 4 – 5 – 6 - 7

[Linked to EQ6:](#) Q10. To what extent do you think that UNICEF's interventions and initiatives in Eswatini have been successful in promoting the following cross-cutting themes, on a rating scale from 1 to 7, with 1 being not at all successful and 7 being very successful? *Please, select one answer.*

Answers: 1 - 2 – 3 – 4 – 5 – 6 - 7

- Equity
- Gender equality
- Inclusion of people with disabilities

Q11. If you'd like, please provide any further feedback about UNICEF's effectiveness, and particularly in promoting equity, gender equality and disability inclusion. [Open answer]

Sustainability

[Linked to EQ11:](#) Q12. How likely is it that the positive changes and effects brought about through UNICEF's contribution will be sustainable at the relevant levels (e.g., community, regional, national) in the future, without UNICEF's support? *Please, select one answer.*

Answer options: Very unlikely, Unlikely, Likely, Very likely

[Linked to EQ12:](#) Q13. Can you provide an example (or examples) of intervention(s) that may be likely to continue and be scaled up without UNICEF's support? [Open answer]

Efficiency

[Linked to EQ10:](#) Q14. To what extent do you agree with the following statements on UNICEF's efficiency in delivering its mandate? *Please, select one answer for each statement.*

Answer options: Strongly disagree, Disagree, Agree, Strongly agree, Don't know

- Financial resources are adequate to achieve the UNICEF Eswatini's intended results within the timeframe
- Human resources are sufficient to achieve the UNICEF Eswatini intended results within the timeframe
- Technical capacity of UNICEF Eswatini is sufficient to achieve its intended results
- Activities are implemented in a timely way
- Activities effectively meet their intended goals
- Funds to implementing partners are disbursed on time

[Linked to EQ10:](#) Q15. What main internal challenges and limitations for effective implementation have you identified *Please, type your answer.* [Open answer]

Q16. Please add any further feedback about UNICEF's support in Eswatini, providing examples as relevant. *Please, type your answer.* [Open answer]

We greatly appreciate your time and responses. Thank you!

U-Report Survey Questions

Introduction:

U-Reporter, greetings!

UNICEF wants to know your views about some of their areas of work in Eswatini. Your answers will be anonymous and confidential, and in no way they will be attributable to your person. You can be absolutely honest about what you think, and you can skip any question that you don't want to answer.

Thank you!

Survey questions

1. Over the past four years, do you feel that the **health facilities and services**, like vaccinations for children, or sexual and reproductive health for teenagers and young people, in Eswatini have become better, worse or not changed?

- Better
- Worse
- I see no change
- I don't know

2. Over the past four years, do you feel that **the services for HIV prevention and care** for teenagers and young people in Eswatini have become better, worse or not changed?

- Better
- Worse
- I see no change
- I don't know

3. Over the past four years, do you feel that **school system** for children, teenagers and young people in Eswatini have become better, worse or not changed?

- Better
- Worse
- I see no change
- I don't know

4. Over the past four years, do you feel that the access to **out-of-school alternative pathways** for teenagers/young people in Eswatini have become better, worse or not changed?

- Better
- Worse
- I see no change
- I don't know

5. Over the past four years, do you feel that **services for protection from violence and abuse** against children, teenagers and young people in Eswatini have become better, worse or not changed?

- Better
- Worse
- I see no change
- I don't know

6. Over the past four years, do you feel that **gender equality and girls and young women empowerment** in Eswatini have become better, worse or not changed?

- Better
- Worse

- I see no change
- I don't know

7. Over the past four years, do you feel that **the inclusion of persons of disability** in Eswatini have become better, worse or not changed?

- Better
- Worse
- I see no change
- I don't know

8. What do you feel are the **priority areas** for children, teenagers and young people in the future in Eswatini?

- Immunization
- Nutrition
- HIV prevention and care
- Lifelong education
- Out-of-school alternative pathways
- Protection from violence and abuse
- Social protection policy
- Other (*please specify*)

9. If you have visited any UNICEF supported services in Eswatini, how was your experience?

- I have never visited any UNICEF supported services
- I have visited a UNICEF supported services, and my experience was positive ☐
- I have visited a UNICEF supported services, and my experience was negative ☐

ANNEX 8. LIST OF PERSONS CONSULTED

United Nations Children's Fund (UNICEF)

Organization	Key informant's name	Role	Gender	Individual / Group interview	Online / In person
UNICEF Eswatini CO	Amina Mohammed	Country Representative	F	Group	In person
UNICEF Eswatini CO	Afshin Parsi	Deputy Representative	M	Group	In person
UNICEF Eswatini CO	Chiara Pierotti	Chief of Child development	F	Individual	Online
UNICEF Eswatini CO	Ruben Antonio Pages Ramos	Chief of Youth and Adolescent Development	M	Individual	Online
UNICEF Eswatini CO	Shan Ni	Social Policy Programme Lead	F	Individual	Online
UNICEF Eswatini CO	Phumzile Dlamini	Child Protection specialist	F	Group	Online
UNICEF Eswatini CO	Victor Nkambule	Education specialist	M	Group	Online
UNICEF Eswatini CO	Nokuthula Mdluli	HIV/SRHR officer	F	Group	Online
UNICEF Eswatini CO	Mduduzi Shongwe	LLPD Programme Associate	M	Group	Online
UNICEF Eswatini CO	Makohsini Mamba	Health & Nutrition	M	Group	Online
UNICEF Eswatini CO	Nontokozo Sithembile Dlamini	Wash	F	Group	Online
UNICEF Youth Advisory Board	Luyanda Mndzebele	Board Chair	F	Individual	Online
UNICEF Youth Advisory Board	Thabiso Dlamini	Board Secretary	M	Group	Online
UNICEF Youth Advisory Board	Siboniso Mamba	Deputy Chair Member	M	Group	Online
UNICEF Youth Advisory Board	Tweedy Carra Ndzinisa	Board Member	F	Group	Online
UNICEF Youth Advisory Board	Leanne Mayer	Board Member	F	Group	Online
UNICEF Youth Advisory Board	Nosipho Ndlala	Board Member	F	Group	Online
UNICEF Youth Advisory Board	Bayabonga Masuku	Board Member	M	Group	Online
UNICEF Youth Advisory Board	Sicalo Ndlovu	Board Member	M	Group	Online
UNICEF Youth Advisory Board	Silindzile Ngwenya	Board Member	F	Group	Online

UNICEF ESARO	Laurie Gulaid	Regional HIV Adviser	F	Individual	Online
UNICEF ESARO	Polycarp Otieno	Regional System Strengthening (EMIS)	M	Individual	Online

One staff member preferred to send a written response and her comments were also included within the evaluation data collection and analysis process:

UNICEF ESARO	Sarah Hague	Regional Social Policy Adviser	F	Written response	Online
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Government of Eswatini

Ministry	Key informant's name	Role	Gender	Individual / Group interview	Online / In person
Deputy Prime Minister's Office	Semay Neves (Masilia)	Deputy Director Social Welfare	F	Group	In person
Deputy Prime Minister's Office	Nomvula Mkhabela	Senior social worker	F	Group	In person
Deputy Prime Minister's Office	Tio Anza [will send email with name]	Senior social worker. Acting Disability Programme Manager	F	Group	In person
Deputy Prime Minister's Office	Fikile Shongwe	Head of Disability Unit	F	Individual	In person
Deputy Prime Minister's Office	Ms Nomzamo Dlamini	Director, Department of Gender & Family Issues	F	Individual	In person
Deputy Prime Minister's Office	Sibongile Dlamini	Senior Childrens co-ordinator Office in Children Services Department.	F	Individual	In person
Deputy Prime Minister's Office	Fikile Shongwe	Program Manager - Disability Unit	F	Group	In person
Ministry of Health	Simon Zwane	Former Principal Secretary - MoH	M	Individual	In person
Ministry of Health	Velephi Okello	Director- Health Services	F	Individual	In person
Ministry of Health	Makosini Dlamini	Project Manager	M	Individual	In person
Ministry of Health	Sdumo Lukhele	Health Promotion Manager	M	Group	In person
Ministry of Health	Xolisiwe Dlamini	EPI Manager	F	Group	In person
Ministry of Health	Sniketiwe Zwane	NNC Manager	F	Group	In person
Ministry of Health	Nozipho Motsa	SRHU Acting Manager	F	Group	In person
Ministry of Health	John Myeni	RHM Manager	M	Group	In person

Ministry of Health	Vusumuzi Dlamini	Biomedical engineer - Biomedical Engineering unit (Bio Med)	M	Group	In person
Ministry of Health	Nontobeko Dlamini	Biomedical engineer - Biomedical Engineering unit (Bio Med)	F	Group	In person
Ministry of Health	Pastor Wiseman	PMTCT	M	Group	In person
Ministry of Home Affairs	Andile Dlamini	Civil Registration and Vital Statistics (CRVS)	F	Individual	In person
Ministry of Finance & Treasury	Xolani Dlamini	Senior Budget Officer	M	Group	In person
Ministry of Finance & Treasury	Nothando Dlamini	Budget Officer	F	Group	In person
Ministry of Education and Training	Stan Maphosa	Education Cluster Coordinator	M	Group	Online
Ministry of Education and Training	Nelisiwe Dlamini	EMIS Statistician	F	Group	Online
Ministry of Education and Training	Lindiwe Dlamini	Guidance Director	F	Group	Online
Royal Eswatini Police Service – Domestic violence, child protection and sexual offenses unit (DCS)	Zwakele Dlamini	2nd-in-charge DCS Unit, Investigator	M	Group	In person
Royal Eswatini Police Service – Domestic violence, child protection and sexual offenses unit (DCS)	Constable Velile Dlamini	Investigator and Programmes OfficerPolice	F	Group	In person

UN Agencies

Organization	Key informant's name	Role	Gender	Individual / Group interview	Online / In person
United Nations Population Fund (UNFPA)	Thamary Silindza	SRHR officer, UNFPA Focal Point for UNPRPD	F	Individual	In person
United Nations Educational, Scientific and Cultural Organization (UNESCO)	Memory Zulu	Programme officer, UNERSCO focal point for UNPRPD	F	Individual	In person

Development partners

Organization	Key informant's name	Role	Gender	Individual / Group interview	Online / In person
World Bank	Tengetile Tsabedze	Technical Officer	F	Individual	Online

Implementing partners / Civil Society Organisations

Organization / institution	Key informant's name	Role	Gender	Individual / Group interview	Online / In person
Swaziland Action Group Against Abuse (SWAGAA)	Nonhlanhla Dlamini	Director	F	Group	Online
Swaziland Action Group Against Abuse (SWAGAA)	Mandla Ntshangae	M&E Officer	M	Group	Online
Swaziland Action Group Against Abuse (SWAGAA)	Xolile Mazibuko	Case management co-ordinator	F	Group	Online
Coordinating Assembly of Non-Governmental Organizations (CANGO)	Thembinkosi Dlamini	Director	M	Group	In person
Coordinating Assembly of Non-Governmental Organizations (CANGO)	Bhekani Dlamini	Programme Manager - Co-ordination and Advocacy	M	Group	In person
SAFAIDS	Colani Nhleko	Director	M	Individual	In person
Baylor College of Medicine Children's Foundation	Makhosazana Dlamini	Executive Director	F	Group	In person
Baylor College of Medicine Children's Foundation	Phindile Malaza	Programmes Manager	F	Group	In person
Baylor College of Medicine Children's Foundation	Ntsetselelo Maseko	Teen Club Coordinator	M	Group	In person
Baylor College of Medicine Children's Foundation	Celumusa Dlamina	Project Nurse	F	Group	In person

Baylor College of Medicine Children's Foundation	Khetisiwe Dlamini	Proj Liaison Officer	F	Group	In person
George Town University (GU)	Fikelephi Mazibuko	Health Officer - GU	F	Individual	In person
Siphilile	Bongani Simelane	Executive Director	M	Group	In person
Siphilile	Njabuliso Lukhele	MCH Programmes Manager	F	Group	In person
Globecare Foundation	Nompumelelo Ntshalintshali	Interim Executive Director	F	Group	In person
Globecare Foundation	Mlamuli Myeni	Project Engineer	M	Group	In person
HIS Uganda	Dr Prosper Behumbiize	Team leader capacity development	M	Individual	Online

Service providers

Stakeholder type	Key informant's name	Role	Gender	Individual / Group interview	Online / In person
King Sobhuza II Public Health Unit - Manzini Region	Sylvia S. Matouza	Nurse Manager - KSII Public Health Unit	F	Group	In person
King Sobhuza II Public Health Unit - Manzini Region	Lonawala Nkosi	Nursing Sister	F	Group	In person
King Sobhuza II Public Health Unit - Manzini Region	Slindile Makusu	Nursing Sister	F	Group	In person
Ministry of Health - Manzini Region	Duduzile F. Dlamini	Acting Matron	F	Group	In person
Ministry of Health - Manzini Region	Lucina Gwebu	Regional Matron	F	Group	In person
Ministry of Health - Manzini Region	Sandile Simelane	Environmental Health Officer	M	Group	In person
Ministry of Health - Manzini Region	Samkelisiwe N.	Nursing Sister	F	Group	In person
St. Francis Primary School, Mbabane	Stanley Mthupha	Principal	M	Group	In person
St. Francis Primary School, Mbabane	Philile Skhosana	Deputy Principal	F	Group	In person
St. Francis Primary School, Mbabane	Nkosinatio Bhaembese	Focal Teacher for EMIS	M	Group	In person

ANNEX 9. EVALUATION REFERENCE GROUP MEMBERS

Name	Role	Organisation
Chiara Pierotti	Chief of Child Development	UNICEF Eswatini
Ginindza Vuli	Senior Planner	DPMO
Jesca Chokani	Strategic Health Information Officer	World Health Organization
Leanne Mayer	Youth Advisory Board Member	UNICEF Eswatini
Lindiwe Dlamini	Director of Guidance and Counselling	Ministry of Education and Training
Lucas Jele	Programme Analyst, Monitoring and Evaluation	United Nation Population Funds (UNFPA)
Lungile Dladla-Mndzebele	Principal Economist	Ministry of Economic Planning and Development
Malinga Bongiwe, Dr.	Deputy Director	Ministry of Health
Ruben Pages	Chief of Youth and Adolescent Development	UNICEF Eswatini
Sebentile Myeni	Monitoring & Evaluation Analyst	Ministry of Health
Shan Ni	Chief of Social policy	UNICEF Eswatini
Thembinkosi Dlamini	Director	Coordinating Agency for NGO's (CANGO)

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ANNEX 11. SURVEY RESULTS

Introduction

The survey was aimed at collecting the opinion of the staff of UNICEF Eswatini Country Office and of the implementing partners (IPs) with which UNICEF has worked between 2021 and 2024, on the perceived performance of UNICEF in Eswatini. The data collected through the online survey were taken at face value with no further follow-up based on responses received, and this has been accounted for within the analysis and triangulation phase of the evaluation. Results from the survey were utilised to supplement the data collected through desk review and key informant interviews in order to complement information to respond to selected questions of the evaluation matrix.

The survey was articulated into 16 questions (a mix of close-ended and open-ended questions), none of which was mandatory. The questions were organised under sections linked to specific evaluation questions (EQ), as follows:

- A. Respondent's anonymous profile to draw an overview of respondents in terms of type of organisation, areas of work, length of the experience with UNICEF, and gender;
- B. Relevance of UNICEF's strategies and approach in the last four years, linked to EQ1 and EQ2;
- C. Effectiveness of UNICEF's initiatives and interventions, linked to EQ6; factors that contributed or hindered the effectiveness of the work, linked to EQ7; capacity to respond to contextual changes, linked to EQ8; promotion of cross-cutting themes, linked to EQ6;
- D. Sustainability of the positive changes and effects brought about through UNICEF's contribution, linked to EQ11, and potential scale up, linked to EQ12;
- E. Efficiency of UNICEF in delivering its mandate, linked to EQ10.

Survey methodology

The survey was developed by the Evaluation Team during the inception phase, integrating the comments received during the review of the inception report. Prior to its launch, it was tested internally by the Evaluation Team to ensure that it was functioning and accessible, and eventually administered using the MS Forms platform.

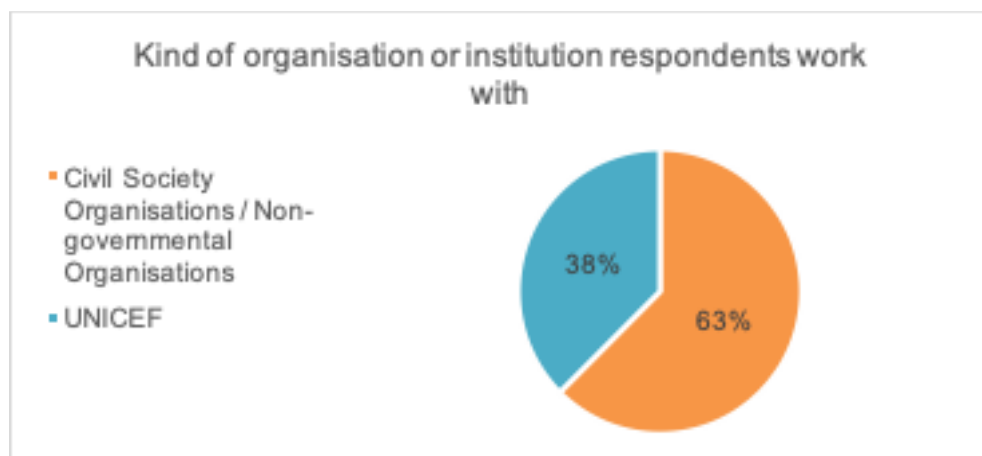
The survey targeted 15 staff from UNICEF Eswatini Country Office, selected on the basis of their role and knowledge of UNICEF programming, and the focal points for UNICEF of 22 implementing partners (IPs) that had worked with UNICEF between 2021 and 2024, including both past and active partnerships. Implementing partners were requested to fill only one survey per organisation, either individually or in consultation with other colleagues. The total number of respondents was 16 (6 from UNICEF staff, and 10 from implementing partners), indicating an average response rate of 43 per cent (40 per cent amongst UNICEF staff, and 45 per cent amongst implementing partners).

Responses were anonymous. The feedback from close-ended questions was captured using Likert scales and rating scales, analysed through descriptive statistics. Open-ended questions, which allowed respondents to provide more articulated feedback, were analysed through text coding and word clouds. Results were analysed by disaggregating between respondents from UNICEF and from IPs.

Overview of respondents

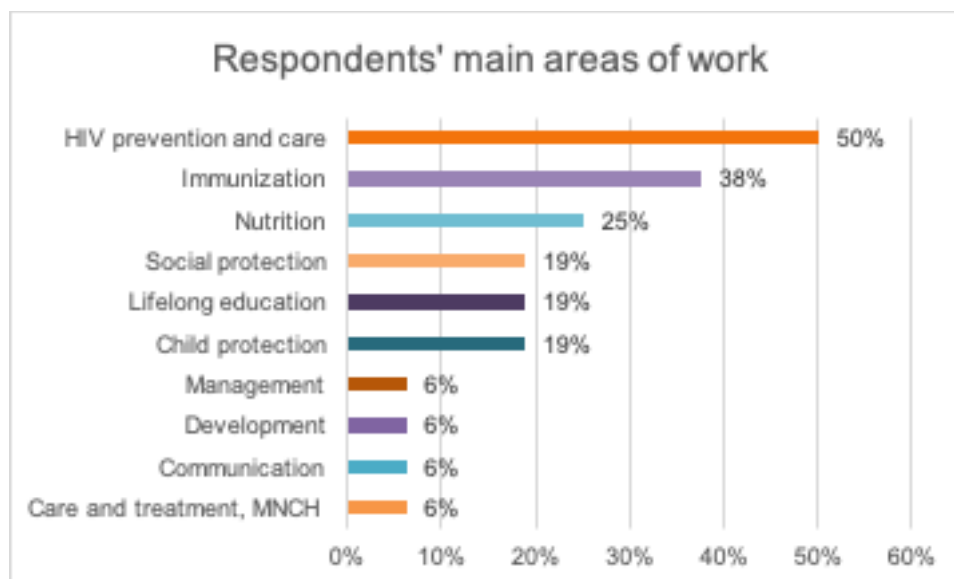
Of the 16 respondents to the survey, six were UNICEF Country Office staff (38 per cent), and 10 were implementing partners' staff from NGOs and CSOs (63 per cent).

Figure 1: Responses to the question "What kind of organisation or institution do you work with?"



