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UNICEF  
Unite for Children,  
Unite against AIDS campaign  
evaluation

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Evaluation Report

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## ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
ART	Anti-retroviral Treatment
ARV	Anti-retroviral
CABA	Children Affected by HIV and AIDS
CDC	Centers for Disease Control and Prevention
DHS	Demographic and Health Surveys
EGPAF	Elizabeth Glaser Paediatric AIDS Foundation
Gates	Bill and Melinda Gates Foundation
GFATM	Global Fund for AIDS, Tuberculosis and Malaria
HIV	Human Immunodeficiency Virus
IATT	Inter-Agency Task Team
ILO	International Labour Organization
JLICA	Joint Learning Initiative on Children and HIV/AIDS
JURTA	Joint United Nations Regional Team on AIDS
MCH	Maternal and Child Health
MDGs	Millennium Development Goals
NGO	Non Governmental Organization
OVC	Orphans and Vulnerable Children
PEPFAR	US President's Emergency Plan for AIDS Relief
PMTCT	Prevention of Mother-to-Child Transmission
RIATT	Regional Inter-Agency Task Team on Children Affected by AIDS
RO	Regional Office
UNAIDS	Joint United Nations Programme on HIV and AIDS
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session on AIDS
UNICEF	United Nations Children's Fund
USG	United States Government
WHO	World Health Organization
4Ps	Four campaign priority areas
P1	Prevention of Mother to Child Transmission
P2	Provide Pediatric Treatment
P3	Prevent infections among adolescents and young people
P4	Protect and support children affected by AIDS

### UNICEF Offices and Divisions

CEE/CIS	Regional Office in Central and Eastern Europe and the Commonwealth of Independent States
EAPRO	East Asia and Pacific Regional Office
ESARO	East and Southern Africa Regional Office
MENA	Middle East and North Africa Regional Office
NYHQ	UNICEF Headquarters (New York)
ROSA	Regional Office for South Asia
TACRO	The Americas and Caribbean Regional Office
WCARO	West and Central Africa Regional Office
PFP	Private Fundraising and Partnerships Division
PD	Programmes Division
PARMO	Public Sector Alliances and Resource Mobilisation Office

While children are increasingly at the center of the global HIV/AIDS response, major challenges remain to achieving an AIDS-free generation. Accordingly, it was agreed upon that the UNICEF *Unite for Children, Unite against AIDS* campaign will continue through 2015. An external evaluation of the first five years of the campaign was conducted between December 2009 and April 2010. This summary provides an overview of the evaluation, covering the arc of the campaign from 2005 to present, the campaign's 2010-2015 vision and current external trends, and recommendations for future campaign work.

### 1. Campaign 2005-2010

#### *Vision and Phases*

The campaign *Call to Action* centered on a four-pronged approach to address HIV/AIDS and children: Prevention of Mother to Child Transmission, Provide Pediatric Treatment, Prevent infections among adolescents and young people, Protect and support children affected by AIDS. The “Four P’s” were anchored in widely-accepted indicators and linked them to five-year targets. UNICEF envisioned itself as “convener, intellectual leader, programmatic leader, and partner in advocacy and outreach” in mobilizing all concerned around children and AIDS. The campaign also revolved around a fundraising target to raise an additional \$1 billion in UNICEF-specific funds to reach ten million children orphaned and made vulnerable by HIV/AIDS by 2010. Implementation of the campaign was marked by phases generally characterized by acceleration, stalled action and the current period of course correction and re-invigoration.

**Conceptualization, launch and inception (2004-2006):** Amidst a great sense of urgency, institutional resources, headquarters staff and National Committees, and, to a lesser degree, external actors were pulled together around a big vision for a global campaign. Advocacy was energized and innovative, but not adequately funded. Strengthening a weak evidence base was a priority. Despite a lack of capacity or adequate programming at headquarters or country-level, enthusiasm and commitment within UNICEF was high.

**Early implementation (2006-2007):** While the 2005 launch generated momentum for the campaign, progress soon stalled. Resources slacked, internal friction had to be managed, partnerships flagged and the idea of a broad-based campaign with external partners was dropped. While a UNICEF-focused campaign emerged, growing frustration with lack of support and action chiseled at National Committees’ engagement. Enthusiasm among some country offices waned after resources did not materialize. Progress was made in collaborations related to technical discussions around the 4Ps, such as data collection efforts with WHO and UNAIDs.

**Transition and Current campaign (2008-present):** New management responded to the need for a clearer campaign home in the organization, more decisive leadership and a firm anchor in the 4P-related work in the field. A campaign manager and team housed in the HIV/AIDS section was a significant catalyst and by early 2010 the early stages of a reinvigorated, refocused campaign is in place.

#### *Results*

UNICEF, via the campaign, has been visible and prominent in strengthening the children and AIDS evidence base and pushing programming around a framework that has been taken up by the broader community. Evidence that children’s issues—particularly those most closely associated with babies and young children—are firmly part of the global HIV/AIDS response is found in the UNAIDS framework, the attention of global funders and the advocacy strategies of civil society organizations. Internally, the campaign has played an increasingly positive role in shaping and mobilizing UNICEF’s response to HIV/AIDS, though not in the way or to the level envisioned. The joint UNICEF headquarters—national committee partnership in particular has not happened at the scope and scale originally

planned. The campaign has, however, served as a mechanism through which a very large, multilevel institution has accelerated a coherent, relatively nimble response to a rapidly evolving issue.

Despite many generally positive developments, review of the campaign against the *Agenda-Setting* policy change theory (in which initiators capitalize on issue triggers to influence perceptions of the legitimacy and viability of a social problem) demonstrates that crucial questions had been left unanswered in the original campaign design. In particular, interim outcomes—what the campaign would do to trigger change in the 4Ps and the particular nodes of influence—are not consistently evident. Effective partnerships with both external and internal stakeholders are a significant gap. Progress has been uneven across the ‘Ps’, particularly with P3.

## 2. Campaign: 2010-2015

The campaign’s 2010-2015 plans are generally on top of major trends and associated opportunities and are aimed at accelerating elements of UNICEF’s broader HIV/AIDS priorities. They include: a *regional and country-level advocacy strategy for PMTCT* focused on the highest unmet need countries to reach and sustain a 90% coverage; *advocacy for an end to sexual violence against girls and young women* as a window to address root causes of HIV infection among young people and partnerships to build support for combination HIV prevention efforts; and *advocacy for social policy development and budgeting that is child and AIDS sensitive* and partnership to support appropriate social protection responses.

Key current trends and related campaign responses are:

1. **Tighter funding environment for HIV/AIDS:** In response to constrained developing country government budgets and foreign aid flows and competition with other priority sectors, the campaign is wisely making more explicit links between the MDG 6-focused campaign goal, and closely related child survival (MDG 4) and maternal health (MDG 5) goals.
2. **Burgeoning costs associated with the HIV/AIDS response:** The cost curve for treatment, care and support is daunting and a renewed commitment to evidence-based primary prevention will be essential to making limited HIV/AIDS and related funding stretch farther in the years ahead.
3. **Prevention is the most marginalized ‘P’ but never more critical:** The urgency of identifying and scaling up effective primary prevention strategies and investments, particularly for the most at-risk adolescents, has been elevated by the inability of resources to keep pace with the burgeoning demand for medication and support.
4. **Change in the US Administration and resulting shift in PEPFAR strategy:** Collaboration with PEPFAR, particularly around sexual violence, is well-positioned in regard to current PEPFAR priorities. These include PEPFAR’s focus on gender and social norms impeding progress and commitment to working through country partnerships.
5. **Aid and development effectiveness:** The campaign’s plans to emphasize work at the country level are in line with emerging standards for aid and development effectiveness. UNICEF’s work with UNAIDS, the University of Bordeaux, and others to document and cost proven best practice approaches to achieving the P1/P2 targets is promising.
6. **Ascendance of systems strengthening:** Health systems strengthening has emerged as a central priority for the HIV/AIDS response, which was neglected by vertical approaches. In response, the campaign has increasingly emphasized systems strengthening.
7. **Disconnect between monitoring trends and evaluation-based evidence:** Evaluation-based evidence has apparently not matured along with improvements in monitoring children and HIV/AIDS-related indicators,

as indicated by lack of attention to children and HIV/AIDS issues in global HIV/AIDS conferences and a drop in related coverage in professional journals.

8. **New developments with media, communications, and social networking technologies:** Most relevant are the innovative uses of cell phone technologies for prevention education and remote diagnosis. The campaign has been recently active in regard to the latter.

### 3. Campaign Recommendations

Based on the evaluation findings, the following headline recommendations were identified:

1. **Virtual elimination of vertical transmission:** The alignment of evidence-based interventions, resources and mounting political will has brought eliminating pediatric AIDS into the realm of the possible. UNICEF's focus on "50 by 15" is a logical opportunity.
2. **Sexual violence and societal drivers of HIV/AIDS:** Focus on sexual violence is an approach to make an inroad on longer-term P3 issues. A stronger case needs to be made connecting the new sexual violence component to changes in P3, particularly clarifying the evidence base.
3. **Develop a clear theory of change:** Build up initial *Campaign 2.0* strategies with a theory of change related to the current global policy change dynamics. Fully flesh out plans, including interim outcomes and systems to monitor campaign implementation.
4. **Plan for partnerships:** The campaign should focus on defined, strategic partnerships specifically aimed at advancing the five-year goals. Cost-benefits of partnerships should be carefully considered, and priority relationships aligned with good practices for effective partnerships.
5. **Support country-specific efforts by UNICEF Regional and Country Offices:** Escalate support for field offices, particularly resources and capacity for advocacy and working through partnerships.

These and related recommendations are anticipated to help UNICEF build on what is widely reflected as an increasingly deft, strategic and facile ability to identify opportunities, connect the right actors and coordinate to move the campaign's—and UNICEF's—agenda.

## ACKNOWLEDGEMENTS

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Finally, we would like to extend our warmest thanks to the many people who contributed to the evaluation through interviews and surveys. Their enthusiasm and the openness with which they shared their perspectives is testament to their dedication to improving the lives of children around the world.



## EVALUATION BACKGROUND AND METHODOLOGY

In 2005 the global Campaign *Unite for Children, Unite against AIDS* was created to alert the world to the fact that children were missing from the global AIDS agenda. It was meant to provide a platform for urgent and sustained programs, advocacy, and fundraising to limit the impact of HIV and AIDS on children and help halt the spread of the disease. It was likewise to create awareness for policymakers and the global public that AIDS not only affects adults, but has a devastating effect on children throughout the world. While considerable progress has been made, the world is far from achieving the change necessary to virtually eliminate pediatric AIDS.

Accordingly, it was agreed upon that the *Unite for Children, Unite against AIDS* campaign will continue beyond 2010 through 2015. In discussions around the campaign's future beyond 2010, the campaign management team authorized an evaluation of campaign achievements against commitments and against evolving needs and opportunities. The evaluation Terms of Reference (included as Annex 2) identified the purposes of the evaluation:

### Historical and analytic

1. To summarize actions, strategies, and accomplishments to date
2. To take stock of whether the campaign is adding value to the efforts of the global community in meeting the needs of children related to HIV/AIDS

### Formative

1. Identify gaps and priorities for short and medium term adjustments to the next phase of the *Unite* campaign (2010-2015)
2. Establish clear benchmarks and baselines to be used in measuring progress from the present

Based on these purposes, questions related to overarching or cross-cutting issues and issues of emphasis were outlined along with related questions:

### Overarching and cross-cutting issues

1. Context: How is the global situation evolving in the 4Ps since the onset of the campaign?
2. Relevance: What has been the strategic vision of the *Unite* campaign?
3. Consistency: Have the actions of campaign participants matched the commitments explicitly made or implicit in the strategic vision?
4. Partnership management: Has cooperation among team members been organized in an optimal way?

### Issues of Emphasis

5. Providing global leadership to add value at the national level
6. Mobilizing international resources to combat HIV/AIDS
7. Putting the missing face of children affected by AIDS at the Center of the HIV/AIDS agenda

In December 2009 the evaluation team commenced work on the evaluation. The team developed the evaluation plan, including an evaluation framework corresponding to the specific questions identified in the Terms of Reference. These were described in the evaluation inception report, which was reviewed by the UNICEF Steering Committee formed for this evaluation, and, following revisions by the evaluation team, accepted by the committee in mid-February 2010. Following the plans set out in the inception report, the team developed and tested data collection and analysis protocols and tools, continued document review, and commenced data collection from stakeholders in March 2010. The following campaign stakeholder groups were identified:

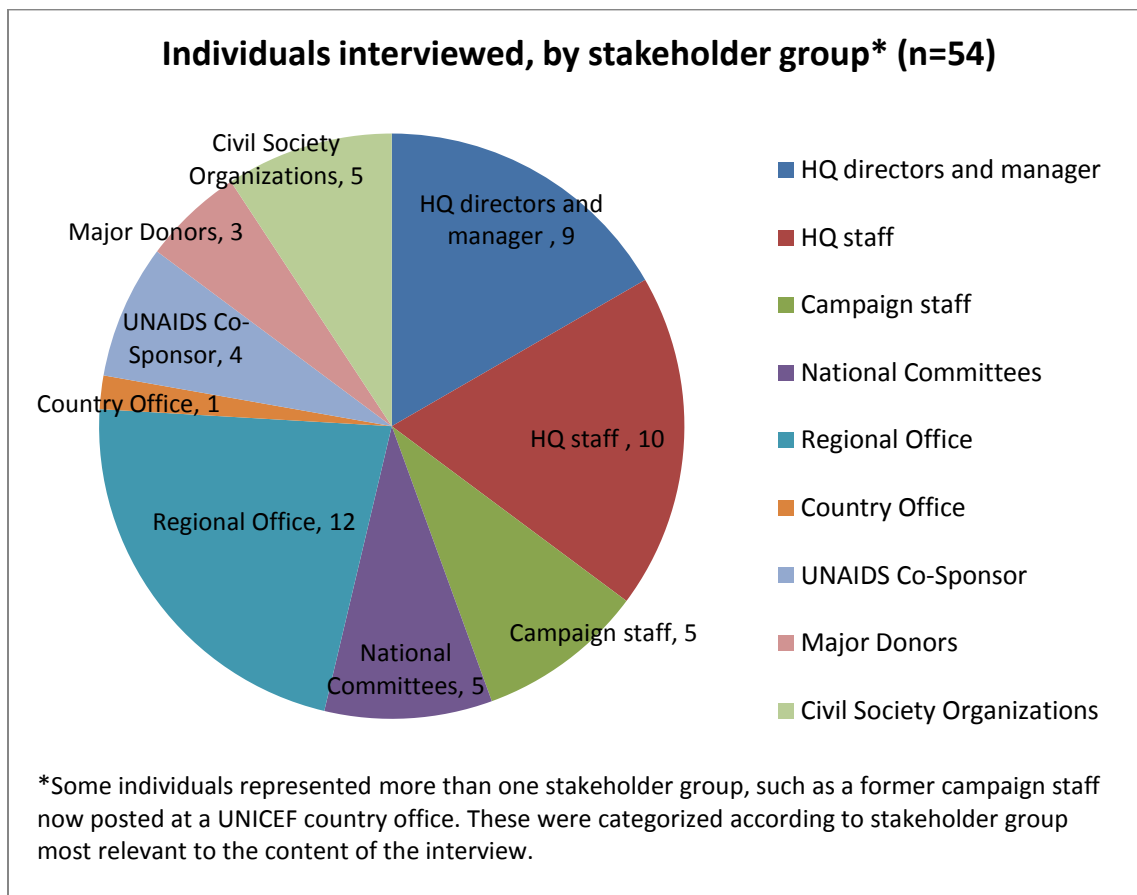
- National Committees
- Regional Offices

- HQ staff/managers
- Campaign staff
- Country Offices
- UNAIDS Co-Sponsors
- Major Donors
- Civil Society Organizations

Data collection focused on those most closely associated with the campaign, with considerably more emphasis on national committees and UNICEF Headquarters and field staff and managers.

Between March and mid-May 2010, interviews were conducted with fifty-four individuals in solo or group interviews. Most interviews were recorded and transcripts generated by a transcription service. Where either recording or transcription was not available, the evaluators typed notes to create a record of the interview. The evaluators then coded and analyzed the interview transcripts and notes, recording relevant analysis and quotes in a qualitative analysis worksheet developed for the evaluation.

**Figure 1 Individuals Interviewed**



The evaluation also utilized three stakeholder surveys: to national committees, field offices and headquarters. In terms of sampling, the national committee survey was circulated to directors and HIV/AIDS or campaign staff who were then invited to circulate to other relevant staff. Samples of field and headquarters were narrowly drawn

based on current or future relevance to the campaign. The Headquarters survey was circulated to staff who were not being interviewed and who participated in the campaign's inter-divisional meetings. The field sample was determined by an analysis by campaign staff and the evaluation office using variable such as demand for Prevention of Mother to Child Transmission (PMTCT) (which served as a proxy for the demand for campaign support by country offices), PMTCT progress, and distribution qualities (e.g. regional, income, size). Response rates from all three surveys were relatively low, but not unexpected due to unrelated issues of survey fatigue.

***Survey response rates***

National Committees: 17% (20 of 118)

Field (Country Office representatives, Regional Office Directors, HIV/AIDS technical staff): 15% (38 of 249)

HQ: Thematic group, other relevant staff: 25% (8 of 32)

Between the surveys and interviews, data was collected from individuals representing all Regional offices, twenty-three country offices and fifteen National Committees.

Data analysis and report drafting took place between April and late May, with the draft evaluation report submitted for Steering Committee review on 23 May 2010. A presentation of the evaluation findings was made to the *Unite for Children, Unite against AIDS* Management Team on 2 June 2010. Comments from the Management Team and UNICEF Evaluation Office were integrated into this revised edition of the report.

## INTRODUCTION

Dramatic changes have taken place in the global response to HIV/AIDS and children since 2005, and UNICEF has been a part of those changes through the *Unite for Children, Unite against AIDS* campaign. The campaign has allowed UNICEF to extend beyond the scope of its normal operating vision. Through it, UNICEF has helped craft and contributes to a broader movement in a way that does not necessarily bring attributable benefits to the agency but which has potential to stimulate change on a scale that is larger than any one agency.

The campaign has not fulfilled all of the ambitious original vision for transformation of both the external environment—placing children at the center of the global AIDS response—and internal ways of working. While remaining true to the basic premise that big problems require bold and audacious responses, UNICEF did not sufficiently ensure that the resources, leadership and expectations were aligned to support such a campaign. However, since 2008 significant steps have been taken in this direction with notable results.

Externally, it is impossible to untangle what appears to have been the emerging zeitgeist of increased interest in children and HIV/AIDS and the extent to which UNICEF played a role in spurring and accelerating the coalescence of a global agenda around children and HIV/AIDS. What is clear is the consistent evidence that UNICEF, via the campaign, has been visible and prominent in pushing a framework for children and AIDS programming that has been taken up by the broader community.

The 4Ps, derived from UN framework agreements and the MDG blueprint, have been widely adopted by other actors and essentially mainstreamed. While much work remains to add depth and specificity, including even more effective action around the 3<sup>rd</sup> and 4<sup>th</sup> Ps, the contribution of the 4Ps as a measure against which to hold the global response is significant.

Internally, the campaign has played a positive role in shaping and mobilizing the institution's response to HIV/AIDS, though not in the way or perhaps to the level envisioned. The joint UNICEF-headquarters "hand in glove" relationship with National Committees in particular has not happened at the scope and scale originally planned. It may be that the original vision was not sufficiently reflective of where the organization was at the time, or expectations of what a "campaign" means were not sufficiently aligned. Regardless, there remains significant potential for work with National Committees, and there are signs of recent positive progress in this regard. What the campaign has done, however, is serve as a mechanism through which a very large, multilevel institution has accelerated a coherent, relatively nimble response in some county offices to a rapidly evolving issue.

To the external world, this function of the campaign—and often the campaign itself—is invisible. But observers, particularly those familiar with UNICEF at the global and country levels, such as some major funders and UNAIDS co-sponsors, are noting the results. Specifically, that UNICEF is able to quickly and coherently move an agenda or initiative from a global to country level—or vice versa.

This report covers the arc of the campaign from 2005 to the first quarter of 2010. First, it discusses the initial vision for the campaign, focusing particularly on the theory of change or how the campaign intended to act directly or mobilize others to achieve the targeted campaign outcomes. Next it reviews campaign organization and actions to mobilize a broad set of actors it identified as "partners"—both internal and external groups and organizations—and evidence of increased salience and prioritization of children and HIV/AIDS. Finally, findings related to the plans

for the next phase of the campaign from 2010-2015 are discussed against this backdrop. Based on these findings, the report concludes with a set of recommendations for future campaign work.

## CAMPAIGN VISION AND EVOLUTION: 2005-2010

This section covers the initial campaign vision, its roots in the *Agenda-Setting Theory of Change*, and its evolution over the first five years in response to internal dynamics and external developments.

The *Unite for Children, Unite against AIDS* campaign vision, put simply, was for “the world to act...urgently and decisively to ensure the next generation of children is AIDS-free” (UNICEF and UNAIDS 2005). This clear, unambiguous vision was grounded in a strong, compelling rationale that the face of children affected by HIV/AIDS was missing from the mounting global AIDS response and the drive for universal access that originated in the Declaration of Commitment from the 2001 UN General Assembly’s Special Session on HIV/AIDS (UNGASS) (UNICEF and UNAIDS 2005). It underscored that a failure to shift course would jeopardize achievement of MDG 6, in particular, as well as the millennium development goals more broadly.

The original *Call to Action* laid out a framework for urgent action around achievement of the “Four P” objectives as they quickly became widely known: P1 for prevention of mother-to-child transmission; P2 for provision of paediatric treatment; P3 for prevention of infection among adolescents and young people; and P4 for protection and support for children affected by HIV/AIDS. The 4Ps were anchored in targets already established internationally (derived from the child-related articles of the UNGASS Declaration of Commitment), as follows:

**Table 1 Four 'P's and Five-year Targets**

<b>P1: Prevent mother to child transmission of HIV</b>	By 2010, offer appropriate services to 80 per cent of women in need
<b>P2: Provide paediatric treatment</b>	By 2010, provide either antiretroviral treatment or cotrimoxazole, or both, to 80 per cent of children in need
<b>P3: Prevent infections among adolescents and young people</b>	By 2010, reduce the percentage of young people living with HIV by 25 per cent globally
<b>P4: Protect and support children affected by HIV/AIDS</b>	By 2010, reach 80 per cent of children most in need

With respect to how the campaign would contribute to realizing the targeted changes in the 4Ps the original campaign documentation is somewhat less clear. The Call to Action envisioned a “platform for child-focused advocacy” towards resource mobilization, corporate social responsibility, access to vital medicines, and strengthened education and health services. While these were all potentially important advocacy issues, it was not clear how UNICEF, in leading the campaign, intended to work with other agencies or partners towards the achievement of the 4P goals.

In sum, the high-level strategic vision at the onset of the campaign was clear, concrete, and compelling. It called for a collective of all concerned to focus on the needs and rights of children within the broader global response to HIV/AIDS and for joint action, urgent and sustained, to ensure achievement of the above 4P objectives. On the

other hand, it did not set forth a plan for how UNICEF and partners intended to realize the vision, a gap that would prove trying as campaign implementation got underway.

### ***Translating the Vision into Reality***

The original internal vision of the campaign, as conceived by the National Committees and as discussed at the 2004 Dublin Annual National Committee Meeting, revolved around a clear, measurable fundraising target and program goal: Raise an additional \$1 billion in UNICEF-specific funds in order to reach 10 million children orphaned and made vulnerable by HIV/AIDS by 2010 (UNICEF 2004). According to the initial architects of the campaign, UNICEF would act as a leader and partner in mobilizing all concerned to step up to the children and AIDS plate. Specifically, the internal rationale was that UNICEF was singularly positioned to lead such a campaign as the agency possessed 1) “intellectual leadership”, a data-driven, evidence-based knowledge of the major gaps or problems facing children in the context of HIV/AIDS epidemics; 2) “programmatic leadership” in the form of demonstrated experience in delivering solutions at scale; and 3) the “convening authority” to bring together the different constituencies essential to moving forward the children and AIDS agenda (recognizing UNICEF could not do it alone) (UNICEF National Committee Director 2010) (Former UNICEF director 2010).

With this base of technical, field-tested expertise, on the one hand, and a mandate as the global voice for children, on the other, UNICEF via the campaign sought to influence and leverage first, the policy and program framework at international, regional and, eventually, national levels and second, the resources required to deliver, collectively, on the vision of an AIDS-free generation and, more concretely, the 4P targets.

When it came to operationalizing the campaign’s vision, crucial questions had been left unanswered in the original design. What would all of this mean; how would it amount to a coherent plan or theory of change for UNICEF to draw both the global attention to the issue and trigger the necessary action that would lead to change in the 4Ps? Critically, how would UNICEF partner effectively with both external stakeholders, on the one hand, and with its National Committees, on the other?

### ***Campaign theory of change***

The initial campaign vision is firmly rooted in policy and social change theory, which can serve as a helpful guide to strengths and weaknesses of strategies and plans moving forward.

The initial campaign vision was to move children to the center of the HIV/AIDS agenda *and* create change toward the 4P goals. It was rooted, if implicitly, in John Kingdon’s *Agenda-Setting* theory, in which initiators capitalize on both planned and serendipitous issue triggers to influence public and media perceptions of the legitimacy and viability of a social problem (Kingdon 1995). The second part of the vision, creating change toward the 4P goals, is enabled by the agenda-setting action as well as a targeted set of efforts on the part of the campaign to inform and influence the actions by a specific set of actors. This aspect of the campaign’s theory of change, in the opinion of the evaluators, was not well-articulated in concrete plans. In particular, the interim outcomes—what needed to change in order to achieve change in the 4Ps—and role of external actors is not consistently evident in either campaign plans or documents.