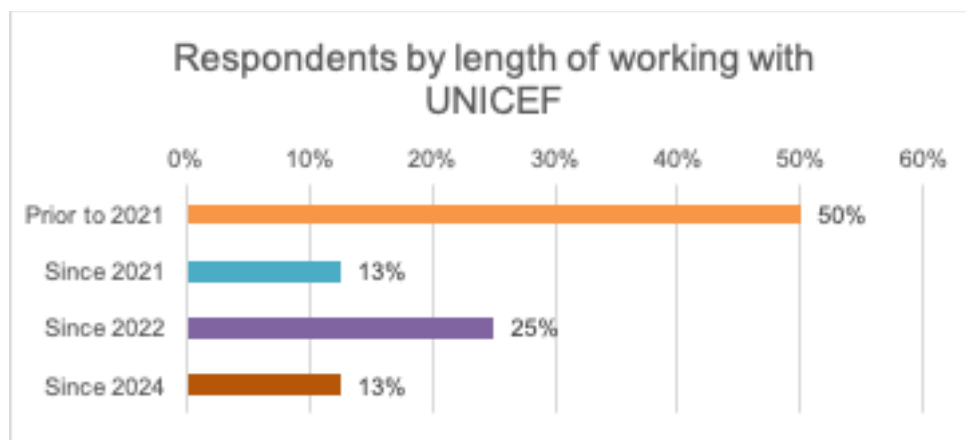
Amongst the main areas of work, half of the respondents indicated HIV prevention and care (50 per cent), followed by immunization for over a third of the respondents (38 per cent), and nutrition for a quarter of them (25 per cent). Other common areas of work were: social protection, lifelong education, and child protection (19 per cent respectively). Single respondents indicated also management, development, communication, and MNCH care and treatment (6 per cent respectively).

Figure 2: Responses to the question "What is your main area of work?" Respondents could select as many answers as appropriate, and multiple responses were received (percentages are calculated on the number of respondents).



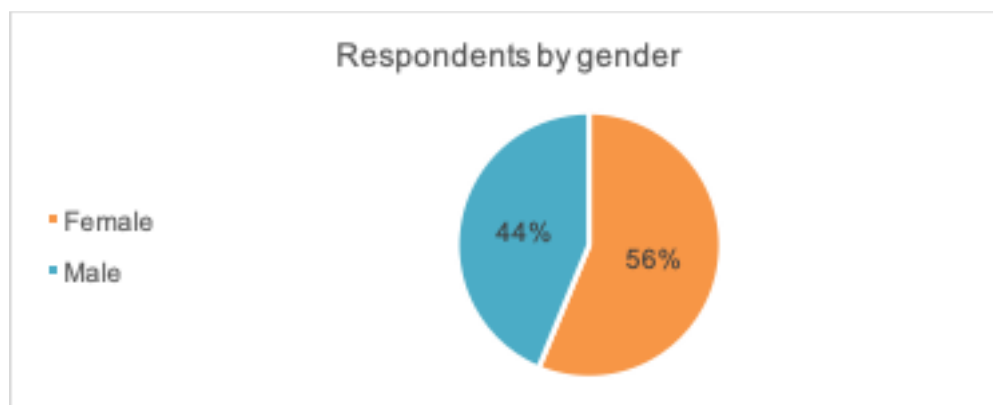
Half of the respondents had experienced working with UNICEF Eswatini, either as direct staff or through partner organisations, since prior to 2021 (8 respondents, equal to 50 per cent); one fourth had been working with UNICEF since 2022 (4 respondents, equal to 25 per cent); two had been working since 2021 (13 per cent), and the remainder two since 2024 (13 per cent).

Figure 3: Responses to the question "For UNICEF personnel, how long have you been working with UNICEF Eswatini? For the personnel of other institutions and organizations, how long have you (as an individual) been working in partnership with UNICEF?"



With regard to the gender of the respondents, nine of them identified themselves as female (56 per cent), and the other seven as male (44 per cent).

Figure 4: Responses to the question " With what of the following gender do you identify yourself?"



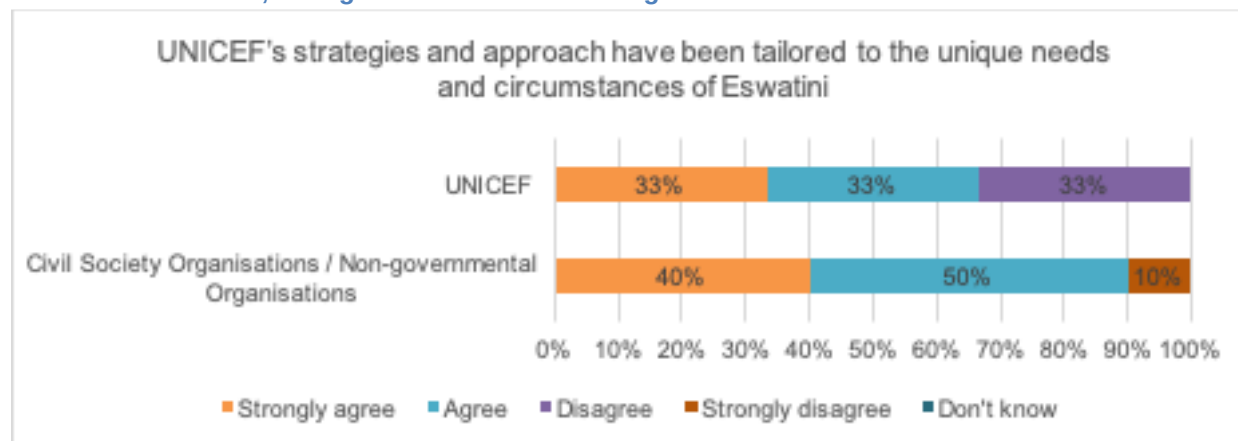
Survey results

Relevance

UNICEF's staff were evenly distributed across strongly agreeing, agreeing and disagreeing (33 per cent respectively) around the statement according to which UNICEF's strategies and approach have been tailored to address the unique needs and circumstances of children in Eswatini, taking account of different regional and urban-rural needs. Half of the respondents from the IPs agreed with this statement, and 40 per cent strongly agreed with it, while 10 per cent strongly disagreed.

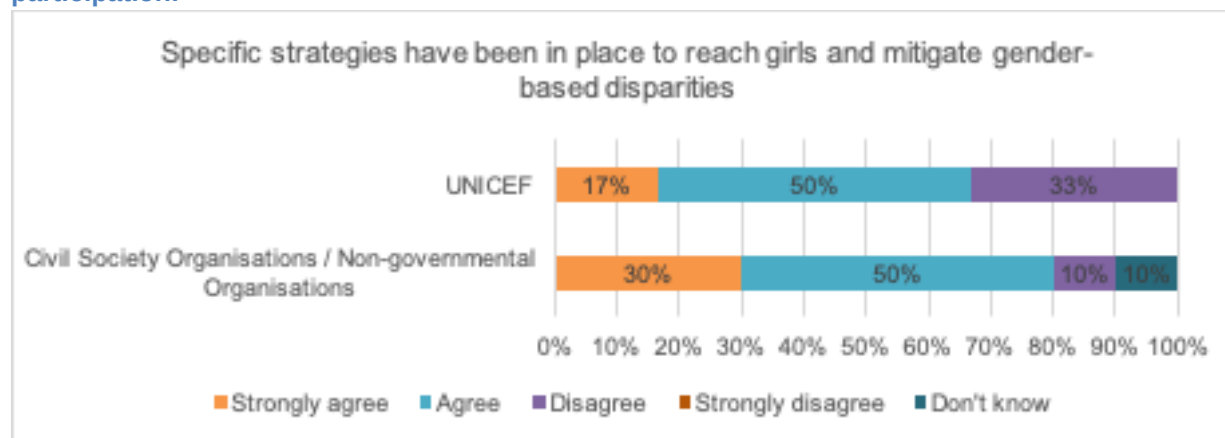
Figure 5: Responses to the question "To what extent do you agree with the following statements on the alignment of UNICEF's strategies and approach in the last four years to Eswatini national and subnational priorities and need, particularly amongst vulnerable?" Statement: UNICEF's

strategies and approach have been tailored to address the unique needs and circumstances of children in Eswatini, taking account of different regional and urban-rural needs.



Half of the UNICEF's staff (50 per cent) agreed that specific strategies have been in place to reach girls and mitigate gender-based disparities in access and participation, plus 17 per cent who strongly agreed with this statement, while one third (33 per cent) disagreed with it. Similarly, also half of the IPs agreed with this statement, but 30 per cent strongly agreed with it and only 10 per cent disagreed. Another 10 per cent did not know what to answer.

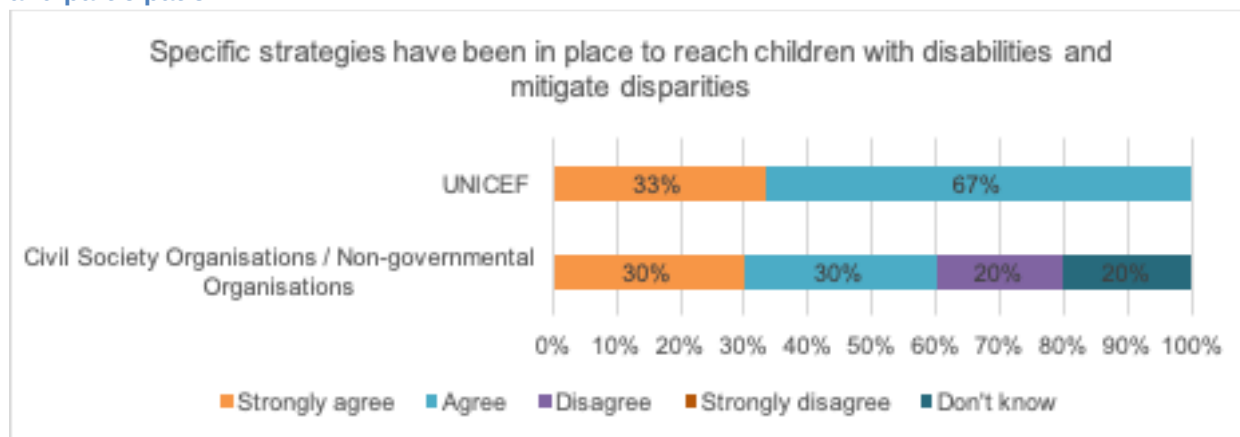
Figure 6: Responses to the question “To what extent do you agree with the following statements on the alignment of UNICEF’s strategies and approach in the last four years to Eswatini national and subnational priorities and need, particularly amongst vulnerable?” Statement: specific strategies have been in place to reach girls, and mitigate gender-based disparities in access and participation.



All the respondents amongst UNICEF staff agreed that specific strategies have been in place to reach children with disabilities and mitigate disparities in access and participation: of them, two thirds agreed with this statement (67 per cent), and one third strongly agreed with it (33 per cent). IPs' response was more mixed as 30 per cent strongly agreed with this statement and another 30 percent agreed with it. However, 20 per cent disagreed with it and another 20 per cent did not know what to answer.

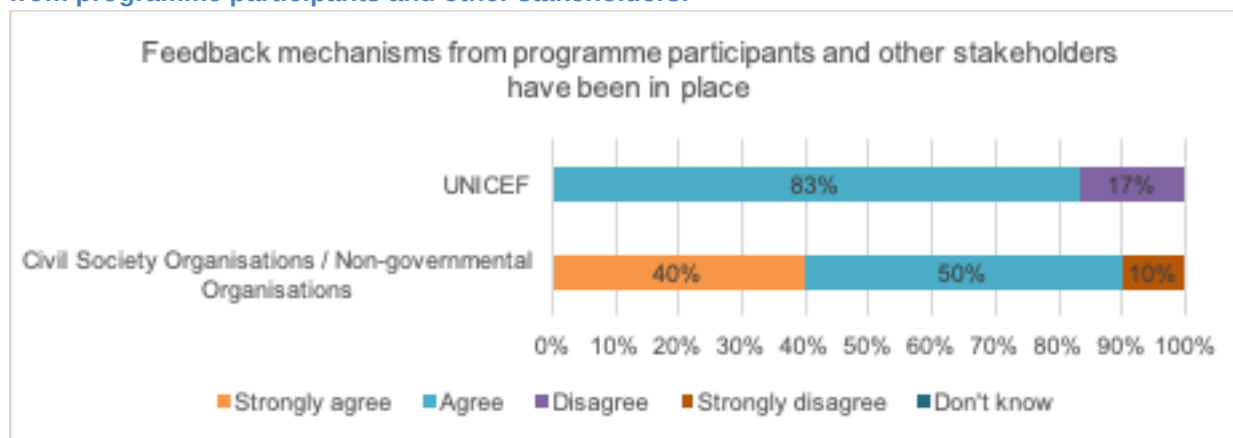
Figure 7: Responses to the question “To what extent do you agree with the following statements on the alignment of UNICEF’s strategies and approach in the last four years to Eswatini national

and subnational priorities and need, particularly amongst vulnerable?” Statement: specific strategies have been in place to reach children with disabilities and mitigate disparities in access and participation.



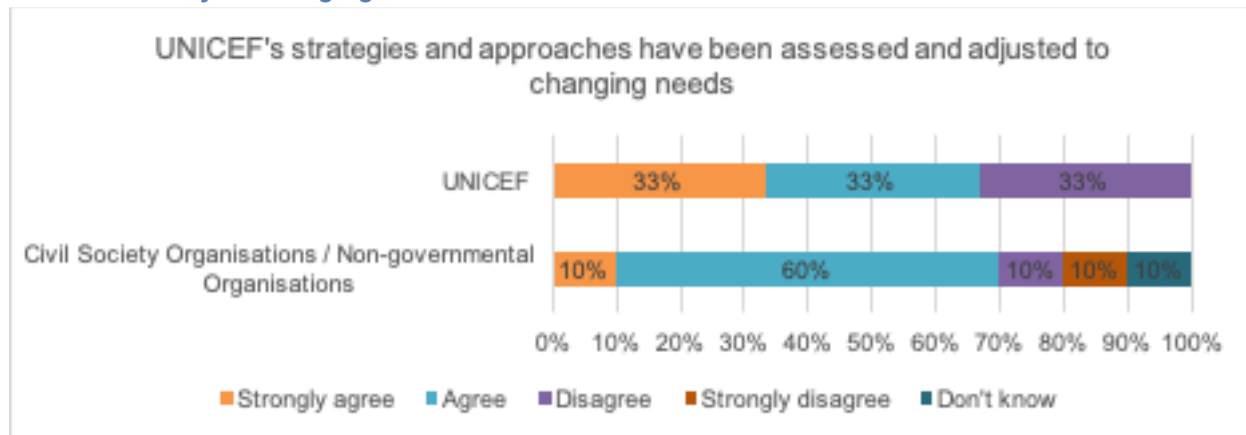
Most of the respondents amongst UNICEF staff (83 per cent) agreed that systematic mechanisms have been put in place for collecting, acting on and responding back to feedback from programme participants and other stakeholders, while 17 per cent disagreed with this statement. Also amongst the respondents from IPs, most of them agreed with this statement, whereby half of them (50 per cent) agreed with it and 40 per cent strongly agreed with it. 10 per cent of the IPs strongly disagreed with this statement.

Figure 8: Responses to the question “To what extent do you agree with the following statements on the alignment of UNICEF’s strategies and approach in the last four years to Eswatini national and subnational priorities and need, particularly amongst vulnerable?” Statement: systematic mechanisms have been put in place for collecting, acting on and responding back to feedback from programme participants and other stakeholders.



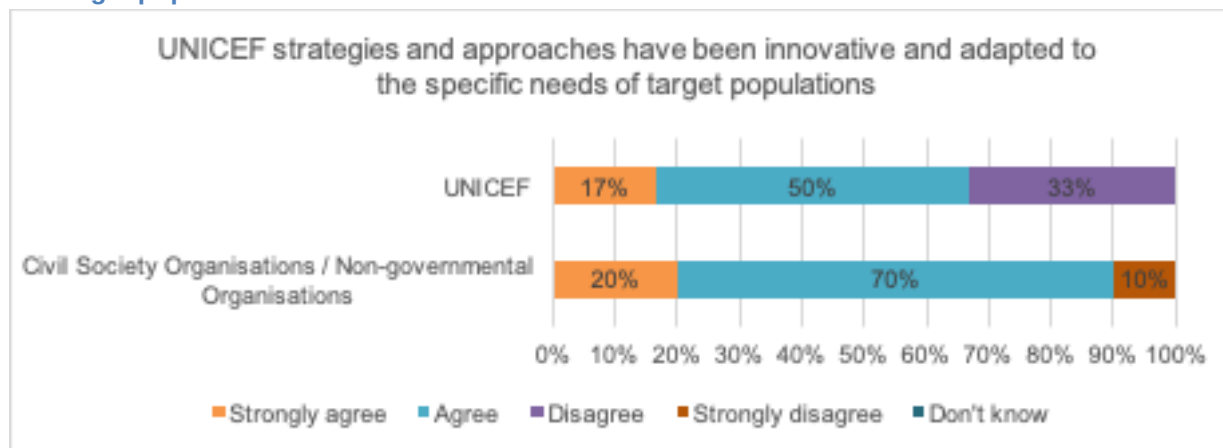
The survey respondents from UNICEF were evenly distributed across strongly agreeing, agreeing and disagreeing (33 per cent respectively) that UNICEF’s strategies and approach have been sufficiently assessed to capture changing needs, and adjusted when necessary to changing needs. The responses from IPs were more mixed, however replicating a similar trend, whereby overall 70 per cent agreed with this statement (of them, 10 per cent strongly agreed with it), and the remainder 30 per cent either disagreed (10 per cent), or strongly disagreed (10 per cent), or did not know what to answer (10 per cent).

Figure 9: Responses to the question “To what extent do you agree with the following statements on the alignment of UNICEF’s strategies and approach in the last four years to Eswatini national and subnational priorities and need, particularly amongst vulnerable?” Statement: UNICEF’s strategies and approach have been sufficiently assessed to capture changing needs, and adjusted when necessary to changing needs.



Half of the respondents from UNICEF (50 per cent) agreed that UNICEF’s strategies and approach have been innovative and have adapted to cater to the specific needs of the target population, and 17 per cent strongly agreed with this statement, while one third (33 per cent) did not agree with it. Amongst the respondents from IPs, most (70 per cent) agreed with this statement, plus 20 per cent who strongly agreed with it, while 10 per cent strongly disagreed with it.

Figure 10: Responses to the question “To what extent do you agree with the following statements on the alignment of UNICEF’s strategies and approach in the last four years to Eswatini national and subnational priorities and need, particularly amongst vulnerable?” Statement: UNICEF’s strategies and approach have been innovative and have adapted to cater to the specific needs of the target population.



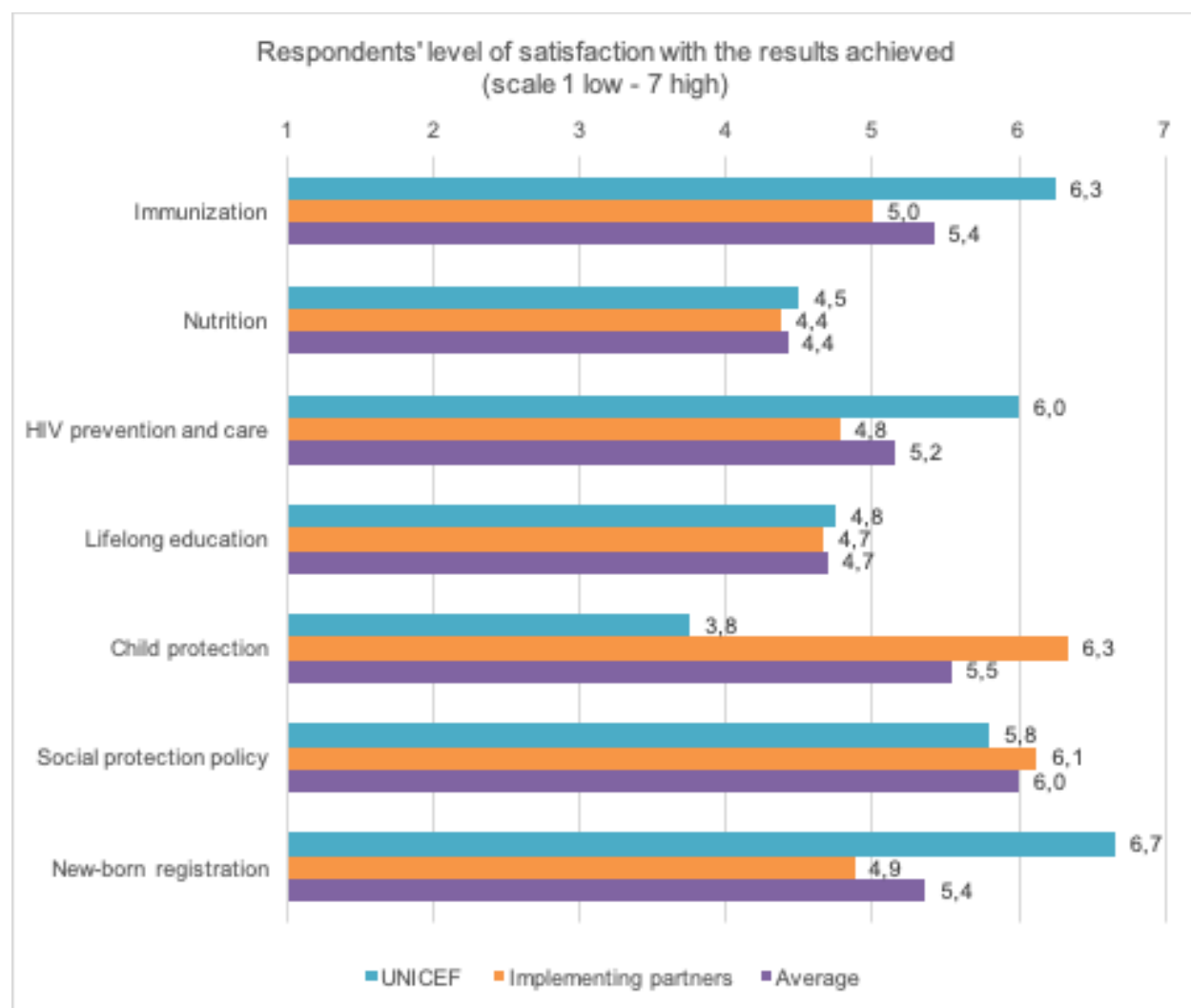
Effectiveness

The survey results show mixed levels of satisfaction with UNICEF’s achievements both in the different areas of work and between UNICEF staff and IPs. Using a rating scale from 1 to 7, with 1 being low and 7 high, those areas of work that reported homogenous levels of satisfactions are: social protection, with an

average rating of 6 (5.8 from UNICEF staff and 6.1 from IPs); followed by lifelong learning, with an average rating of 4,7 (4.8 from UNICEF and 4,7 from IPs); and nutrition, with an average rating of 4.4 (4.5 from UNICEF, and 4.4 from IPs).