First, a cursory explanation of Kingdon’s agenda-setting theory illustrates the relevance of the theory to the initial campaign. Kingdon defines the “agenda” as the subjects or problems that policymakers are paying attention to at

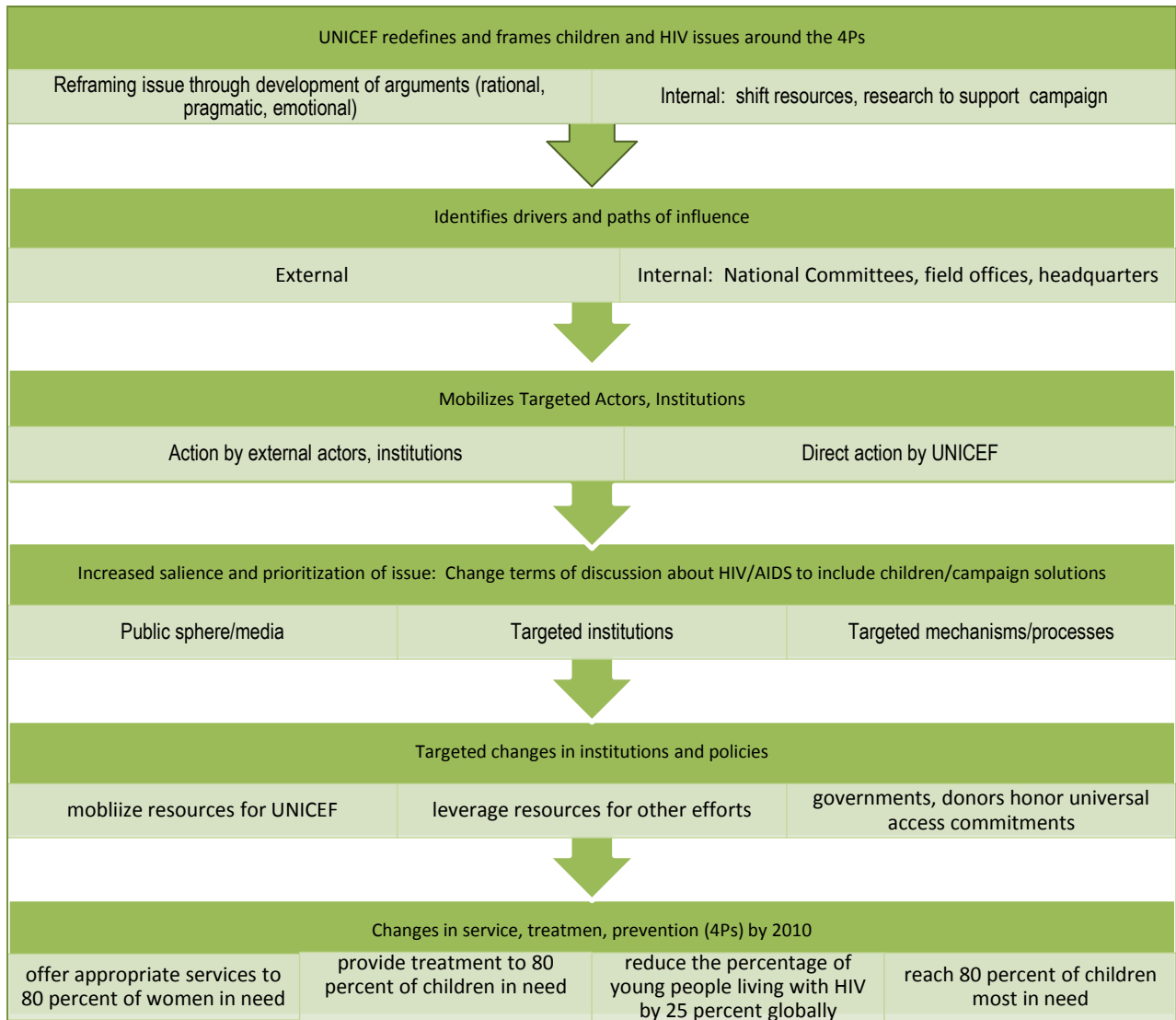
any given time, and “agenda setting” as a process by which actors, typically policy elites or individuals or interest groups within or outside relevant decision-making bodies narrows the set of possible issues to those which actually receive attention (Kingdon 1995, 3). While Kingdon’s focus is on government policymaking, the central tenets apply to the work the *Unite for Children, Unite against AIDS* campaign has been pursuing through global policymaking institutions and bodies. The campaign reflected Kingdon’s essential tenets that:

- Problem or issue definition is central to the process of accessing and shaping a policy agenda
- New images or symbols capture the attention of policymakers and result in expanded space for an issue
- Before a subject can attain a solid position on a decision agenda, a viable solution is available for decision makers to consider
- Issues are shaped by policy elites both inside and outside policymaking institutions

Generally applied to the *Unite for Children, Unite against AIDS* evaluation, the theory and Kingdon’s research approach (relying heavily on interviews and respondent’s estimation of the relative importance of issues) assisted review of the campaign’s initial vision to both create focus on an issue and propel action by UNICEF *and outside UNICEF* to produce concrete, measureable results. The figure below, while limited in detail and deceptively linear, illustrates the theoretical connection between the campaign and the influences and results it aims to achieve.



Figure 2 Campaign Theory of Change, based on agenda-setting theory



The evaluators argue that the campaign reflected, albeit imperfectly, the broader tenets of this theory and was very successful in fulfilling the first aspect of its vision. As the evidence discussed in the

INCREASED SALIENCE AND PRIORITIZATION OF ISSUES section illustrates, children’s issues—particularly those most closely associated with babies and young children—are firmly part of the global HIV/AIDS response. There was near universal agreement amongst interview respondents that children are now firmly part of, if not at the center of, the global HIV/AIDS response. Evidence is found in the UNAIDS framework, the attention of global funders and the advocacy strategies of civil society organizations, as well as within changes to UNICEF’s own approach. The extent to which this change is attributable to UNICEF is not clear, though it is clear that UNICEF has served to help coalesce the response, in the form of the 4Ps, and propel the response via the campaign.

Where the initial campaign’s theory of change veers from established theory and becomes murky, is in the connection to actual change in the 4Ps. The weak or missing synapses between what the campaign aimed to do and the impact it sought are important for two reasons: first, because the campaign was holding itself accountable for changes in the 4Ps and second, because the gaps illustrate steps that the earlier campaign did not sufficiently articulate or emphasize in its execution. These issues are illustrated in subsequent discussion of campaign strengths and weaknesses.

## CAMPAIGN’S VISION FOR EVOLUTION

### Finding

Internally, the campaign was a new way of working both within headquarters and with National Committees. Evolution has been uneven, especially in the absence of a campaign manager and sufficient resources, as well as delays in decision-making. The ‘5<sup>th</sup> P’, partnerships, died off due to a lack of a shared vision for including external organizations in the campaign.

In the initial phase of the campaign, the original campaign concept evolved in an effort to spell out the role and contributions of various parts of the UNICEF family, including the field offices. Representatives from about twenty Country and Regional Offices joined UNICEF headquarters and National Committee representatives at a consultation in South Africa in March 2005 (Former Campaign Management Team member 2010). Around that time it was agreed, according to multiple interviewees, to expand the focus of the campaign beyond AIDS orphans, the original emphasis, to PMTCT, pediatric treatment and prevention for adolescents and young people. This made the campaign relevant to UNICEF’s work globally, beyond high-prevalence countries, largely in sub-Saharan Africa. As discussed below it also marked a shift from the initial National Committee vision of a discrete, sharply focused campaign with measureable results to a comprehensive approach. It was also agreed that Country Offices could opt in or out, and those who chose to be involved in the campaign need not work on all 4Ps but could select, based on the nature of each country’s epidemic, their areas of focus. At the same time, UNICEF headquarters would support certain (unspecified) “champion country offices” based on need, willingness of the relevant national government to focus on children and AIDS, and other resources raised. In the run-up to the campaign launch, tremendous work was done by UNICEF headquarters, working across divisions, to pull together and disseminate far and wide a data-driven, compelling *Call to Action*.

Initial campaign plans focused on data gathering and building the evidence base for action, communications, most notably the annual Stocktaking Report, and resource mobilization (mainly for UNICEF’s own work). The stocktaking reports have come to be recognized by external stakeholders as an important way UNICEF is helping to fill information gaps in the field. UNICEF also engaged actively to establish a leadership position within the UN system,

working alongside WHO and other UNAIDS co-sponsors, and invested heavily in technical partnerships through the UNAIDS Inter-Agency Task Teams related to the 4Ps.

All of this suggested new ways of working for UNICEF and, in this context, it is not surprising that further development and implementation of the internal vision and plans was uneven. Literature on advocacy and campaigns for social change emphasize communication, monitoring and coordinating mechanisms as important elements of effective advocacy particularly when such work is being conducted across and between institutional structures (Wilson-Grau and Nunez 2007) (Horton, Prain and Thiele 2009) (Kingston 2005). What was missing from campaign plans was effective, across-the-board integration of various campaign strategies, such that monitoring and evaluation or data collection and analysis fed into advocacy and communications, and communications served both fundraising and advocacy needs. Also, how well the campaign management team was able to monitor progress on specific campaign strategies, as opposed to overall advancement toward the 4P targets, is also a question mark. One former National Committee director commented on this lack of ongoing monitoring of the campaign implementation as one significant way the campaign could be strengthened in the future: “For such a dynamic issue real-time learning is critical” (Former National Committee Director 2010).

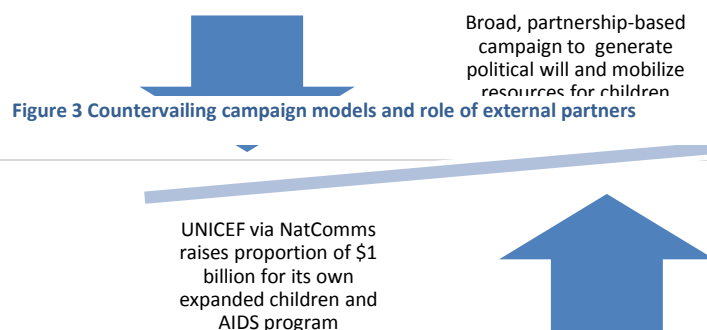
### ***A vision for engaging external partners***

With respect to a vision for engaging with external actors, crucial questions had been left unanswered in the original design. Initially creating expectations of partnership among some external non-governmental organizations, subsequent communications to potential partners were inadequate at best. At core, the issue was a lack of shared vision about the parameters of the campaign, and this affected ideas about how external partners would be involved. Internally, UNICEF’s campaign leadership struggled to determine how UNICEF could partner effectively with both external stakeholders, on the one hand, and with its National Committees, on the other. The latter viewed the campaign as based on National Committees’ established campaign model, while other stakeholders and UNICEF leadership envisioned a broader policy and program change campaign.

In fact, soon after the launch, two distinct camps emerged, at odds on the question of whether the campaign was mainly about a new way of doing business for UNICEF, with more integrated, synergistic work across the agency and its National Committees “to fully realize UNICEF’s potential”, or mainly outward looking, concerned with growing a movement of diverse partner organizations dedicated to putting children at the center of the global AIDS agenda. In fact, both of these were at the heart of the vision, yet over time they could not be married, and the tension surrounding these competing visions persists even to this day. In the perspective of a former National Committee director:

*You’re trying to achieve something concrete. You need a clear message. You need a clear position. You need specific resources. You have to be in specific countries. You need to be able to measure progress. You need to be delivering results for kids.* (Former National Committee Director 2010)

This type of campaign was predicated on generating results attributable to UNICEF, and required UNICEF’s visibility, brand strength, and fundraising acumen. They were looking for a specific, fast-moving, results-oriented



UNICEF-led effort with funds raised in support of UNICEF's production of clear results, according to several interview respondents. As the campaign rolled out, some National Committees participating in the campaign became increasingly disillusioned by the lack of support they received to fully realize that potential.

On the other hand, there was a vision of a broad, partnership-based campaign aimed towards generating political will and mobilizing resources for children and AIDS. In the start-up phase, the campaign leadership referred explicitly to a 5<sup>th</sup> P, for external partnerships, and an internal paper was developed as the campaign got underway to "stimulate discussion of the opportunities for and obstacles to an effective partnership strategy" (Franklin 2006). The paper set forth a number of ways in which the campaign might be leveraged as a "platform for strategic and effective partnerships to scale up results". Yet no consensus or conceptual clarity was reached. External partners were invited to campaign management "pre-meetings" but more in an unofficial advisory capacity. These were "pro-forma consultations" as one interviewee put it and it was clear that UNICEF was in control (UNICEF Director 2010). Meanwhile, some external stakeholders also grew dissatisfied, having understood the campaign as an urgent rallying cry and opportunity for all actors concerned to come together and move the dial on children and AIDS but then not hearing from UNICEF how to engage. Others simply understood or assumed the campaign to be a fundraising and internal mobilization effort for UNICEF (Global HIV/AIDS funder 2010). These issues are discussed further in the partnerships section of this report.

As a result, critical perceptions emerged that UNICEF wanted others to get on board and contribute toward achieving the 4P targets but also wanted control and credit. External interest in the campaign (as opposed to the more broadly owned work related to the 4Ps of various agencies) waned. That perception has not really changed over the years. Balance between UNICEF leadership and broader ownership of the campaign was recognized as a lingering challenge in the January 2008 lessons learned on campaign management document, which offered the following assessment:

*[The campaign's] success unquestionably depends even more on the resources and implementation capacity of national governments, local partners and international funders and institutions with capacities far surpassing what UNICEF itself can provide. Finding the right balance between UNICEF's role and unique contribution as global leader on children and AIDS and the need for UNICEF to build partnerships and to create space for others to advance the campaign goals without losing their own identities remains challenging. It is indispensable to significantly increase engagement of the other UNAIDS cosponsors, major bilateral and multilateral funders and in-country partners and advocates, recognizing the comparative advantages of each. (UNICEF 2008, para 20)*

The lessons learnt document went on to recommend the development of a "partnership framework that will motivate support from key UN and other [external] partners", which has been taken on board primarily through the IATTS. While others have come alongside UNICEF to contribute as well, most notably through the Inter-Agency Task Teams and other coordination mechanisms at international, regional and country levels, it has not been as formal campaign partners.

## CHANGES IN THE STRATEGIC VISION

### Finding

The campaign has held firm and achieved success in the broader initial vision of elevating children on the global AIDS agenda. Key changes to the campaign's vision for achieving impact in each of the 4Ps occurred throughout the campaign, though sometimes by default rather than deliberate decisions or responses to monitoring data. Looking to the future, it is important to note that some of these changes were due to a lack of initial consensus about how the campaign was to instigate global change in the 4Ps. A shift to focusing on one theme at a time and, within the context of P1/P2, to focus on bottom-up approaches within the highest unmet need countries, are well justified given external momentum around virtual elimination of vertical transmission of HIV.

The norm used to assess this question was:

*Changes and decisions made in line with good management and partnership practices*

Literature related to effective campaigns for policy change and advocacy coalitions identify monitoring and decision making mechanisms as important aspects of collective action, particularly in rapidly changing policy environments (Kingston 2005) (Wilson-Grau and Nunez 2007) (Miller 1994). This literature is relevant to the campaign because children and HIV/AIDS policy, funding and programming has been changing rapidly over the short span of the campaign, and the campaign is based on a coordinated partnership approach. The specific management and partnership practices reviewed related to decision making, particularly the inclusiveness, transparency, accountability and clarity of related processes and communication amongst campaign partnerships. Data collected for other evaluation questions related to decision making and partnerships also informed this aspect of the review. A second primary aspect of this norm was the use of campaign monitoring data to inform decision making, based on the good practice of using ongoing data feeds related to implementation and outcomes to inform shifts in strategies and vision. In other words, were changes made to the campaign in order to adapt to new information or to make course corrections, or were they due to attrition of partners or strategies?

The evaluation found that the fundamental "4P" vision did not change significantly throughout the campaign to date. Stakeholders generally reflect positively on the inclusively and transparency of campaign-related decisions and how they are currently communicated. It should be underscored that the current campaign vision is clearly rooted in external changes in the global environment and particular among the 4Ps. It also appears that there is an emerging vision about the strategic role of field offices (Regional and country offices) and National Committees.

From the launch of the campaign through early 2008, the limited capacities in place and myriad internal issues to work through, including the mounting tensions between UNICEF headquarters and the NatComs at times hindered the campaign's ability to monitor and adapt to key external trends. While deeply involved in the shifting thinking around how to respond appropriately and effectively to the protection and support challenges of children affected by HIV/AIDS, there were some early missteps. According to management at the time, UNICEF and the campaign were slow in "reconceptualizing" what was needed to advance P4. Most significant was the push on single-dose nevirapine as a proxy for infection prevention when its efficacy was questionable and, ultimately, shown to be inferior relative to ARV combinations.

*...We were very myopic, looking at the coverage of single-dose nevirapine as being the driver for success, when in fact the new science was showing that in fact single-dose nevirapine coverage was a very poor proxy of actually HIV/AIDS infection reduction (Former UNICEF Director 2010)*

That said UNICEF was far from alone in identifying trends, challenges and opportunities on the horizon, especially in such a fluid context with imperfect information on the pandemic and its characteristics and impact in so many diverse developing country contexts. And the campaign team certainly did identify and respond well to a number of opportunities in those early years, including its continuous efforts to systematize the measurement and monitoring of the situation of affected children within the wider context of HIV/AIDS monitoring and reporting and its strong leadership and partnerships within the new, evolving UNAIDS structures, particularly the Inter-Agency Task Teams.

Changes that did take place were not distinct, explicit decisions but happened by default—for example, in the case of external partnerships. Therefore the dates provided are general indications of roughly at which point in the campaign it seems the shift took place.

The campaign phases are marked by distinct periods generally characterized by acceleration, stalled action and the current period of course correction and re-invigoration.

***Conceptualization, launch and inception (2004-2006):*** Amidst a great sense of urgency, institutional resources, headquarters staff and National Committees were pulled together around a big vision for a global campaign with the promise of resources to address a problem to which the world was giving limited or fragmented attention. Initially, resources and efforts were expended to engage all National Committees, field offices and external partners. Advocacy was energized and innovative, but not adequately funded (Former UNICEF director 2010). Data to support the campaign was weak and countries were looked to for “intellectual leadership” and data (Former UNICEF director 2010). Despite a lack of staff capacity or adequate programming at headquarters or country-level, there was a high level of enthusiasm and commitment to increase capacity.

Changes:

*Effective sidelining of P3:* This change was implicit and reflected by interview and survey respondents. It was not really justified but explained as organizationally challenging to take up in a big, visible way and as a space already occupied, externally, by UNFPA. To be fair, the criticism of sidelining P3 was aimed at the broader global community as well. A major gap in global leadership remains, especially for most at-risk adolescents. One informant from a UNAIDS cosponsor recognized UNICEF for recently initiating steps into this breach.

***Early implementation (2006-2007):*** Post-launch UNICEF needed to move the campaign forward and achieve audacious goals in five years. The launch generated momentum for the campaign, though headquarters, external and field informants reported lack of clarity about what was to happen next. Technical discussions around the 4Ps identified programmatic interventions for which the campaign also was to raise to support. Progress was stymied by lack of decision-making and anticipated funds were not forthcoming. Resources slacked, internal friction had to be managed, proactive partnerships management flagged and the vision for a broad-based public campaign with external partners was dropped.

Changes:

*5<sup>th</sup> P dropped:* Driven by lack of consensus and clarity inside of UNICEF on external partnerships, a de facto decision was taken to not pursue a joint campaign with external partners and instead go it alone. This shift was justifiable in a sense, given how challenging it would have been to build a genuine partner-based model across multiple agencies and also given internal realities and the strong push from the NatComs to steer the campaign in a direction that would work well for them. Also, the vision of a new way of working was compelling, though “sputtering” in practice. Externally, in some ways the enhanced leadership and collaboration of UNICEF within the UNAIDS IATT context enabled very effective cross-agency partnerships for children and AIDS, even without any real campaign connections.

*“Internal” partnerships:* The let-down – outside of high-prevalence countries in Africa mainly – of promised additional funding not materializing and, ultimately, significant variations in perceptions of the campaigns’ value-added beyond the 4Ps undermined the initial vision of a UNICEF-wide campaign. Some Regional and Country Offices have engaged actively with the campaign team in moving the 4P agenda, both programmatically in their countries and upstream at national and international levels, while to other Regional Offices “the campaign doesn’t exist” (UNICEF Regional Office Director 2010).

*Resource mobilization:* Emerging from disparate definitions of “campaign”, the campaign gravitated to a UNICEF-centric perspective on 4P programming and raising resources for UNICEF’s work. The campaign lost sight of the resource mobilization target for the community as a whole (identified as \$30 billion in an advocacy plan from the first year of the campaign (UNICEF 2006) ) and shifted focus exclusively to the \$1 billion UNICEF-specific target.

*Advocacy slippage:* After the February 2007 Brussels advocacy meeting created positive expectations

### **Prevention and Progress**

Internal stakeholders—particularly those not at Headquarters—expressed concern about UNICEF’s action on P3. They cited a range of examples and reasons why the past focus on prevention was limited.

Primary amongst these:

- *Institutional squeamishness* (e.g. “We’re youth-friendly but [we’re not] friendly to down and out kids. (Regional Office Advisor 2010),
- *Lack of donor response* (e.g. “As soon as we mention drug use...it’s not something our corporates want to be associated with...” (Former National Committee Director 2010),
- *Political concerns* (e.g. “When they bring the Stocktaking report, there’s no mention of condoms, nothing...So now, for some reason, prevention is on again. I don’t know whether it was a policy issue because Bush was there and they were getting money from there...” (UNAIDS co-sponsor 2010))
- *Lack of evidence base* (e.g. “when we go past the PMTCT phase of their lives, infants and that kind of thing, when you look at prevention, there’s not a lot of-- there’s a lot of stuff going on for prevention with youth, but nobody knows if it works. (Global HIV/AIDS Funder 2010))

Moving forward, there was broad agreement amongst interview and survey respondents that a bold prevention strategy is critical for the future. (“*Please accelerate strategies in the area of Prevention among youth. Take firm position about condoms and family planning.*” – National committee survey respondent)

amongst civil society organizations and UN agencies of a broadly coordinated advocacy effort, the advocacy strategy seemed to drop off the radar. It is not clear what the justification was and even after an external assessment sought to push public advocacy back up to a central plank of the campaign, broad-based public advocacy has not been a prominent part of the campaign (Evans 2007). External stakeholders point to this as a missed opportunity to create an advocacy coalition on behalf of the 4Ps. However, others question the cost-benefit to UNICEF of this type of partnership coordination role.

**Transition and Current campaign (2008-present):** This phase of the campaign was triggered by new campaign leadership after a period of relative inactivity. By early 2010, the early stages of a reinvigorated, refocused campaign are in place.

*Changes:*

*Shifts in management and organization:* After several years issues escalated related to NatCom's unmet expectations of Headquarters for the information they needed in the form they wanted to carry out campaign related activities in their countries, and especially to raise funds successfully. These unmet expectations were driven by several factors working together— partly due to underinvestment in the campaign and the resulting gap in staffing, partly due to a clash in cultures, and partly due to “siloes ways of working” across offices, divisions and sections . Underlying all was a misalignment of campaign expectations between Headquarters and some National Committees. Within Headquarters, there sense that the campaign required a clearer home in the organization structure, more decisive leadership and firmly anchored in the 4P-related work in the field. In response, from early 2008 a manager and team was put in place to run the campaign with clearer authority and decision-making responsibility housed in the HIV/AIDS section. The new management also made a deliberate effort to position the campaign as an integral part of, rather than separate from, UNICEF's HIV/AIDS program writ large.

*Refined vision:* Both the Evans advocacy report and campaign management lessons learned document recommended that the campaign focus each year on a certain priority theme in order to sharpen the advocacy and programmatic focus of the campaign. In response, post-2008, the campaign shifted to focus thematically on one aspect of the overall 4P agenda each year (thus far predominantly on P1/P2). Within the context of P1/P2, it began to focus on bottom-up approaches within the highest unmet need countries.

The post-2008 changes reflect a more deliberate response to external drivers and are well justified. This is particularly the case in an external environment where there is tremendous momentum around the push to eliminate vertical transmission and target the countries with the largest numbers of unreached HIV-positive pregnant women. While the campaign has achieved success in the broader initial vision of elevating children on the global AIDS agenda, future work via the campaign will benefit from firm internal consensus about how the campaign is to instigate global change in the 4Ps.



## CAMPAIGN ACTION: IMPLEMENTATION AND ADAPTATION

This section covers questions related to actions undertaken by the campaign to advance the 4P agenda directly and through partnerships. It revisits the theory of change as an organizing lens, addressing issues and themes identified in the evaluation *Terms of Reference*.