More mixed feedback between UNICEF and IPs was registered particularly in the areas of birth registration, immunization and HIV prevention and care, whereby UNICEF's feedback was more positive than the feedback provided by the IPs. Namely, birth registration was rated on average 6.7 by UNICEF and 4.9 by IPs; similarly, immunization was rated on average 6.3 by UNICEF and 5 by IPs, followed by HIV prevention and care, rated on average 6 by UNICEF and 4.8 by the IPs. A different case was child protection, whereby UNICEF provided a much lower rating on average (3.8), compared to the IPs (6.3).

Figure 11: Responses to the question " How satisfied are you with the results achieved in your area of work through UNICEF's initiatives and interventions in terms, for instance, of service coverage, accessibility, quality etc. Please refer to a rating scale from 1 to 7, with 1 being very dissatisfied and 7 being very satisfied?"



As factors that contributed to the effectiveness of their work, the survey respondents from UNICEF identified: stakeholder engagement (2 respondents), communication, capacity to engage at higher levels

of decision making, capacity building, evidence-based programming and advocacy, support to policy development and to implementation, technical capacity, and UNICEF reputation of trusted partner. According to the IPs, facilitating factors have been stakeholder engagement (4 respondents), collaboration (2 respondents), policy support (2 respondents), but also support to implementation, communication, coordination, and partnership. The aggregate results show that stakeholder engagement, communication, support to policy development and implementation, were perceived as facilitating factors by both UNICEF staff and IPs.

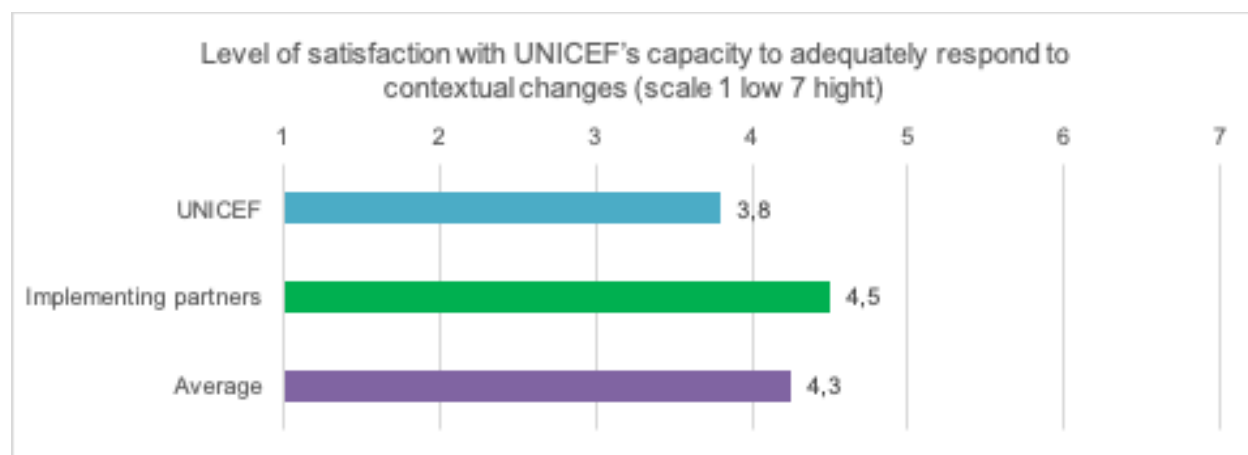


Figure 13: World cloud generated from the original responses (not coded) to the open-ended question “Please explain what you feel has hindered the effectiveness of the work (such as policy support, resource allocation, stakeholder engagement etc.)”



The level of satisfaction with UNICEF's capacity to adequately respond to contextual changes, such as emergency situations, climatic shocks, governance changes, of all respondents was 4.3 on average. However, UNICEF staff expressed a lower level of satisfaction with UNICEF's capacity to adequately respond to changes in the context (on average 3.8), while IPs expressed a higher level of satisfaction (on average 4.5).

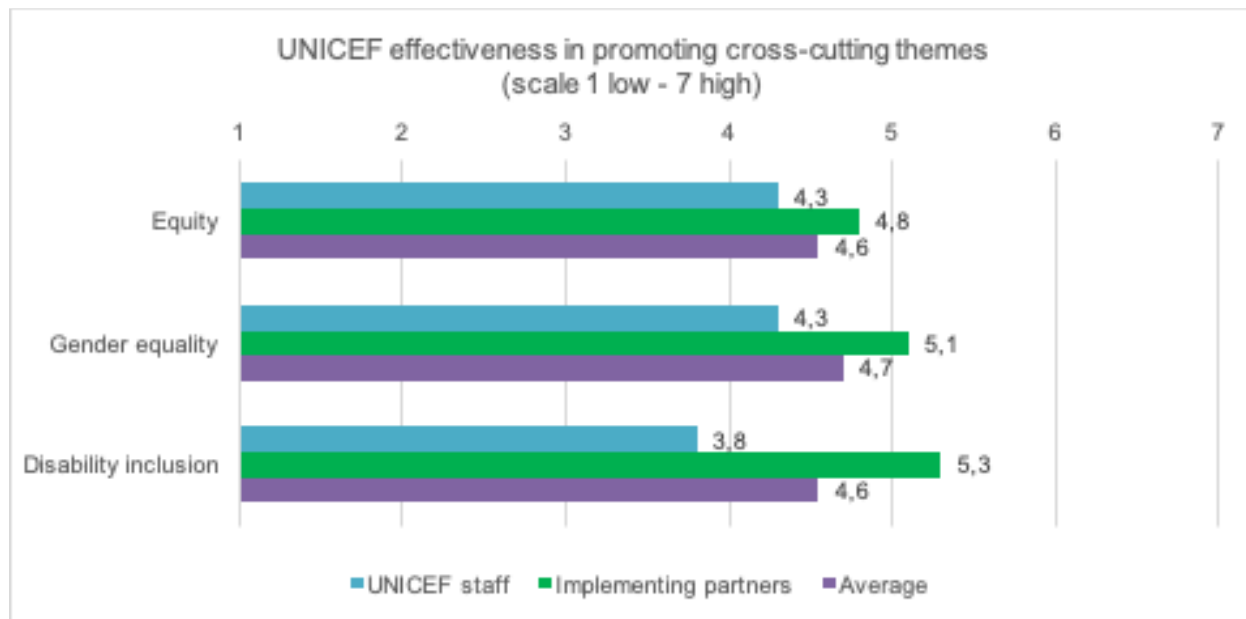
Figure 14: Responses to the question “How satisfied are you with UNICEF’s capacity to adequately respond to contextual changes, such as emergency situations, climatic shocks, governance changes, on a rating scale from 1 to 7, with 1 being very dissatisfied and 7 being very satisfied?”



Overall, respondents rated UNICEF's effectiveness in promoting the cross-cutting theme of gender equality 4.7 on average, and those of equity and inclusion of people with disability 4.6 on average. However, the disaggregated results between UNICEF staff and IPs show more varied opinions, as well as higher rating from IPs. UNICEF staff rated UNICEF's effectiveness in promoting both equity and gender

equality 4.3 on average, while disability inclusion 3.8. On the contrary, partners rated UNICEF's ability to integrate disability inclusion 5.3 on average, followed by gender equality with 5.1, and equity with 4.8.

Figure 15: Responses to the question “To what extent do you think that UNICEF’s interventions and initiatives in Eswatini have been successful in promoting the following cross-cutting themes, on a rating scale from 1 to 7, with 1 being not at all successful and 7 being very successful?”

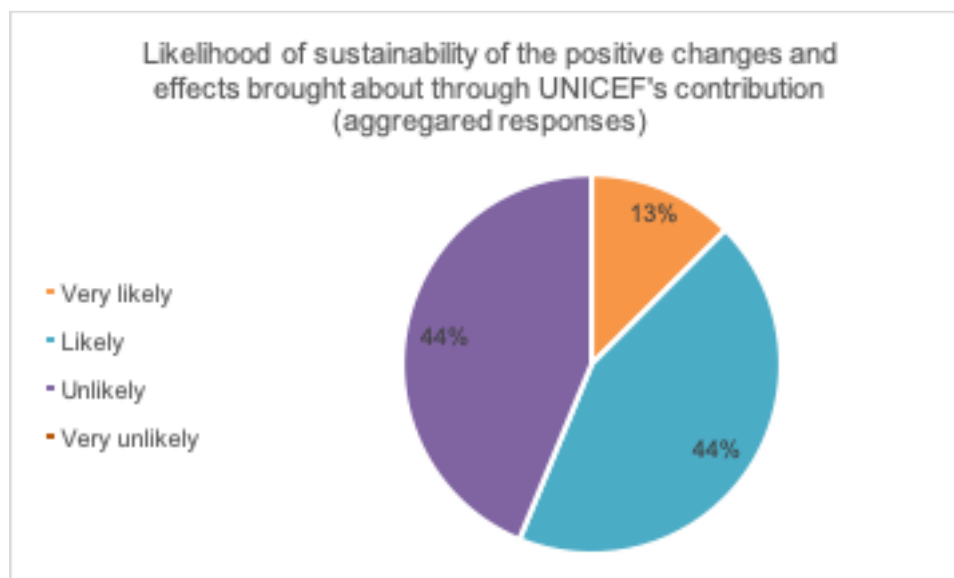


Some respondents provided further feedback about UNICEF’s effectiveness, particularly in promoting equity, gender equality and disability inclusion. UNICEF staff highlighted the need of improving deliberate targeting of children with disabilities across all interventions, and of conducting more equity-focused studies across social sectors to generate robust evidence to support programming. IPs provided contrasting opinions: three of them highlighted the UNICEF’s effectiveness in promoting equity, gender equality, and disability inclusion, while one IP highlighted that disability inclusion is still weak.

Sustainability

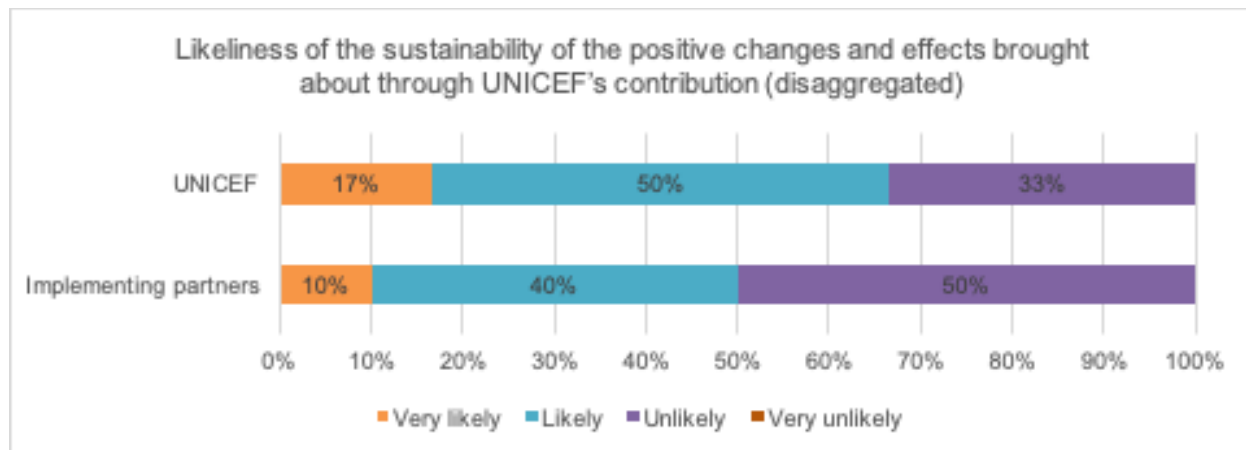
Broadly, the positive changes and effects brought about through UNICEF’s contribution were perceived to be sustainable by over half of all the respondents (56 per cent, of which 13 per cent very likely and 44 per cent likely), and unlikely to be sustained for the remainder 44 per cent.

Figure 16: Aggregated responses to the question “How likely is it that the positive changes and effects brought about through UNICEF’s contribution will be sustainable at the relevant levels (e.g., community, regional, national) in the future, without UNICEF’s support?”



UNICEF staff's feedback was overall more positive compared to the IPs'. Amongst UNICEF staff, two thirds of the respondents answered that it is likely (50 per cent) and very likely (17 per cent), that UNICEF's results will be sustained, against one third of respondents (33 per cent) who responded that this is unlikely. The group of the IPs was split into two: 50 per cent of them responded that UNICEF's results are likely (40 per cent) or very likely (10 per cent) to be sustained, and the other 50 per cent responded that it is unlikely.

Figure 17: Responses to the question How likely is it that the positive changes and effects brought about through UNICEF’s contribution will be sustainable at the relevant levels (e.g., community, regional, national) in the future, without UNICEF’s support?”, disaggregated by UNICEF staff and IPs.



Examples of interventions that were reported to be likely to continue and be scaled up without UNICEF's support in the future were: immunization, indicated by two UNICEF staff and two IPs; birth registration, indicated by two UNICEF staff and one IP. Other examples provided by both UNICEF staff and IPs were

Management Information Systems and the SAM4SRHR Model. Further examples provided by UNICEF staff included the MODA, and institutional and civil society capacity building. IPs indicated life skills of out-of-school youth with disabilities, health education, school-based education initiatives, nutritional assessments, partnership on disability, HIV treatment, community-based health programs, community feedback.

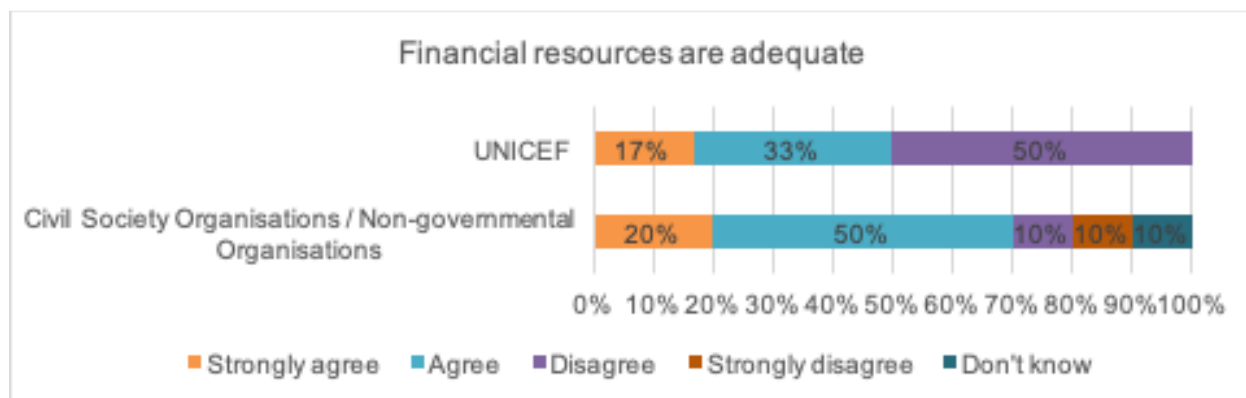
Figure 18: Word cloud generated from the coded responses to the open-ended question “Can you provide an example (or examples) of intervention(s) that may be likely to continue and be scaled up without UNICEF’s support?”



Efficiency

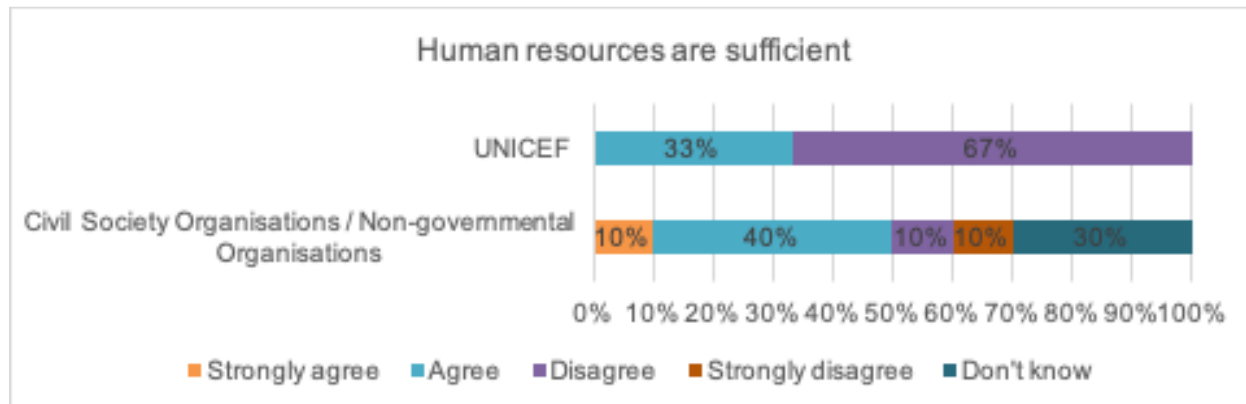
Half of the respondents from UNICEF (50 per cent) disagreed that the financial resources are adequate to achieve the UNICEF Eswatini’s intended results within the timeframe, however one third of the (33 per cent) agreed with this statement and 17 per cent strongly agreed. Amongst the respondents from IPs, half of them agreed that the financial resources are adequate, and 20 per cent of them strongly agreed with it. However, the remainder either disagreed (10 per cent) and strongly disagreed (10 per cent) with this, or did not know what to answer (10 per cent).

Figure 19: Responses to the question " To what extent do you agree with the following statements on UNICEF's efficiency in delivering its mandate?" Statement: financial resources are adequate to achieve the UNICEF Eswatini's intended results within the timeframe.



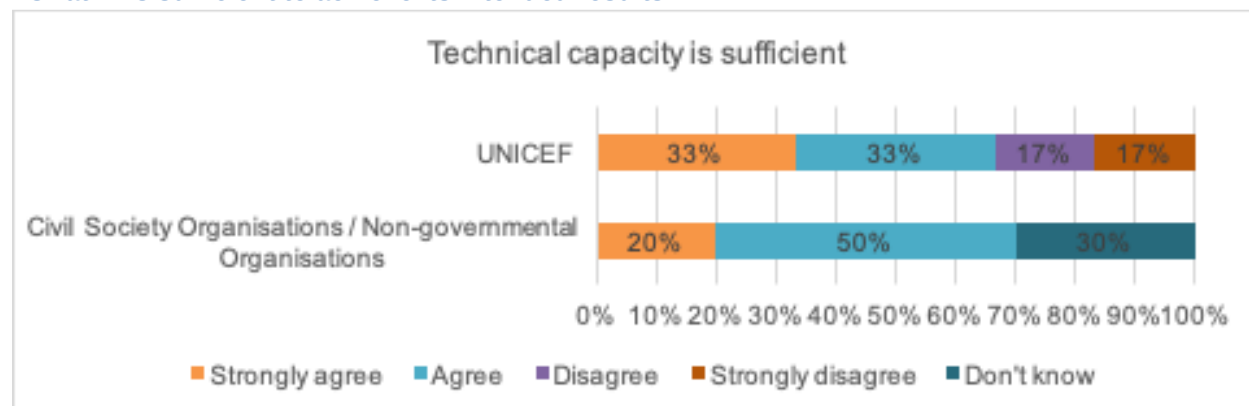
Amongst the respondents from UNICEF, two thirds of them (67 per cent) disagreed that human resources are sufficient to achieve the UNICEF Eswatini intended results within the timeframe, while the remainder one third agreed with it. Amongst the respondents from the IPs, half of the either agreed (40 per cent) or strongly agreed (10 per cent) that UNICEF human resources are sufficient, while the other half either disagree (10 per cent) and strongly disagree (10 per cent), or did not know what to answer (30 per cent).