### AREAS OF COMPARATIVE STRENGTH AND WEAKNESS IN TERMS OF CONSISTENCY

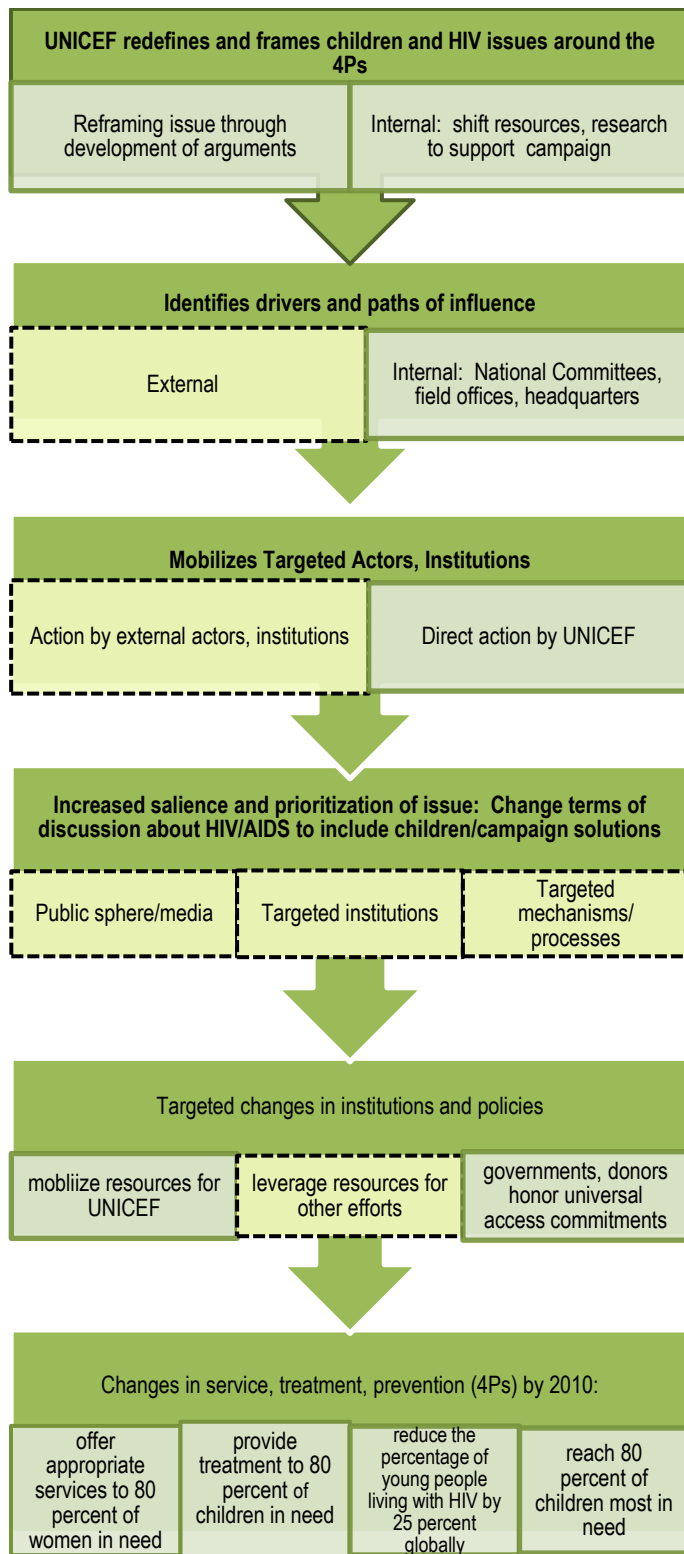
#### Finding

The consistency and strength of the campaign's lines of actions have fluctuated through its initial momentum, stalling and now reorientation and reinvigoration. While the overarching strategies have remained consistent, strategies to frame and plan campaign action, particularly around advocacy, and the strength and effectiveness of those strategies have fluctuated. The campaign's focus on generating and improving the information base for monitoring children and HIV/AIDS has been a strong and consistent area of activity throughout the campaign. Communications have been a consistent emphasis, with the Stocktaking Report being the most successful example. Internal communications have been less consistent, with the weakest point stakeholders outside headquarters. While not the initial focus of this issue, the tension between resource mobilization and resource leveraging arose as an internal bottleneck, as emphasis on mobilizing resources for UNICEF undercuts efforts to leverage resources on behalf of others, as success is defined by the amount of resources raised on behalf of UNICEF.

This normative question was assessed using the campaign theory of change discussed in the *Campaign Vision, Planning and Strategies* section, as a lens through which to view campaign areas of strengths and weaknesses, with particular emphasis on the *consistency* of campaign activities across the 4Ps, internal partners and actors (headquarters, NatComs, RO/field offices) and strategies (advocacy, accountability, etc.).

The graphic below illustrates a general representation of the campaign theory of change introduced earlier in this report and the corresponding "headline" campaign strengths and weaknesses in terms of consistency and steps to change.

**Figure 4 Campaign Theory of Change outline and corresponding campaign strengths and weaknesses**



Campaign clarity: conflicting definitions of 'campaign' and ideas about how the campaign would affect change in the 4Ps. Planning and monitoring gaps, limited leadership and insufficient resources for core campaign activities. Current staff and leadership is a significant strength adding clarity. Evidence base is an evolving strength.

Vision widely supported internally. Strategies becoming more clear under current leadership. External organizations not formally or systematically engaged to help influence drivers. Exception is the UNAIDS co-sponsors and IATTs. Insufficient support to National Committees and uneven work with field offices.

Mobilizing around the 4Ps: Emphasis on P1 and P2, with less clarity on P4 and less focus on P3. "Partners" take action but monitoring diffuse. External actors take action, but not associated with the campaign. Particularly post 2008 UNICEF is taking direct and innovative advocacy and more focused programmatic action.

Alignment around the 4Ps, children at the center of HIV/AIDS response. Targeted institutions, mechanisms, processes initially broad and unspecified. Current campaign has tightened focus but interim outcomes still need to be clarified.

Targeted changes are broad and somewhat unspecified. Limited handle on overall resources allocated by global community for children and AIDS. Resources mobilized for UNICEF but not to the extent anticipated. UNICEF apparently successful at leveraging funds but monitoring is informal.

Impact: Positive trends in P1 and P2 with stars in alignment for possibility for virtual elimination of vertical transmission. P3 and P4 progress on individual indicators but progress toward goals indefinite.

The following section examines in more detail the specific areas of campaign strengths and weaknesses in terms of consistency, following the logic of the theory of change.

### **UNICEF redefines and frames issues**

While the 4P framework has been an effective device to redefine and frame a comprehensive response to children and HIV/AIDS, the clarity of the campaign—the mechanism to deliver the framework—was hindered by conflicting definitions, planning and monitoring gaps, limited leadership and insufficient resources.

**Weaknesses:** A distinct weakness, which relates to a range of issues experienced by the campaign, is the divergent **definitions of the campaign by the primary campaign partners**. Even within UNICEF headquarters, staff expresses confusion about the extent to which the campaign is about fundraising. On one hand, National Committees needed the UNICEF identity to raise funds on behalf of the UNICEF's programs on children and HIV/AIDS. On the other, UNICEF leadership viewed the campaign stakeholders as all organizations and institutions involved in raising funds for the issue.

**Organization required to support the chain of actions the campaign intended to trigger** was also a weakness. The campaign was launched before critical elements were in place and while this was necessary due to the urgency of the situation in retrospect the lack of preparedness actually resulted in further delays. The most significant example is the launch of the campaign before National Committees had fundraising plans lined up, causing an 18 month to two year lag (HIV/AIDS Section Staff/Management 2010). Campaign management anticipated unfinished pieces would be gradually put into place (UNICEF National Committee Director 2010). However, in the absence of a campaign manager and sufficient resources these steps were either delayed or did not happen.

Campaign strategies were consistently viewed as under-resourced. In particular, advocacy and communications which were presented as central strategies were an “undernourished part of the campaign” (UNICEF Senior Manager 2010). Respondents were mixed as to whether communications have been a strength or weakness, with some apparent differences between public communications: the Stocktaking Report and branded materials (strength) and communications about campaign activities and progress and National Committee-specific materials (weaknesses). When the campaign was launched, National Committees were not yet prepared or sufficiently resourced to launch their own related fundraising efforts.

**Strengths: Monitoring of progress against the 4Ps and data** collection have been a consistently strong area of emphasis for the campaign. While issues of campaign clarity remain, there have been “tremendous improvements now with the campaign manager” (National Committee Director 2010). There is also apparently strong support for the campaign's 2010-2015 focus on PMTCT.

The **campaign structure** was also cited as contributing to stronger lines of actions and strategies by UNICEF and National Committees on behalf of children and HIV/AIDS. It helped propel UNICEF programmatically, particularly on the part of prevention, which while weak could not be lost completely if

it was marked as one of the four 'P's'. It also demonstrated to some respondents the value of creating a sub brand, and that it could be done without "hurting" UNICEF.

The campaign also created a **platform to work through nascent issues between UNICEF headquarters and National Committees**, which are still in need of attention but arguably further along a productive path. ("It forced UNICEF and NatComs to grapple with the implications of collaboration" (UNICEF Director 2010)

*But the fact that we did [join in the campaign despite challenges] I think is healthy for the organization in terms of how you can promote one program without excluding the others, and in terms of how the role of National Committees was in that as well. This was a constant work in progress but again, really important to have them on board and have that voice reflected in the decision making. (HIV/AIDS Section Staff/Management 2010)*

At headquarters, staff and managers interviewed recognized the value-added of the campaign mechanism and the process of cutting through inter-sectional issues:

*There is now a cohesion around the different parts that means that the-- there's a momentum and a cohesion so you actually don't have those separate groups anymore... you have a proper campaign team and they take care of those different pillars, so there is a sort of a nexus that takes care of those four things and then presents to a wider group of people. (HIV/AIDS Section Staff/Management 2010)*

To the external world and broader HIV/AIDS community it demonstrates that UNICEF is seriously committed to an issue.

## **Identifies drivers and paths of influence**

### *Role of external partners*

**Weaknesses:** The role of external partners—groups and organizations not part of the immediate UNICEF family, such as civil society organizations—in the campaign has always been murky internally and externally. National Committees were supportive of external involvement in the campaign within parameters and particularly as long as the *Unite for Children, Unite against AIDS* campaign branding was not diluted. While publicly appearing to invite broader participation, particularly in the period leading up to and immediately following the launch, subsequently there was no substantive space created for other organizations to participate. Consultations were held with non-governmental and civil society organizations and UN agencies, but there was no formal mechanism developed for participation beyond the launch. Initiatives were started, such as the February 2008 advocacy meeting, which never achieved lift-off and became bogged down in processes, competing agendas, and further complicated by perceptions of self-motivation for funding.

Further, it is not clear whether UNICEF was clear about the nodes of influence it needed to affect—and whether those groups and agencies the campaign was trying to influence also may have been trying to influence UNICEF. At least one global funder and one non-governmental organization credited UNICEF's

emergent expertise and interest in children and HIV/AIDS to their organization's influence. It was not clear from campaign plans or other documents or interviews whether UNICEF had a strategy for addressing the potential influence of "partners" on campaign decision making. Moving forward, the campaign should clarify both the nodes of influence and strategies to address and ensure the influence of partners does not interfere with sound campaign decision making.

**Strength:** The *power of the 4P framework* has permeated as a conceptual frame for advocacy and programs related to children and HIV/AIDS. Even though external organizations not formally part of the campaign, evidence suggests that the 4P priorities have been adopted as a lens through which to view children and HIV/AIDS. In this way, the campaign has contributed to a more aligned global response.

#### Clear and supported outcomes and strategies

**Weaknesses:** A persistent *lack of clarity about key aspects of the campaign outcomes and strategies*, such as UNICEF's niche vis-à-vis other partners and agencies and the targeted outcomes: was it fundraising \$1billion for children and HIV/AIDS or achieving the campaign 4P targets? Furthermore, while setting out audacious targets, it was not clear if the campaign had viable solutions in mind, particularly in regard to the 3<sup>rd</sup> P. This lack of clarity also had implications for communications and partnerships. While some communications strategies have been strong, National Committees in particular saw the campaign's marketing communications as a weak point.

**Strengths:** UNICEF's *evidence base and use of that data for campaign decision-making* is seen as a consistent strength throughout the campaign, with the exception of tracking funding to children and HIV that does not flow to UNICEF. A notable strength is the sense that internal communications and the campaign itself have served to reinvigorate the issue within UNICEF.

**External communication of progress** via the Stocktaking Reports and, more recently, *Towards Universal Access*, are also a consistent strength throughout the campaign. Collaboration with other agencies around technical issues related to monitoring and interventions is also strength, with inter-institutional competition apparently reduced along with an improved sense of UNICEF's commitment to the issue beyond its own fundraising interests. However, this strength could be further leveraged by expanding focus on understanding the broader funding flows to HIV/AIDS and children.

*I just wanted to say that, though what we haven't done well is a real analysis of some of the in-house, impacts linking to investment, because a lot of money is going into these programs, but we haven't actually linked our investment to the impact that we are having. Without the analysis of what that money is buying, and where that money is going, I think that there is a problem there (UNICEF NY Technical Lead(s) 2010).*

#### Involvement of youth, children and other campaign beneficiaries

**Weakness:** Participation or input by a *program's ultimate beneficiaries* is good practice and inclusion of the "voices of children" in the campaign was a cross-cutting issue for this evaluation. (See, for example (United Nations Development Programme 2010), (Karl 2000). As discussed later in this report, UNICEF has not made substantive efforts to engage young people in the campaign, nor have National Committees or field offices

been provided with support and best practices in order to help ensure that the participation of campaign beneficiaries is substantive. Particularly in terms of adolescents, there is a sense of missed opportunity: “There is now a second generation of young people living with HIV/AIDS. How do we work with them? How do we work with those who aren’t ‘Born Free’?” (UNICEF Senior Manager 2010)

### **Mobilizes targeted actors and institutions**

**Weaknesses:** Until recently, a *perception of limited top level commitment and lack of a campaign manager and staff* held back forward movement of the campaign and buy-in by partners. The delay in staffing and lack of sufficient resources for the campaign led to failure to “open the mail”, and subsequent breakdown in some key relationships (UNICEF Director 2010). Inter-section competition and “turf” were also significant initial barriers to aligning the internal components of the campaign and fostering an integrated UNICEF response. Leadership “was engaged but failed to set the charge of lower levels” (National Committee Director 2010).

**Strengths:** Internal and external stakeholders cited UNICEF hiring the *“right” people to lead and staff the campaign as its greatest strength and a new driving force for mobilizing others*. The manager “gets” work across political, policy and implementation realms and the strategy reflects this (Non-governmental Organization Manager 2010).

Post-2008 *leadership has focused on repairing relationships*. Enthusiasm and support have improved in response to a sense of institutional commitment and resources. Current campaign staff is recognized by internal and external informants for advocacy acumen. (“There are really some very kind of strategic people within UNICEF who are able to kind of break out of the bureaucracy and kind of reach out personally...so that’s been really helpful” (Non-governmental Organization Representative 2010).

The campaign’s *renewed interest in prevention*, though not yet fully fleshed out, is recognized as an indication of a bolder institutional agenda.

From the perspective of funders and external partners, UNICEF has a *relatively clear, effective operating system to convey information and a unified approach to the country level*. (“It’s straightforward with UNICEF.” (Global HIV/AIDS funder 2010).)

### **Increased salience and prioritization of issue and Targeted changes in institutions and policies**

The campaign exhibited strengths and weaknesses in terms of consistent actions to increase the salience of children and HIV/AIDS within targeted institutions and, in turn, channel that salience into targeted changes in institutions and policies. The section

INCREASED SALIENCE AND PRIORITIZATION OF ISSUES discusses evidence of significant evidence of progress in these areas amongst global funding agencies, non-governmental organizations and other agencies, the actions on the part of the campaign to form and trigger this progress has been inconsistent.

#### Monitoring progress and supporting actions by partners

**Weakness:** While monitoring progress related to the 4Ps generally is considered a strong line of action, the **campaign's monitoring of its own activities** is an apparent weak point. Respondents and the evaluators noted a disconnect between progress reported on 4Ps and campaign actions. ("Often at conferences progress was being presented and the reaction from NatCom colleagues was... 'why isn't there materials?'" (UNICEF National Committee Director 2010).)

**Monitoring related to funds raised was a two-fold weakness.** First, UNICEF was not well-positioned to monitor and report on funds generated by the campaign, to the consternation of National Committees who were obliged to **report the impact of expenditures to donors**. Second, an issue the campaign is now grappling with is **monitoring funds leveraged**, which headquarters and field staff recognize is insufficiently tracked. Field staff in particular noted the connection between their budgets and resources generated for UNICEF, and absence of formal monitoring mechanisms for the resources the campaign helps to leverage on behalf of other—such as governments or other organizations. There also needs to be a better assessment of country-level needs.

**Strengths:** As noted above and elsewhere, monitoring progress and use of 4P-related data for campaign decision-making is a relative strength of the campaign. The **collaboration around data and programming with the UNAIDS co-sponsors**, particularly WHO and UNAIDS is another strong line of action. "Downstream" work is another related strength. The HIV/AIDS team became "very active", "effective" at leveraging resources from donors (HIV/AIDS Section Staff/Management 2010).

#### Country-level involvement

*While review of country-level involvement was beyond the scope of this evaluation, understanding the impact of the campaign at country-level is critical to understanding whether the campaign has triggered the changes it intends. Limited commentary is shared here, and the evaluators note this as an area for future study.*

**Weaknesses:** UNICEF field offices **are struggling to reposition to upstream work**, and need more consistent support to improve country/systems ownership. Regional offices would like to see more communications coordination between communication teams at headquarters, Regional Offices and country-level offices.

**Strengths:** In the observation of one funder, UNICEF has a systemic ability to quickly mobilize coordinated action around HIV/AIDS from headquarters to the country level (Global HIV/AIDS funder 2010).

#### **'4P' prioritization**

**Weaknesses:** As discussed elsewhere, **emphasis of the 4Ps has been uneven**. There were mixed perceptions on the 4P priorities, with Regional Office advisors expressing confusion about whether field offices were

supposed to work on all 4Ps. Others expressed the impression that P1 and P2 were priorities and Ps 3 and 4 were optional. For many respondents the connection between gender-based violence and the 4Ps is not yet clear.

**Strengths:** UNICEF has high level influence on and strong communications capacity around the 4Ps, which have traction beyond UNICEF as a unifying framework for the global response. The new focus on sexual violence is taken as a positive signal of UNICEF's readiness to focus on P3.

This brief overview previews many issues covered in greater detail in response to specific areas of emphasis in the evaluation. Subsequent sections will focus on:

- UNICEF's efforts to build and utilize an evidence base around children and HIV/AIDS
- Campaign actions to mobilize actors and institutions, particularly campaign organization and coordination
- Involvement of partners in the campaign
- Evidence of increased salience and prioritization of children and HIV/AIDS



## REDEFINING AND FRAMING THE ISSUE: UNICEF AND THE EVIDENCE BASE

From the start, the campaign operated in a global context where a problem existed that wasn't broadly recognized, and with the lack of recognition came the lack of measurement. This section focuses on UNICEF and the development of an evidence base to frame and guide advocacy and programming around children and HIV/AIDS.

## CHANGES IN CAMPAIGN INDICATORS

### Finding

Positive trends are clear with prevention of mother to child transmission (P1) and pediatric treatment (P2), and indicators have remained relatively consistent. Indicators related to prevention of infections among adolescents (P3) and protection and support of orphans and vulnerable children (P4) continue to evolve and trends are difficult to mark. Increased attention and resources have shed light on data issues, such as country- and region-level data collection monitoring systems related to young people and orphans and vulnerable children and with UNGASS indicators to measure children affected by AIDS.

Monitoring and evaluation has been a campaign priority, and the annual Stocktaking Reports provide in-depth discussion of progress, achievements, issues and remaining challenges related to tracking progress toward HIV and AIDS commitments and goals. Description of campaign indicators and trends in this evaluation report is intended to help establish the broader context of the campaign and changes in the global environment, but is not exhaustive.

This changing context is particularly important to note in regard to P3 and P4 goals. Focus on progress against campaign goals belies the complex and stubborn issues that must be addressed. For example, in regard to adolescent prevention a lack of programmatic clarity coupled with "weak" efforts to collect community-level data hinders the ability to point to progress (UNICEF, UNAIDS, UNFPA and WHO 2009). Therefore more comprehensive discussion of progress against campaign indicators needs to incorporate both data collection issues as well as discussion of progress and outcome indicators. Therefore this report is limited to the most significant developments and issues related to monitoring and evaluation which may have implications for future campaign efforts.

*The evaluation team relied heavily on the internal expertise of UNICEF staff to inform the statistics and monitoring aspect of this discussion and the evaluators are grateful for their assistance. Any shortcomings related to the discussion or interpretation of data and trends, however, are exclusively on the part of the evaluators.*

### Campaign indicators

The campaign was to be evidence-driven, and the need for evidence was enlisted as a strategic leveraging point. Indeed,

*In fact, year one when we did the first stock taking report we actually put it out that most countries had no data, no agreed indicators, and no means of collecting them. And we really wanted to make a very overt*

*statement that unless we collected data we wouldn't know whether things were moving or not. Not counting the data really was a good indictment that children didn't count in the AIDS response.*  
(Former UNICEF director 2010)

The 2005 *Call to Action* assigned five-year targets to each of the four 'P's, and in the 2007 *Second Stocktaking Report* each of these targets was assigned a set of indicators, totaling about 14-15 indicators. These were a subset of the UNAIDS UNGASS indicators and mirror global and regional commitments, starting with the 2001 Declaration of Commitment on HIV/AIDS (2001), the G8 countries (2005 and 2007) and the Abuja Call to Action Towards and HIV-free and AIDS-free generation (2005) (World Health Organization, UNAIDS, UNICEF 2009). All the 4P campaign goals are aligned with global goals and targets of the MDGs (in particular, Goals 4, 5, and 6) and UNGASS 2001, and have been refined along with further commitments (United Nations 2008). Data collection is also aligned with international reporting standards and programmes.

### **Changes in indicators and progress over time**

This section discusses changes in campaign indicators as well as measurement of progress against overall targets. Over the past five to seven years, along with evolving understanding of the complexities of children and HIV and shifts in programmatic approaches, the indicators to measure change and the availability of the data to support those indicators have advanced as well. As the evidence base has shifted to support changes in programmatic interventions, the campaign and other partners have "prioritized making sure indicators are available to measure them" (UNICEF expert resource 2010). Over the past five years there has also been significant progress in the availability of data to measure changes in the 4P indicators. For example, for P1 and P2 the number of countries reporting data increased from 70 in 2005 to 128 in 2008 (UNICEF expert resource 2010).

Data is collected as part of international survey programmes, most significantly MICS (Multiple Indicator Cluster Survey) and DHS (Demographic Health Survey) as well as AIS (specifically for household HIV testing), and from national health data systems and collected cooperatively by UNICEF, WHO and UNAIDS. The Fourth Stocktaking report explains 2009 efforts by UNAIDS and WHO to refine the HIV and AIDS estimation methodology and subsequent revised global estimates. In regard to the changes in previous estimates "the differences between these newly generated estimates and previously published estimates are not related to trends over time, and are therefore not comparable" (UNICEF, UNAIDS, UNFPA and WHO 2009, 39). While recognizing that this explanation is limited, it is included to illustrate the overarching challenges of data collection related to children and HIV/AIDS and likely has implications for some of the campaign costing exercises, as discussed elsewhere in this report.

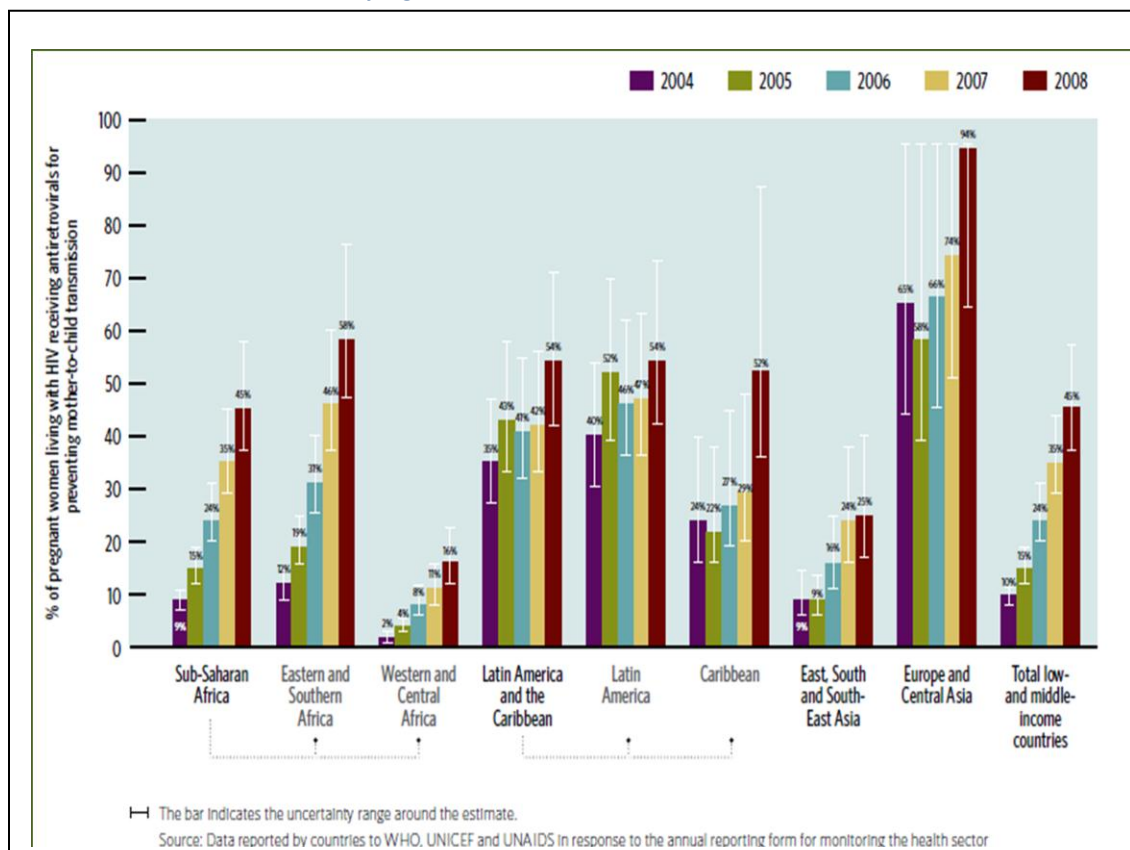
### **P1: Prevent mother to child transmission of HIV**

**Changes in measures:** The most significant adjustments to PMTCT indicators correspond to changes in related guidelines and programs. In 2009 the PMTCT IATT working group on monitoring and evaluation issued updated guidance on monitoring and evaluation of HIV prevention among mothers and infants in response to changes in PMTCT and pediatric HIV care and treatment program recommendations (UNICEF, UNAIDS, UNFPA and WHO 2009). Despite these alterations, indicators have remained sufficiently stable to enable measurement of changes over time.

**Progress from the start of the campaign to 2008:** PMTCT coverage for pregnant women in low and middle income countries grew from 10% in 2004 to 45% in 2008 (UNICEF, UNAIDS, UNFPA and WHO 2009, 1). The goal was 80%

by 2010. At the time of this report the new campaign goal is “virtual elimination of MTCT by 2015, with a target to reduce MTCT at country level to less than 5 by 2015 (Woods 2010).

**Figure 5 Percent of pregnant women with HIV receiving antiretrovirals for preventing mother-to-child transmission of HIV in low- and middle-income countries by region, 2004-2008.**



## P2: Provide paediatric treatment

**Changes in measures:** As noted above, revised monitoring and evaluation guidelines were published in 2009 (UNICEF, UNAIDS, UNFPA and WHO 2009). As with P1, data is available to reliably measure trends over time related to paediatric treatment.

**Progress from the start of the campaign (2005) to 2008:** Significant recent increases in the number of children initiated on ARV are noted in the Fourth Stocktaking report (UNICEF, UNAIDS, UNFPA and WHO 2009, 10). The percentage of babies living with HIV born to HIV-positive mothers that receive treatment grew from 6 percent to 38 percent (UNICEF, UNAIDS, UNFPA and WHO 2009). The goal was 80 percent by 2010.

## P3: Prevent infections among adolescents and young people

**Changes in measures:** Progress has been made in “harmonizing and coordinating the M&E of HIV prevention among young people at the global level” though data challenges remain due to the nature of interventions (e.g. the difficulty of measuring the reach of mass-media programs) and need to strengthen regional and country level

M&E efforts (UNICEF, UNAIDS, UNFPA and WHO 2009). The 2007 Stocktaking Report notes “getting better prevention results means gathering better data and answering such questions as: Who are the adolescents most at risk of HIV infection? Where are they? What is the best way to reach them?” (UNICEF, UNAIDS, WHO 2007). Chapter VI of the Fourth Stocktaking Report also notes the limitations of data related to prevention amongst adolescents. For example, “data on sexual behavior and knowledge about HIV prevention among young people, while increasingly available, are still limited, particularly for those young people who are most at risk” (UNICEF, UNAIDS, UNFPA and WHO 2009).

The following indicators were changed in accordance with changes in the UNGASS indicators:

Updated indicator	Dropped indicator
<b>% of young people (15-24) who had sex with more than one partner in the last 12 months (added in the third Stocktaking Report)</b>	% of young people (15-24) with more than one sexual partner in the past 12 months reporting the use of a condom during their last sexual intercourse
<b>% of young people (15-24 years old) with multiple partners and who used a condom at last sex</b>	% of young people (15–24 years old) who had non-marital, non-cohabiting sexual partners who used a condom at last higher-risk sex”. (defined as sex with a non-marital, non-cohabiting partner)

Evidence from Demographic and Health Surveys (DHS) showed that the old indicator did not consistently identify people at risk of HIV and was not a good predictor of HIV infection. Having multiple partners was a good predictor, hence the changes to these indicators. UNICEF also strives to align all indicators with internationally agreed sets so followed suit when UNGASS indicators changed.

**Progress from the start of the campaign to 2008:** The campaign goal was to reduce the percentage of young people living with HIV by 25 percent globally by 2010. Trend analysis of this indicator appears to be difficult. The 2007 Stocktaking Report cited an estimate of 10 million young people between ages 15 and 24 living with HIV (UNICEF, UNAIDS, WHO 2007, 13). The 2009 Stocktaking Report cites an estimate of 4.9 million young people between ages 15 and 24 living with HIV in low- and middle-income countries (UNICEF, UNAIDS, UNFPA and WHO 2009, 15). The draft 2010-2015 campaign goals are to *reduce new HIV infections among young people (10-24) by 30 percent by 2015* and *Increase the number of countries that incorporate strategies to address violence against women and girls in their National AIDS response* (Woods 2010).

The 2007 UNAIDS AIDS Epidemic Update discusses the process for collecting relevant, longitudinal data on young people and HIV and sexual behavior trends. Unfortunately, almost two dozen out of the 35 countries participating in the data collection effort had insufficient or no data on HIV prevalence and/or sexual behavior trends among young people (UNAIDS 2007). As noted on the prevention of infections among adolescents and young people page on ChildInfo.org:

*The lack of data, however, continues to be a major constraint on responding appropriately to young people’s need for information on how to prevent HIV. Most countries have insufficient or no data on HIV prevalence and/or sexual behaviour trends among young people, including several countries with exceptionally high HIV prevalence in southern Africa. This limits a more comprehensive global analysis of trends. - Childinfo.org (UNICEF 2009)*

This is the global situation rather than an indictment of the campaign.

#### **P4: Protect and support children affected by HIV/AIDS**

**Changes in measures:** In regard to changes in indicators, the indicator “percent of children whose households received external support” is no longer being collected in the MICS and DHS, though it is still used in the Stocktaking Report. This indicator was dropped because the HIV/AIDS community realized that the definition being used to identify orphans and vulnerable children (OVC)—chronic illness and/or death of an adult in the household—was not a good marker of a child’s vulnerability. This finding “has thrown into question the usefulness of current global indicators” (UNICEF, UNAIDS, UNFPA and WHO 2009, 28). More consistent markers of vulnerability were household wealth status, living arrangements and education levels of adults in the household.

The UNGASS indicators originally identified to measure OVC are now under review due to new evidence that existing indicators were not sufficiently measuring vulnerability. The shift is the focus on social protection approaches that are both “child-sensitive” and “AIDS-sensitive” (UNICEF, UNAIDS, UNFPA and WHO 2009, 21). This paradigm shift following the 2008 Global Partners forum, which, amongst other priority actions, recognized the convergences of sources of vulnerability in areas of widespread poverty and high HIV prevalence and committed partners to “promote and advocate for AIDS sensitive, rather than AIDS exclusive programming (Fourth Global Partners Forum 2008). Through the IATT M&E working group on children affected by AIDS, UNICEF is co-facilitating (along with PEPFAR and Save the Children) discussion of measures related to orphans and vulnerable children. Further discussion of issues can be found on page 28 of the Fourth Stocktaking report (UNICEF, UNAIDS, UNFPA and WHO 2009).

**Progress from the start of the campaign to 2008:** The campaign goal was to reach 80 per cent of children most in need by 2010. The new campaign 2010-2015 goal is *Ensure national social protection strategies are inclusive of people and households affected by HIV* (Woods 2010). As noted above, indicators used to measure progress against this target are under review. Again this information points to broader contextual issues that arise as attention and resources are focused on children and HIV/AIDS.

Overall, data availability has improved dramatically over the past five years in all 4Ps. The number of countries reporting data related to P1 and P2 increased from 48 in 2004 to 71 in 2005 to 123 in 2008 (UNICEF, UNAIDS, UNFPA and WHO 2009, 27). Expert reviewers also emphasized an increase in the number of countries collecting nationally representative data related to P3 and P4.

## APPROPRIATENESS OF THE INDICATORS TO MEASURE THE 4PS

### **Finding**

While indicators to measure status of the 4Ps are in place and align with international reporting standards, changes in programs and changes in epidemic patterns over time require continued evolution of monitoring and evaluation as well. Data collection at the country and community level remains problematic, with issues of quality and challenges in updating indicators already being measured by governments.

The norm used to assess this question is:

- *The indicators meet established standards and criteria for HIV/AIDS indicator selection*
- *Extent to which experts agree on the appropriateness of 4P indicators*

To generate data related to this norm, the following questions were examined with inputs from UNICEF expert resources as well as internal and external interview respondents.

- Is there general global agreement among experts on children and HIV-AIDS that current 4P indicators serve as reliable dashboard measures of change?
- What is the forecast for future, post-MDG indicators and measures?
- Does the data to measure the 4Ps include systematic disaggregation by sex and integration of gender and equality indicators?

### **Current 4P indicators as reliable dashboard measures of change**

UNICEF collaborates with other UN agencies and partners in the development of indicators and is at the forefront to efforts to revise and refine them. The indicators currently used reflect the best current practices, though respondents were mixed whether the indicators, particularly those for P3 and P4 are sufficient. The most significant issue upon which expert reviewers agree is the limited availability of data for most at-risk groups, children under age 15 and further sex disaggregation of data.

Over the course of the campaign, UNICEF's collaboration with UN partners around data collection has been strengthened as well. An important development was the introduction in 2008 of a joint effort by UNICEF, WHO, and UNAIDS to collect national-level data using a common reporting tool. Chapters 5 of the 2008 and 2009 *Towards Universal Access* report are based on country reporting data using the joint tool (UNICEF, UNAIDS, UNFPA and WHO 2009). Several respondents have cited this as an example of value-added provided by the campaign. This alignment also contributes to efforts to minimize reporting burdens placed on developing countries as well as improving data consistency across agencies.

While there is general agreement on the status of the indicators, some expert reviewers raised concerns that campaign targets are not apparently based in an analysis of trends or related data. The real question, for them, is not whether the appropriate indicators were selected but rather whether the trends in the data were used to develop targets and that other necessary variables affecting coverage should also be collected. (See box below.)

#### **"We need a realistic development of targets".**

The problem is how targets are set. It's not only on trend analysis, but combined with advocacy. Achievement of the targets depends on many variables that weren't initially taken into account when setting the targets or addressed in campaign plans. For example, increased coverage alone won't reduce infections; it also hinges on issues of access, the efficacy of PMTCT treatment, early infant diagnosis and pediatric treatment, and prevention activities. *With targets focused on infections averted, the measures can't just be about coverage or access to these services.* (UNICEF Senior Manager 2010).

## **Integration of gender and equality indicators**

Just as understanding how HIV/AIDS affects children differently has been predicated on collecting related data, gender disaggregated data is a critical tool to clarify how girls and boys and men and women are affected by HIV/AIDS. In the future, this information will be particularly important as the campaign focuses on gender-based violence as a strategy to advance prevention.

Prevention indicators, such as those related to HIV prevalence, knowledge, condom use, sexual debut, are sex disaggregated but not for children under age 15. For most at risk populations, there is limited disaggregation by sex and other characteristics, such as age (UNICEF, UNAIDS, UNFPA and WHO 2009, 30). Data on PMTCT relates exclusively to mothers so sex disaggregation is not necessary. Pediatric ART and care, and OVC are not disaggregated by sex. The small sample sizes for OVC make further disaggregation of data limited or not possible (UNICEF expert resource 2010); reasons for not disaggregating pediatric ART and care were not clear though possibly related to the challenges of collecting reliable data.

The importance of gender disaggregated data to understanding the gender-based dynamics of the pandemic is tied to the disproportionate infection rates among young women: in the nine countries of southern Africa most affected by HIV, prevalence among young women age 15-24 was on average three times higher than young men of the same age (UNAIDS 2009). Young women also have less accurate knowledge about HIV prevention, are less likely to use condoms and are also more likely to have early sexual debut and to have experienced forced/coerced sex. (Further detail is provided in Stocktaking Reports I-IV, in the sections on P3: Preventing infection among adolescents and young people.) (UNICEF, UNAIDS, UNFPA and WHO 2009, 17-18)

Basic issues of availability and quality of data have been overriding concerns, particularly early in the campaign. (*"In the early stages of the campaign] data disaggregation [by gender] was discussed but there was an overriding issue of lack of child-related data. We had a limited ability to look at how sexes were affected differently."*) (Former Campaign Staff 2010)) Expert reviewers agreed that sex disaggregation is important, but argued that data quality is still the biggest issue. According to these reviewers, obtaining solid data from countries is a first priority and gender disaggregation could only follow after countries were able to provide solid data on a consistent set of indicators. At the same time, the evaluators emphasize the importance of gender-related data to tackling children and HIV/AIDS.

## **Forecast for future indicators**

Indicators and measures are constantly evolving along with and in response to changes in program approaches. Expert reviewers report that over the past 5-7 years as the campaign has identified priority areas for activities and interventions, staff responsible for data collection and analysis have prioritized making sure indicators are available to measure those areas.

Along with others in the global HIV/AIDS community, the campaign has been discussing the need for child-sensitive and AIDS-sensitive social protection indicators, as well as measures related to systems strengthening, tailored responses for prevention (including gender-based violence), and data collection and indicators for children younger than 15 and for most at risk populations. Further investment on the part of UNICEF in country-level data collection systems is also critical to bolster the quality of HIV/AIDS data.

As the campaign and broader field evolve, so must indicators and measures. UNICEF respondents working on data collection and analysis were clearly focused on indicator development to reflect campaign priorities. The one concern expressed was that the data was not sufficiently used to develop evidence-based campaign targets. Related, other technical staff expressed concern that the campaign was drifting from its commitment to evidence-based programming, particularly in regard to gender-based violence as a major emphasis of prevention work. They also expressed a desire for more opportunities to inform campaign decision making in anticipation of even stronger, timelier coordination.

## CAMPAIGN ORGANIZATION TO ASSESS AND USE DATA

### Finding

The campaign has solid connections to UNICEF staff responsible for statistics and monitoring, who in turn are engaged in broader, inter-agency statistics and monitoring processes. Issues relate to decision making and targets not firmly rooted in the related data. Most significant issues are linked to National Committee requests for campaign-specific cost benefit data when data collection programs are designed to collect data on a broader basis. Some campaign communications materials, such as the stocktaking reports, are recognized by internal and external respondents as setting the bar for UNICEF publications.

Based on the rationale that multiple campaign stakeholders rely on campaign data and information for multiple uses, the campaign must be responsive to those layers of users and uses. The evaluation was primarily concerned with internal stakeholders—campaign staff, headquarters staff, National Committees and field offices. As such, the following norm was used to assess this question:

*Majority of internal stakeholders trust, have access to and use data and information to support campaign activities*

Data was collected from internal stakeholders related to access to data, perceptions of reliability and relevance, and use of data.

Collaboration between UNICEF statistics and monitoring team in the Policy and Practice section and the campaign appears to be positive and fairly dynamic. In discussing the data basis of the campaign it is important to note UNICEF's participation in a broader-based effort to develop sound information basis related to HIV/AIDS and children. UNICEF statistics and monitoring staff, serve as an interpretive link between the data and the campaign, and have what is described as daily interaction with campaign staff about data. The one point of possible disconnect is the concern raised by the statistics and monitoring expert resources from the Policy and Practice section about the basis of targets.

### Sources of data

The UNICEF expert resources (both campaign staff responsible for monitoring and data and senior Policy and Practice section staff responsible for statistics and monitoring) provided an overview of UNICEF's sources of used for campaign decision-making and reporting.



The data and analyses in UNICEF's reports derive from information in UNICEF's global databases, which include the wealth of data that have recently become available through nationally representative household surveys, interagency HIV estimates groups and national programme service statistics from health facilities. The UNICEF global databases incorporate statistically sound and nationally representative data from household surveys and programme information systems, including MICS and DHS, and are updated annually through a process that draws on data maintained by UNICEF's network of field offices. However, UNICEF expert resource notes that not all key data are included in the UNICEF database, which is noted as a barrier to optimal sharing and use of sound data (UNICEF Expert Resource 2010). The databases are publicly available at [www.childinfo.org](http://www.childinfo.org).

A series of interagency HIV/AIDS monitoring groups have been formed during recent years. These groups focus on developing new methodologies, indicators and monitoring tools, building statistical capacity at the country level, developing joint HIV/AIDS estimates and harmonizing partners' monitoring work. UNICEF leads or plays an active role in the interagency HIV monitoring groups. The joint estimates developed by these interagency monitoring groups are included in UNICEF's global databases and are used to monitor progress towards international goals and targets, including the UNGASS, Universal Access, MDGs and the World Fit for Children commitments.

Internally, UNICEF databases are highly rated as they undergo rigorous validation and review processes using specific established criteria. However, there has apparently been limited investment by UNICEF/DPP in improving countries' data collection systems, relying instead on population based survey data and national databases. This issue relates to cross-section coordination as well, as campaign staff noted challenges to having this data incorporated into the childinfo database and promote use in the various data analyses done by non-HIV specific sections.

Interagency M&E groups include: HIV/AIDS Monitoring & Evaluation Reference Group (MERG) & MERG Executive Council (UNICEF is a member), IATT PMTCT M&E Working Group (co-chaired by UNICEF & WHO); IATT OVC M&E working group (co-chairs: UNICEF, PEPFAR, SAVE THE CHILDREN); IATT Young People M&E working group (UNICEF is member). This is in addition to other agency-specific M&E meetings that UNICEF often participates in (WHO, World Bank, Global Fund, PEPFAR, UNAIDS)

UNICEF's data are used by various stakeholders both within and outside the organization. Within UNICEF, the HIV/AIDS data are used in development of numerous reports, briefing notes, and speeches. UNICEF's databases are also used to validate and reconcile data reported to UNAIDS by countries through the UNGASS reporting process.

### **Use of campaign data and information**

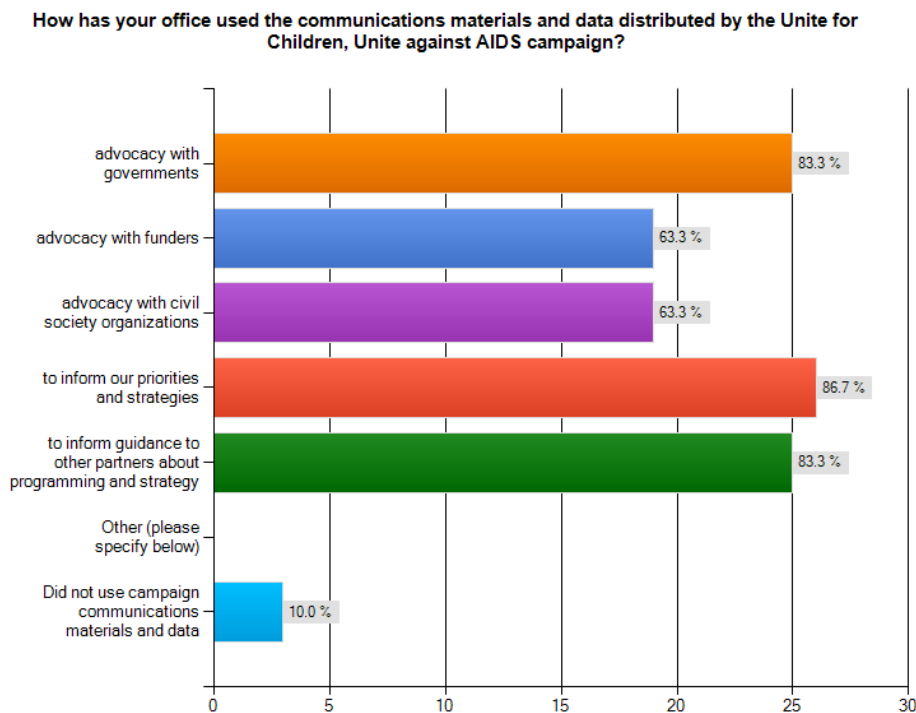
Access to data and information from the campaign does not appear to have been a significant barrier to implementation of campaign activities. An exception is the issue of a costed fundraising package for use by National Committees, which remains an information resource gap. Relatively few of the small survey sample data and information as an issue hindering their campaign activities. Related comments to open-ended survey questions and in interviews were focused on the general issues related to the measures of progress, particularly related to systems strengthening and gender-based violence.

While recognizing the limitations of both the data pool and the question, the evaluation interprets these responses as a general indication of the sufficiency of current data and information but conditioned on the understanding that campaign, staff and stakeholders recognize the limitations of available data and are working on solutions (as described in the following paragraphs). At the same time, there is a lack of clarity about what is meant by “campaign data”. For example, some interview and survey respondents apparently interpreted “campaign data” as information related to the allocation and impact of funds raised on behalf of UNICEF and the campaign.

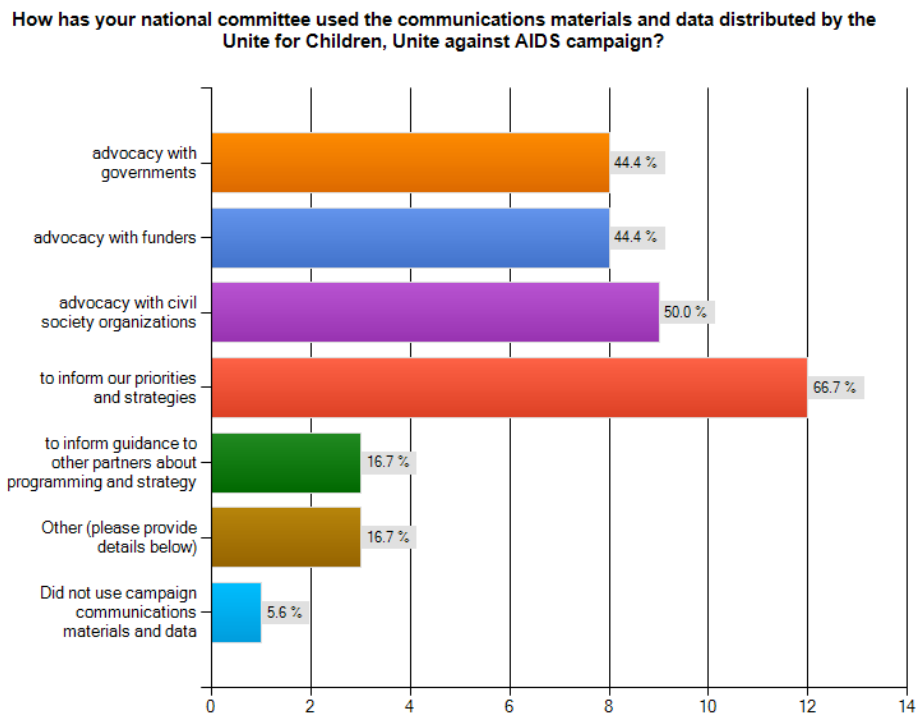
Both field and National Committees report use of campaign communication materials and data for a range of advocacy and public awareness and fundraising activities. Criticism of the communications material relate to the broad range of issues covered and volume of information from by the campaign rather than its usefulness for campaign activities. (“We get a plethora of information.” (Former National Committee Director 2010).

Field and National Committee survey respondents were asked to select from a list of activities for which they had used campaign materials and data. Respondents also could indicate additional activities not on the list. As illustrated by the figures below, campaign materials and data were used by both groups for advocacy with a range of targets as well as decision making. Additional uses cited were public awareness-raising, fundraising and public relations.

**Figure 6 Field Office survey respondents' use of campaign communications materials and data (n=30)**



**Figure 7 National Committee survey respondents' use of campaign communications materials and data (n=14)**



In terms of innovations, it appears that the campaign communications materials in particular are considered by some stakeholders as setting the bar for UNICEF advocacy materials.

*In fact, one of the things I've said is that... most National Committees would love it if this sort of resource was made available for UNICEF's other strategic programming areas. I think the tools and the guidance that have come out of the team for this campaign have been really fantastic and, at the end of the day, National Committees, the smaller ones, will always take campaign materials that they don't have to pay for if they're good. The HIV team has provided loads of stuff that's been great...*

*...They did very, very good advocacy document around the G-8 last year... It was a very, very impressive document. I haven't seen a document at that level from any other programming division of UNICEF.*  
(Former National Committee Director 2010)

The one point of weakness, particularly expressed by smaller National Committee survey and interview respondents from self-described “smaller” committees or those described by campaign staff as less-active was the volume of information.

*At the moment, it's a big campaign. It's covering a lot of information and a lot of material on the four Ps but it seems to be an extraordinary amount of information and a lot of messages for a relatively small number of markets. I think, if it were narrow and made simpler, they may get more support and more consistent support from NatComs.* (Former National Committee Director 2010)

In terms of use of UNICEF materials by other organizations, one civil society organization respondent involved in US government advocacy cited frequent use of UNICEF materials for advocacy on Capitol Hill. However, data collection did not emphasize this aspect and therefore may not have captured relevant information.

As reflected by interview and survey respondents, there appears to be little concern amongst National Committee and Field respondents about the reliability and accuracy of data. Primary issues raised related to the veracity of indicators to measure progress related to orphans and vulnerable children and prevention. These concerns are aligned with those identified by expert resources as data weaknesses.

As noted, the Stocktaking Reports were singled out by respondents from a range of stakeholder groups. One point of criticism noted by the evaluators and reflected by at least two interview respondents was the use of examples of work conducted or supported by other organizations with no apparent connection to the campaign as evidence of the campaign's impact but which had no direct connection to the campaign. This is less a point of data than accuracy, though it may also be due to a dearth of information about the campaign activities at the country level. That said, the reports provide to the broader field a type of packaged children and HIV/AIDS information that is apparently lacking and welcome.

## A CHILD-CENTERED, COMPREHENSIVE AND USER-FRIENDLY FRAMEWORK FOR ANALYZING HIV/AIDS PROGRAMS

### Finding

Ultimately, the campaign's 4Ps provide an overarching framework that has been picked up by a range of global stakeholders. However it is not apparently supported by the tools and resources to do the kind of analysis that is needed at country level to define priorities and make the case effectively with national governments and key international partners. UNICEF Program staff, more generally, have developed such tools for individual Ps but this is outside of the work of the campaign team.

Internally, UNICEF staff broadly agree that the campaign and the 4Ps have provided an organizing framework for all of UNICEF's HIV/AIDS-related work, at all levels of the agency. Externally they have been adopted as a lens through which to view children and HIV/AIDS. As one field staff interviewee put it, "It has worked well as an overarching framework, offering us a common global program for HIV/AIDS...it organizes everyone around progress toward the 4Ps" (UNICEF Regional Office HIV/AIDS Technical Advisor 2010). That framework, which could be viewed more as a unifying call to action than a framework *for analysis*, consists of global goals and targets that are grounded in the UNGASS Declaration of Commitment and the MDGs.

In the survey, two-thirds of field staff responding to the question indicated they used the campaign's "framework" for analyzing national policymaking and planning, with one-third reporting they do not. One field staff interviewee suggested, however, that for analysis of children and AIDS-related national policies and plans, there are programming tools and frameworks for specific Ps, e.g. a regional framework for protection, care and support (P4) in East and Southern Africa, that allow UNICEF and partners to evaluate national priorities and plans of action as well as contribute to national policy and plan development in the region. The same is true for vertical

transmission; perhaps less so for P3 (UNICEF Regional Office HIV/AIDS Technical Advisor 2010). As such, there are tools and frameworks for such analysis but they are developed more broadly by relevant Program staff in the region and lead technical colleagues in the Program Division in NY more than by the campaign team. This example is an illustration of the complimentary and effective division of labor between the campaign and technical experts.

Another UNICEF field informant suggested that such analysis is lacking to some degree and emphasized its necessity for country-level impact with governments. One element of analysis that is increasingly important in a context of limited public resources is “having a holistic picture of how the 4Ps fit into the broader development agenda” (Regional Office staff 2010).