Figure 20: Responses to the question " To what extent do you agree with the following statements on UNICEF's efficiency in delivering its mandate?" Statement: Human resources are sufficient to achieve the UNICEF Eswatini intended results within the timeframe.



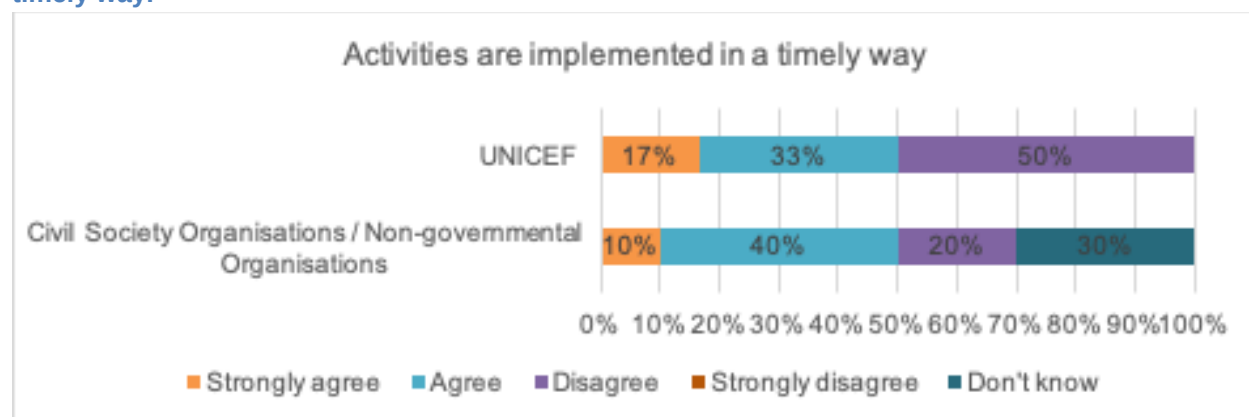
Two thirds of the respondents from UNICEF either agreed (33 per cent) or strongly agreed (33 per cent) that the technical capacity of UNICEF Eswatini is sufficient to achieve its intended results, while the remainder one third either disagreed (17 per cent) or strongly disagreed (17 per cent) with it. Similarly, over two thirds of the respondents from IPs either agreed (50 per cent) or strongly agreed (20 per cent) that the technical capacity of UNICEF Eswatini is sufficient, while the remainder 30 per cent did not know what to answer.

Figure 21: Responses to the question " To what extent do you agree with the following statements on UNICEF's efficiency in delivering its mandate?" Statement: Technical capacity of UNICEF Eswatini is sufficient to achieve its intended results.



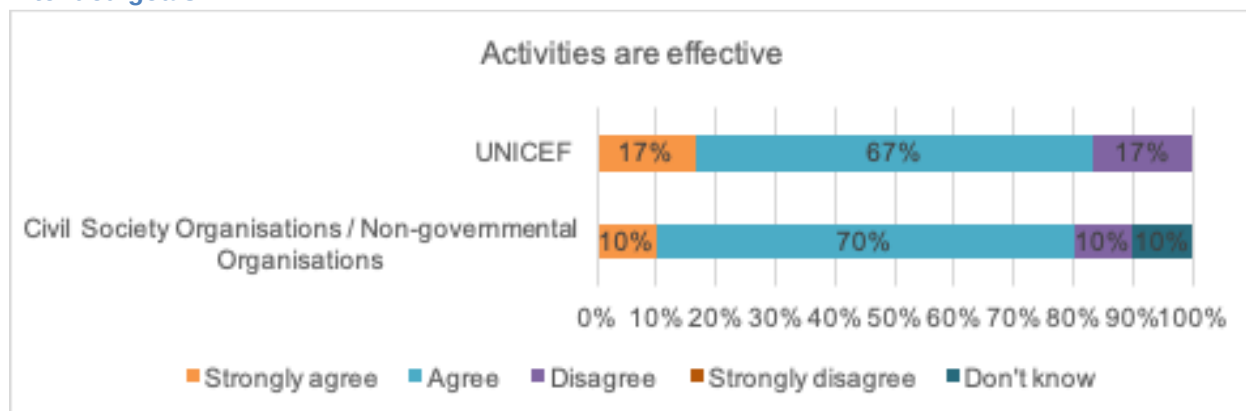
Amongst the respondents from UNICEF, half of them agreed and strongly agreed (33 per cent and 17 per cent respectively) that activities are implemented in a timely way, while the other half disagreed with it. Similarly, half of the respondents from IPs agreed and strongly agreed (40 per cent and 10 per cent respectively) that activities are implemented in a timely way, while 20 per cent disagreed with it and the remainder 30 per cent did not know what to answer.

Figure 22: Responses to the question " To what extent do you agree with the following statements on UNICEF's efficiency in delivering its mandate?" Statement: Activities are implemented in a timely way.



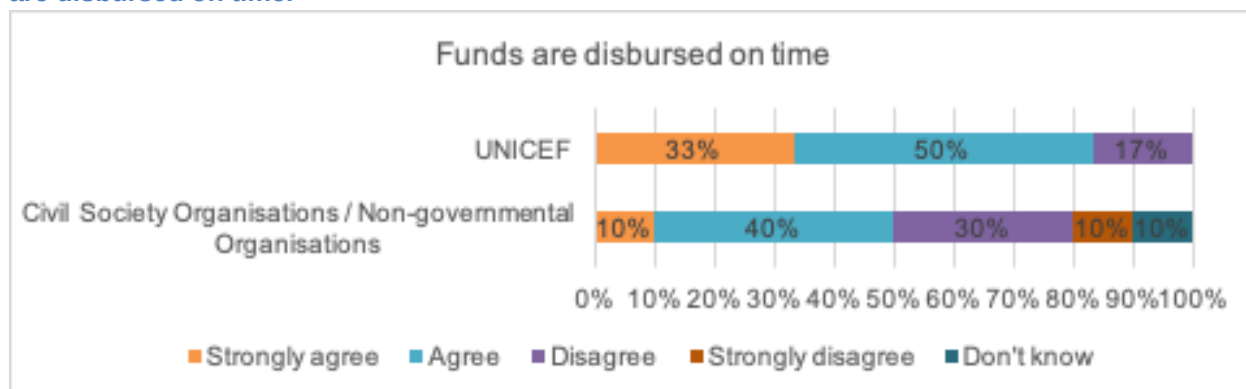
Most of the respondents from UNICEF agreed (67 per cent) and strongly agreed (17 per cent) that activities effectively meet their intended goals, while the remainder 17 per cent disagreed with it. Similarly, most of the respondents from the IPs agreed (70 per cent) and strongly agreed (10 per cent) that activities effectively meet their intended goals, while 10 per cent disagreed with it and the remainder 10 per cent did not know what to answer.

Figure 23: Responses to the question " To what extent do you agree with the following statements on UNICEF's efficiency in delivering its mandate?" Statement: Activities effectively meet their intended goals.



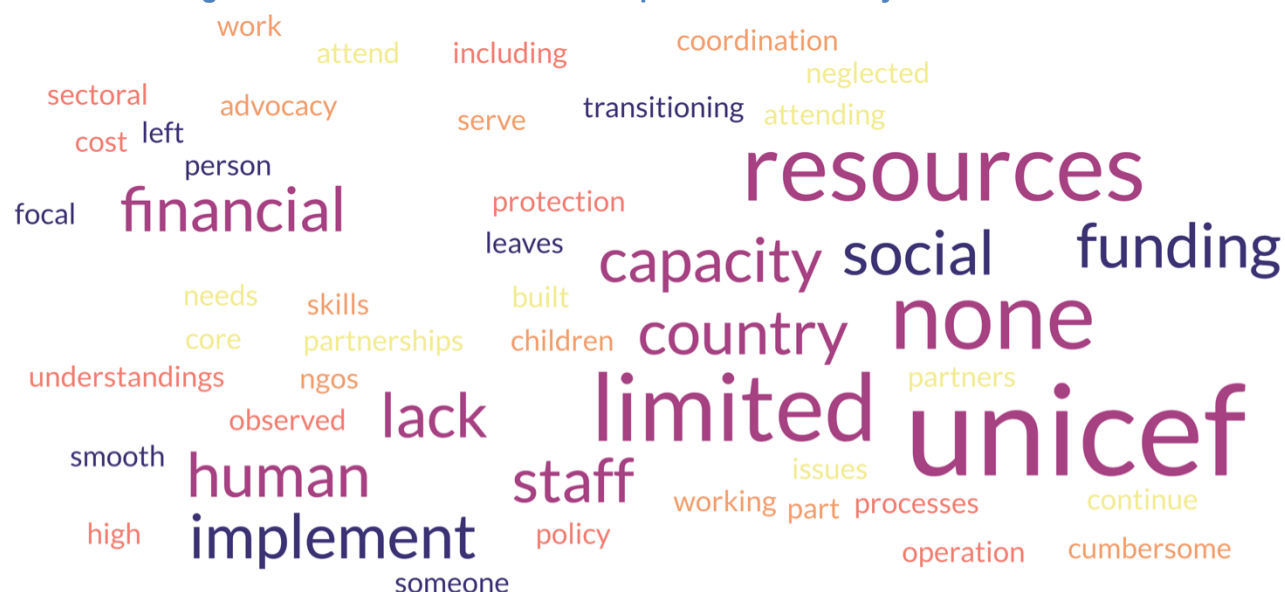
Amongst UNICEF staff, one third of them (33 per cent) strongly agreed, plus half of them agreed (50 per cent) that funds to implementing partners are disbursed on time, while the remainder 17 per cent disagreed with it. The opinion provided by IPs' respondents is more mixed and less positive: 10 per cent strongly agree that funds to IPs are disbursed on time, and 40 per cent agrees with it. However, the remainder 50 per cent responded that they disagreed (30 per cent), strongly disagreed (10 per cent), or did not know what to answer (10 per cent).

Figure 24: Responses to the question " To what extent do you agree with the following statements on UNICEF's efficiency in delivering its mandate?" Statement: Funds to implementing partners are disbursed on time.



In terms of main internal challenges and limitations for effective implementation, UNICEF staff identified limited financial resources (two respondents), limited human resources, limited coordination, cumbersome processes, high operations costs, and changes in the work plan. Other challenges according to the UNICEF staff were insufficient capacity building of partners, gap in attending to core needs of children, limited understanding of the social policy sector. From the IPs side, the limitations and challenges were limited financial resources (four respondents), limited human resources, and no smooth transitioning of staff. It is also worth noting that four respondents (one UNICEF staff and three IPs) reported that they had identified no internal challenges or limitations.

Figure 25: Word cloud of the original answers (not coded) to the open-ended question “What main internal challenges and limitations for effective implementation have you identified?”



Lastly, some respondents provided further feedback about their experience of UNICEF’s support in Eswatini. Two UNICEF staff offered recommendations for the future, including to strengthen LNOB strategies and advocacy against VAC, and to increase scope of support to implementing partners. Another UNICEF staff acknowledged that, despite the limited human resources, the combination of understanding of the context and expertise have resulted in UNICEF’s positive reputation and trust from the partners. Amongst the IPs, one reiterated the issue of limited budget and time for implementation, and one recommended to prioritize children’s well-being by ensuring that they are protected and their voices are heard. Other IPs have appreciated UNICEF for being relevant to children’s needs, for the good partnership and advocacy for policy development, and for being instrumental in addressing critical issues related to child rights.

ANNEX 12. U-REPORT RESULTS

Introduction

The U-Report is a global social platform created by UNICEF where people can express their opinion by responding to polls launched by UNICEF national country offices, on issues that are of interest to them. In order to answer to UNICEF's polls, people have to register as U-Reporters in the U-Report database. In Eswatini, U-Report is available via SMS messaging (therefore it works on basic mobile phones), in simple and user-friendly formats. Responses are anonymous and free of charge for respondents. At the time of writing the Report, the number of U-Reporters registered in Eswatini was 39,925, of which 41 per cent male and 59 per cent female, from different age groups and with an average response rate of 46 per cent.³

The evaluation team used U-Report as an opportunity to reach out to the wider population of right holders in Eswatini, to collect their perceptions around selected UNICEF-supported sectors, such as health, education, and child protection, to supplement the evidence collected from other sources on the effectiveness of UNICEF's work.

Methodology

Right holders' perceptions were collected using a questionnaire composed of nine close-ended questions focused on UNICEF's main areas of work, on cross-cutting themes such as gender equality and inclusion of persons with disabilities, and on what they felt the main priority areas will be for youths in the coming future. The U-Report questionnaire was drafted by the evaluation team but finalised with the support of the UNICEF CO personnel and the U-Report specialist at regional level, to ensure that wording was accurate for the specific context and that the survey could run smoothly on the U-Report platform. The U-Report was launched and administered by the UNICEF CO staff, who then shared the results collected with the evaluation team.

Limitations

While the tool was aimed at targeting the broader right holder group, the evaluation team was aware that U-Report have been accessed only by a sample of them, i.e. the U-Reporters. Further, while the U-Report enabled to collect insights on the perspectives of a subgroup of right holders, it also had limitations inherent to digital data collection tools, such as the quality of the devices available to the user and therefore the need to articulate very simple questions and answer, that did not allow to collect more complex data. Moreover, most U-Reports are generally concentrated between age 25-30 and over 35 (therefore they are no longer children), they report on a voluntary basis, and they cannot be considered to be representative of the youth population as a whole. Given all these limitations, U-Report results were treated cautiously, primarily to add additional layers of understanding to findings identified and triangulated from other sources.

Overview of respondents

The total number of U-Reporters reached at the time of the poll was 39,907. Of them, 1,478 responded to the Eswatini CPE U-Report poll was, of which 431 were registered as male (37 per cent) and 723 were registered as female (63 per cent). Most of the respondents were in the age group above 35 (36 per cent), followed by those between 25 and 30 (28 per cent), those between 31 and 34 (18 per cent), and 20-24 (11 per cent). Children 0-14 years of age were one per cent, while adolescents 15-19 were 6 per cent. The number of respondents from Hhohho region were 356, those from Manzini were 381, those

³ Data from the U-Report Eswatini web page: <https://eswatini.ureport.in/engagement/> (last accessed on 2nd March 2025)

from Lubombo were 204, and those from the region of Shiselveni were 229. The following figure illustrates the composition of the respondents.

Figure 26: composition of the respondents to the U-Report for the CPE. Source: U-Report Eswatini website at the page: <https://eswatini.ureport.in/opinion/7753/> (last accessed on 2nd March 2025).

Eswatini CP Evaluation

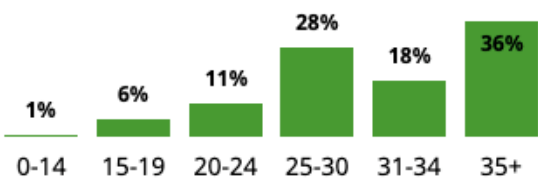
January 16, 2025

1,478
RESPONDERS

96%
RESPONSE RATE

37%
431

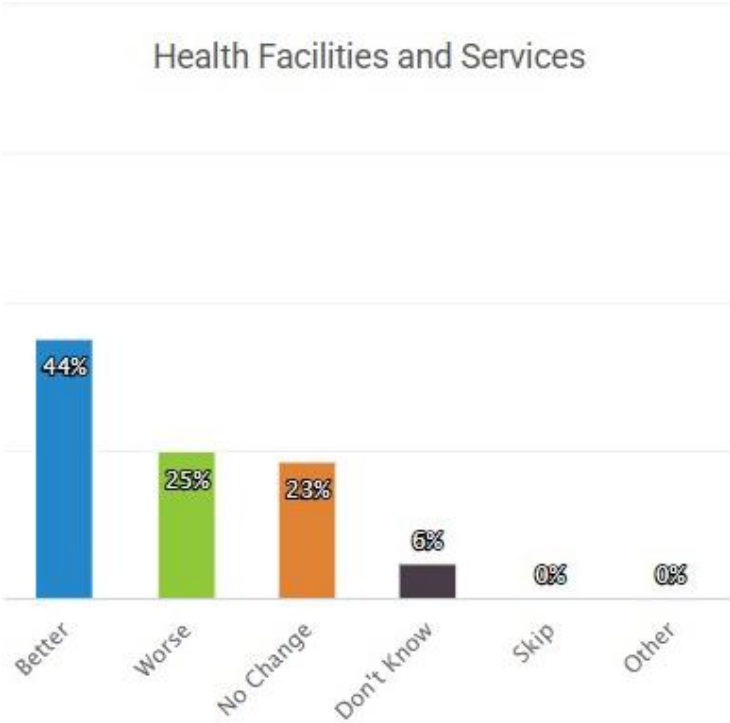
63%
723



Survey results

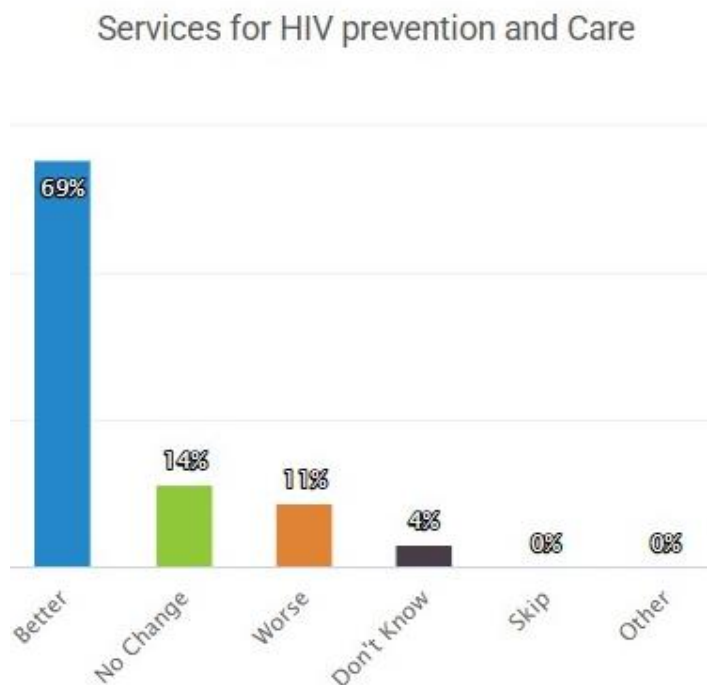
With regard to the health facilities and services, like vaccinations for children, or sexual and reproductive health for teenagers and young people, 44 per cent of the respondents answered that they have become better, while one quarter of them (25 per cent) who answered that they have worsened, followed by 23 per cent who answered that they have not changed, and 6 per cent who answered that they do not know.

Figure 27: Responses to Question 1. Over the past four years, do you feel that the health facilities and services, like vaccinations for children, or sexual and reproductive health for teenagers and young people, in Eswatini have become better, worse or not changed?



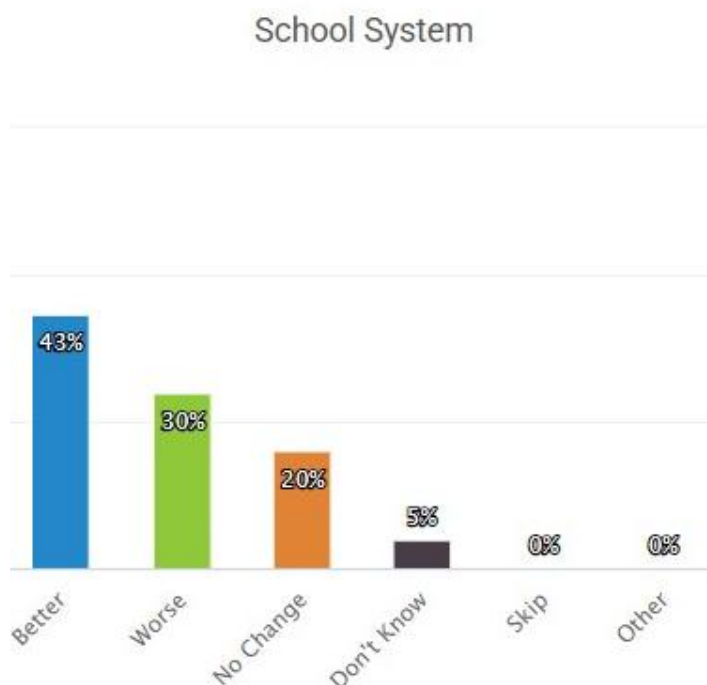
With regard to the services for HIV prevention and care for teenagers and young people, over two thirds of the respondents (69 per cent) answered that they have become better, followed by 14 per cent who answered that they have not changed, while 11 per cent answered that they have worsened; 4 per cent did not know what to answer.

Figure 28: Responses to Question 2. Over the past four years, do you feel that the services for HIV prevention and care for teenagers and young people in Eswatini have become better, worse or not changed?