Ultimately, the campaign’s 4Ps provide an overarching framework and UNICEF Program staff, more generally, have developed such tools for individual Ps but this is outside of the work of the campaign team. In the future the campaign/UNICEF should investigate further if further tools are needed to support country-level to define priorities and make the case effectively with national governments and key international partners.

Externally, there is widespread agreement, both within and beyond UNICEF, that the campaign and its big push around the 4Ps was hugely influential in elevating children on the HIV/AIDS agenda and, over time, in weaving the 4Ps (or “4P framework”) into the fabric of the international community’s strategies and plans. Over 90 percent of survey respondents agreed or strongly agreed that the campaign provides a compelling and useful way to frame the discussion of children and HIV/AIDS. To the extent the UNAIDS Outcome Framework is the organizing framework for all UN agencies working on HIV/AIDS, the evidence is clear: the 4Ps appear very visibly there and essentially have been mainstreamed in the UNAIDS-convened efforts from global to regional to country levels. What this translates into is a shared commitment to plan and monitor jointly, progress toward 4P targets and to work together to address shortcomings.

## METHODS FOR BREAKING OUT THE NEEDS FOR CHILD-CENTERED HIV/AIDS PROGRAMS

### Finding

While overall HIV/AIDS funding needs have been projected for years, estimating needs for infected and affected children in particular remains a fairly new and under-developed field. Further investment is required if UNICEF and the campaign are to assume more of a leadership role in developing and disseminating accurate, reliable methods and tools. This would be wise if the campaign is going to position itself as a platform going forward for the wider community to monitor actual investments in the 4Ps and ensure they are in line with what is required.

The normative basis for this question was:

*Extent to which there is agreement among stakeholders, experts that systems exist to break out child-centered needs and the extent to which they are being used*

The evaluators relied on two internal UNICEF expert resources who specialize in tracking funding to get their overall perspective on costing. Internal stakeholders—headquarters staff, national committees and field office representatives were asked about their understanding of and use of “costing tools”.

In order to identify child-centered needs and the resources required to meet those needs in line with the campaign’s 4 P targets, one first has to establish with some certainty the required programmatic response. In other words, the intervention or package of interventions proven most efficiently and effectively to achieve the 4P targets and thereby contribute best to reduced infections and protection and care for children affected by AIDS. Whereas the consensus is relatively clear on what it takes to prevent mother-to-child transmission and treat pediatric AIDS patients, it is far from clear on what the standard package of interventions to prevent HIV transmission among adolescents and young people or to protect and support OVC should be. For P1, for example, UNICEF and UNAIDS have costed out a package that includes HIV testing and counseling for pregnant women, various types of drug prophylaxis and counseling on infant feeding options that would enable PMTCT universal access goals to be met by 2010 (UNICEF, UNAIDS, UNFPA and WHO 2009). The campaign continues to work on strengthening the methodology for P1 and P2, developing more accurate and reliable costing tools through a five-country collaboration with the University of Bordeaux. To calculate what’s required to meet the P3 and P4 targets, however, much remains to be done—starting with getting a better collective handle on model interventions and corresponding unit costs in these areas.

Based on interviews with the responsible campaign team members, costing tools and methodologies are not currently available and distributed in any public or official way. However, there was likely some issue with the question, as it implies clarity about the extent of the “framework” referenced by the campaign: is it the 4Ps, or is there a supporting set of tools to aid analysis, including costing tools. Instead, the picture is one of ongoing methodology and tool development with UNAIDS, the University of Bordeaux and others, far more advanced with respect to eliminating vertical transmission and universal access to pediatric treatment.

Comments inserted in survey responses and interviews generally underscored the critical need to develop tools to estimate the cost to reach the various 4P targets. While the campaign is considering how it can contribute to wider community efforts to shore up costing methods for P3 and P4 (as it is doing currently for P1 and P2 with the University of Bordeaux), it does not see itself as a leader in this area but rather the agency mandated to ensure that, for any costing methods and tools for the overall HIV/AIDS response, children are appropriately included and the methodology is consistent with UNICEF and partners’ model programming.

The lack of a program evidence base for the costing estimates for P3 and P4, and the complexity of the interventions themselves (not merely costing out commodities, for example), render costing exercises challenging. Even though the 2009 Stocktaking Report does attempt to set forth investment needs across the 4Ps, the methodologies are preliminary or, even if more precise and broadly owned, evolving. This is an area that one external civil society informant felt could be a comparative advantage for UNICEF, coupled with monitoring how much the donors are actually spending on the 4Ps relative to what is required and enabling civil society partners to advocate for gaps to be filled.

## CAMPAIGN ENGAGEMENT IN PUBLIC SECTOR SYSTEMS STRENGTHENING

### Finding

Increasingly, the campaign is clear and explicit about the central importance of systems strengthening (although there does not appear to be any clear position and intentional, systematic work being done around user fees). In the survey of field staff, nearly 90 percent of respondents reported that they have sought to influence national policymaking related to public sector systems strengthening.

The norm used to assess this question was:

*Campaign stakeholder level of understanding and ratings of campaign engagement in public sector systems strengthening with respect to children and HIV/AIDS*

To the extent possible, the evaluators sought to disaggregate related data by stakeholder group and the level of engagement in campaign.

The campaign's shift toward an emphasis on systems strengthening is a recent development, starting in about 2008. As was the case for the wider community of actors concerned, massive HIV/AIDS funding coming on line since 2003 led to largely vertical, disease-specific programming for several years and only over time have UNICEF and others come to grips with just how essential investing in public sector systems strengthening is. As one field interviewee observed:

*Even with the HIV/AIDS support, even with the money being pumped in...the question...being raised is that you can only go so far without strengthening systems. So the dialogue now is how can the HIV/AIDS programming be positioned in this new paradigm of looking at systems and looking at...broader health issues, rather than just being disease specific...that's the dialogue at the moment globally (UNICEF Country Representative 2010).*

Similarly, a senior-level manager at headquarters commented, "What we have seen is even when money has gone for HIV/AIDS, unfortunately it has not been used in a smart manner all the time to...strengthen the whole system" (UNICEF Senior Manager 2010). In describing the importance of the health system as a whole to HIV/AIDS outcomes, he used the metaphor of a car and how, in order for it to function, all parts have to be in reasonably good condition. If only certain parts are maintained and the rest left in disrepair, the car as a whole will break down. And, looking back, UNICEF and the campaign have been slow to pick up on and prioritize this. Others referred to the relative newness of UNICEF and the campaign's focus on systems strengthening and insufficient attention having been paid to it in the past.

All that said, increasingly, the campaign is clear and explicit about the central importance of social systems strengthening. Earlier prioritization of user fees appears to have been dropped. In the survey of field staff, nearly 90 percent of respondents reported that they have sought to influence national policymaking related to public sector systems strengthening. The campaign has an opportunity to build on this existing health systems strengthening work.

The degree to which UNICEF's work on systems strengthening is shared by UN partners is unclear, particularly as this is only recently on UNICEF and the campaign's radar. One promising example of coordinated policy development around systems strengthening is the work on children affected by HIV/AIDS (P4) of the Joint Learning Initiative on Children and HIV/AIDS (JLICA), on which UNICEF partnered with many others and with financial support from Irish Aid, DFID, the Government of the Netherlands, the Gates Foundation, and UNAIDS. JLICA's report lays out a multi-level, comprehensive response to children orphaned or made highly vulnerable by

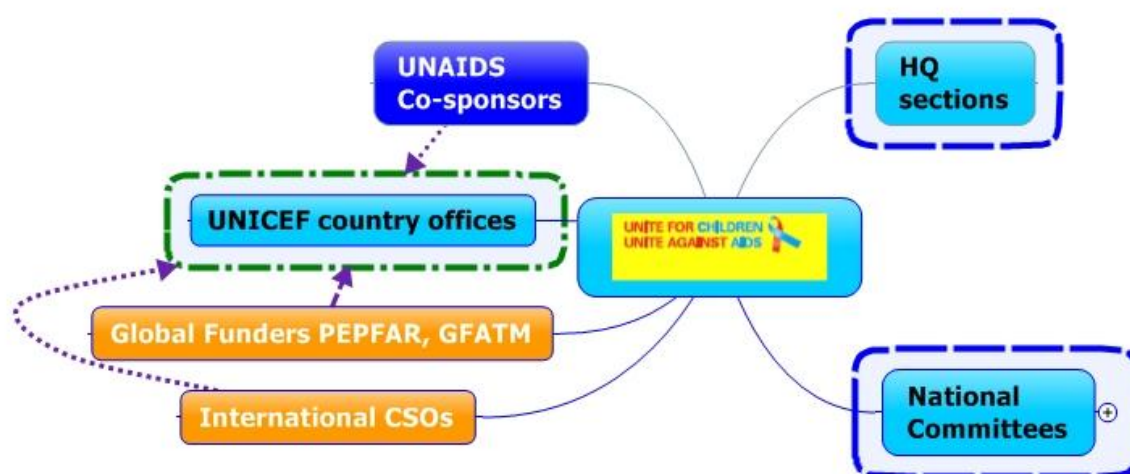
HIV/AIDS. At the center is investing in social protection, with clear definition of key components of a social protection system for the most vulnerable children, including those made vulnerable by HIV/AIDS. JLICA's findings and recommendations serve as a reference point for the social protection system strengthening work of national governments and their partners, including UNICEF, as a central element of strategies for protecting and supporting children affected by AIDS.



## CAMPAIGN ACTIONS: MOBILIZING ACTORS AND INSTITUTIONS

This section takes a broader look at partnerships within the campaign. Subsequent sections focus on questions related to effectiveness of campaign coordination and those organizations engaged as partners in the campaign. There are several key internal and external relationships through which the campaign seeks to mobilize action and coordinate strategies. The evaluation sought to address primary nodes of coordination between the campaign its internal “partners”—National Committees and field offices—with less focus on external funders and civil society/non-governmental organizations.

Figure 8 Key relationships through which the campaign coordinates strategies



## INVOLVEMENT OF ORGANIZATIONS IN THE CAMPAIGN OVER TIME

### Finding

While in concept “partnerships” were considered intrinsic to the success of the campaign, they were not supported by concrete and agreed upon definitions and plans for engaging the various levels of partners initially envisioned by the campaign. Misaligned understanding amongst headquarters and national committees of “campaign” further distorted expectations of the role non-UNICEF organizations should play in the campaign. Focus on external partnerships was distracted by internal issues with organization, joint ways of working and management distracted focus from external partners.

This failure to develop and act on an agreed upon vision and plan for partnerships has eroded campaign buy-in, to varying degrees, at all levels of the campaign’s desired partnership groups. While some potential partners, particularly amongst National Committees and some field offices are not likely to be re-engaged in the campaign, respondents reflected overall confidence in the “new” campaign and while still ambiguous about future involvement reflected a positive outlook.

Given the evolution of the campaign, and along with it evolving questions about the role of partners, there clearly were no static agreements or plans against which to measure progress. The following issues were assessed in order to develop a response to this evaluation question:

- Campaign plan for working with partners and shifts over time
- Various forms “partnerships” have taken during the course of the campaign
- Degree to which organizations self-identify as campaign partners
- Range of levels of engagement among National Committees and changes over time
- Range of levels of engagement with UNAIDS and leaders of the 4P IATTs and changes over time

These questions were based on the assumption that internal and external organizations had been, with varying degrees of formality, engaged with the campaign in an on-going and possibly consistent manner. The flux in campaign activities and shifting vision and position on partnerships, particularly with external organizations, made it difficult to develop a coherent and comprehensive picture of which organizations had been involved in the campaign in which ways over time. The evaluators chose to focus on priority stakeholders—National Committees and field offices—and their experiences of partnership with the campaign. External partnerships focused on UNAIDS and the leaders of the 4P-related IATTs, which represented the most formalized of the external relationships outside UNICEF.

Some interview respondents, particularly those with a longitudinal view of the campaign, provided opinions about which partners should have been part of the campaign but were not, and which organizations the campaign should align with in the future. These lines of inquiry also yielded limited useful information. In a case of the campaign’s evolution outpacing the evaluation, in several instances the campaign manager had just recently forged new or reopened old connections with external stakeholders, which introduced new optimism about future collaboration.

#### **Global Partnerships**

The term “partnership” is loosely used in campaign documents to reference relationships that range from episodic and unstructured to those which are longer-term and formal as well as those which are internal and external.

While the campaign as conceived included a vision for engaging internal and external partners, these were not concretized into plans. Internally, the campaign has engaged a core group of headquarters sections, National Committees and Regional and Country Offices. Externally, UNICEF has participated in IATT partnerships and channeled the campaign priorities to external organizations through this mechanism.

#### **Various forms “partnerships” have taken during the course of the campaign**

*The word ‘partnerships’ has been over-used, misused, and often used imprecisely, to the point that it is indistinguishable from other ‘good’ management practices, such as consultations...or simply coordination of activities across an organization. (Rodal and Mulder 1993)*

As noted above, partnerships within the campaign context have taken on vastly different forms and were associated with diverse expectations. By offering broad categories with operating attributes, a partnerships typology allows greater precision in the use of the term to characterize the involvement in the campaign by subgroups within UNICEF and external institutions and organizations. The following typology, based on campaign and partnerships literature, focuses on the purpose of the partnership arrangements and what is being shared

(Kingston 2005) (Wilson-Grau and Nunez 2007) (Horton, Prain and Thiele 2009). Examples are provided to illustrate relationships in each category. The numbers provided in each category are based on internal (national committees, field offices) and external (funders, non-governmental organizations) surveyed and interviewed.

To develop an information base required to categorize and rank the various partnerships, survey and interview respondents were queried about their perceptions of partnership with the campaign and their organizations' role and level of partnership with the campaign. These were designed as an iterative set of questions, starting with "do you consider your organization to be a partner in the campaign?"

**Table 2 Partnership Typology**

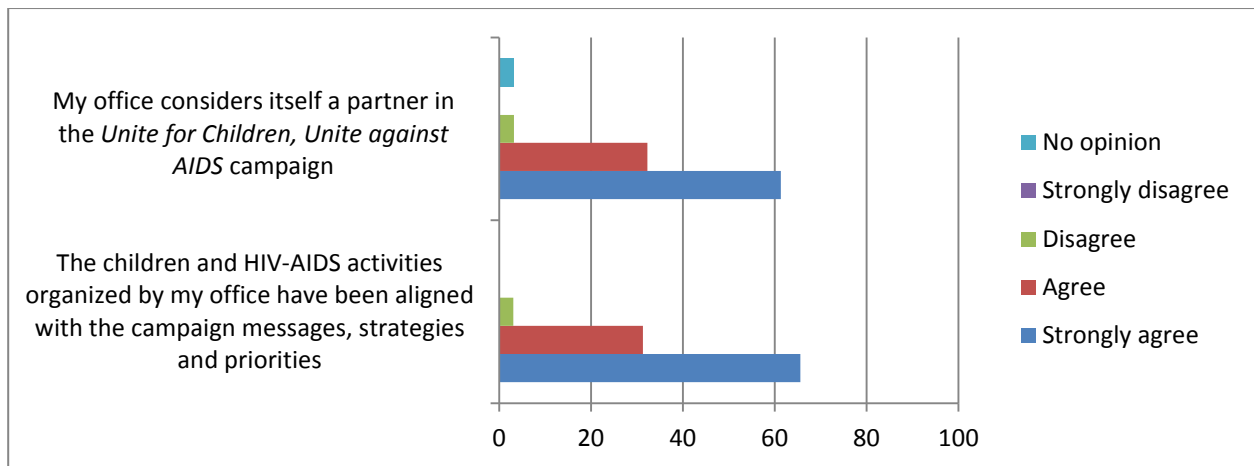
<b>Extent and transfer of ownership and risk</b>			
<b>Low</b>		<b>High</b>	
<b>CONSULTATIVE</b>	<b>COMPLIMENTARY</b>	<b>OPERATIONAL</b>	<b>COLLABORATIVE</b>
<i>What is shared:</i> Information exchange only	<i>What is shared:</i> Common framework for separate initiatives	<i>What is shared:</i> work, resources	<i>What is shared:</i> resources, decision-making authority
<b>Examples:</b> <i>Global Action for Children</i>	<b>Examples:</b> <i>Save the Children and other groups organizing their approach under the 4P framework</i>	<b>Examples:</b> <i>CEE/CIS, IATTS*</i>	<b>Examples:</b> <i>ESARO, Malawi</i>
<i>NGOs: 2 NatComs: 3 Field Offices: 2</i>	<i>NGOs: 2 NatComs: 0 Field Offices: 2</i>	<i>NGOs: 1 NatComms:11 Field Offices: 10</i>	<i>NGOs: 0 NatComs: 4 Field Offices: 19</i>

*\*The blurred lines between partnership with UNICEF and partnership with the campaign, particularly amongst IATTs and external partnerships means that some organizations may consider themselves partners with the campaign and others with UNICEF.*

The chart above illustrates where the various campaign partnerships fall along this typology, with some field and National Committees occupying the most intensive space ("collaborative" partnerships). Respondents to the Field and National Committee surveys were asked a series of questions aimed at identifying where their partnership relationships fell on the above typology.

Both interview respondents and survey respondent and relevant interview respondents were asked whether they consider their organization a partner in the *Unite for Children, Unite against AIDS* campaign. This was a simple but necessary threshold question to deeper exploration of the role and contribution of that participation. In response to the "are you or have you ever been a campaign partner" question, of field office survey respondents, 66 percent "strongly agreed" and 32 percent agreed. Interview respondents from Regional Offices were much less equivocal, expressing sentiments ranging from "the campaign doesn't exist" to confusion about what is meant by "partnership" with the campaign.

**Figure 9 Field Survey: Respondents self-identification as partners and alignment of HIV/AIDS activities with the campaign (n=32)**



National Committee responses to “my office currently considers itself a partner in the *Unite for Children, Unite against AIDS* campaign” had a similar breakdown, with 66 percent agreeing with the statement, 22 percent disagreeing and 11 percent uncertain.

Amongst interview respondents from UNAIDS co-sponsors, all said they partner with UNICEF (as opposed to the campaign); civil society respondents either said they were not partners in the campaign but had anticipated doing so at the time of the launch or were unclear about the campaign. Those who had had recent contact with the campaign staff reported plans for future work together or collaboration, and in general also held a more informed understanding of the campaign and its role within UNICEF.

Interview respondents who answered in the affirmative were asked a series of follow-up questions related to initial involvement, investment, decision-making and the level of desirable partnership involvement. These questions aligned with a set of ‘good partnership’ attributes. These represent the evaluators’ synthesis of what is found in relevant literature on campaigns and partnerships amongst organizations and institutions for the purpose of changing public policy, practices and environment (Wilson-Grau and Nunez 2007, Rodal and Mulder 1993, Horton, Prain and Thiele 2009, Kingston 2005). Also referenced was “A Study of UNICEF engagement in global programme partnerships” (UNICEF 2009).

Partnership attributes measured are listed below. The evaluators intent was to rate the strength of the attributes evidenced in each partnership group in order to develop a more objective understanding of the strengths and weaknesses of the various types of partnership relationship in the campaign. The evaluators used the responses to identify the strength of the attributes in *each partnership category*. It is important to note that this chart is representative and does not accommodate differences in relationships with, for example, individual National Committees or field offices. Accurate representation of the IATT partnership attributes is also limited, as partnership is predominately identified with UNICEF and not the campaign. Finally, it is also important to emphasize that the strength of these attributes are anticipated to correspond to the level of partnership. For example, a strong sense of “ownership” would be much stronger in a collaborative partnership and probably non-existent in a consultative partnership.

Figure 10 Extent to which key partnership attributes are currently evident in partnerships

**Key:** Based on available evidence attribute appears to be:

- Strongly present in partnership
- ◐ Somewhat present in partnership
- Not evident in partnership
- ( ): Related evaluation questions are noted in parenthesis

Partnership Attributes	National Committees	Regional Offices	Country Offices	NGOs	UNAIDS co-sponsors
<b>Campaign inception and organization</b>					
Campaign planners deliberately construct and implement plan to engage specific partners in order to reach policy and program change objectives, (Maps to evaluation questions 3.3, 3.5)	●	◐	◐	○	◐
Shared vision of compelling purpose and solution	●	●	◐	◐	◐
Perception of added value or mutual benefits of partnering	●	●	●	○	●
Recognition of inter-dependence and complementarity	●	◐	◐	○	◐
Mutual investment of resources (broadly defined)	●	◐	◐	○	●
Joint assumption of risks and rewards, responsibilities and accountabilities	●	◐	◐	○	●
<b>Management practices (maps to 2.5)</b>					
Agreed governance and management structures and staff (maps to 2.5)	●	◐	○	○	○
Reflecting shared leadership / representation in highest-level decision making (power is shared, even if one agency is primarily leading)	●	◐	○	○	○
Clear, agreed governance framework inclusive of all partners and marked by procedures for working together and resolving conflicts – in line with principles of transparency and accountability	●	◐	○	○	○
Regular meetings to account for past work, consider progress and impediments, and deliberate over plans, future directions	●	●	○	○	○
Leadership/management is transparent, accountable, inclusive, mobilizes partners, brokers compromise, leverages and allocates resources, monitors implementation and takes ultimate responsibility for progress	◐	◐	○	○	○

<b>Implementation Processes and Practices (Maps to 3.3, 3.5, 4.7)</b>					
Shared definition of central problems or issues and of approach in response ( <i>maps to 3.3, 3.5, 4.7</i> )	●	●	●	●	●
Mutually agreed and sharply defined objectives and plans for achieving them (Maps to 3.3, 3.5)	●	●	●	○	●
Clear allocation of roles, responsibilities and tasks (“division of labor”) based on comparative advantage (Maps to 3.3, 3.5)	●	●	○	○	●
Assess and manage / assign risks equitably	●	●	○	○	●
Sufficient resources made available, equitably shared across partners	●	●	○	○	●
Monitoring and decision-making systems and structure support speedy and agile responses to external trends and opportunities ( <i>maps to 1.5, 2.5, 3.5, 4.7</i> )	●	●	○	○	●
Clear, transparent processes for decision making, balancing inclusion and diverse participation with focus on main objectives and outcomes	●	●	○	○	○

The chart is instructive insofar as it illustrates a sample of “good partnership” attributes and, as suggested by the limited number of strongly present attributes, suggests more work needs to be done to create, in the words of a National Committee Director, something “more complex” and “deeper”. It illustrates that while the campaign has sought to be engage many as partners, it seems neither the broad nor the deep have been achieved as anticipated. Throughout this evaluation issues with partnerships—resources to services partners, management of expectations, and mobilization of others in service to the campaign agenda—have emerged as a serious stumbling block within the campaign.

### Internal “partnerships”

As the campaign was originally put forth by National Committees, respondents considered the committees less partners than co-founders. Within UNICEF, the vision was of a “global” campaign involving all levels, from UNICEF Field Offices to headquarters to National Committees, working in close collaboration to achieve campaign objectives.

National Committees’ involvement in the campaign was not specifically defined in plans. However, National Committees were clearly prioritized in the campaign and those closely involved helped ensure the campaign’s evolution around their conditions and concerns (Former National Committee Director 2010).

The initial vision for involving countries was that specific ‘P’ focus would be determined by an analysis of the countries. As it was not possible for UNICEF headquarters to support the involvement of all countries, it was to be based on factors of need, the willingness of the national government to cooperate, and the resources raised (Former Campaign Management Team member 2010). “Champion countries” were to be engaged and supported at a higher level, but plans also indicate anticipation of participation of all country and Regional Offices at some level (UNICEF 2005).

## UNICEF Field Offices

While survey respondents were nearly universally positive about participation, interviews with Regional Advisors elicited some starkly contrasting views about campaign participation. Below is a sample:

*The campaign worked very well. I assume we're 'partners' but I don't know that as partners (we) have helped advance the campaign. UNICEF wanted partners but were they really prepared to move the campaign forward? (UNICEF Regional Office HIV/AIDS Technical Advisor 2010)*

“Countries launched it, there were banners, t-shirts and then that was the end of it...Programmatically, that was the end of it” (Regional Office Advisor 2010).

*The... 4Ps programmatically still stand, Unite stands, but there's no campaign. No one asks about it. (UNICEF Regional Office Advisor 2010)*

The above comments are from informants from three different Regional Offices, and illustrate the campaign experiences and perspectives of UNICEF Field Offices –both Regional and Country offices. It is important to note, however, that these perspectives do not fall as neatly as expected along lines of geographic concentration of campaign resources and/or the pandemic.

The post-launch letdown was experienced by field offices, which were initially responsive to UNICEF requests, developing proposals outlining country-level interventions and costs. Several interview respondents noted that the campaign failed to engage Regional Offices as partners and created unrealized funding expectations.

While the initial vision was to engage all Regional and Country Offices at some level, with “champion countries” engaged and supported at a higher level, it is not clear how many field offices were involved in the campaign at any given time. While some reports note specific numbers of field offices partnering in the campaign, the evaluators were not able to obtain lists of those offices or other records to complete this information.

### **External partners: a 5<sup>th</sup> P or UNICEF Campaign?**

The vision for including external partners in the campaign was less assured. As discussed earlier in this report, the vision for external partners was not developed beyond a conceptual stage into actual plans. While the campaign went so far as to identify a set of key global non-governmental organizations and took steps to invite their participation, but it did not clarify what it would mean to be a partner of the campaign. As discussed, differently nuanced views of “campaign”, particularly in regard to direct attribution of results and fundraising to UNICEF led to two contrasting views of how the campaign should involve external partners. Several internal and external interview respondents identified this as the campaign’s “schizophrenic” approach to partnerships—on one hand acting to empower others, yet also desiring credit and control.

On one hand was the belief by some campaign planners that issues of children and HIV/AIDS required broad-based participation and contributions which should all be carried out under the banner and brand of the *Unite for Children, Unite against AIDS* campaign. Promoted as the “5<sup>th</sup> P”, this position emphasized broad ownership of the campaign with UNICEF playing a convening but not controlling role (Former UNICEF Director 2010). “UNICEF can’t go it alone; needs to tap into every constituency” ( UNICEF Standing Group 2004). The view that any organization

could use the “Unite” logo and position it’s work as part of the campaign, including fundraising, was supported at the Executive Director level (National Committee Director 2010).

On the other hand, those concerned and accountable for fundraising, particularly National Committees could not credibly raise funds for the campaign and report on the use and impact of those funds if other, often competing, organizations were contributing to and drawing from the same pool. A broad, open campaign ran counter to a National Committee’s role. While not being opposed to external partnerships, the National Committee model required a more tightly focused approach.

*“Look, we need not to own this but to be the major player. We need to be in the driver's seat because this is a fundraising thing and we cannot have Doctors without Borders or Red Cross or whatever raising funds under the umbrella of something that UNICEF is paying for. So, again, we have different interests in this, I fully realize. But we sorted that out.”* (National Committee Director 2010)

There was also a “lack of clarity between partnerships for fundraising and partnerships for leveraging, partnerships for advocacy for broader policy and funding change that does not directly flow to UNICEF” (UNICEF Senior Manager 2010).

Despite the initial vision for broad-based participation in the campaign by external partners, and what appear to have been fairly intensive initial efforts to target and engage key global non-governmental society organizations, the campaign drifted from any concerted effort to incorporate non-UNICEF and non-UN organizations. Across all stakeholder groups, one of the most sharply criticized aspects of the campaign was its failure to involve civil society and non-governmental organizations. Steps toward consultation with externals was seen as pro forma and “inauthentic” because it quickly became a UNICEF, internally-driven campaign with little interest in having it shaped by external organizations (Non-governmental Organization Director 2010). At the same time, campaign managers pressed for more intensive, focused external partners rather than “shallow” partnerships. *“We should have been looking for something that was more complex and deeper; more complicated... but more effective”* (UNICEF National Committee Director 2010).

As a result, external partners, particularly civil society organizations, “dropped away” because they “had little equity in the campaign” (UNICEF Senior Manager 2010). In hindsight:

*We never, through our actions or through our publicity, really gave a lot of space for others in the area and especially with the National Committees wanting to brand it as a UNICEF campaign in their individual countries and with governments the partnership issue became very fractious.* (Former UNICEF Director 2010)

The exception was the IATTs, who partnered with UNICEF not through the campaign but through broader institutional mechanisms which predated the campaign. (E.g. UNICEF, WHO and UNAIDS launched the IATT on PMTCT in 1999 (UNICEF 2003).)

Thus, the “problem resolved itself” in regard to tensions between National Committees’ need for attribution and other competing visions of a broad-based advocacy and public awareness campaign. Over the past year or so, a new plan for external partners seems to be emerging from the campaign, based on strategic, episodic coordinated actions with global civil society organizations.



## LEVELS OF ENGAGEMENT AMONG NATIONAL COMMITTEES

### **Finding**

Irrespective of the likely engagement of their own organization with the campaign in the future, National Committee respondents are positive about the changes and forward movement in the campaign since the appointment of a campaign manager. For some committees, these changes may be “too little, too late” and they do not plan to reengage. The lack of attention and funding generated by the campaign in their countries is also a barrier to reengaging National Committees. However, the majority of survey respondents expressed interest in future participation, with increased involvement in advocacy, and provided the campaign meets their needs for simple materials and messaging.

### **Evaluation approach**

National committees have played a central role in the campaign’s conception and development and part of the original campaign vision was the introduction of a new model of UNICEF headquarters-National Committee partnership. Given this, the evaluation placed particular emphasis on the partnerships with National Committees. The engagement among National Committees in the campaign defies concise description or quantification. No data is available illustrating the number of National Committees working on children and HIV/AIDS under the banner of the campaign, and how many ended participation or have reengaged. The evaluation thus sought to understand how National Committees had been involved, whether they had been involved to the extent anticipated, and how they might be involved in the future. Document review, interviews and a survey of National Committees illustrate the arc of National Committee participation and provide an indication of future positioning in the campaign.

Five current and former National Committee directors were interviewed. All interviewees were in a position to comment on the campaign prior to 2008, and four of the five were still involved with National Committee or UNICEF in some capacity and therefore could comment on the current campaign.

Twenty individuals representing fifteen National Committees responded to the survey. The National Committees represented in the survey response sample include both those which have been well-represented in the campaign documentation as well as those who do not seem to have been as visibly active in the past.

All survey respondents were from National Committees that “lead or participate in projects” related to children and HIV/AIDS. The majority of respondents (79 percent) said this work had been conducted as part of the campaign. Sixteen percent said it was not and five percent were unsure. The majority of these reported that their activities were aligned with campaign messages, strategies and priorities (83 percent).

### **Participation in the campaign**

The partnership/co-ownership of the campaign between UNICEF headquarters and UNICEF National Committees was to be a core ingredient in the campaign’s success. Indeed,

*There was a maybe slightly subliminal expectation that launching a campaign and emphasizing the word campaign was actually going to help change the way UNICEF did business internally and did business with its National Committees (UNICEF Senior Manager 2010).*

Even with the limited National Committee sample, there is an apparent diversity amongst National Committees in regard to both capacity and function. *“Small NatComs only get involved in things they can fundraise around”* (Former National Committee Director 2010). Indeed, one senior UNICEF manager estimated that only about twenty-five percent of National Committees have the capacity to participate in a campaign (UNICEF Senior Manager 2010).

At the time of the launch and early in the campaign, documents illustrate a significant investment and dynamic engagement in the campaign on the part of National Committees. (For example, see box at right.) By a couple of years into the campaign, from about 2007, National Committee frustrations with a lack of UNICEF decision-making—particularly in the hiring of a campaign manager—and clear accounting for funds raised, as well as lack of anticipated support eroded enthusiasm for the campaign.

*They did a really wonderful job with the launch but then I think there was a gap in getting proper programs and project proposals and providing that feedback to National Committees about where funds were being directed and how they were being used. I think what it is the back end just hadn't caught up with the launch.* (Former National Committee Director 2010)

A report from a 2009 internal review reported that only about ten of the thirty-six National Committees were at that point active in the campaign, with activities winding down (Bull 2009). *“Because, you know, a lot of the committees lost a lot of engagement, motivation, excitement...because the first two or three years were definitely uphill”* (National Committee Director 2010).

Interview respondents universally acknowledged that their committee’s activities related to HIV/AIDS have been negatively affected by unrealized expectations or delayed actions and decision-making on the part of UNICEF. All five had been involved in the campaign launch and while most continue to work to some degree on children and AIDS. All have at this point dropped use of the *Unite for Children, Unite against AIDS* branding and materials.

### **Luxembourg Committee for UNICEF (LCU)**

LCU dedicated a whole year to the topic of HIV/AIDS in 2008. This was a twofold novelty: they had never done a big campaign on HIV/AIDS and traditionally LCU has had two different Annual Fundraising and Advocacy Campaigns. It was not an easy decision, as LCU is usually associated with issues like health care, vaccination or nutrition. Another obstacle to fundraising for HIV/AIDS was the prejudice that exists in relation to HIV/AIDS.

As a result of the campaign, LCU:

- Attracted close to 800 new donors
- Raised €225.000
- Engaged with one new corporate partner
- Had three television features and a televised statement from the Prime Minister
- Kept HIV/AIDS in the press for nine months
- Had 16 Radio interviews on HIV/AIDS
- Organized a photo exhibition which has been seen by thousands of visitors in four different locations

***Through an integrated whole year campaign with ... what we judged to be a difficult topic, we have managed to really unite people around the issue of HIV/AIDS***

**- Sandra Visscher, LCU Executive Director**

*Excerpted from the 2009 54<sup>th</sup> Annual Meeting Report*

One National Committee director asserted that “for this NatCom, the campaign is not really alive for us anymore”. He continued, while the campaign “has helped certainly bring the issues of children and HIV/AIDS alive much more than it used to be...I wouldn’t say it’s a priority for us but we do constantly engage somehow fundraising wise and/or advocacy wise.” Five to ten percent of this National Committee’s total income is generated for children and AIDS (National Committee Director 2010).

Those interview respondents whose committees no longer work on HIV/AIDS were joined by a small number of survey respondents who shared the view that HIV/AIDS is no longer an advocacy priority or is not appealing to donors. Others noted limited fundraising success around HIV/AIDS as a reason for their committee’s scaling back on HIV/AIDS as a priority. As noted by a survey respondent, “I know we need to have a ‘real’ HIV/AIDS focal point at our end, But since the campaign has not been bringing added attention let alone funds to us at least to the level of our satisfaction, we cannot spare our limited staff time on this.”

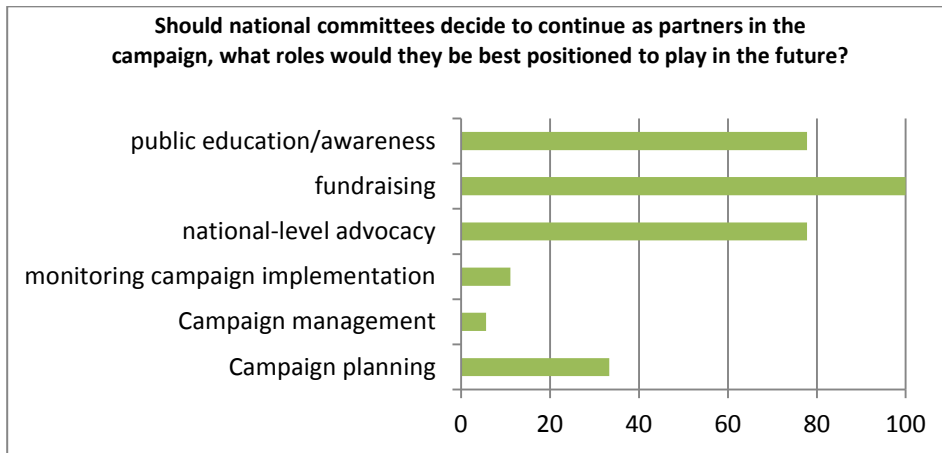
#### *National Committees’ past and future desired roles and contributions to the campaign*

National Committee survey respondents were asked about the role their committee has played in the campaign, what role National Committees are best positioned to play in the campaign, and what roles their committee would be best positioned to play in the future. The questions were aimed at understanding National Committee’s sense of their role and potential contribution to future campaign work. In particular, the evaluators were interested in whether National Committees perceived a different role for themselves than they had played in the first phase of the campaign.

The specific survey questions identified a set of roles—related to campaign planning and management, fundraising, public communications/awareness raising, and national-level advocacy. With one notable exception—national level advocacy—responses were consistent across all three categories. In other words, respondents identified their past role as in line with that best suited for their National Committee and which they would like their committee to play in the future.

As noted, the exception was *national-level advocacy*—advocacy within their countries directed at national governments—which the majority of survey respondents identified as an area of future involvement. Fifty-nine percent of survey respondents said this was a role their committee had played in the past, but 72 percent selected national-advocacy as one of the roles their committee is best-positioned to play and 78 percent identified this as a future campaign role for their National Committee. At the global level, interview respondents offered a slightly more nuanced view and expressed preference for a limited advocacy role.

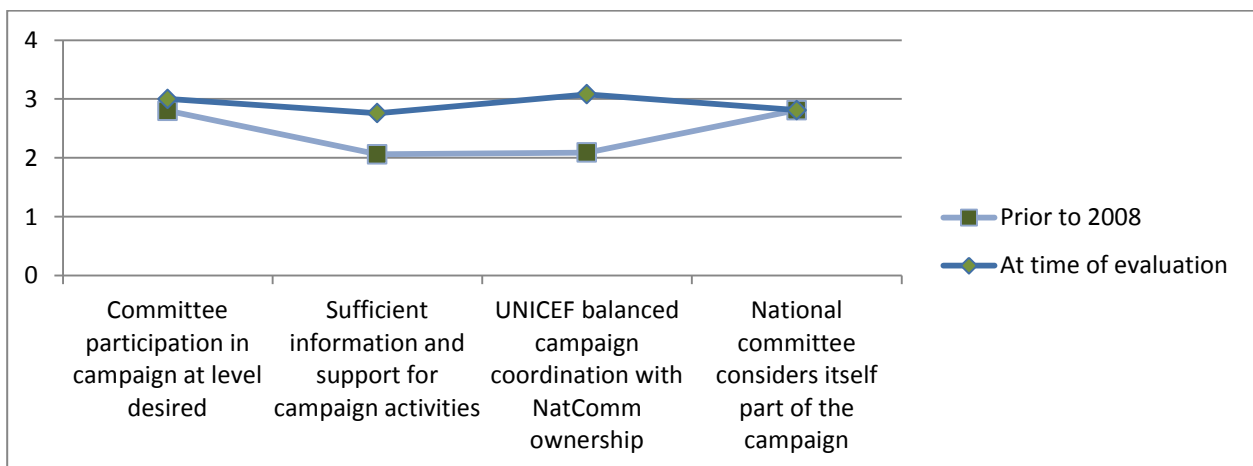
Figure 11 National Committee survey responses (n=20)



When asked to identify which of the 4Ps are priority issues for their National Committees, the majority selected multiple issues, with most selecting PMTCT (88 percent). Next, in order of ranking, was protecting and supporting children affected by AIDS (71 percent); preventing infection among adolescents and young people (47 percent) and Pediatric treatment for HIV-positive children (41 percent).

Lack of support was a common theme in early evaluation discussions related to campaign partnerships, so the survey assessed changes in perceptions about past and present campaign support. The National Committee survey illustrated a significant increase in respondents who felt their committed received sufficient information and support for campaign activities, climbing from 28 percent agreeing that this was so in 2008 to 72 percent who agreed that this was so at the time of the evaluation. Similar, a shift was perceived in UNICEF’s balance of campaign coordination with NatComm ownership—from 22 percent recalling that this was so in 2008 to 56 percent in spring 2010.

Figure 12 Committees' level of agreement with statements about campaign participation and support, prior to 2008 and in spring 2010. Scale: 4= strongly agree; 3= agree; 2=disagree; 1=strongly disagree



Particularly for those National Committee interview respondents invested in the campaign as a new way of working within UNICEF, the perceived failure of the experiment has doused any appetite for future participation.

*We never succeeded in using this campaign to bringing the National Committees and the rest of the organization closer together. So it lost one of its major purposes seen from the National Committee point of view and then it was sort of reduced to just one other campaign. (National Committee Director 2010)*

### The Future

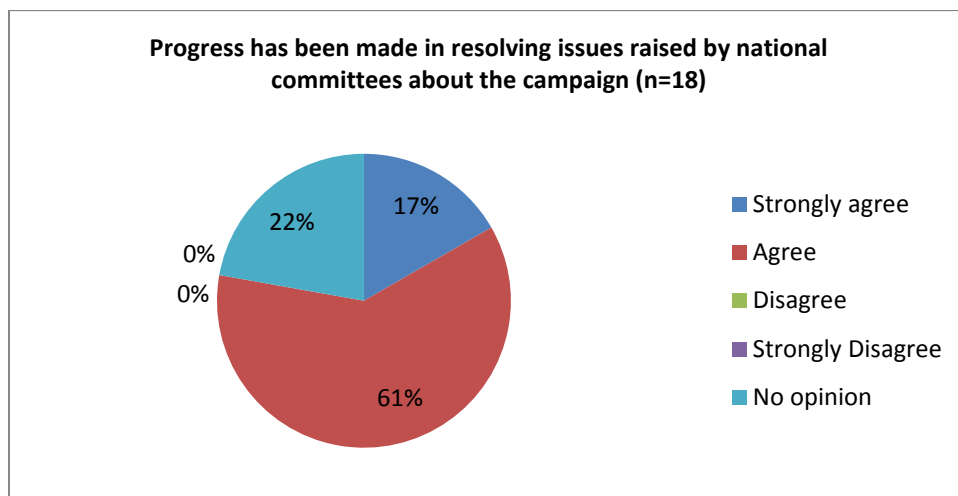
In regard to prospects for future participation, responses were equivocal. Survey respondents were asked to what degree they agreed with the statement “My committee is interested in participating in the campaign in the future”. Over 65 percent of respondent selected “strongly agree” or “agree, while the remaining 35 percent selected “no opinion”. The low number of respondents makes it difficult to understand the significance of such a large proportion selecting “no opinion”. One current National Committee Director’s response to the changes and prospects for future reengagement echoed those of other interview and survey respondents:

***I think one of the challenges was that in a way, we felt that we had promised a lot to our constituency, you know, the government, the board, our advisory board, a lot of good people who have lent us their name and their glory or whatever and it was difficult to come to them and say, ‘Look, it isn't that much that's happening in the organization, I'm afraid.’ So we probably found ourselves in a situation where we in a way over promised and under delivered. So when UNICEF then started to deliver—and they did, I'm certainly not blind to that—it was sort, you know, yes, that's fine and good and we will certainly continue and all of that...but it will be prioritized alongside other issues, like malaria. (National Committee Director 2010)***

The evaluation confirmed progress along most lines with both UNICEF senior management and National Committee director interview respondents. However, among some respondents serious and possible insurmountable institutional barriers still exist.

The limited number of National Committee survey respondents were either affirmative that progress has been made—78 percent strongly agreed or agree with the statement. The remaining respondents had no opinion.

**Figure 13 National Committee Survey responses (n=18)**



Both NatCom respondents who shared the above sentiments as well as others with a more optimistic outlook toward future participation were clear that a core set of needs must be met in order for National Committees to fundraise, advocate and other wise mobilize on behalf of children and HIV/AIDS. Specific themes that arose during interview discussions about National Committee “reengagement” or continued engagement with the campaign and in response to related survey questions:

- *A simple, clear and narrow campaign focus with specific targets and measureable results* (particularly critical for smaller National Committees)
- Streamline message and communications to National Committees
- Ensure communications are channeled to the right people within the National Committees. Communications need to go to the Executive Director as well as to the advocacy staff
- Share best practices between National Committees
- More work with corporate and sports partnerships

Given the above needs, respondents expressed strongest support for “AIDS Free Generation” and focus on PMTCT to 2015, while also expressing concern that UNICEF take a braver position on prevention and, as noted by one survey respondent, “the more difficult issues around most at risk adolescents with a clear steer on what we are able to say around this and related communication resources”.

Further, those who want to see the campaign as the UNICEF-National Committee partnership it was originally envisioned find cause for optimism in the recent changes within the campaign and the prospective changes with the new UNICEF Executive Director:

*We need to see the dedication that the organization really wants this to happen. We need to see the backing from not only the new executive director but also from key people sitting around Tony Lake when he takes the wheel. I don't think we need to see something that is much different from what we've seen with the AIDS campaign [now]. Timing has been the issue, too late definitely. But when it came-- when it started to come I would say, it's been very good. Definitely it should certainly not sound as I criticize what they're doing out of headquarters because I think it's excellent what they are doing* (National Committee Director 2010).

Also, the campaign and partnerships agreements should adjust to ensure alignment between those National Committees able and interested in working more intensively on advocacy and the campaign. However, those National Committees interested primarily in fundraising and awareness raising have an important role to play in the campaign and should be supported and engaged without expectations to move beyond that role. Just as other aspects of the original vision for the campaign have been adjusted and may require further adjustment as the campaign matures and the external environment evolves, a key question for the campaign will be whether the original vision of an effort in which all National Committees are engaged still holds.

**Finding**

Campaign partners that are also donors/funders and headquarters staff/managers recognize tensions between National Committees' resource mobilization and allocation roles, but differ on whether these can be addressed within the current campaign structure. The underlying concern is that fundraising focus undermines support for the campaign to take on issues that are less-appealing for fundraising. This does not appear to be a significant issue for those National Committees only engaged in fundraising, but does seem to have been a barrier to effective joint advocacy work between National Committees and headquarters. An additional, related tension is the focus on raising funds for UNICEF vs. leveraging funds on behalf of the broader HIV/AIDS response. UNICEF will need to address these differences in roles and expectations, particularly before seriously moving forward on joint advocacy with National Committees.

The norm used to assess this question is:

*Extent to which National Committee members identify risks/values of dual advocacy/change roles and fundraising*

The evaluators explored questions of participation and roles with National Committee respondents, and sought related views from headquarters staff positioned to speak to campaign priorities and the role of National Committees. This discussion, as with other evaluation issues, raised questions about the definition of the campaign –“is it for fundraising or to serve a broader purpose”?

An interesting tension became clear during these discussions. Implicit in many responses, particularly from some headquarters staff, is the view that a fundraising purpose militates against a focus driven by evidence, particularly when evidence points to less fundraising-friendly needs and solutions. This view was not borne out by responses from interview and National Committee survey respondents, many of whom urged UNICEF to take a “braver” position on tough issues, particularly related to prevention. The focus on systems strengthening, with its intangibility and lack of direct measures, also seems likely to pose some salability challenges. While some National Committee respondents expressed concern about being able to fundraise around systems strengthening, a few argued that National Committees could raise support for the effort, if they in turn were supported with proper messages and materials.

*And lots of donors want their own child in their own village with their water pump, you know. But I think we can overcome that because it could also be used as a way to differentiate us from all the others and say, 'look, we work in the field, we work in the village, we work with individual children, but we do also work in government offices and this is where major changes really happen'. So sometimes the middle aged guy in the suit is as important as the guy in jeans and the t-shirt out in the village, you know. And I think we'll have some success with this.*

(National Committee Director 2010).

The bottom line is that even amongst those National Committee directors who urged focus on an issue they could fundraise around or “sell to the granny on high street” was a clear sense that UNICEF needs to move on all P's, regardless of their salability.

The evaluation also explored whether National Committee members identify a conflict between their resource mobilization/allocation roles and broader roles in planning and implementing other campaign strategies.

*There's absolutely a tension and [our committee's] experience with the fundraising that people responded to was prevention of mother to child transmission, i.e., to be really crude about it, it's blameless and it's hard to have a judgment on that. (Former National Committee Director 2010)*

*There's a serious dilemma: EITHER we do the campaign for resource mobilization OR resource leveraging. We can't do both. (UNICEF headquarters staff 2010)*

National committee members recognize a tension between their national-level fundraising focus and the campaign's broader agenda, but do not see it as an either/or proposition. On the other hand, it appears to be a serious tension identified by some headquarters staff that see the fundraising focus as driving the campaign toward sellable issues and subsequently, risk adverse. At the onset of the campaign, focus on orphans was cited by respondents as evidence that the campaign was programming in response to fundraising goals. While the focus on orphans was the initial impetus for the campaign, it reflected the then-current understanding of how children were being affected by HIV/AIDS (Former UNICEF director 2010). There is little disagreement, however, that the initial focus on orphans "created poor design and program implementation decisions", though this was not only a UNICEF issue. Furthermore, National Committee respondents differentiated their local fundraising needs from the broader campaign goals.

In terms of policy advocacy, there is a sense among some respondents that these tensions have actually arisen in joint advocacy work with National Committees. Joint advocacy around the G8, G20, and EU was apparently marginally successful and concerns were raised that National Committees were not interested in bold messages. The diversity of National Committees also plays into this response. Their interest in fundraising, and advocacy, around HIV/AIDS relates to an individual National Committee's capacity. According to some, it also relates to their culture and national environment; other National Committee directors urged that they could fundraise around anything, given the proper tools. For the future, the challenge will be fundraising around the upstream work among donors who desire tangible, direct results. The campaign and UNICEF may wish to explore the tensions around fundraising and influence.

## ORGANIZATION OF COMMUNICATION AND COORDINATION

### **Finding**

Formal communications and coordination mechanisms, and internal partners' satisfaction with these systems have improved since the hiring of a campaign manager and related management adjustments. There is evidence of progress in fulfilling the mission of serving as an arterial connection between the broader HIV/AIDS movement and campaign partners. At headquarters, the division of labor is working well, with good coordination between the campaign and technical experts. Of the primary campaign stakeholders—UNICEF staff, National Committees and Field Offices—the field offices least reflect this view. External stakeholders interviewed reflect a persistent confusion about the nature of the campaign, the extent of "partnership", and by extension what level of coordination and communication should be expected concomitant with the relationship.



In the future the campaign should consider the cost-benefits of various levels of partnerships. Expanded utilization of technology could facilitate communication and coordination, such as web-based meetings for technical updates and coordination with internal stakeholders and providing online access to UNICEF data and materials to civil society organizations.

This section explores the current mechanisms for formal coordination between the campaign and the various partners, with emphasis on internal, cross-section collaboration and partnerships with field offices and National Committees. Questions of relationship management, planning and coordination are inextricably linked to partnership and which individuals and entities are “within” the campaign and intrinsic to its success. The questions were based on good partnerships practices and focus on formal coordination mechanisms, division of labor and satisfaction with communications and coordination.

### **Initial campaign coordination and management mechanisms**

UNICEF had to tackle internal organization of the campaign early on. UNICEF’s work had been segregated by strategy, but HIV/AIDS was a cross-cutting issue defying slotting into any single program area. For example, the PMTCT lead was in health, not HIV, and the person who worked with orphans sat within child protection (Former UNICEF staff 2010). Coordination across sections was an initial challenge. As with other aspects of the campaign, it required some experimentation before reaching what now seems to be a fairly well-supported structure amongst headquarters staff and managers, though is less clear to Field, National Committee and external partners.

The initial management structure was a team of two to three Regional Directors, heads of sections and Division Directors, as well as a management group directly responsible for the strategic vision of the campaign (Former UNICEF Director 2010). It was expanded to include National Committees. As described earlier, a plan was deliberated to include external partners in a two-tier decision-making structure but was dropped. The work was organized around monthly management meetings (covering resource allocation, budget, and working groups related to each strategy). Notably, there was apparently no campaign monitoring structure to track campaign activities and assess campaign implementation and feed back into decision-making (Former UNICEF Director 2010).

During the initial campaign phase, the system of management and staffing sought to address cross-sectional coordination by disbursing the campaign through other parts of the organization. After the campaign launch, working groups were established to lead planning and budgeting for the various campaign strategies or components, including one each for program, communications, advocacy, and resource mobilization (UNICEF 2008). These contributed to design and implementation of campaign plans and budgets, managed by the HIV/AIDS Section Chief in the absence of a campaign manager. A matrix management scheme was in place that pooled HIV/AIDS staff and resources with staff and resources dedicated to advancing the campaign in various other program sections, such as Health, and in other divisions such as Communications, Resource Mobilization, and Private Fundraising. So, some level of campaign planning and monitoring in this initial phase was organized with an inclusive (at least for all UNICEF stakeholders) campaign management structure installed to provide direction and oversee progress.