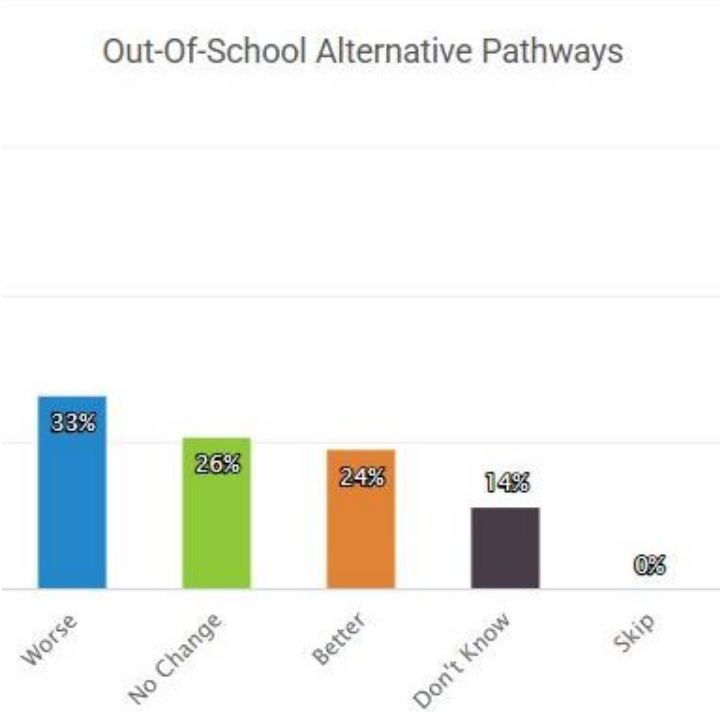
With regard to the school system for children, teenagers and young people, 43 per cent of the respondents answered that it has become better, while 30 per cent answered that it has become worse, followed by those who answered that it has not changed (20 per cent); 5 per cent did not know what to answer.

Figure 29: Responses to Question 3. Over the past four years, do you feel that school system for children, teenagers and young people in Eswatini have become better, worse or not changed?



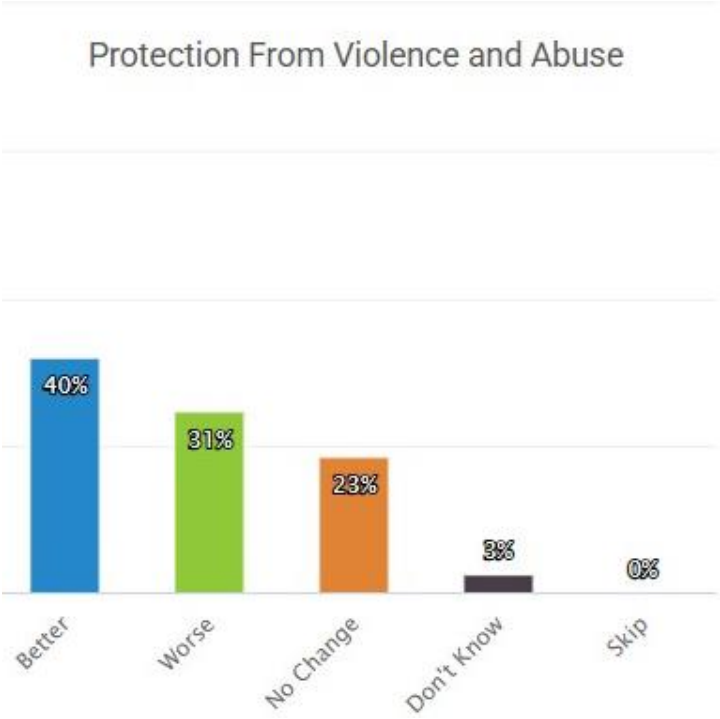
With regard to the access to out-of-school alternative pathways for teenagers/ young people, one third of the respondents (33 per cent) answered that they have become worse, slightly over one forth (26 per cent) answered that they have not changed, while slightly less than one forth (24 per cent) have become better; 14 per cent answered that they did not know.

Figure 30: Responses to Question 4. Over the past four years, do you feel that the access to out-of-school alternative pathways for teenagers/young people in Eswatini have become better, worse or not changed?



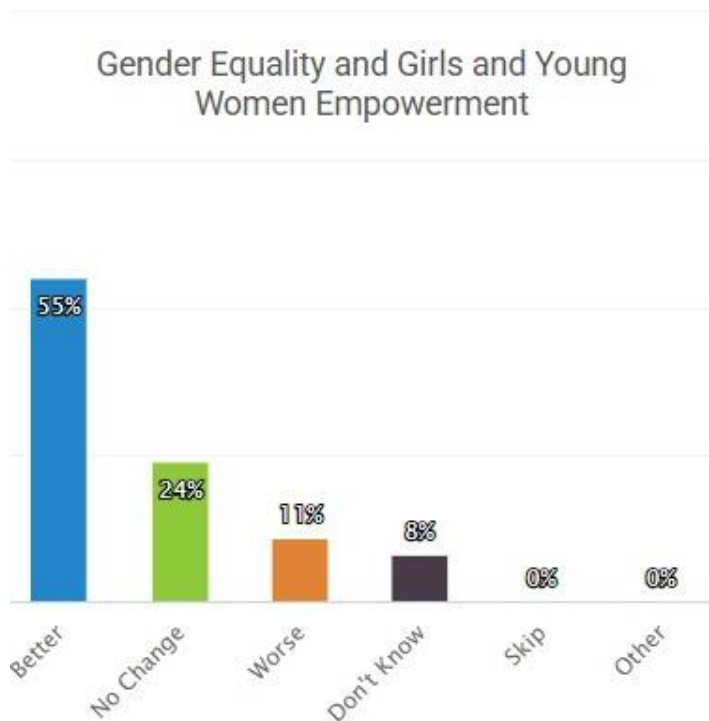
1. With regard to the services for protection from violence and abuse against children, teenagers and young people, 40 per cent of the respondents answered that they have become better, while 31 per cent answered that they have worsened, followed by 23 per cent who answered that they have not changed; 3 per cent answered that they did not know.

Figure 31: Responses to Question 5. Over the past four years, do you feel that services for protection from violence and abuse against children, teenagers and young people in Eswatini have become better, worse or not changed?



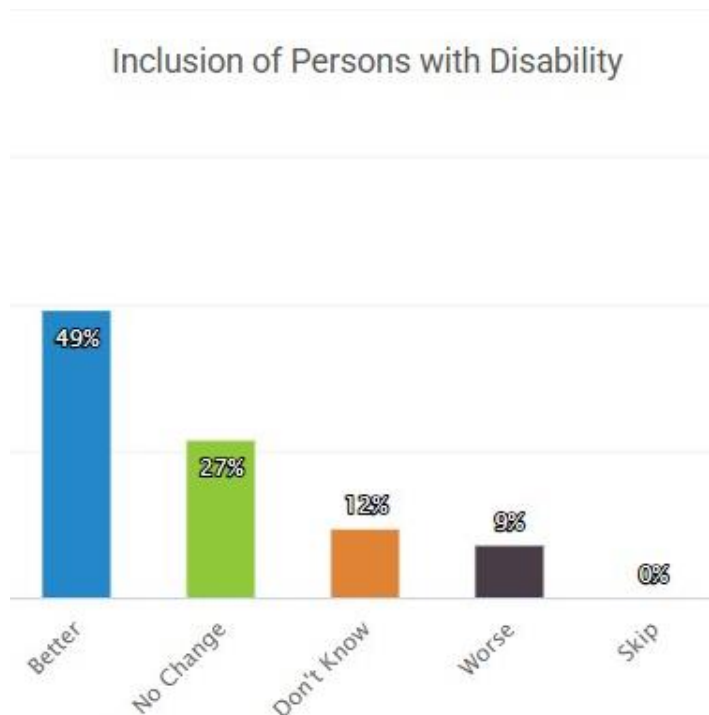
With regard to gender equality and girls and young women empowerment, over half of the respondents (55 per cent) answered that it has become better, followed by almost one quarter (24 per cent) who answered that it has not changed, while 11 per cent answered that it has worsened; 8 per cent answered that they did not know.

Figure 32: Responses to Question 6. Over the past four years, do you feel that gender equality and girls and young women empowerment in Eswatini have become better, worse or not changed?



With regard to the inclusion of persons of disability, almost half of the respondents (49 per cent) answered that it has become better, followed by over one quarter (27 per cent) who answered that it has not changed, and 12 per cent who answered that they did not know. Only 9 per cent answered that the inclusion of persons of disability has worsened.

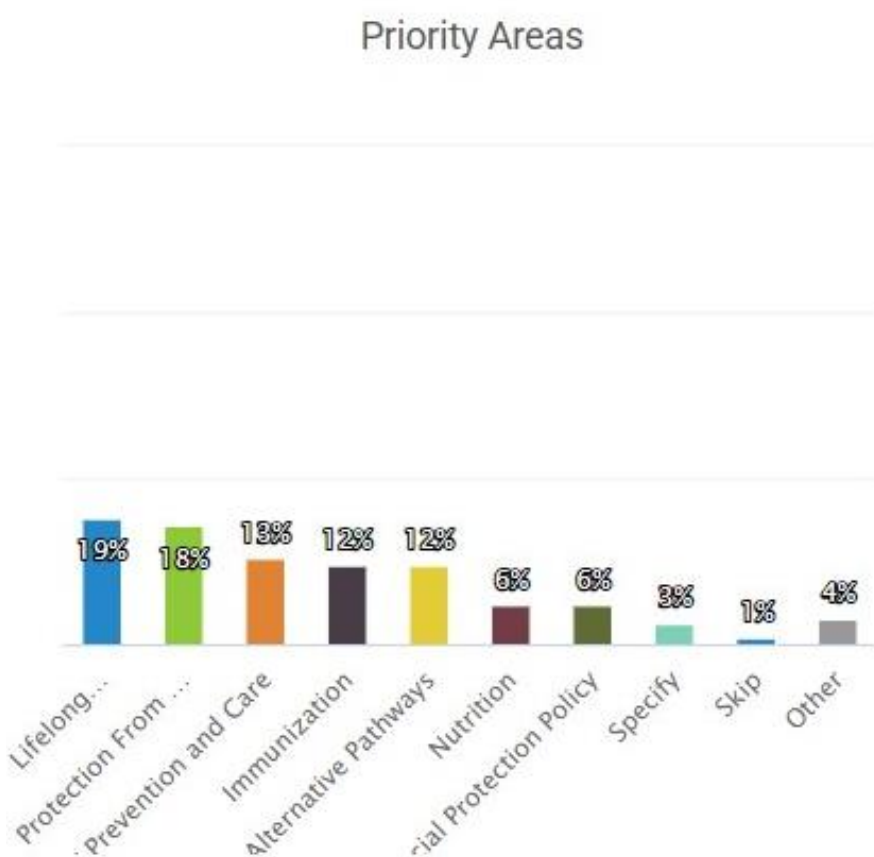
Figure 33: Responses to Question 7. Over the past four years, do you feel that the inclusion of persons of disability in Eswatini have become better, worse or not changed?



With regard to the priority areas for children, teenagers and young people in the future in Eswatini, the respondents indicated:

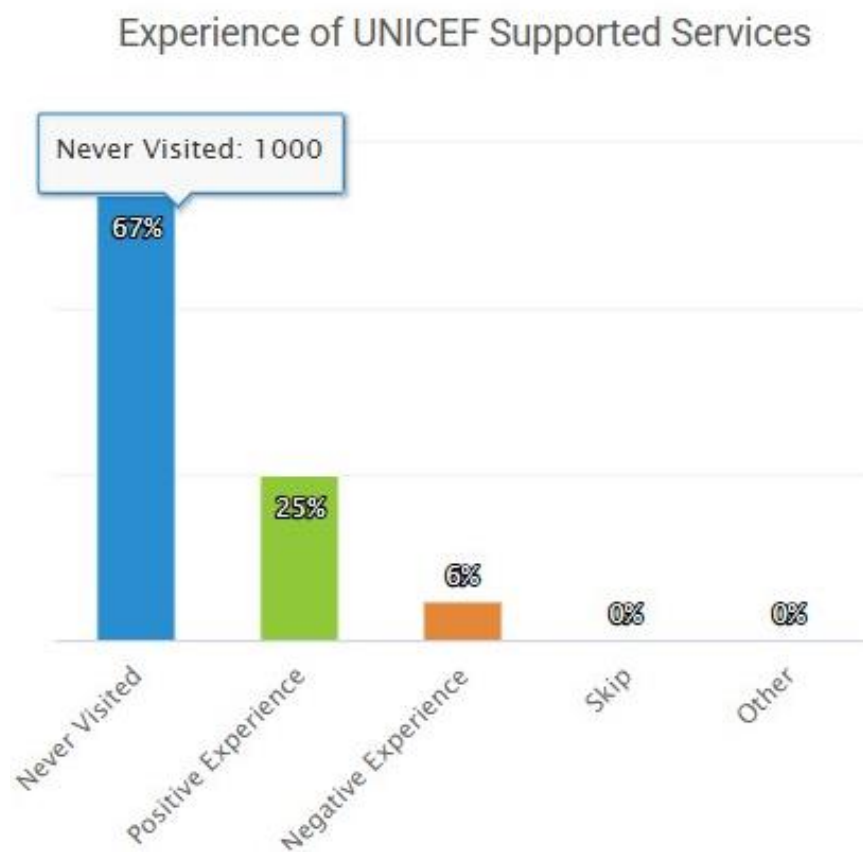
- 19 per cent lifelong education
- 18 per cent protection from violence and abuse
- 13 per cent HIV prevention and care
- 12 per cent immunization
- 12 per cent out-of-school alternative pathways
- 6 per cent nutrition
- 6 per cent social protection policy
- 3 per cent indicated other (although the other priorities were not captured)

Figure 34: Responses to Question 8. What do you feel are the priority areas for children, teenagers and young people in the future in Eswatini?



Lastly, the majority of the respondents (67 per cent) answered that they had visited any UNICEF supported services in Eswatini. Of those who had visited a UNICEF supported services, one quarter (25 per cent) answered that their experience was positive, while the remainder 6 per cent answered that their experience was negative.

Figure 35: Responses to Question 9. If you have visited any UNICEF supported services in Eswatini, how was your experience?



ANNEX 13. ALIGNMENT WITH UNICEF STRATEGIES

Alignment of the CP priorities with UNICEF Strategic Plans (2018-21 and 2022-2025):

UNICEF Strategic Plan 2018-2021 Change strategies	UNICEF Eswatini Country Programme strategies	UNICEF Strategic Plan 2022-2025 Change Strategies
1. Programming excellence for at-scale results for children	Covered under: (b) Technical assistance, capacity development and systems-strengthening (e) Social-norms change through community engagement (f) South-South cooperation	
2. Gender-responsive programming	All Programme components, and particularly outcome 1 and outcome 2, are aligned with the UNICEF Gender Action Plan (GAP) 2018-2021 (see the following paragraphs) although with some weaknesses in practice	5. Gender-equality programming for transformative results
3. Winning support for the cause of children from decision-makers and the wider public	(a) Advocacy for public finance and resource-leveraging	1. Advocacy and communications
4. Developing and leveraging resources and partnerships for children	(c) Partnerships and leveraging resources	7. Partnerships and engagement: public and private
5. Leveraging the power of business and markets for children	(c) Partnerships and leveraging resources	7. Partnerships and engagement: public and private
6. United Nations working together	It situated under the United Nations Sustainable Development Cooperation Framework (UNSDCF) 2021–2025.	
7. Fostering innovation in programming and advocacy for children	(g) Innovative solutions for continuity of services	6. Innovation
8. Using the power of evidence to drive change for children	(d) Research and evidence generation	3. Data, research, evaluation and knowledge management
	(b) Technical assistance, capacity development and systems-strengthening	4. Digital transformation 9. Systems strengthening to leave no one behind

	(e) Social-norms change through community engagement	2. Community engagement, social and behaviour change
	Disaster risk reduction mainstreamed across programme components	8. Risk-informed humanitarian and development programming nexus

ANNEX 14. INFORMED CONSENT FORMS

UNICEF Eswatini Country Office is currently conducting the evaluation of its work done between 2021 and 2024. The evaluation aims to understand what has worked well and what has worked less well in UNICEF's work, in order to draw lessons with which to inform UNICEF's work in the next five years.

We are also very interested in hearing directly from stakeholders regarding their perspectives on UNICEF's work in Eswatini - what is working well, what is working less well and what their priorities are for the future. For these reasons, we would like to invite you to participate in an X [type of participatory activity, such as interview or Focus Group Discussion]. This activity will be conducted by [insert consultant's name who will facilitate the group interview, or the ERG Leader], who will ask you questions related to [briefly explain what will be discussed]. The activity will take approximately [] minutes.

Please note that your participation is voluntary. If you decide not to participate, that is completely okay. We will understand. If you do decide to participate, you can choose to stop at any time. If there ever is a question that you do not want to answer for any reason, you do not have to answer it. Please know that you can skip any question that you are not comfortable answering, and you can decide to end participation at any time. Any personal information as well as identifying information will not be passed to others; your views will be treated in confidence. [In the case of FGDs, your views will not be shared with others beyond the focus group].

Please, do not hesitate to ask for clarifications if you would like. If you have questions at a later stage, please contact X [name of the evaluation focal point] at X [contact information].

You understand that you are free to withdraw from the activity at any time.

You understand that by checking the following box and writing today's date below, you are indicating your consent to participate.

[] I AGREE TO PARTICIPATE IN THE ABOVE ACTIVITY

Date:

ANNEX 15. INFORMED CONSENT FORM FOR CAREGIVERS/PARENTS OF CHILDREN UNDER THE AGE OF CONSENT

UNICEF Eswatini Country Office is currently conducting the evaluation of its work done between 2021 and 2024. The evaluation aims to understand what has worked well and what has worked less well in UNICEF's work, in order to draw lessons with which to inform UNICEF's work in the next five years.

As part of this evaluation, the team in charge of the evaluation would like to hear the opinion of some youths with regard to UNICEF's contribution to the general wellbeing of young people in Eswatini. We are also very interested in hearing directly from youths what their priorities are for the general improvement of the wellbeing of young people in Eswatini in the next five years. The youths' participation in this activity will help UNICEF to strengthen its interventions and initiatives to promote the well-being of young people in Eswatini. For these reasons, we would like to invite your child to participate in an X [type of participatory activity, such as group interview of the youth advisory board members, or involvement in the Evaluation Reference Group]. This activity will be conducted by [insert consultant's name who will facilitate the group interview, or the ERG Leader], who will ask you questions related to [briefly explain what will be discussed]. The activity will take approximately [____] minutes.

Please note that your child's participation is voluntary. If they decide not to participate, that is completely okay. We will understand. If they do decide to participate, they can choose to stop at any time. If there ever is a question that they do not want to answer for any reason, they do not have to answer it. Please know that they can skip any question they are not comfortable answering, and they can decide to end their participation at any time. Any personal information as well as identifying information will not be passed to others; children's views will be treated in confidence.

Please, do not hesitate to ask for clarifications if you would like. If you have questions at a later stage, please contact X [name of the evaluation focal point] at X [contact information].

You understand that you are free to withdraw my child and that your child can withdraw from the activity at any time.

You understand that by checking the following box and writing today's date below, you are indicating your consent for my child to participate.

[] I AGREE FOR MY CHILD TO PARTICIPATE IN THE ABOVE ACTIVITY

Date:

ANNEX 16. INFORMATION ABOUT THE EVALUATION TEAM

Team Leader – Susanne Turrall

The evaluation was led by Susanne Turrall, an experienced senior evaluator who has expertise in gender and social inclusion and analysing poverty and vulnerability linkages. She has a MA (Hons) in Social Anthropology and Development, and an MSc in Agricultural Economics. She has over 20 years' experience in international development, with over 10 years leading and undertaking complex evaluations. Examples include Country Programme Evaluation of Irish Aid's work in Sierra Leone, evaluation of WFP's Gender Policy, UNFPA/UNICEF Joint Evaluation of the Joint Programme to Accelerate the Abandonment of FGM for both Phase II and Phase III (both top-rated by QA). Most recently, she has evaluated UNICEF Kosovo's local governance engagement (the 'Municipality Approach') across all areas of its country programme (health, education, social welfare, youth and adolescence) with a strong focus on system strengthening.

Within her work she has a history of working on theory-based approaches (e.g. UNFPA Global Programme on Gender Biased Sex Selection, Phase I and Phase II evaluation). She has also utilised policy influence analysis (UN Women Corporate Evaluation on Women's Economic Empowerment, and UNFPA Nepal's Gender Based Violence Programme). Her previous roles included evaluation quality assessments for UNICEF, UN Women, and WFP, various international NGOs, and providing long term support to UNDP on poverty, gender analysis, and social change in the Pacific region. She is based near London, UK.

Evaluation Specialist – Giulia De Bernardi

Giulia De Bernardi has been working in the international development sector for over 14 years. She builds her expertise on a MSc in Environment and Development from the London School of Economics (2015) and a MA in International Relations from the Catholic University of Milan (2007, Hons). She also draws on hands-on experience gained while working with various international NGOs, both in the field and at HQ, mainly in the areas of livelihoods, gender equality, women empowerment, and children education. Her first-hand experience includes middle-income African countries, namely DR Congo, Kenya, Malawi, Rwanda, and Uganda.