“It’s kind of cross sectional, because you don’t get buy in from everybody, and if they don’t have the money, it’s not a priority for them, because they’re not sitting as a unit together” (Former UNICEF staff 2010). In response, campaign responsibilities were organized across units (HIV/AIDS, Health, Education, Information and Evaluation). Programmatic leadership was within the HIV/AIDS section. The budget for positions or work was allocated from a

campaign budget within the HIV/AIDS section (Former UNICEF Director 2010). Former staff viewed this as an “atypical management structure that engaged very senior staff in an active, energetic, and flexible process” and which also “required adaptability of the management team” (Former UNICEF staff 2010).

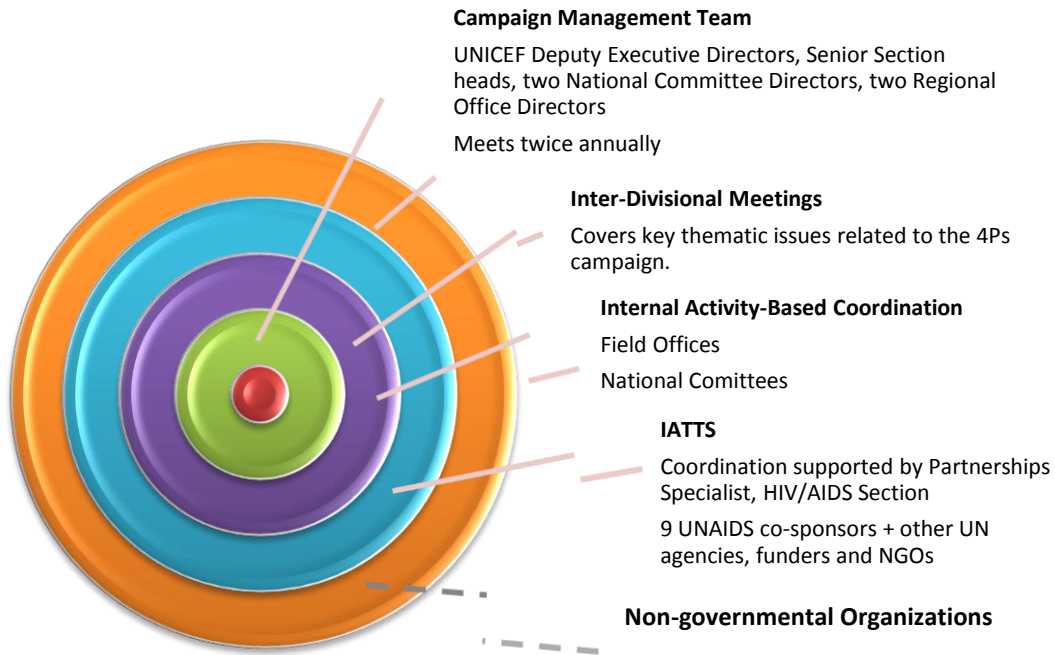
However, issues arose for various reasons but respondents directly involved in the campaign at the time consistently noted that the structure lacked accountability, including a lack of accountability to spend budgets on children and AIDS and appoint staff or appropriate staff. Funding was disbursed across sections but the matrix management system lacked line accountability and made it difficult to effectively oversee and pull together the collective campaign effort. Leadership was also viewed as suboptimal, and had negative implications for decision-making regarding staffing and budget. There was also substantial ideological disagreement and issues of definition with the Child Protection Unit (Former UNICEF Director 2010).

As issues arose, the campaign coordination and management was restructured in 2008 (UNICEF 2008). The shift to a new management structure with “directors co-hosting for program and fundraising hadn’t happened before” (Former National Committee Director 2010). The creation of a lighter structure that acknowledged National Committee, division and field offices’ work is generally supported by stakeholders.

### **Current coordination and management mechanisms**

Currently, within the constellation of relationships managed by the campaign, some have formal mechanisms and some are managed informally. The campaign’s level of formal coordination mechanisms with various partners corresponds to the emphasis the campaign has placed on the participation of the various stakeholder groups in the campaign. In short, within UNICEF, formal coordination mechanisms exist between campaign staff and other headquarters teams and divisions as well as the National Committees. Coordination with field offices is relative to the level of campaign involvement. Coordination with other UNAIDS co-sponsors occurs primarily, but not exclusively, through the Inter-Agency Task Teams and the Regional IATTs, and is facilitated by a dedicated UNICEF staff position.

The graphic below illustrates the various major campaign coordination mechanisms, though it should be emphasized that the campaign connects as well to numerous other coordination and communications nodes.



## Mechanisms

**The Campaign Management Team:** The primary coordination mechanism between the campaign and key internal stakeholders—other UNICEF sections, the National Committees and the Field—is the Campaign Management Team. The team includes representatives from Regional Offices, National Committees and heads of sections and Division Directors.

**Inter-Divisional Meetings:** These meetings have recently shifted from weekly briefings of the DOC and information-sharing to a more substantive focus on key thematic issues related to the 4Ps. The shift was motivated by a sense that the meetings were of limited utility outside of the DOC and a new approach was necessary.

**Internal, activity-based coordination:** This catch-all category underscores the extensive, episodic coordination that occurs between campaign staff and other headquarters staff that flows outside the formal mechanisms.

**Inter-Agency Task Forces (IATTs):** The IATTs are forums aimed at harmonizing the global AIDS response, particularly among but not limited to UN agencies. Currently there are seven IATTs, formed as early as 1999. Related to the 4Ps of the campaign are the IATTs on Children and HIV/AIDS, PMTCT, and Young People. UNICEF leads the IATT on Children and HIV/AIDS and co-leads with WHO the IATT on PMTCT. It also participates in the rest of the IATTs (gender and HIV/AIDS, Care, support & treatment and Male circumcision (co-leads with WHO). IATTs generally meet annually to discuss theme/issues of interest and report the work done between meetings, some have working groups for specific area or task. Some IATTs also have regional structures.

**Campaign Newsletter:** The campaign also produces a newsletter to update external stakeholders.

These mechanisms appear to be functioning well in terms of facilitating the coordination between internal partners discussed in subsequent sections of this report.

### **Division of labor**

Within UNICEF the division of labor falls along Section lines. The work of the campaign and that of the HIV/AIDS section flows seamlessly through the organization. Campaign staff are responsible for managing priorities within the organization, campaign-related research (such as the Bordeaux study) and working with National Committees on campaign issues. Division of Labor between UNICEF headquarters and National Committees and Field Offices seems to fall along well-defined institutional lines. However, given the campaign's underlying purpose of creating a "new" way of National Committee-UNICEF headquarters collaboration, it is notable that there does not appear to be a concomitant shift in an explicit division of labor outside the management team.

In terms of division of labor with external partners, the primary focus has been the IATTs. While the IATTs were established in the early part of this decade, in 2005 the UNAIDS Global Task Team created a clear division of labor amongst UNAIDS co-sponsors. Leadership of the IATTs was clarified, including roles, responsibilities and accountabilities" (UNICEF 2008). Division of labor within the IATTS focused on the leadership of the IATTS and comparative interests of the respective UN agencies. UNICEF leads the IATT on Children and HIV and AIDS (established in 2001). It co-leads with WHO the IATT on PMTCT and pediatric testing, diagnosis and treatment. UNICEF also works closely with UNFPA in the IATT Prevention and Young People.

This division of labor is noteworthy as the IATTs have emerged as "increasingly effective platforms" for forging consensus, setting priorities and galvanizing action for children at country level (UNICEF 2008). UNICEF staff and UNAIDS co-sponsor representatives or former staff interviewed reflected acceptance and support of current roles and responsibilities within the IATTS. Particularly given often keen institutional competitiveness and turf, the clarity created by this Division of labor seems to be welcome and supported. For example, UNICEF's desire to lead on Children and HIV was viewed as defending its turf: "there was overlap, but the campaign itself was—I think it was perceived-- I mean, and I think UNICEF wanted it perceived as a UNICEF issue" (UNAIDS co-sponsor (former) 2010). Some confusion clearly remains, as another co-sponsor informant was emphatic that UNICEF's sole concern is children and rejected the definition of the campaign as addressing prevention among young people.

*You see, that's where we fight with UNICEF because the campaign is on children and very different from-- children zero to 19 or 18 years old. And young people, in the UN language, is 10 to 24. And youth are 15 to 24.... They work in the area of young people, yeah, but their campaign was really only children. So we never discussed their campaign in the IATT or anything because it's on children and there is an interagency task team on children. (UNAIDS co-sponsor 2010)*

This may be an area requiring continued attention and clarification with co-sponsors, particularly in regard to P3. In identifying ways for UNICEF's future involvement in HIV/AIDS to be more effective, one informant from a major funder noted the overlap of mandates as a speed bump hindering at times efficient and effective collaboration around PMTCT. Cautioning that it is not necessarily UNICEF's issue to resolve, she noted occasions where work or plans in the field were stopped mid-way because further implementation would have moved onto another UN organizations' territory (Global HIV/AIDS funder 2010).

## CAMPAIGN DECISIONMAKING

### Finding

Decision makers recognize past challenges with the clarity, coordination and coherence of decision-making. Accountability for taking decisions is an ongoing issue, though improved from earlier campaign days. Both decision makers and those responsible for or affected by the decisions agree on the primary issues faced by the campaign, though differ on solutions. At headquarters, technical staff desire more opportunities to inform decision making. Related to issues of accountability, both National Committee survey and interview respondents and UNICEF managers reflect positive progress on past issues raised by National Committees, though resolution has not been achieved for particular issues related to UNICEF's campaign support to National Committees.

The norm used to assess this question was:

*Satisfaction amongst decision-making stakeholders and implementing stakeholders with clarity, accountability, coordination and coherence of decision-making processes*

The review focused primarily on campaign decision-making and the Campaign Management Team as the most relevant decision-making body to the immediate partners—National Committees and field offices—as well as headquarters staff and management. Some external informants, particularly UNAIDS co-sponsors and those with closer ties to the campaign, were asked about campaign decision-making. It soon became clear, however, that the campaign had limited external identity with these organizations and therefore they had very limited direct knowledge of campaign decision-making.

Decision-making stakeholders” were identified as campaign management team members and senior UNICEF managers. “Implementing stakeholders” were defined as organizations or individuals who would be responsible for implementing the decisions or otherwise directly affected by the decisions. A set of specific questions was explored with these groups in order to generate data to assess the extent to which the campaign has met this norm.

- Do partners agree on what the critical issues and major challenges have been?
- As critical issues/major challenges have arisen, how have they been addressed?
- How well do campaign decision-making stakeholders and implementing stakeholders feel the campaign has addressed critical issues?
- To what extent were National Committee priority concerns addressed?

The campaign was envisioned to be the cross-cutting mechanism through which UNICEF sections would align their work to common ends, and as such required an effective management and decision-making structures (Former UNICEF Director 2010). Campaign decision-making is channeled through the campaign management structure, with major decisions, such as campaign staff hiring, handled at the highest levels of the organization. Therefore discussion of decision-making naturally touches on the structures and processes for making those decisions.

Overall, campaign management and decision-making has shifted from what one respondent described as an “achingly inclusive” structure and process to one generally viewed by respondents as lighter, less-participatory but more effective.

### **Content and clarity of decision making**

The period gearing up to the campaign launch, in 2004-2005, was characterized by “impressive” decisiveness and coordination energized by pressure of the launch. Thereafter, it lagged due to overly broad decision-making structures, no permanent campaign management and staff, and a lack of clear decision-making action. Headquarters and National Committee respondents both identified a lack of clarity about decision-making authority, critical decisions delayed or not taken “often in the name of inclusiveness”. The confusion around decision-making was also caused by and resulted in antagonistic internal relations.

Subsequent recalibration of management structures, as well as more decisive leadership in the form of a dedicated campaign manager backed by a strong section chief has improved the situation. The majority of Field office, National Committee and headquarters interview and survey respondents reflect a positive view of the current inclusiveness, timeliness and clarity of decision-making. However, data reflects limitations in the inclusiveness of decision-making of some stakeholders, particularly technical staff and Country Offices. Campaign structure and management has contributed a model of effective cross-sector work within UNICEF. The evaluation drew little anecdotal evidence of influence on other decision-making bodies.

In both the pre-2008 period and now, there appear to be few issues with the content and composition of decision-making bodies. It is also possible that the significance of past issues with the *timeliness* of decisions overwhelms a broader discussion of content and composition of decision-making bodies. For example, when asked about the composition of campaign decision-making bodies, interview respondent typically reacted with a discussion of decisions made or not made. While significant progress has been made, responses from stakeholder seem to indicate need for further improvements related to the timing and clarity of decisions related to the campaign. All internal stakeholders were unequivocal that the timing of campaign decisions during the post-launch period through the hiring of the campaign director was not effective. Significant delays in such critical decisions hobbled the campaign, exacerbated internal tensions, and also were interpreted by Field and National Committee informants as the organization’s lack of commitment to the campaign.

*It became very visible in early 2006, that wow, you know, this is not going that smoothly all of a sudden...there was just a lot of confrontation in meetings, and I would say, there we were lacking the leadership and...it went definitely beyond the level of the HIV team, in headquarters, but all the way up...where decisions were just not taken, that could have clarified things. (Former UNICEF HQ staff 2010)*

*But when we have meetings it’s not always clear when a decision has been made and who is taking responsibility for it. There needs to be clear delegation of decision-making to the management team or if can’t make a decision without going upwards then be clear about that too and then they need to go back with a final decision. (UNICEF National Committee Director 2010)*

In some respects the nature of a campaign, with its emphasis on decisiveness in a rapidly changing context may make it difficult for some stakeholders to find an entry point to contribute. This was a particular concern of some technical leads at headquarters, who expressed a desire to be more closely linked to decision-making processes. The quotes below illustrate a positive desire to inform management team discussions.

*It's a very fast moving team... without having that structure, you know, engagement to provide the technical influences for discussions around strategies, we can't influence what the management team does. (UNICEF NY Technical Lead(s) 2010)*

*There has to be ongoing discussion, even if it's not the year for a particular theme, but even in the "off" years there still needs to be consultation or we risk losing momentum. We need a mechanism for that consultation. (UNICEF NY Technical Lead(s) 2010)*

They felt closer coordination could help ensure that the Management Team in particular would be better positioned to make decisions related to the campaign (UNICEF NY Technical Lead(s) 2010).

While the situation has improved, the equivocal survey and interview responses signal the need for more work in this area. Interview respondents, particularly those with a longer or more intimate history with the campaign, noted improvements in decision-making, but pushed for further improvements in terms of clarity.

### Participation in decision making

A series of related questions were posed to headquarters, Field and National Committee survey and interview respondents. Overall, the majority of respondents were positive about inclusiveness of decision-making—but not overwhelmingly so. Headquarters survey respondents were nearly 100 percent in agreement with the statements, as the entire sample was comprised of individuals closely involved in campaign strategies and decision-making.

**Figure 14 National Committee and Field survey responses: Decision-making**

	<b>National Committees (n=17)</b>	<b>Field Offices (n=36)</b>
<b>Sufficient access and opportunities to inform campaign plans, strategies and decision-making</b>	66 percent agree or strongly agree	68 percent agree or strongly agree
	22 percent disagree	19 percent disagree
<b>Decisions related to the campaign and UNICEF's work on children/HIV-AIDS are made and communicate in a timely, efficient, clear manner</b>	66 percent agree or strongly agree	64.5 percent agree or strongly agree
	28 percent disagree	26 percent disagree

The evaluators reviewed the responses of the roughly one-third of National Committee and field survey respondents who disagreed with the statements to see whether there were any detectable characteristic, such as whether or not the respondent considered his or her office or committee part of the campaign, geographic distribution or duration of association with the campaign.

For the field respondents, six of the eight respondents who expressed negative responses agreed that their office is part of the campaign. The negative respondents were distributed in different regions. That two were in the West and Central Africa and East and Southern Africa regions which received relatively more attention from the campaign, contradicted the evaluators' speculation that the responses might be associated with campaign focus or resources. Also, all were from country, rather than Regional Offices. All also responded negatively to questions

about clarity of strategies related to advocacy and systems strengthening. The majority of these respondents also identified insufficient information about the campaign and insufficient resources and support as barriers to implementing the campaign in their countries. So, there may be a possible connection between clarity of plans, strategies and communications and sense of inclusivity in campaign decision-making.

In contrast, National Committee respondents seem relatively satisfied with communications, but are just not satisfied with opportunities to participate in campaign decision-making. For the National Committee respondents, those who disagreed with the sufficiency of opportunities to contribute to campaign plans, management and decision-making responded positively to the clarity of decisions communicated. These respondents also disagreed with the sufficiency of campaign information and support and the relevance of materials and communications.

These responses may be instructive when considering shifts in how the campaign-related decisions are made and communicated. It may also point to different expectations amongst different groups. The evaluators note however, the limited degree we can accurately extrapolate information from such a small sample.

### **Critical issues and moving forward**

Campaign decision makers, particularly UNICEF managers, were clear that some past, critical issues were not sufficiently addressed. In some cases, this was due to institutional constraints, missed perceptions of capacity (e.g. to engage in EU advocacy), or failure to fully invest in Country Offices as partners. Some of the critical challenges referenced have been addressed through attrition. For example, it became clear to some Regional Offices that funding was not forthcoming; however, as with the National Committees this has created other issues and undermined trust and buy-in. Other challenges, such as costing the campaign and generating an evidence base, are ongoing challenges recognized by the campaign and UNICEF and which need to be addressed. That said, decision makers were relatively forward looking and optimistic, noting that the campaign “may have been ahead of its time” and that the organization was now reaching a place where it was better positioned to move the campaign forward.

Both decision makers and implementing stakeholder agreed that the following recent changes were essential steps that enabled the campaign to address critical issues:

1. ***Changes in structure*** were typically cited as key to addressing some of the internal issues related to timing and clarity of decisions. Simplified streamlined decision-making coupled with stakeholder buy-in, and focus on rebuilding relationships, is resulting in smoother processes.
2. ***Hiring the ‘right’ campaign staff.*** Senior managers asserted that hiring the right staff was key to the shift. This sentiment was broadly supported by informants from a range of stakeholder groups, who noted both the campaign and HIV/AIDS staff. Respondents agreed that the “campaign team has been responsive and inclusive. This sentiment was particularly strong amongst field respondents who described the campaign team as “consultative” and “inclusive”



In terms of whether these changes have removed up barriers to decision-making, other stakeholders were mollified and even enthusiastic about recent developments. However, some respondents are withholding an opinion and waiting to see further evidence that the past issues with taking and communicating decisions have been sufficiently addressed. It is also not clear to what extent these issues may be part of broader UNICEF headquarters-Field issues.

*One [factor of the campaign's recent success] which can't be underestimated is the personalities and the people involved. So I think there was and is a lot of enthusiasm and energy and excitement among the kind of global people at UNICEF ... I think that has really helped move things on this issue.*

(Global HIV/AIDS Funder 2010)

The impending change in UNICEF leadership was remarked upon by several respondents, and the new Executive Director's actual or perceived support and campaign-related decisions are anticipated to have a significant influence on the campaign's future. "Decision-making in most large-scale groups can be termed *anticipatory rather than participatory democracy and more critically as anticipatory oligarchy*" (Maloney, Jordan and McLaughlin 1994) .

## COORDINATION OF CAMPAIGN STRATEGIES

### Finding

Within headquarters, the campaign has served as a connective mechanism facilitating cross-sector strategies. Connections are particularly strong in the areas of fundraising, advocacy and monitoring though uneven among the 4Ps. Between the campaign and National Committees and the campaign and Field Offices, however, partners' strategies have not been as well aligned. The root problems appear related to basic communications and information sharing and, most significant with the National Committees, different advocacy strategies and approaches. An underlying assumption amongst respondents and also supported by advocacy and campaign literature, is that alignment of strategies is a critical element of an effective social or policy change campaign.

The norm used to assess this question was:

*Extent to which campaign evidence (reports, stakeholders' opinions) points to good practices in coordination of strategies (and activities)*

This norm is derived from literature outlining good practices for partnerships and advocacy campaign organization, and focuses on elements related to coherent and coordinated actions based on a common and agreed upon theory or understanding of how the actions are to contribute to an overall change strategy. As such, the data was reviewed related to: stakeholders' assessment of the coordination of campaign strategies and evidence of cases where strategies were well-coordinated, not well-coordinated, and whether coordination made a difference in effectiveness.

Coordination occurs at various levels. One level of coordination focuses on aligning day-to-day activities, especially across institutional structures and partnerships. This question was aimed at understanding the campaign's coordination at a deeper level of longer-term strategies and plans necessary to catalyze the global change it seeks.

The premise is that a precondition of coordination is a common understanding of the chain of actions and reactions the campaign as a whole aims to ignite in order to create change in the 4Ps.

The evaluation focused on coordination of campaign strategies between sections at the headquarters level, and between the campaign and National Committees and Field Offices. Overall, staff and management within headquarters pointed to an increased level of cross-division coordination. Assessment of the campaign's coordination of strategies with National Committees and with Field Offices was more critical, with the coordination at country level cited by field staff and managers as in need of improvement.

Interview and survey respondents from headquarters consistently pointed to increased coordination of communications, fundraising and advocacy strategies related to the campaign. However, coordination appears to be uneven "across Ps". A number of respondents described the campaign's value-added as serving as a connection point within the organization for the various strategies. The desire raised by some technical staff for more opportunities for communication and inputs into decision-making discussions relates as well, and has implications for effective coordination of strategies. Finally, while staff responsible for data collection and analysis cite a strong connective and coordinative relationship with the campaign, there is a sense that data is not sufficiently used to develop campaign targets.

Both headquarters and National Committee respondents felt campaign strategies and cross-strategy coordination had been a weak point but has recently improved. The campaign structure facilitated coordination cross-sectorally and with National Committees that had not previously existed. The shortcomings in this regard seem linked back to issues of definitions and expectations for the campaign. In particular misalignment of UNICEF and National Committee advocacy strategies appears to be a persistent issue. In response to the statement "The campaign's strategies related to advocacy, accountability, communications, partnerships and resource leveraging are clear to me", 67 percent of National Committee respondents strongly agree/agree and 33 percent disagree/strongly disagree. Respondents were also asked to identify any barriers to aligning their committee's HIV/AIDS work with the campaign. The most significant barriers selected related to communication about the campaign and insufficient communication materials.

Coordination with field offices in general and in terms of specific strategies is also mixed. Several interview respondents from different stakeholder groups cited weak or insufficient coordination at the country level. Amongst field office survey respondents, 93 percent agreed or strongly agreed with the statement "The children and HIV/AIDS activities organized by my office have been aligned with the campaign messages, strategies and priorities". However, in response to the statement "The campaign's strategies related to advocacy, accountability, communications, partnerships and resource leveraging are clear to me", 73 percent of field office survey respondents strongly agree/agree and 26 percent disagree/strongly disagree. In terms of whether the campaign has resulted in increased coordination with UNICEF, 70 percent strongly agree/agree but 23 percent disagree/strongly disagree. Regional Office interview respondents were also less affirmative and reflected the uneven focus among Ps and lack of clarity about strategies.

An underlying assumption amongst respondents and also supported by advocacy and campaign literature is that alignment of strategies is a critical element of an effective social or policy change campaign. Several examples of coordinated strategies support this; in cases where strategies have not been well-supported, they have either failed to move forward or have not achieved momentum. The lack of coherence between UNICEF and NatCom advocacy strategies was cited by both National Committee and UNICEF headquarters staff and managers:

*On the advocacy front, we knew what the key topics for UNICEF were and then [a] NatCom had their own idea of what the advocacy plan would be...So there was a whole range of ideas over there...But that never really became a UNICEF advocacy strategy. So the UNICEF advocacy strategy was mostly towards program and leveraging resources where the NatCom strategies were also leveraging resources but more looking at the politics within the country. So on the advocacy front there was a lot of discord back and forth between UNICEF and the NatCom because they're coming from different positions. (UNICEF manager 2010)*

Examples of aligned, coordinated strategies are found in the day-to-day work, with some more dramatic, episodic cases as well:

- relate to fundraising, such as leveraging a cash transfer from DFID to Malawi (Headquarters staff 2010)
- introduction of a new UNAIDS coordinator position to facilitate connections between UNICEF/campaign and the broader group of UNAIDS co-sponsors
- participation of PARMO in campaign management team meetings and regular reporting on Funding flows
- production of the Stocktaking Reports, consistently cited by external informants as a key UNICEF contribution to the broader field
- *“The Campaign has been very helpful in some key areas, such as use of mobile phone technology, innovations. The overall branding, early infections diagnosis.” (UNICEF NY Technical Lead(s) 2010)*

Particularly at headquarters, staff and managers clearly differentiate between the past and the current campaign. Moving forward, the campaign should continue to build on what is widely reflected at the headquarters level and amongst some Regional Offices as a deft, strategic and facile ability to identify opportunities, connect the right actors and coordinate to move the campaign’s—and UNICEF’s—agenda.

## BARRIERS TO CAMPAIGN MOBILIZATION

### Finding

Campaign stakeholders were not philosophically aligned about the campaign’s scope, the partners to be included in the campaign, and the action to be taken by those partners. Further, the campaign was not practically equipped to support a broad, open-ended range of partners. Efforts by campaign “partners” have been stymied by gaps in the campaign planning and monitoring, support and shared vision or theory of how the campaign is to create change. As a result of this and other issues the “rationale or logic” dictating the campaign actions, particularly those weak or not taken, were primarily inwardly focused on addressing relationships and internal issues. Recent improvements in campaign communications and support to partners is a positive step in addressing underlying barriers to partner action, but more work is needed to align expectations, clarify objectives and roles of partners, and provide support concomitant with those expectations.

This normative question builds on the campaign theory described earlier with focus on the campaign’s partners-based efforts to create change. The response to this question also draws from the previous discussion of campaign strengths and weaknesses and partnerships.

The initial campaign theory of change was predicated on unspecified actions by a broad range of actors—general public, civil society organizations, funders, as well as UNICEF sections, offices and National Committees—at the global, regional and country levels. The campaign also anticipated support as well as decisive action at the highest level of UNICEF leadership. While there appears to have been initial agreement about the general campaign vision, the issues that arose relate to the specifics of how this concept is further developed into a plan for change with short and long-term outcomes and operational plans.