Since 2020, she has been specialising in the evaluation of complex multi-country interventions for UN agencies, including UNFPA, UNICEF and UN Women. In the context of these evaluations, she has contributed with strong quantitative analytical skills by leading on the development, administration and data analysis of surveys targeted to different kinds of stakeholders, and the production of infographics to illustrate results in an intuitive and user-friendly manner. Some of her more recent work includes the evaluation of the UN's Women Peace and Humanitarian Fund, of UNFPA support to population dynamics and data, and of the UNFPA/UNICEF Joint Programme to Accelerate the Abandonment of FGM Phase III.

Both evaluators have undertaken all UNICEF safeguarding courses as required. They are aware of identified ethical issues and mitigation strategies. They have training and experience in research skills and ethics, facilitation and participatory techniques.

ANNEX 17. ETHICAL REVIEW APPROVAL



9 January 2025

Bikul Tulachan UNICEF ESARO

RE: Ethics Review Board findings for: *Evaluation of the Government of Eswatini and UNICEF Country Program of Cooperation 2021-2025* (HML IRB Review 1019ESWA24)

Dear Bikul Tulachan,

Protocols for the protection of human subjects in the above study were assessed through a research ethics review by HML Institutional Review Board (IRB) on 20 December 2024 – 09 January 2025. This study's human subjects' protection protocols, as stated in the materials submitted, received **ethics review approval**.

You and your project staff remain responsible for ensuring compliance with HML IRB's determinations. Those responsibilities include, but are not limited to:

ensuring prompt reporting to HML IRB of proposed changes in this study's design, risks, consent, or other human protection protocols and providing copies of any revised materials;

conducting the research activity in accordance with the terms of the IRB approval until any proposed changes have been reviewed and approved by the IRB, except when necessary to mitigate hazards to subjects;

promptly reporting any unanticipated problems involving risks to subjects or others in the course of this study;

notifying HML IRB when your study is completed.

HML IRB is authorized by the United States Department of Health and Human Services, Office of Human Research Protections (IRB #1211, IORG #850, FWA #1102).

Sincerely,



D. Michael Anderson, Ph.D., MPH

Chair & Human Subjects Protections Director, HML IRB

cc: Vanessa Sihlongonyane; Susanne Turrall; giulia.debe@gmail.com; Ashley Wax; Nelisiwe Dlamini; HML IRB Administrator; Penelope Lantz, JD

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ANNEX 18. RESULTS FRAMEWORK

Outcome: Maternal, Child and Adolescent Health

Outcome Statement: By 2025, parents and children, with a focus on the most vulnerable, have access to equitable, integrated, quality essential health, nutrition and HIV services including during emergencies.

Rating end 2024: Average progress

Indicator(s)	Baseline		Target		Data Type	Finalized Date	Indicator Rating Type	Rating	Actual	Source	Approval status
	Year	Value	Year	Value							
Standard Indicators											
Percentage of children aged 6-23 months receiving a minimum number of food groups	2020	62	2021		PERCENT	01.01.2021	End-year assessment	Partially achieved	58	Sector management information system	APPROVED
			2022	70	PERCENT	01.01.2022	End-year assessment	Partially achieved	65	Sector Review (s)	APPROVED
			2023	70	PERCENT	01.01.2023	End-year assessment	Fully achieved	68.5	MICS/DHS or other National survey	APPROVED
			2024	75	PERCENT	01.01.2024	End-year assessment	Not achieved	30	MICS/DHS or other National survey	APPROVED
			2025	75	PERCENT						
Percentage of children who are vaccinated for: (1) first dose of measles-containing vaccine; (2) (b-I) three doses of diphtheria, tetanus and pertussis (DTP)-containing/Penta vaccine; (3) (b-ii) number of countries in which	2020	75	2021	80	PERCENT	01.01.2021	End-year assessment	Partially achieved	79.3	Sector management information system	APPROVED
			2022	90	PERCENT	01.01.2022	End-year assessment	Partially achieved	81.5	Other	APPROVED
			2023	90	PERCENT	01.01.2023	End-year assessment	Not achieved	76.6	MICS/DHS or other	APPROVED

percentage of children vaccinate										National survey	
			2024	95	PERCENT	01.01.2024	End-year assessment	Not achieved	77	MICS/DHS or other National survey	APPROVED
			2025	95	PERCENT						
Percentage of infants aged 0-5 months who are exclusively fed with breast milk	2020	57	2021	60	PERCENT	01.01.2021	End-year assessment	Partially achieved	37	Sector management information system	APPROVED
			2022	75	PERCENT	01.01.2022	End-year assessment	Partially achieved	67	Other	APPROVED
			2023	75	PERCENT	01.01.2023	End-year assessment	Not achieved	54.3	MICS/DHS or other National survey	APPROVED
			2024	80	PERCENT	01.01.2024	End-year assessment	Partially achieved	54.3	MICS/DHS or other National survey	APPROVED
			2025	80	PERCENT						
Proportion of the population practising open defecation (24-02-L2 -06)	2020	10.7	2021	6	PERCENT	01.01.2021	End-year assessment	Not achieved	10.7	Sector Review (s)	APPROVED
			2022	3	PERCENT	01.01.2022	End-year assessment	Partially achieved	3.8	Sector Review (s)	APPROVED
			2023	3	PERCENT	01.01.2023	End-year assessment	Partially achieved	4.6	MICS/DHS or other National survey	APPROVED
			2024	3	PERCENT	01.01.2024	End-year assessment	Partially achieved	5	MICS/DHS or other National survey	APPROVED

			2025	0	PERCENT						
Percentage of health facilities with inter-operability between the health system and civil registration system to facilitate birth registration at the service delivery point	2021	0	2023	18	NUMBER		End-year assessment	Not achieved	4.1		APPROVED
			2024	18	NUMBER						

Additional Indicators

Children born to mothers living with HIV who have acquired the virus through vertical transmission, at 18 months of age	2020	5	2021	4.5	PERCENT	01.01.2021	End-year assessment	Fully achieved	4.5	Other	APPROVED
			2022	4	PERCENT	01.01.2022	End-year assessment	Fully achieved	.14	Studies and surveys	APPROVED
			2023	4	PERCENT	01.01.2023	End-year assessment	Fully achieved	1.34	MICS/DHS or other National survey	APPROVED
			2024	4	PERCENT	01.01.2024	End-year assessment	Fully achieved	1.34	Other	APPROVED
			2025	4	PERCENT						
Coverage antiretroviral therapy among all children aged 0–4, 5– 9, and 15–19	2020	95	2021	95	PERCENT	01.01.2021	End-year assessment	Fully achieved	96	Other	APPROVED
			2022	95	PERCENT	01.01.2022	End-year assessment	Partially achieved	78	Sector Review (s)	APPROVED
			2023	95	PERCENT	01.01.2023	End-year assessment	Fully achieved	95	Other	APPROVED
			2024	95	PERCENT	01.01.2024	End-year assessment	Fully achieved	95	Other	APPROVED

			2025	95	PERCENT						
New-borns receiving post-natal care within two to seven days of childbirth	2020	57.3	2021	65	PERCENT	01.01.2021	End-year assessment	Partially achieved	51	Sector management information system	APPROVED
			2022	70	PERCENT	01.01.2022	End-year assessment	Fully achieved	89	Sector Review (s)	APPROVED
			2023	95	PERCENT	01.01.2023	End-year assessment	Partially achieved	90.3	MICS/DHS or other National survey	APPROVED
			2024	95	PERCENT	01.01.2024	End-year assessment	Partially achieved	90.3	MICS/DHS or other National survey	APPROVED
			2025	95	PERCENT						
Proportion of children under five whose births are registered - Birth Registration	2020	54	2021	60	PERCENT	01.01.2021	End-year assessment	Partially achieved	53	Other	APPROVED
			2022	80	PERCENT	01.01.2022	End-year assessment	Fully achieved	86	MICS/DHS or other National survey	APPROVED
			2023	86	PERCENT	01.01.2023	End-year assessment	Not achieved	67	MICS/DHS or other National survey	APPROVED
			2024	90	PERCENT	01.01.2024	End-year assessment	Not achieved	66	MICS/DHS or other National survey	APPROVED
			2025	90	PERCENT						

Output: CAPACITY FOR DELIVERY & OF NEWBORN AND INFANT HEALTH SERVICES

Output Statement: Health systems have improved capacity for the delivery and utilization of quality new-born and infant health services at the facility and community levels.

Rating end 2024: Average progress

Indicator(s)	Baseline		Target		Data Type	Finalized Date	Indicator Rating Type	Rating	Actual	Source	Approval status
	Year	Value	Year	Value							
Standard Indicators											
Months with stock out of DTP containing vaccine at the national level (Target: 0 month) (21-02-L3-09)	2020	0	2021	0	PERCENT	01.01.2021	End-year assessment	Fully achieved	0	Sector management information system	APPROVED
			2022	0	PERCENT	01.01.2022	End-year assessment	Partially achieved	2	Sector Review (s)	APPROVED
			2023	0	PERCENT	01.01.2023	End-year assessment	Partially achieved	2	Sector Review (s)	APPROVED
			2024	0	PERCENT	01.01.2024	End-year assessment	Not achieved	1	Sector management information system	APPROVED
			2025	0	PERCENT						
Number of live births delivered in health facilities through UNICEF-supported programmes	2021	18194	2023	21000	NUMBER		End-year assessment	Achieved	20232		APPROVED
			2024	22050	NUMBER						
Number of health workers receiving the skills and support for delivering essential maternal, new-born and child health services through UNICEF-supported programmes	2021	120	2023	60	NUMBER		End-year assessment	Not achieved	29		APPROVED
			2024	60	NUMBER						
Level of strength of the primary health care	2021	21	2023	24	NUMBER		End-year assessment	Achieved	22		APPROVED

system, achieved with UNICEF support			2024	24	NUMBER						
Extent of UNICEF-response provided to outbreaks or other public health emergencies	2021	11	2023	12	NUMBER		End-year assessment	Not achieved	6		APPROVED
			2024	12	NUMBER						
Number of children vaccinated against measles through UNICEF supported programmes	2021	15627	2023	15000	NUMBER		End-year assessment	Achieved	19750		APPROVED
			2024	20000	NUMBER						
Extent of UNICEF support to the roll-out of COVID-19 vaccines	2021	6	2023	6	NUMBER		End-year assessment	Achieved	6		APPROVED
			2024	5	NUMBER						
Level of coverage achieved in the most recent polio-vaccination campaign	2021	0	2023	0	NUMBER		End-year assessment		0		APPROVED
			2024	0	NUMBER						
Scale of integration of Early Childhood Development in primary health care policy and service delivery platforms	2021	8	2023	8	NUMBER		End-year assessment	Achieved	8		APPROVED
			2024	8	NUMBER						
Scale of integration of adolescent health priorities, including sexual and reproductive health, in primary health care services or through school and digital platforms	2021	3	2023	3	NUMBER		End-year assessment	Achieved	4		APPROVED
			2024	3	NUMBER						
Scale of integration of prevention and	2021	3	2023	3	NUMBER		End-year assessment	Partially achieved	2		APPROVED

management of non-communicable diseases into primary health care with UNICEF support.			2024	3	NUMBER						
Scale of integration of prevention and management of injuries into primary health care with UNICEF support.	2021	1	2023	0	NUMBER		End-year assessment		0		APPROVED
			2024	0	NUMBER						
Extent to which environmental health risks are integrated in primary health care with UNICEF support.	2021	1	2023	3	NUMBER		End-year assessment	Partially achieved	2		APPROVED
			2024	3	NUMBER						
Number of health care facilities that were supported by UNICEF to be climate resilient and/or environmentally sustainable.	2021		2023	0	NUMBER		End-year assessment		34		APPROVED
			2024	0	NUMBER						
Quality of free and universal birth registration service within civil registration and vital statistics, in accordance with international standards and best practices	2021	3	2023	3	NUMBER		End-year assessment	Achieved	5		APPROVED
			2024	3	NUMBER						
Additional Indicators											
SBC annual plan of action developed and disseminated (HPV)	2023	None	2024	Yes	TEXT			Fully achieved	Yes	Sector Review (s)	APPROVED
			2025	Yes	TEXT						
Percentage of health facilities with maternity	2023	0	2024	45	PERCENT			Fully achieved	86	Sector Reviews	APPROVED

service using electronic Maternal and Perinatal Deaths Surveillance and Response (MPDSR) tools			2025	100	PERCENT						
Number of health facilities delivering birth certificates	2020	8	2024	10	NUMBER	01.01.2024	End-year assessment	Partially achieved	7	Sector Reviews	APPROVED
			2025	11	NUMBER						

Output: CAPACITY TO PROVIDE SERVICES FOR PREVENTION & TREATMENT OF MALNUTRITION

Output Statement: Health facilities, communities and caregivers have improved capacities to provide quality services for and utilize the prevention and treatment of malnutrition.

Rating end 2024: Average progress

Indicator(s)	Baseline		Target		Data Type	Finalized Date	Indicator Rating Type	Rating	Actual	Source	Approval status
	Year	Value	Year	Value							
Standard Indicators											
A nutrition policy or strategy to prevent undernutrition and micronutrient deficiencies in children under 5 years exists and is being implemented	2021	4	2023	9	NUMBER		End-year assessment	Achieved	9		APPROVED
			2024	9	NUMBER						
Extent to which strategies and programmes to improve diet diversity among children aged 6 to 23 months are implemented	2021	5	2023	4	NUMBER		End-year assessment	Achieved	5		APPROVED
			2024	3	NUMBER						
Extent to which programmes to prevent overweight and obesity in school-age children and adolescents are implemented by the government	2021	0	2023	3	NUMBER		End-year assessment	Achieved	3		APPROVED
			2024	3	NUMBER						

Extent to which gender-responsive programmes to prevent anaemia in adolescent girls and boys through school- and community-based approaches are implemented	2021	0	2023	1	NUMBER		End-year assessment	Not achieved	0		APPROVED
			2024	1	NUMBER						
Extent to which integrated anaemia prevention and nutrition counselling is integrated in pregnancy care programmes for women	2021	1	2023	1	NUMBER		End-year assessment	Achieved	1		APPROVED
			2024	1	NUMBER						
Number of people reached with at least basic sanitation services through UNICEF-supported programmes	2021	6546	2023	0	NUMBER		End-year assessment		0		APPROVED
			2024	0	NUMBER						
Number of people reached with at least basic water that is safe and available when needed, through UNICEF- supported programmes	2021	0	2023	0	NUMBER		End-year assessment		0		APPROVED
			2024	0	NUMBER						
Number of people reached with at least basic hygiene services through UNICEF-supported programmes	2021		2023	0	NUMBER		End-year assessment		0		APPROVED
			2024	0	NUMBER						
Number of schools reached with basic WASH services, through UNICEF-supported programmes	2021	0	2023	0	NUMBER		End-year assessment		0		APPROVED
			2024	0	NUMBER						
Number of health-care facilities reached with basic	2021		2023	13	NUMBER		End-year assessment	Achieved	32		APPROVED

WASH services, through UNICEF-supported programmes			2024	15	NUMBER						
Number of women and adolescent girls reached whose menstrual health and hygiene needs are addressed through UNICEF supported programmes	2021		2023	0	NUMBER		End-year assessment		0		APPROVED
			2024	0	NUMBER						

Indicator(s)	Baseline		Target		Data Type	Finalized Date	Indicator Rating Type	Rating	Actual	Source	Approval status
	Year	Value	Year	Value							
Number of people in humanitarian contexts reached with appropriate drinking water services, through UNICEF-supported programmes	2021	76779	2023	0	NUMBER		End-year assessment		0		APPROVED
			2024	0	NUMBER						
Number of people in humanitarian contexts reached with appropriate sanitation services, through UNICEF-supported programmes	2021	0	2023	0	NUMBER		End-year assessment		0		APPROVED
			2024	0	NUMBER						
Extent to which a costed and inclusive WASH financing strategy has been prepared and implemented with UNICEF support	2021		2023	0	NUMBER		End-year assessment		5		APPROVED
			2024	0	NUMBER						
Extent to which annual WASH sector expenditures from different funding and financing sources have increased with UNICEF support	2021	0	2023	0	NUMBER		End-year assessment		0		APPROVED
			2024	0	NUMBER						
Extent to which a climate rationale for the impact of climate change and water scarcity on WASH services has been developed	2021	18	2023	28	NUMBER		End-year assessment	Achieved	28		APPROVED
			2024	28	NUMBER						

Additional Indicators											
Indicator(s)	Baseline		Target		Data Type	Finalized Date	Indicator Rating Type	Rating	Actual	Source	Approval status
	Year	Value	Year	Value							
Number of healthcare facilities reached with basic WASH services and/or information through UNICEF-supported programmes	2021	0	2022	0	NUMBER	01.01.2022	End-Term assessment	Not achieved	0	Sector Review (s)	APPROVED
			2023	32	NUMBER	01.01.2022	End-Term assessment	Fully achieved	32	Sector Review (s)	APPROVED
			2023	32	NUMBER	01.01.2023	End-year assessment	Fully achieved	32	Sector Review (s)	APPROVED
Number of documents on WASH and climate Change disseminated with engagement of adolescent and people living with disability to promote climate resilience WASH	2021	0	2022	0	NUMBER	01.01.2022	End-year assessment	Not achieved	0	Sector Review (s)	APPROVED
			2023	3	NUMBER	01.01.2023	End-year assessment	Partially achieved	1	Studies and surveys	APPROVED
			2023	3	NUMBER	01.01.2022	End-year assessment	Partially achieved	1	Sector Review (s)	APPROVED
Number of Nutrition and/or WASH upstream documents (policies, strategies, plans, standards, and guidelines) revised and /or study conducted	2023	0	2024	2	NUMBER	01.01.2024	End-year assessment	Fully achieved	5	Sector Review (s)	APPROVED
			2025	4	NUMBER						
Number of parents and caregivers of children under 5 years who received a comprehensive information package on IYCF counselling, disability and climate resilient WASH in selected constituencies including during emergencies	2021	0	2022	0	NUMBER	01.01.2022	End-year assessment	Not achieved	0	Other	APPROVED
			2023	20000	NUMBER	01.01.2022	End-year assessment	Fully achieved	31159	Other	APPROVED
			2023	20000	NUMBER	01.01.2023	End-year assessment	Fully achieved	31159	Sector management information system	APPROVED

Output: CAPACITY TO PROVIDE & UTILISE GENDER RESPONSIVE SERVICES ON HIV

Output: Health facilities, communities and caregivers have improved capacity to provide and utilize gender-responsive services for children and adolescents living with HIV and pregnant and breastfeeding women.

Rating by end 2024: Strong progress

Indicator(s)	Baseline		Target		Data Type	Finalized Date	Indicator Rating Type	Rating	Actual	Source	Approval status
	Year	Value	Year	Value							
Standard Indicators											
Extent of policies and services for elimination of dual mother-to child transmission of HIV and syphilis	2021	4	2023	4	NUMBER		End-year assessment	Achieved	4		APPROVED
			2024	4	NUMBER						
Extent of UNICEF-supported combination HIV-prevention interventions (including pre-exposure prophylaxis, targeting adolescent girls and young women and/or adolescent and young key populations)	2021	15	2023	16	NUMBER		End-year assessment	Achieved	16		APPROVED
			2024	16	NUMBER						
Additional Indicators											
Proportion of adolescents (10-19) on ART, lost to follow up	2020	0	2021	0	PERCENT	01.01.2021	End-year assessment	Not achieved	0	Sector Review (s)	APPROVED
			2022	0	PERCENT	01.01.2022	End-year assessment	Not achieved	0	Sector Review (s)	APPROVED
			2023	1	PERCENT	01.01.2023	End-year assessment	Fully achieved	0	Other	APPROVED
			2024	1	PERCENT	01.01.2024	End-year assessment	Fully achieved	0	Sector Review (s)	APPROVED
			2025	1	PERCENT						

PMTCT study completed and results disseminated	2020	No	2021	No	TEXT	01.01.2021	End-year assessment	Not achieved	No	Sector Review (s)	APPROVED
			2022	No	TEXT	01.01.2022	End-year assessment	Not achieved	No	Sector Review (s)	APPROVED
			2023	Yes	TEXT	01.01.2023	End-year assessment	Fully achieved	Yes	Studies and surveys	APPROVED
			2023	Yes	TEXT	01.03.2021 End-Term	End-Term	Fully achieved	Yes	Sector Review (s)	APPROVED

Outcome: Lifelong Learning, Protection and Development

Outcome Statement: By 2025, children and adolescents are protected from violence and HIV, learning and equipped with the skills to become active citizens.

Rating by end 2024: Average progress

Indicator(s)	Baseline		Target		Data Type	Finalized Date	Indicator Rating Type	Rating	Actual	Source	Approval status
	Year	Value	Year	Value							
Standard Indicators											
Adolescents aged 15-19 years having comprehensive knowledge about HIV and AIDS (Disaggregated by sex) (21-06-L2-01)	2020	50	2021	55	PERCENT	01.01.2021	End-year assessment	Not achieved	50	MICS/DHS or other National survey	APPROVED
			2022	60	PERCENT	01.01.2022	End-year assessment	Partially achieved	50	Sector Review (s)	APPROVED
			2023	60	PERCENT	01.01.2023	End-year assessment	Not achieved	45	MICS/DHS or other National survey	APPROVED
			2024	60	PERCENT	01.01.2024	End-year assessment	Not achieved	48.1	MICS/DHS or other National survey	APPROVED
			2025	60	PERCENT						

Number of girls and boys who have experienced violence reached by health, social work or justice/law enforcement services	2020	6594	2021	7500	NUMBER	01.01.2021	End-year assessment	Fully achieved	12394	Sector Review (s)	APPROVED
			2022	8500	NUMBER	01.01.2022	End-year assessment	Partially achieved	2389	Sector Review (s)	APPROVED
			2023	9500	NUMBER	01.01.2023	End-year assessment	Fully achieved	17331	Sector Review (s)	APPROVED
			2024	10000	NUMBER	01.01.2024	End-year assessment	Not achieved	6247	MICS/DHS or other National survey	APPROVED
			2025	10500	NUMBER						
Transition rate between primary and lower secondary education (22-01-L2-57)	2020	90.9	2021	92	PERCENT	01.01.2021	End-year assessment	Not achieved	90.9	Sector management information system	APPROVED
			2022	93	PERCENT	01.01.2022	End-year assessment	Fully achieved	93.08	Other	APPROVED
			2023	93	PERCENT	01.01.2023	End-year assessment	Partially achieved	90.3	MICS/DHS or other National survey	APPROVED
			2024	93	PERCENT	01.01.2024	End-year assessment	Mostly achieved	90.3	MICS/DHS or other National survey	APPROVED
			2025	93	PERCENT						
Percentage of children in conflict with the law subject to a diversion order or a non-custodial measure	2021		2023	0	NUMBER		End-year assessment		0		APPROVED
			2024	0	NUMBER						

Percentage of children in family-based care of the total number of children in all forms of formal alternative care	2021		2023		NUMBER		End-year assessment		3.6		APPROVED
			2024		NUMBER						
Level of development of the mechanism to track delivery and referral information related to mental health and psychosocial support services for children and adolescents	2021	0	2023	2	NUMBER		End-year assessment	Approved	2		APPROVED
			2024	2	NUMBER						

Additional Indicators

Percentage of grade 6 learners achieving minimum basic levels in reading and mathematics	2020	4	2021	46	TEXT	01.01.2021	End-year assessment	Not achieved	4	Sector management information system	APPROVED
			2022		TEXT	01.01.2022	End-year assessment	Not achieved	4	Sector Review (s)	APPROVED
			2023	50	PERCENT	01.01.2023	End-year assessment	Fully achieved	50.4	MICS/DHS or other National survey	APPROVED
			2024	55	PERCENT	01.01.2024	End-year assessment	Not achieved	39.5	MICS/DHS or other National survey	APPROVED
			2025	60	PERCENT						
Pre-school net/ gross enrolment rate	2020	21.6	2021	27	TEXT	01.01.2021	End-year assessment	Not achieved	21.6	Sector management information system	APPROVED

			2022	32	TEXT	01.01.2022	End-year assessment	Fully achieved	42	Other	APPROVED
			2023	32	TEXT	01.01.2023	End-year assessment	Fully achieved	79.9	MICS/DHS or other National survey	APPROVED
			2024	32	TEXT	01.01.2024	End-year assessment	Not achieved	9.3	Sector management information system	APPROVED
			2025	34	TEXT						
Percentage of adolescents not in employment, education or training	2020	9.79	2021	9	NUMBER	01.01.2021	End-year assessment	Not achieved	9.79	Studies and	APPROVED
			2022	9	NUMBER	01.01.2022	End-year assessment	Fully achieved	7.9	Sector Review (s)	APPROVED
			2023	8	NUMBER	01.01.2023	End-year assessment	Fully achieved	6.4	MICS/DHS or other National survey	APPROVED
			2024	8	NUMBER	01.01.2024	End-year assessment	Not achieved	34.9	Other	APPROVED
			2025	8	NUMBER						

Output: STRENGTHENED EDUCATION SYSTEM FOR IMPROVED LEARNING OUTCOMES AND SKILLS DEVELOPMENT

Output Statement: Strengthen education sector legislative and policy frameworks, planning, coordination and budgeting, including for early learning

Rating by end 2024: Average progress

Indicator(s)	Baseline		Target		Data Type	Finalized Date	Indicator Rating Type	Rating	Actual	Source	Approval status
	Year	Value	Year	Value							
Standard Indicators											

System Strengthening - Emergency preparedness - Allocation of human and financial resources to implement the conflict/DRR/CCA strategy - score (1-4), see guidance	2020	3	2021	4	NUMBER	01.01.2021	End-year assessment	Partially achieved	2	Sector Review (s)	APPROVED
			2022	4	NUMBER	01.01.2022	End-year assessment	Partially achieved	3	Sector Review (s)	APPROVED
			2023	4	NUMBER	01.01.2023	End-year assessment	Fully achieved	4	Sector Review (s)	APPROVED
			2024	4	NUMBER	01.01.2024	End-year assessment	Fully achieved	4	Sector Review (s)	APPROVED
			2025	4	NUMBER						
System Strengthening - EMIS - National EMIS provides quality and timely data - score (1-4), see guidance (22-01-L3-41)	2020	2	2021	3	NUMBER	01.01.2021	End-year assessment	Partially achieved	2	Sector Review (s)	APPROVED
			2022	4	NUMBER	01.01.2022	End-year assessment	Partially achieved	3	Sector Review (s)	APPROVED
			2023	4	NUMBER	01.01.2023	End-year assessment	Partially achieved	3	Sector management information system	APPROVED
			2024	4	NUMBER	01.01.2024	End-year assessment	Mostly achieved	4	Sector Review (s)	APPROVED
			2025	4	NUMBER						
Number of adolescent girls and boys who completed a skills development program	2022	4134	2023	11020	NUMBER	01.01.2023	End-year assessment	Fully achieved	11892	Sector Review (s)	APPROVED
			2024	12000	NUMBER	01.01.2024	End-year assessment	Fully achieved	12000	Sector Review (s)	APPROVED
			2025	13000	NUMBER						
Standard Indicators											

Extent to which the education system is inclusive and gender equitable for access to learning opportunities	2021		2023	2.8	NUMBER		End-year assessment	Achieved	2.8		APPROVED
			2024	3	NUMBER						
Extent to which the education system is resilient and can respond to humanitarian crises	2021		2023	3.3	NUMBER		End-year assessment	Partially achieved	2.5		APPROVED
			2024	2.8	NUMBER						
Extent to which evidence-based education sector plans/strategies addressing inequities and mainstreaming SDG indicators are implemented	2021		2023	3.3	NUMBER		End-year assessment	Achieved	3.3		APPROVED
			2024	3.4	NUMBER						
Number of out-of-school children and adolescents who accessed education through UNICEF-supported programmes	2021	358073	2023	150	NUMBER		End-year assessment	Partially achieved	127		APPROVED
			2024	0	NUMBER						
Level of effectiveness of teacher development system	2021		2023	2.4	NUMBER		End-year assessment	Achieved	2.3		APPROVED
			2024	2.6	NUMBER						
Level of effectiveness of learning assessment system	2021		2023		NUMBER		End-year assessment				APPROVED
			2024		NUMBER						
Level of effectiveness of student and community participation within the education system	2021		2023	3.5	NUMBER		End-year assessment	Achieved	3.3		APPROVED
			2024	3.5	NUMBER						

Level of effectiveness of the Education system for digital learning solutions	2021		2023	2.2	NUMBER		End-year assessment	Partially achieved	1.2		APPROVED
			2024	2.5	NUMBER						
Extent to which the systems for learning and skills development are gender-responsive	2021		2023	3	NUMBER		End-year assessment	Achieved	3		APPROVED
			2024	3.5	NUMBER						
Level of institutionalisation of holistic skills development to support learning, personal empowerment, environmental sustainability, active citizenship, social cohesion and/or employability and entrepreneurship	2021		2023	2.2	NUMBER		End-year assessment	Achieved	2.2		APPROVED
			2024	2.5	NUMBER						
Number of children provided with individual learning materials through UNICEF-supported programmes	2021	0	2023	0	NUMBER		End-year assessment		0		APPROVED
			2024	0	NUMBER						
Number of children who accessed education through digital platforms through UNICEF-supported programmes	2021	354936	2023	2000	NUMBER		End-year assessment	Achieved	45000		APPROVED
			2024	4000	NUMBER						
Number of school management committees whose capacity was developed through UNICEF-supported programmes	2021	0	2023	50	NUMBER		End-year assessment	Achieved	50		APPROVED
			2024	50	NUMBER						
Additional Indicators											

Number of teachers deployed to grade 0	2023	0	2024	100	NUMBER	01.01.2024	End-year assessment	Fully achieved	100	Other	APPROVED
			2025	200	NUMBER						
Innovations to improve access and learning for the most disadvantaged children are implemented at scale and are sustainable.	2020	No	2021	No	TEXT	01.01.2021	End-year	Achieved	No		APPROVED
			2022	Yes	TEXT	01.01.2022	End-year	Partially achieved	Yes	Sector Review (s)	APPROVED
			2023	Yes	TEXT	01.01.2023	End-year	Partially achieved	Yes	Sector Review (s)	APPROVED
			2024	Yes	TEXT	01.01.2024	End-year	No data	Yes	Other	APPROVED
			2025	Yes	TEXT						

Output: STRENGTHENED CHILD PROTECTION SYSTEMS PROMOTE POSITIVE SOCIAL NORMS FOR THE PREVE

Output Statement: Strengthen education sector legislative and policy frameworks, planning, coordination and budgeting, including for early learning

Rating by end 2024: Average progress

Indicator(s)	Baseline		Target		Data Type	Finalized Date	Indicator Rating Type	Rating	Actual	Source	Approval status
	Year	Value	Year	Value							
Standard Indicators											
Country routinely collects and publishes key types of administrative data on violence, exploitation and abuse of children, disaggregated by age and sex	2020	Not in place	2021	Pilot phase	TEXT	01.01.2021	End-year assessment	Achieved	Pilot phase in place	Sector Review (s)	APPROVED
			2022	In place	TEXT	01.01.2022	End-year assessment	Achieved	In place	Sector Review (s)	APPROVED
			2023	In place	TEXT	01.01.2023	End-year assessment	Achieved	In place	Sector management information system	APPROVED

			2024	In place	TEXT	01.01.2024	End-year assessment	Partially achieved	In place	Sector Review (s)	APPROVED
			2025	In place	TEXT						
Percentage of justice professionals trained / certified in dealing with child offenders and child victims	2020	55	2021	57	PERCENT	01.01.2021	End-year assessment	Partially achieved	56	Sector Review (s)	APPROVED
			2022	60	PERCENT	01.01.2022	End-year assessment	Partially achieved	56	Sector Review (s)	APPROVED
			2023	60	PERCENT	01.01.2023	End-year assessment	Fully achieved	59	Sector Review (s)	APPROVED
			2024	60	PERCENT	01.01.2024	End-year assessment	Fully achieved	60	Sector Review (s)	APPROVED
			2025	60	PERCENT						
Number of people who participate in social and behaviour change communication interventions promoting elimination of VAC through UNICEF programmes	2020	0	2021	15000	NUMBER	01.01.2021	End-year assessment	Fully achieved	25812	Sector Review (s)	APPROVED
			2022	30000	NUMBER	01.01.2022	End-year assessment	Fully achieved	34412	Sector Review (s)	APPROVED
			2023	35000	NUMBER	01.01.2023	End-year assessment	Fully achieved	52498	Sector Review (s)	APPROVED
			2024	37000	NUMBER	01.01.2024	End-year assessment	Fully achieved	66004	Sector Review (s)	APPROVED
			2025	40000	NUMBER						
Standard Indicators											
Extent of legal prohibition of corporal punishment of children in all settings	2021	4	2023	4	NUMBER		End-year assessment	Achieved	4		APPROVED
			2024	4	NUMBER						

Extent of alignment of national legislation with international standards regarding the criminalization of child sexual abuse and exploitation and protection of child victims	2021	5	2023	6	NUMBER		End-year assessment	Achieved	7		APPROVED
			2024	6	NUMBER						
Number of children who have experienced violence, exploitation, abuse and neglect reached by health, social work or justice/law enforcement services through UNICEF- supported programmes	2021		2023	6000	NUMBER		End-year assessment	Achieved	5916		APPROVED
			2024	6200	NUMBER						
Percentage of UNICEF-targeted women, girls and boys in humanitarian contexts provided with risk mitigation, prevention and/or response interventions to address gender- based violence through UNICEF-supported programmes	2021		2023	0	NUMBER		End-year assessment		0		APPROVED
			2024	0	NUMBER						
Number of children and adults who have access to a safe and accessible channel to report sexual exploitation and abuse by humanitarian, development, protection and/or other personnel who provide assistance to affected populations	2021	0	2023	0	NUMBER		End-year assessment		8396		APPROVED
			2024	0	NUMBER						
Extent of development of specialized justice for children systems	2021	5	2023	5	NUMBER		End-year assessment	Achieved	5		APPROVED
			2024	5	NUMBER						
Phase of maturity of the child protection systems	2021	32	2023	37	NUMBER		End-year assessment	Achieved	39		APPROVED

			2024	37	NUMBER						
Level of development of quality assurance system for social service workforce	2021	12	2023	12	NUMBER		End-year assessment	Achieved	11		APPROVED
			2024	12	NUMBER						
Number of UNICEF-targeted children, adolescents, parents and caregivers provided with community-based mental health and psychosocial support services	2021	0	2023	200	NUMBER		End-year assessment	Achieved	515		APPROVED
			2024	300	NUMBER						

Output: ADOLESCENT-RESPONSIVE SYSTEMS ARE ESTABLISHED FOR HIV PREVENTION AMONG ADOLESCENT

Output Statement: Effective, integrated gender and adolescent-responsive systems are established for HIV prevention among adolescents and young people

Rating by end 2024: Average progress

Indicator(s)	Baseline		Target		Data Type	Finalized Date	Indicator Rating Type	Rating	Actual	Source	Approval status
	Year	Value	Year	Value							
Standard Indicators											
Comprehensive behaviour change communication strategy for adolescents and youth including those from key populations available (21-06-L3-03)	2020	Not in place	2021	No	TEXT	01.01.2021	End-year assessment	Achieved	Yes	Sector Review (s)	APPROVED
			2022	Yes	TEXT	01.01.2022	End-year assessment	Achieved	Yes	Sector Review (s)	APPROVED
			2023	Yes	TEXT						
			2024	Yes	TEXT	01.01.2024	End-year assessment	Not achieved	No	Other	APPROVED
			2025	Yes	TEXT						

Level of integration of HIV diagnostic platforms in primary health care.	2021	5	2023	4	NUMBER		End-year assessment	Achieved	7		APPROVED
			2024	4	NUMBER						
Number of adolescents and young people who participate in or lead civic engagement initiatives through UNICEF-supported programmes	2021	8938	2023	200	NUMBER		End-year assessment	Achieved	295		APPROVED
			2024	400	NUMBER						
Additional Indicators											
No. of adolescents reached with comprehensive information on HIV/SRH/GBV/MHPSS.	2021	100	2022	100	NUMBER	01.01.2022	End-year assessment	Fully achieved	120	Sector Review (s)	APPROVED
			2023	200	NUMBER	01.01.2023	End-year assessment	Fully achieved	348	Sector Review (s)	APPROVED
			2024	300	NUMBER	01.01.2024	End-year assessment	Fully achieved	300	Sector Review (s)	APPROVED
			2025	200	NUMBER						
Number of UNICEF-targeted children, adolescents, parents and caregivers provided with community-based empowerment, resilience and skills programmes	2023	46	2024	300	NUMBER	01.01.2024	End-year assessment	Fully achieved	12868	Sector Review (s)	APPROVED
			2025	700	NUMBER						

Outcome: Social Policy

Outcome Statement: New Element

Rating by end 2024: Weak progress

Indicator(s)	Baseline		Target		Data Type	Finalized Date	Indicator Rating Type	Rating	Actual	Source	Approval status
	Year	Value	Year	Value							
Standard Indicators											

Extent to which measurement, analysis or policy advice has informed policies and programmes to reduce child poverty	2021	4	2023	4	NUMBER		End-year assessment	Achieved	4		APPROVED
			2024	4	NUMBER						
Extent of action taken to support care work, including through family friendly policies	2021	0	2023	0	NUMBER		End-year assessment		0		APPROVED
			2024	1	NUMBER						
Additional Indicators											
Share of Budget spending on education, health and social protection as % of State budget and GDP	2020	8.1	2021	10	PERCENT	01.01.2021	End-year assessment	Fully achieved	10.4	Sector Review (s)	APPROVED
			2022	10	PERCENT	01.01.2022	End-year assessment	Fully achieved	28		APPROVED
			2023	30	PERCENT	01.01.2023	End-year assessment	Fully achieved	32	Sector Review (s)	APPROVED
			2024	32	PERCENT	01.01.2024	End-year assessment	Fully achieved	32.21		
			2025	34	PERCENT						

Output: CAPACITY TO GENERATE & USE EVIDENCE FOR REDUCING DISPARITIES & PROMOTE SOC INCL

Output Statement: Effective, integrated gender and adolescent-responsive systems are established for HIV prevention among adolescents and young people

Rating by end 2023: On-track

Indicator(s)	Baseline		Target		Data Type	Finalized Date	Indicator Rating Type	Rating	Actual	Source	Approval status
	Year	Value	Year	Value							
Standard Indicators											
	2021	5	2023		NUMBER		End-year assessment		3		APPROVED

Routine measurement and reporting on child poverty is nationally owned			2024	5	NUMBER						
Additional Indicators											
Existence of a social protection data management system (management information systems, social and beneficiary registers, monitoring and evaluation systems)	2020	No	2021	No	TEXT	01.01.2021	End-year assessment	Not achieved	No	Sector Review (s)	APPROVED
			2022	No	TEXT	01.01.2022	End-year assessment	Not achieved	No	Sector Review (s)	APPROVED
			2023	No	TEXT	01.01.2023	End-year assessment	Partially achieved	No	Sector Review (s)	APPROVED
			2024	No	TEXT	01.01.2024	End-year assessment	Not achieved	No	Sector Review (s)	APPROVED
			2025	No	TEXT						
Existence of advocacy and engagement to place child poverty as a national priority	2023	No	2024	Yes	TEXT	01.01.2024	End-year assessment	Fully achieved	Yes	Sector Review(s)	APPROVED
			2025	Yes	TEXT						
Existence of routine measurement and reporting of child poverty levels at national level (monetary and multidimensional poverty)	2020	No	2021	No	TEXT	01.01.2021	End-year assessment	Not achieved	No	Sector Review (s)	APPROVED
			2022	No	TEXT	01.01.2022	End-year assessment	Not achieved	No		APPROVED
			2023	No	TEXT	01.01.2023	End-year assessment	Not achieved	No	Sector Review (s)	APPROVED
			2024	Yes	TEXT	01.01.2024	End-year assessment	Mostly achieved	Yes	Sector Review(s)	APPROVED
			2025	Yes	TEXT						

Output: CAPACITY FOR SOCIAL SECTOR BUDGETING & PUBLIC FINANCE MANAGEMENT

Output Statement: National capacity is strengthened for efficient and relevant social-sector budgeting and public financial management
Rating by end 2024: Strong progress

Indicator(s)	Baseline		Target		Data Type	Finalized Date	Indicator Rating Type	Rating	Actual	Source	Approval status
	Year	Value	Year	Value							
Standard Indicators											
Evidence generated on budgets and linkages to child outcome to improve budget allocations/expenditure for children – including social protection programme (AMP Programme)	2020	No	2021	Yes	TEXT	01.01.2021	End-year assessment	Partially achieved	Yes	Sector Review (s)	APPROVED
			2022	Yes	TEXT	01.01.2022	End-year assessment	Partially achieved	Yes	Sector Review (s)	APPROVED
			2023	Yes	TEXT	01.01.2023	End-year assessment	Fully achieved	Yes	Studies and surveys	APPROVED
			2024	Yes	TEXT	01.01.2024	End-year assessment	Fully achieved	Yes	Sector Review (s)	APPROVED
			2025	Yes	TEXT						
Standard Indicators											
Extent to which social sector budgets (including social protection) have been strengthened with UNICEF’s support, for greater and better investments in children, including in humanitarian and fragile contexts	2021	9	2023	10	NUMBER		End-year assessment	Achieved	11		APPROVED
			2024	10	NUMBER						
Extent to which international and private sector resources for children have been mobilised with UNICEF support	2021	0	2023	2	NUMBER		End-year assessment	Achieved	2		APPROVED
			2024	1	NUMBER						
Additional Indicators											
The extent to which the government undertook measures to improve the	2023	2	2024	3	TEXT	01.01.2024	End-year assessment	Mostly achieved	3	Sector Review (s)	APPROVED

efficiency of public expenditure in selected sectors during the year of reporting			2025	3	TEXT						
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Output: CAPACITY FOR DELIVERY OF SHOCK RESPONSIVE CHILD SENSITIVE SOCIAL PROTECTION

Output Statement: National capacity is strengthened for the delivery of shock-responsive child-sensitive social protection.

Rating by end 2024: Average progress

Indicator(s)	Baseline		Target		Data Type	Finalized Date	Indicator Rating Type	Rating	Actual	Source	Approval status
	Year	Value	Year	Value							
Standard Indicators											
Extent to which national and local governance capacities for reducing child poverty at local level, have been enhanced with UNICEF support, including in humanitarian settings	2021	0	2023	0	NUMBER		End-year assessment t		0		APPROVED
			2024	0	NUMBER						
Level of strength of the social protection system	2021	10	2023	14	NUMBER		End-year assessment t	Achieved	14		APPROVED
			2024	13	NUMBER						
Level of gender-responsiveness of social protection programmes	2021	0	2023	0	NUMBER		End-year assessment t		2		APPROVED
			2024	1	NUMBER						
Ability of the social protection system, including cash transfer capacities, to effectively respond to humanitarian crises	2021	3	2023	2	NUMBER		End-year assessment t	Achieved	2		APPROVED
			2024	2	NUMBER						
Number of households reached by cash transfers	2021	0	2023	0	NUMBER		End-year assessment t		0		APPROVED

through UNICEF-supported programmes			2024	0	NUMBER						
Number of households reached with UNICEF-supported humanitarian cash transfers	2021	0	2023	0	NUMBER		End-year assessment t		0		APPROVED
			2024	0	NUMBER						
Additional Indicators											
Coordination mechanisms for social protection systems established countrywide in place	2020	No	2021	No	TEXT	01.01.2021	End-year assessment t	Not achieved	No	Sector Review (s)	APPROVED
			2022	Yes	TEXT	01.01.2022	End-year assessment t	Not achieved	No		APPROVED
			2023	Yes	TEXT	01.01.2023	End-year assessment t	Partially achieved	Yes	Sector Review (s)	APPROVED
			2024	Yes	TEXT	01.01.2024	End-year assessment t	Partially achieved	Yes	Sector Review (s)	
			2025	Yes	TEXT						

Outcome: Operational Effectiveness

Outcome Statement: Operational Effectiveness

Rating by end 2024: Strong progress

Indicator(s)	Baseline		Target		Data Type	Finalized Date	Indicator Rating Type	Rating	Actual	Source	Approval status
	Year	Value	Year	Value							
Standard Indicators											
No approved indicator ratings											
Additional Indicators											
	2020	Yes	2021	Yes	TEXT	01.01.2021	End-year assessment	Fully achieved	Yes	Other	APPROVED

Annual internal control statement approved and submitted to HQ.			2022	Yes	TEXT	01.01.2022	End-year assessment	Fully achieved	Yes	Other	APPROVED
			2023	Yes	TEXT	01.01.2023	End-year assessment	Fully achieved	Yes	Other	APPROVED
Recruitments completed within 90 days	2020	100	2021	100	PERCENT	01.01.2021	End-year assessment	Fully achieved	100	Other	APPROVED
			2022	100	PERCENT	01.01.2022	End-year assessment	Not achieved	0	Other	APPROVED
			2023	100	PERCENT	01.01.2023	End-year assessment	Fully achieved	100	Sector Review (s)	APPROVED

Output: GOVERNANCE AND SYSTEMS

Output Statement: External Relations

Rating by end 2024: Strong progress

Indicator(s)	Baseline		Target		Data Type	Finalized Date	Indicator Rating Type	Rating	Actual	Source	Approval status
	Year	Value	Year	Value							
Business Continuity Plan developed and updated	2020	Yes	2021	Yes	TEXT	01.01.2021	End-year assessment	Fully achieved	Yes	Other	APPROVED
			2022	Yes	TEXT	01.01.2022	End-year assessment	Fully achieved	Yes	Other	APPROVED
			2023	Yes	TEXT	01.01.2023	End-year assessment	Fully achieved	Yes	Other	APPROVED
			2024	Yes	TEXT	01.01.2024	End-year assessment	Fully achieved	Yes	Other	APPROVED
			2025	Yes	TEXT						
Table of authority reviewed and updated	2020	Yes	2021	Yes	TEXT	01.01.2021	End-year assessment	Fully achieved	Yes	Other	APPROVED

			2022	Yes	TEXT	01.01.2022	End-year assessment	Fully achieved	Yes	Other	APPROVED
			2023	Yes	TEXT	01.01.2023	End-year assessment	Fully achieved	Yes	Other	APPROVED
			2024	Yes	TEXT	01.01.2024	End-year assessment	Fully achieved	Yes	Other	APPROVED
			2025	Yes	TEXT						
Effective IT connectivity available in the office and support business processes	2020	Yes	2021	Yes	TEXT	01.01.2021	End-year assessment	Fully achieved	Yes	Other	APPROVED
			2022	Yes	TEXT	01.01.2022	End-year assessment	Fully achieved	Yes	Other	APPROVED
			2023	Yes	TEXT	01.01.2023	End-year assessment	Fully achieved	Yes	Other	APPROVED
			2024	Yes	TEXT	01.01.2024	End-year assessment	Fully achieved	Yes	Other	APPROVED
			2025	Yes	TEXT						
Percentage of Peer Review recommendations completed with agreed timelines	2020	0	2021	80	PERCENT	01.01.2021	End-year assessment	Partially achieved	50	Other	APPROVED
			2022	80	PERCENT	01.01.2022	End-year assessment	Partially achieved	70	Other	APPROVED
			2023	100	PERCENT	01.01.2023	End-year assessment	Partially achieved	95	Other	APPROVED
			2024	100	PERCENT	01.01.2024	End-year assessment	Fully achieved	100	Other	APPROVED
			2025	100	PERCENT						

Output: FINANCIAL AND ADMINISTRATIVE MANAGEMENT

Output Statement: External Relations

Rating by end 2024: Average progress

Indicator(s)	Baseline		Target		Data Type	Finalized Date	Indicator Rating Type	Rating	Actual	Source	Approval status
	Year	Value	Year	Value							
Cash balance optimization met (% meeting benchmark)	2020	80	2021	90	PERCENT	01.01.2021	End-year assessment	Fully achieved	100	Other	APPROVED
			2022	95	PERCENT	01.01.2022	End-year assessment	Partially achieved	90	Other	APPROVED
			2023	95	PERCENT	01.01.2023	End-year assessment	Fully achieved	95	Other	APPROVED
			2024	95	PERCENT	01.01.2024	End-year assessment	Mostly achieved	83	Other	APPROVED
			2025	95	PERCENT						
Percentage of supply plan implementation	2020	85	2021	90	PERCENT	01.01.2021	End-year assessment	Partially achieved	88	Other	APPROVED
			2022	95	PERCENT	01.01.2022	End-year assessment	Partially achieved	88	Other	APPROVED
			2023	95	PERCENT	01.01.2023	End-year assessment	Partially achieved	80	Other	APPROVED
			2024	95	PERCENT	01.01.2024	End-year assessment	Mostly achieved	80	Other	APPROVED
			2025	95	PERCENT						

Output: HUMAN RESOURCES MANAGEMENT

Output Statement: External Relations

Rating by end 2024: Average progress

Indicator(s)	Baseline	Target				Rating	Actual	Source	
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	Year	Value	Year	Value	Data Type	Finalized Date	Indicator Rating Type				Approval status
% of Performance Appraisal and Planning completion by deadline	2020	100	2021	100	PERCENT	01.01.2021	End-year assessment	Fully achieved	100	Other	APPROVED
			2022	100	PERCENT	01.01.2022	End-year assessment	Partially achieved	90	Other	APPROVED
			2023	100	PERCENT	01.01.2023	End-year assessment	Partially achieved	99	Other	APPROVED
			2024	100	PERCENT	01.01.2024	End-year assessment	Fully achieved	100	Other	APPROVED
			2025	100	PERCENT						
People Management Performance area index (KPI)	2020	80	2021	80	INDEX	01.01.2021	End-year assessment	Fully achieved	85	Other	APPROVED
			2022	80	INDEX	01.01.2022	End-year assessment	Partially achieved	48	Other	APPROVED
			2023	90	INDEX	01.01.2023	End-year assessment	Partially achieved	89	Other	APPROVED
			2024	100	INDEX	01.01.2024	End-year assessment	Partially achieved	56	Other	APPROVED
			2025	100	INDEX						
Learning Plan completed	2020	80	2021	100	PERCENT	01.01.2021	End-year assessment	Partially achieved	70	Other	APPROVED
			2022	100	PERCENT	01.01.2022	End-year assessment	Partially achieved	83	Other	APPROVED
			2023	100	PERCENT	01.01.2023	End-year assessment	Partially achieved	80	Other	APPROVED

			2024	100	PERCENT	01.01.2024	End-year assessment	Fully achieved	100	Other	APPROVED
			2025	100	PERCENT						

Output: HACT MANAGEMENT

Output Statement: New Element

Rating by end 2024: Strong progress

Indicator(s)	Baseline		Target		Data Type	Finalized Date	Indicator Rating Type	Rating	Actual	Source	Approval status
	Year	Value	Year	Value							
Standard Indicators											
No approved indicator ratings											
Additional Indicators											
Programmatic visits completion rate	2020	85	2021	90	PERCENT	01.01.2021	End-year assessment	Fully achieved	90	Other	APPROVED
			2022	95	PERCENT	01.01.2022	End-year assessment	Fully achieved	100	Other	APPROVED
			2023	95	PERCENT	01.01.2023	End-year assessment	Fully achieved	119	Other	APPROVED
			2024	95	PERCENT	01.01.2024	End-year assessment	Fully achieved	104	Other	APPROVED
			2025	95	PERCENT						

Outcome: Programme Effectiveness

Outcome Statement: External Relations

Rating by end 2024: Strong progress

Indicator(s)	Baseline		Target		Data Type	Finalized Date	Indicator Rating Type	Rating	Actual	Source	Approval status
	Year	Value	Year	Value							

Standard Indicators											
No approved indicator ratings											
Additional Indicators											
Funds utilization rate	2020	90	2021	95	PERCENT	01.01.2021	End-year assessment	Fully achieved	100	Other	APPROVED
			2022	96	PERCENT	01.01.2022	End-year assessment	Fully achieved	98	Other	APPROVED
			2023	96	PERCENT	01.01.2023	End-year assessment	Fully achieved	96	Other	APPROVED
			2024	97	PERCENT	01.01.2024	End-year assessment	Fully achieved	100	Other	APPROVED
			2025	97	PERCENT						
Percentage of other resources (OR) mobilized per annum	2020	0	2021	10	PERCENT	01.01.2021	End-year assessment	Fully achieved	38	Other	APPROVED
			2022	20	PERCENT	01.01.2022	End-year assessment	Fully achieved	100	Other	APPROVED
			2023	50	PERCENT	01.01.2023	End-year assessment	Fully achieved	79	Other	APPROVED
			2024	55	PERCENT	01.01.2024	End-year assessment	Fully achieved	56	Other	APPROVED
			2025	55							
Percentage of achievement of priority results in the Annual Management Plan	2020	70	2021	75	PERCENT	01.01.2021	End-year assessment	Partially achieved	60	Other	APPROVED
			2022	80	PERCENT	01.01.2022	End-year assessment	Fully achieved	85	Sector Review (s)	APPROVED
			2023	90	PERCENT	01.01.2023	End-year assessment	Fully achieved	95	Other	APPROVED

			2024	95	PERCENT	01.01.2024	End-year assessment	Mostly achieved	85	Other	APPROVED
			2025	95							

Outcome: Programme Coordination

Outcome Statement: External Relations

Rating by end 2024: Unknown progress

Indicator(s)	Baseline		Target		Data Type	Finalized Date	Indicator Rating Type	Rating	Actual	Source	Approval status
	Year	Value	Year	Value							
Standard Indicators											
Quality of systems to prevent and respond to sexual exploitation and abuse	2021		2023	6	NUMBER		End-year assessment	Achieved	9		APPROVED
			2024	9	NUMBER						
Extent to which disability inclusive standards are applied in UNICEF programmes in line with UNICEF/United Nations standards	2021	1	2023	1	NUMBER		End-year assessment	Achieved	4		APPROVED
			2024	1	NUMBER						
Extent to which environmental and social standards are applied in UNICEF programmes in line with UNICEF/United Nations standards	2021	0	2023	0	NUMBER		End-year assessment		0		APPROVED
			2024	0	NUMBER						

Output: STRATEGIC COMMUNICATION AND ADVOCACY; RESOURCE MOBILIZATION PARTNERSHIPS

Output Statement: Programme effectiveness support is provided through advocacy, strategic communication and social and behaviour change initiatives

Rating by end 2024: Average rating

Indicator(s)	Baseline	Target				Rating	Actual	Source	
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	Year	Value	Year	Value	Data Type	Finalized Date	Indicator Rating Type				Approval status
Standard Indicators											
Extent to which initiatives and campaigns to further align staff behaviour with UNICEF core values have been rolled out by CO.	2021	1	2023	0	NUMBER		End-year assessment		5		APPROVED
			2024	5	NUMBER						

Additional Indicators											
CO has an operational fundraising and advocacy strategy to support 2021-2025 CPD.	2020	None	2021	In place	TEXT	01.01.2021	End-year assessment	Fully achieved	Yes	Other	APPROVED
			2022	In place	TEXT	01.01.2022	End-year assessment	Fully achieved	In place	Other	APPROVED
			2023	In place	TEXT	01.01.2023	End-year assessment	Fully achieved	In place	Other	APPROVED
			2024	In place	TEXT	01.01.2024	End-year assessment	Fully achieved	In place	Other	APPROVED
			2025	In place	TEXT						
Number of RCCE messages produced and disseminated with UNICEF support, adapted for target groups, in the reporting year	2020	6	2021	10	NUMBER	01.01.2021	End-year assessment	Fully achieved	10	Sector Review (s)	APPROVED
			2022	15	NUMBER	01.01.2022	End-year assessment	Fully achieved	20	Sector Review (s)	APPROVED
			2023	19	NUMBER	01.01.2023	End-year assessment	Partially achieved	17	Field Trip Reports	APPROVED
			2024	21	NUMBER	01.01.2024	End-year assessment	Fully achieved	22	Field Trip Reports	APPROVED
			2025	23	NUMBER						

Number of fund raising initiatives conducted (events, meetings, proposals)	2020	0	2021	10	NUMBER	01.01.2021	End-year assessment	Fully achieved	10	Other	APPROVED
			2022	20	NUMBER	01.01.2022	End-year assessment	Fully achieved	30	Sector Review (s)	APPROVED
			2023	24	NUMBER	01.01.2023	End-year assessment	Partially achieved	10	Other	APPROVED
			2024	26	NUMBER	01.01.2024	End-year assessment	Fully achieved	31	Field Trip Reports	APPROVED
			2025	26	NUMBER						
Number of initiatives that engage government, civil society partners and/or coalitions to advocate together with UNICEF for children.	2020	5	2021	8	NUMBER	01.01.2021	End-year assessment	Fully achieved	21	Field Trip Reports	APPROVED
			2022	10	NUMBER	01.01.2022	End-year assessment	Fully achieved	12	Field Trip Reports	APPROVED
			2023	15	NUMBER	01.01.2023	End-year assessment	Fully achieved	21	Sector Review (s)	APPROVED
			2024	18	NUMBER	01.01.2024	End-year assessment	Fully achieved	37	Field Trip Reports	APPROVED
			2025	20	NUMBER						
N of people reached on UNICEF social media channels	2020	14383	2021	15000	NUMBER	01.01.2021	End-year assessment	Fully achieved	25499	Sector Review (s)	APPROVED
			2022	20000	NUMBER	01.01.2022	End-year assessment	Fully achieved	40641	Sector Review (s)	APPROVED
			2023	65000	NUMBER	01.01.2023	End-year assessment	Fully achieved	79243	Other	APPROVED
			2024	100000	NUMBER	01.01.2024	End-year assessment	Fully achieved	100200	Other	APPROVED

			2025	150000	NUMBER						
ORR and ORE (in USD) mobilized during the reporting period	2020	0	2021	20	NUMBER	01.01.2021	End-year assessment	Fully achieved	100		APPROVED
			2022	50	NUMBER	01.01.2022	End-year assessment	Fully achieved	100	Other	APPROVED
			2023	80	NUMBER	01.01.2023	End-year assessment	Partially achieved	79	Other	APPROVED
			2024	90	NUMBER	01.01.2024	End-year assessment	Partially achieved	90	Other	APPROVED
			2025	95	NUMBER						

Output: PROGRAMME PLANNING AND MONITORING

Output Statement: Programme effectiveness support is provided through planning and monitoring including innovations.

Rating by end 2024: Average progress

Indicator(s)	Baseline		Target		Data Type	Finalized Date	Indicator Rating Type	Rating	Actual	Source	Approval status
	Year	Value	Year	Value							
Standard Indicators											
No approved indicator ratings											
Additional Indicators											
Disaggregated data from the new round of MICS is available (yes/no)	2020	No MICS report	2021	No Report	TEXT	01.01.2021	End-year assessment	Not achieved	No	Sector Review (s)	APPROVED
			2022	Draft report	TEXT	01.01.2022	End-year assessment	Not achieved	No		APPROVED
			2023	Final report	TEXT	01.01.2023	End-year assessment	Fully achieved	Final report	Sector Review (s)	APPROVED
			2024	Final report	TEXT	01.01.2024	End-year assessment	Fully achieved	Final report	Other	APPROVED

			2025	Final report	TEXT						
Percentage of planned studies/surveys conducted	2020	50	2021	60	PERCENT	01.01.2021	End-year assessment	Fully achieved	70		APPROVED
			2022	75	PERCENT	01.01.2022	End-year assessment	Fully achieved	82	Sector Review (s)	APPROVED
			2023	75	PERCENT	01.01.2023	End-year assessment	Partially achieved	70	Sector Review (s)	APPROVED
			2024	76	PERCENT	01.01.2024	End-year assessment	Partially achieved	52	Other	APPROVED
			2025	80	PERCENT						
MICS is available to decision-makers	2020	No	2021	Draft Report Available	TEXT	01.01.2021	End-year assessment	Not achieved	No report		APPROVED
			2022	Final Report Available	TEXT	01.01.2022	End-year assessment	Not achieved	Not available	Sector Review (s)	APPROVED
			2023	Final Report Available	TEXT	01.01.2023	End-year assessment	Fully achieved	Final Report Available	Sector Review (s)	APPROVED
			2024	Final Report Available	TEXT	01.01.2024	End-year assessment	Fully achieved	Final Report Available	Other	APPROVED
			2025	Final Report Available	TEXT						
Percentage of Rolling Work Plan results achieved.	2020	80	2021	90	PERCENT	01.01.2021	End-year assessment	Partially achieved	83	Other	APPROVED
			2022	95	PERCENT	01.01.2022	End-year assessment	Fully achieved	95	Sector Review (s)	APPROVED
			2023	80	PERCENT	01.01.2023	End-year assessment	Fully achieved	80	Sector Review (s)	APPROVED

			2024	80	PERCENT	01.01.2024	End-year assessment	Mostly achieved	85	Other	APPROVED
			2025	85	PERCENT						

Output: EVALUATION

Output Statement: Strengthen education sector legislative and policy frameworks, planning, coordination and budgeting, including for early learning

Rating by end 2024: Average progress

Indicator(s)	Baseline		Target		Data Type	Finalized Date	Indicator Rating Type	Rating	Actual	Source	Approval status
	Year	Value	Year	Value							
Standard Indicators											
No approved indicator ratings											
Additional Indicators											
Availability of National Evaluation Policy	2023	No	2024	Yes draft	TEXT	01.01.2024	End-year assessment	Mostly achieved	Yes, draft	Other	APPROVED
			2025	Yes	TEXT						
Number of evaluation submitted	2020	1	2021	1	NUMBER	01.01.2021	End-year assessment	Fully achieved	1	Other	APPROVED
			2022	0	NUMBER	01.01.2022	End-year assessment	Fully achieved	1	Sector Review (s)	APPROVED
			2023	1	NUMBER	01.01.2023	End-year assessment	Not achieved	0	Other	APPROVED
			2024	0	NUMBER	01.01.2024	End-year assessment	Fully achieved	0	Other	APPROVED
			2025	1	NUMBER						

Number of national evaluators trained on UNEG standards	2020	0	2021	10	NUMBER	01.01.2021	End-year assessment	Fully achieved	22	Sector Review (s)	APPROVED
			2022	15	NUMBER	01.01.2022	End-year assessment	Fully achieved	17	Sector Review (s)	APPROVED
			2023	35	NUMBER	01.01.2023	End-year assessment	Fully achieved	35	Sector Review (s)	APPROVED
			2024	50	NUMBER	01.01.2024	End-year assessment	Fully achieved	61	Other	APPROVED
			2025	60	NUMBER						

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