Overall, when addressing questions of actions taken or not and the underlying rationale or logic may be categorized in several ways:

1. **Attrition:** Initial ideas were not fully fleshed out and proved impractical or blocked by significantly divergent views. Work with external partners—particularly broad-based collective action with civil society organizations under the 5<sup>th</sup> P—is an example.
2. **Ideal vs. reality:** What was initially thought possible was found to be difficult. As discussed earlier, some needs, such as a fundraising package for all four Ps with costed interventions, was not and arguably is still not possible for all four Ps. The rationale behind this barrier is not due to lack of UNICEF capacity but reflects broader challenges of the field.
3. **Practical considerations:** The campaign, with no permanent and then limited staff and resources and juggling competing, outsized demands focused on the necessary and the practical. Attention had to be given to resolving internal issues, and it seems resources and attention were focused where results seemed most possible or where resistance was least. For example, working with focus regional and Country offices or where the office leadership was highly engaged and committed. The CEE/CIS Regional Office is a good example of the latter.
4. **Explicit or implicit guidance by UNICEF leadership:** The support for the campaign within UNICEF was not as broad or deep as was required to support actions. There is evidence of solid leadership and support for P1 and P2 in particular; weaker on P3 and P4. According to some field respondents, there was a strong and infectious perception that the latter were “optional”. At worst, in the case of prevention, the subtle message was that it was not a priority issue due to a weaker evidence base, less “sellable” for fundraising and more complicated politically.

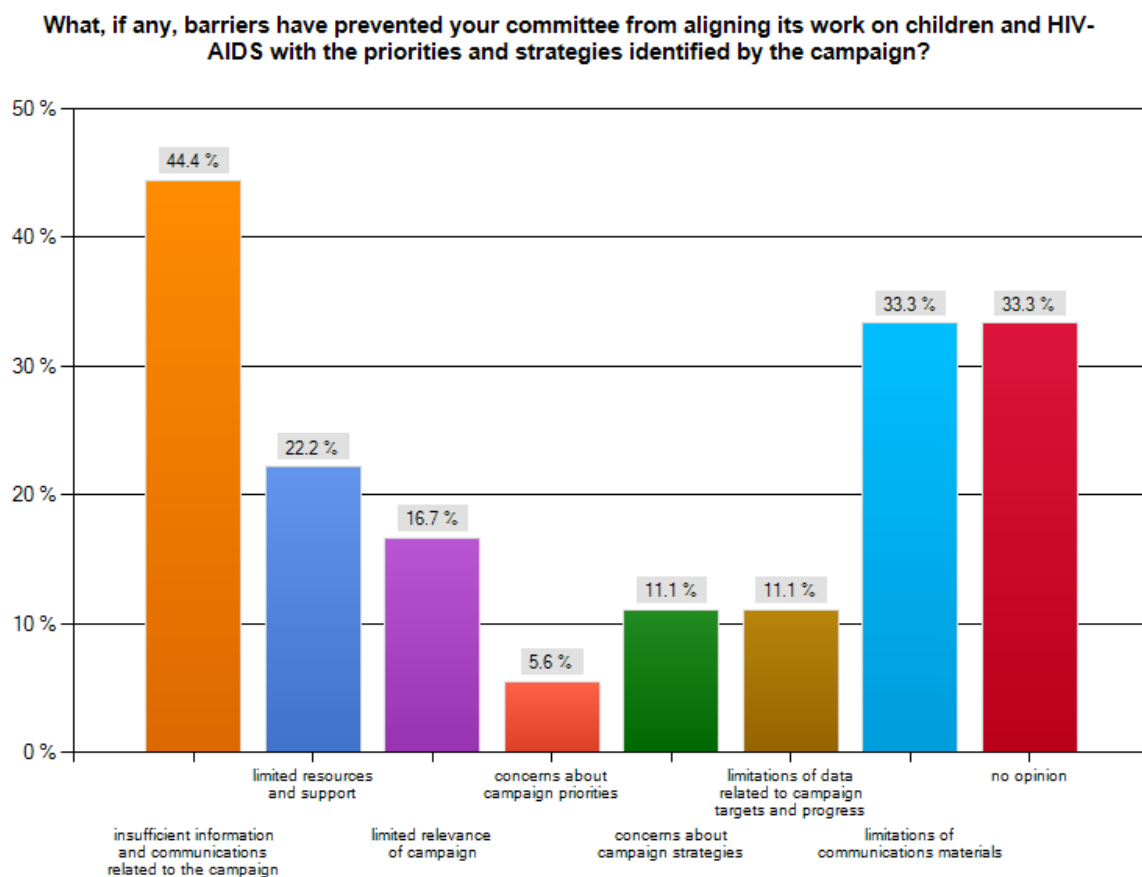
In terms of actions by “partners”, the campaign support was strongest at the center, and weakest farthest out, at the field level particularly among offices in countries least affected by the pandemic. National committees, the originators of the initial campaign idea, were deeply invested in the campaign but found participation hindered by a lack of necessary support from UNICEF headquarters.

The National Committee directors interviewed and representatives responding to the survey indicated their primary rationale for not taking campaign action—particularly for limiting or ending participation—related to perceptions of lack of commitment and leadership on the part of UNICEF and lack of practical support, such as funding reports (clarifying how funds generated by National Committees for the campaign were spent), marketing tools and a funding package. As with other criticisms of the campaign, respondents were generally careful to

differentiate between the campaign “then” and “now”, with a clear sense that that campaign is changing for the better.

Survey and interview respondents were specifically asked about barriers to their participation in the campaign. As discussed in the previous section on national committees’ participation, primary barriers relate to communications and unmet expectations for materials and support. Responses from field offices were less consistent, with significant differences in the basic perceptions of the campaign between Regional Office interview respondents whose offices had been in closer communication with the campaign staff and those which had not. Survey respondents were also less clear and a significant proportion of respondents interpreted their offices’ current participation as a “partner” in the campaign as an absence of barriers. The evaluators anticipate this was caused by the ambiguity in wording of this question.

**Figure 15 Barriers to campaign participation, National Committee survey responses (n=18)**



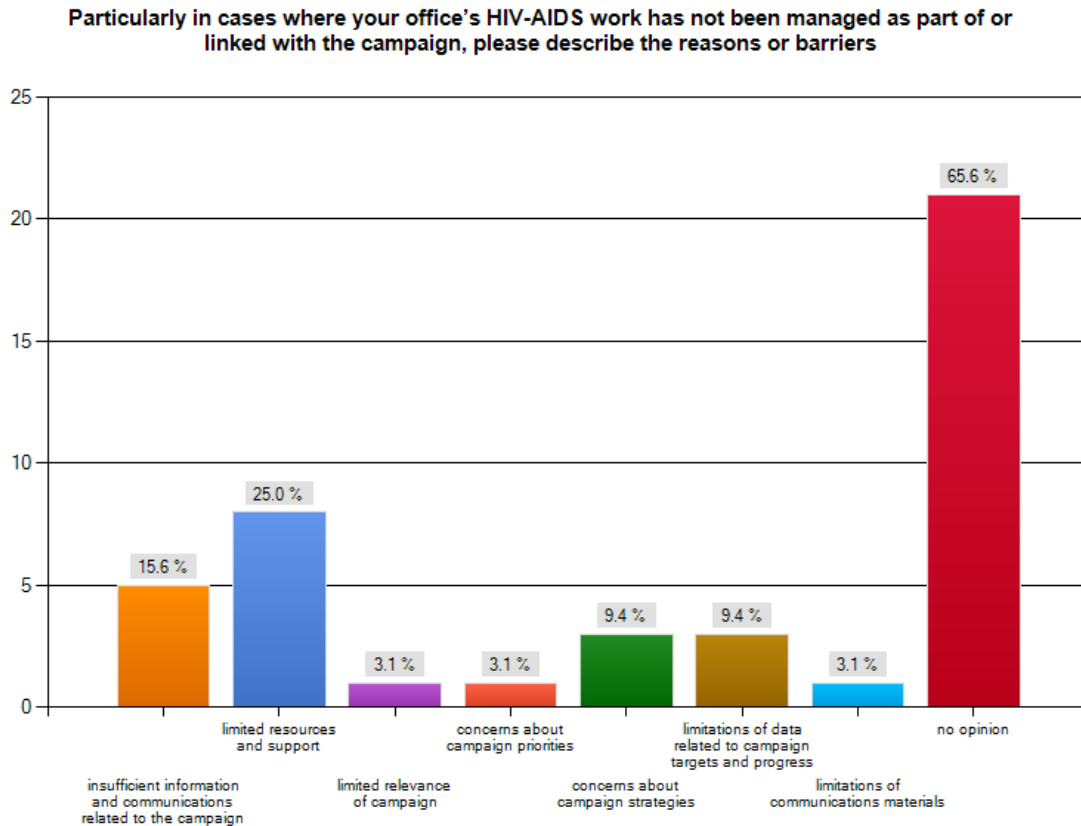
Representative survey comments include:

- *Lack of confirmation[of] communication staff and campaign director*
- *Lack of human interest stories and good examples of benefits resulting from funds raised for UNICEF*

- *Confusion on messaging, materials in language accessible to UNICEF’s public fundraising audience ( ‘granny language’)*
- *The campaign was a bit slow in the beginning but has been good for the past 2 years or so*

Of the field office respondents who identified or commented on barriers, lack of resources and support was the most significant barrier to action, along with communication about campaign activities or plans.

**Figure 16 Barriers to campaign participation, field office survey responses (n=36)**



At the global level, UNICEF and the campaign was engaged in informing and shaping the external technical discussions around the global response to children and HIV/AIDS. However, when it comes to “partners” contributions this clarity dissolves and in terms of “logic” or “rationale” of actions taken or not on behalf of the campaign, the primary influences or drivers appears to have been internal. For example, National Committee participation was hindered by lack of materials and support and Field Offices reported campaign-related efforts not undertaken due to lack of clarity about the campaign. In light of the broad expectation for a global campaign involving an open-ended range of partners and actors—from UNICEF offices and National Committees requiring direct support and participation in campaign monitoring, planning and decision-making to a group of expectant external actors promised campaign participation, it appears that expectations far outstripped resources and the level of support and leadership required to front such a campaign. Thus, while the campaign at the headquarters level was clearly engaged in broader global efforts, the “rationale or logic” of campaign actions

including internal partners—national committees and field offices—were limited by attrition and misalignment of expectations and plans, the reality of a partner-based campaign and related investment and support required and practical considerations limited attention to the broad range internal partners initially envisioned.

With these as background, the barriers may be described as:

1. Lack of clarity in campaign definition
2. Insufficient campaign staffing and resources
3. Insufficiently articulated 4P priorities, strategies and short-term outcomes
4. Misaligned expectations around “partnership” and lag in provision of necessary support to National Committees

Subsidiary barriers flow from these larger issues, such as dissatisfaction with communications materials and confusion about campaign activities and priorities. Internally, the past issues and tensions came at an internal human resources cost and tarnished UNICEF’s relationship amongst external informants.

*And I think at times I felt, and the HIV/AIDS unit, felt piggy-in-the-middle, trying to sort of keep the National Committees on board on one hand, keeping program and the executive director...on board on the other hand, and then thirdly, trying to maintain at least some sort of facade with the external partners that this was a genuine campaign and not just a UNICEF campaign. I think that that became totally untenable very quickly. (Former UNICEF director 2010)*

Looking to the future, addressing some of these gaps should help relieve some of the pressure in terms of servicing internal relationships and demands. As discussed in the various theories of change, it may be ultimately more efficient and effective for the campaign to invest more up front in developing plans and strategies to fully flesh out theories of change for the campaign, including specific actors to influence and partners who can help with shaping the strategies. Given the National Committees’ investment in the campaign and particular perch as fundraisers and, in some cases, advocates, at their national levels, the PMTCT focus could be supported by branded marketing materials, including a detailed case for support so that they can fully mobilize behind campaign objectives. External partners can be enlisted where strategic, with particularly focused work in priority countries.

### **Management of relationships with stakeholders**

The campaign’s management of relationships with stakeholders and partners, including communication and coordination, has shifted significantly since the hiring of a campaign manager and “came to a logical and rational setup in UNICEF” (Current UNICEF Senior Manager 2010). Of the primary campaign stakeholders—UNICEF staff, National Committees and Field Offices—the field offices least reflect this view. External stakeholders interviewed reflect a persistent confusion about the nature of the campaign, the extent of “partnership”, and by extension what level of coordination and communication should be expected concomitant with the relationship.

The “added value” created by the campaign “is a more coordinated way of working, with HIV integrated in all work” and staff “mandated to look beyond section/division barriers for ways to work together” (UNICEF field staff 2010).

Within UNICEF headquarters, interview respondents were generally favorable toward the current structure of campaign management and coordination. Since 2008 coordination has greatly changed, with “campaign staff acting as a nexus of the four pillars and improving coherence” (HIV/AIDS Section Staff/Management 2010). For example, staff working on data collection report daily discussions about data (UNICEF manager 2010). Technical leads were generally positive about coordination, but felt that a greater role in discussions would contribute to better-informed decisions on the part of the Management Team (UNICEF NY Technical Lead(s) 2010).

Related survey questions to National Committees and Field offices focused on their level of satisfaction with current campaign communications and coordination. Of the respondents, the majority expressed satisfaction with the level of clarity and frequency of campaign communications, data and information and advice and tools, though a significant minority—about one-third—were not satisfied. The charts below illustrates survey results.

Figure 17 National Committee Survey Response (n=18)

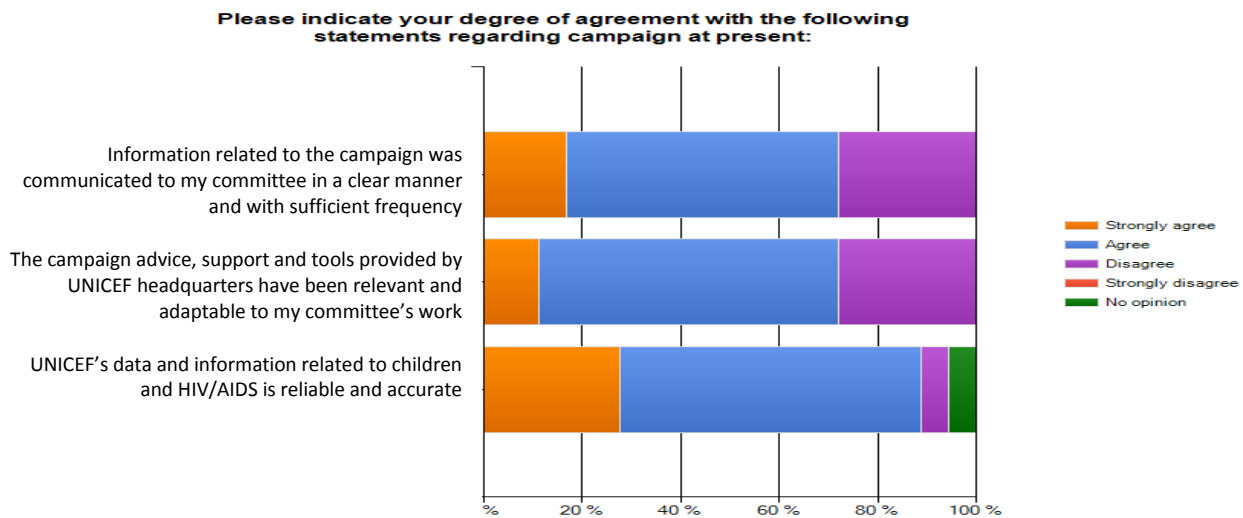
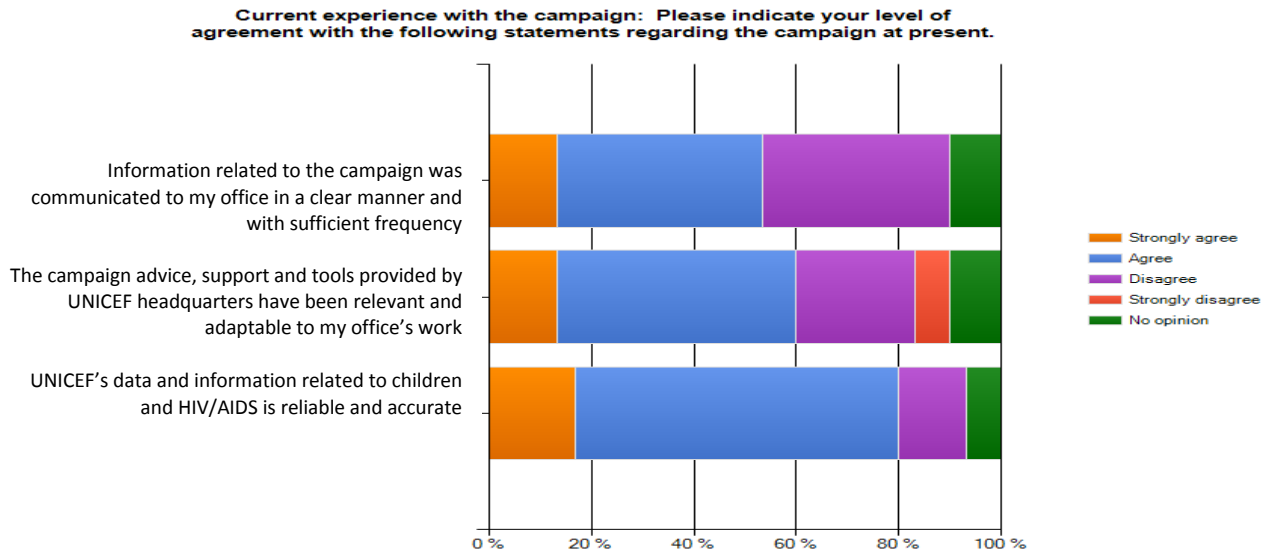




Figure 18 Field survey response (n=34)



While responses indicate constructive progress, the significance of the roughly one-third of respondents who expressed dissatisfaction should be explored. It is a possible illustration of the challenges of managing relationships and expectations with a diversity of stakeholders. The National Committees and field offices are in themselves diverse, so expectations about varying levels of support and partnerships should be managed. Overall, there seems to be a positive sense that the campaign is on an upward trajectory, heading in the right direction, with some work to be done.

### Coordination with external organizations

There are marked differences in the past campaign coordination experiences and opinions of UNAIDS co-sponsors and that of civil society organizations. As noted above, IATT cosponsors reflect clarity about coordination with UNICEF, if not the campaign (whose boundaries remain even more ambiguous and confusing outside the organization). Civil society organizations were more mixed, but generally reflect a sense that there have been no clear, consistent communications and no clear way to partner that run deeper than organizing work under the 4P banner. To respondents within UNICEF and in the UNAIDS co-sponsoring organizations, the IATTs have emerged as one effective mechanism through which UNICEF collaborates with a broader group of external partners.

“Partnership” with UNAIDS and leaders of the 4P IATTs has taken on another form. Beyond the question of partnership with the campaign and what that entails, the significant shift over the span of the campaign is the acceptance and tacit support for UNICEF’s role in the collective UN response to HIV/AIDS. At the same time, the campaign’s external vision on partners has revolved around selective P by P partnerships through the IATTs and country-specific collaborations “where strategic”.

This descriptive response is largely drawn from document reviews and, to a lesser degree, interviews. None of those representatives interviewed, however, had sufficient interaction with the campaign over time, due to their own tenure in the agency to comment on changes in the institutional relationship over time. Another limitation is

the lack of corresponding staff positions in co-sponsors, so the campaign, UNICEF and HIV intersect with many different positions in UNAIDS and the co-sponsors. As such, it is difficult to fairly represent the relationship with only one or two respondents per organization. Also, as noted, respondents identified their relationship as being with UNICEF, rather than the campaign. However, with one notable exception there was a fairly clear level of understanding about the campaign and plans.

At the onset of the campaign, “UNICEF didn’t actually have...mandated leadership on this.” Other UN agencies were responsible for what was being gathered by UNICEF and collectively organized under the umbrella of the 4Ps. WHO oversaw PMTCT and pediatric AIDS, UNFPA was responsible for primary prevention and UNESCO for education prevention.

*“So the first year was a very hardnosed disagreement really between how did UNICEF actually get the mandate to lead on some of these issues from the inter agency UN coordinator body under UN leadership”*  
(Former UNICEF Director 2010)

Further complicating the relationships was the backdrop of UN reform, in response to governments’ demands for greater UN accountabilities. WHO in particular contested the shift to shared accountability for PMTCT with UNICEF, as it was within WHO’s “normative responsibilities” and questioning UNICEF technical competencies (Former UNICEF Director 2010).

The campaign was largely seen as a separate, internal UNICEF fundraising venture. *“So there was overlap [with the campaign], but the campaign itself was-- I think it was perceived-- and I think UNICEF wanted it perceived as a UNICEF issue”* (former Senior Manager, UNAIDS co-sponsor 2010). As such, co-sponsors’ interface with or involvement in the campaign was primarily through the IATTs and through the meetings of the global AIDS coordinators.

Most interview respondents with past experience reported disappointment after initial campaign outreach offered promise, albeit poorly defined, of some form of campaign “partnership”, the “5<sup>th</sup> P”. For several of the external organization representatives, these disappointed expectations and continued lack of communication was taken as evidence of the campaign’s “actual” fundraising purpose. However, most reported recent conversations with the campaign coordinator and positive anticipation of future coordination and alignment.

The following quote sums up the mix of confusion and support voiced by civil society interview respondents in a position to comment on the global campaign. There is a general level of familiarity but lack of clarity about specific campaign activities, and generally a positive, supportive view of UNICEF’s emphasis on children and HIV/AIDS. It is important to emphasize that this lack of specific details is notably lower amongst those with less-recent interaction with the campaign:

*I honestly don’t know what the campaign activities are. I know the themes and the goals of the campaign, and I kind of put them up on slides and sort of say this is why we must help the international effort to achieve this...the kind of goals that have come from the Unite campaign. But they don’t necessarily feel like they’re ones that have been collectively agreed by partners. And maybe that wouldn’t work anyway*  
(Non-governmental Organization Representative 2010).

At the time of the evaluation, relationships with most UNAIDS co-sponsors and UNAIDS seems to have gelled with collaborations happening on a number of levels through various nodes. For example, around indicators, monitoring and reporting, and standards and guidelines.

*“I think there were areas of collaboration which really were very fruitful, and I think where both agencies-- I mean, despite the tension-- both agencies did well to come together. And I'm talking particularly about in the area of strategic information.”* (former Senior Manager, UNAIDS co-sponsor 2010)

It is notable that while not participating directly in the campaign, the campaign framework still serves as a reference.

Non-governmental organizations reflect somewhat different experiences than UNAIDS co-sponsors. Four significant themes emerged in interviews with civil society organizations:

- 1) Adoption of the 4Ps framework, with or without more structured partnership and coordination with the campaign has and will continue to be an important contribution from UNICEF
- 2) A desire for more clarity about the campaign activities and better communications about basic campaign activities
- 3) UNICEF fills an information gap that smaller organizations are not able to address. The organization serves as an important source of children/HIV-related data and information, particularly the Stocktaking reports. More such information, as well as analysis of funding for children and HIV, would be a welcome contribution.
- 4) UNICEF can play both the role of global convener and quiet, inside advocate, and there is a strong sense that UNICEF now has the right staff and leadership to do so. In other words, UNICEF, via the campaign, can use its convening power judiciously on key, pressing issues. It has, and should continue to, also play an important role of passing on intelligence and quietly conferring on strategy outside the strictures of bureaucratic systems and ways of working. For example, past campaign leadership was skillful at sharing information helpful to civil society organizations in their advocacy around a major funder, without convening formal meetings or processes (Non-governmental Organization Representative 2010).

## **IATTs**

In contrast, the UNICEF co-sponsors, reflected satisfaction with the level of contact and clarity in the relationship with UNICEF, expressed limited interest in a greater role in the campaign. One interview respondent reflected that the “campaign, especially recently, has evolved” or suggested perhaps her own perceptions that the campaign was simply a UNICEF fundraising exercise have been corrected (UNAIDS co-sponsor Manager 2010). This increased confidence was inspired by UNICEF’s politically astute, strategic approaches to advocacy around the G8 and U.S. government.

Another respondent from a UNAIDS co-sponsor, argued that closer partnership in the campaign to the extent of joint planning and decision-making was probably not desirable:

*And to be perfectly frank, there is substantial competition between these agencies-- for visibility, for access to donor money, for demonstration of impact-- and when you have something that's jointly led, it's genuinely difficult.* (former Senior Manager, UNAIDS co-sponsor 2010)

Most respondents see the campaign as an effective internal mechanism to channel institutional response and identify their “partnership” with the wider institution rather than with the *Unite for Children, Unite against AIDS* campaign.

## INCLUSION AND PARTICIPATION OF IMPORTANT PARTNERS

### Finding

The campaign has lost some internal partners among National Committees as well as some field offices due to disaffection with unrealized campaign vision and other issues. Most respondents to both surveys and interviews were generally supportive of future collaboration with UNICEF around HIV/AIDS. National Committee interview respondents were mixed about willingness to reengage or the form participation should take in the future. External organization representatives interviewed were very positive about UNICEF’s HIV/AIDS work and the commitment expressed through the campaign.

The normative basis for this question is *the balance between partners’ relevance to the campaign, its level of desired participation and level of actual participation*. Specifically, in addressing the following questions the evaluators anticipated understanding whether all internal groups and external global civil society organizations, institutions and agencies have been included in the campaign and included to a desirable level.

- Which partner organizations participated in the campaign and how? Which relevant organizations did not participate?
- Did partners participate to the level envisioned by the campaign staff/mgmt team?
- Were partners able to participate to the level they desired?
- To what extent are current partners willing to participate in the future?

As a first step, the evaluators conducted a stakeholder analysis of the campaign, mapping the various campaign stakeholders referenced in project documents. This analysis was updated during the process to identify key informants to be interviewed as part of the evaluation. It was further updated with the current campaign vision related to partnerships, which plans to focus on UNAIDS co-sponsors and country-level partnerships. The narrative of this section seeks to build from this model and provide depth and details.

Previous sections of this report examined “critical” past/current stakeholder or partner involvement in the campaign. This section focuses on future partnerships work. The clarity of this discussion was complicated by several factors. As discussed in previous sections, basic confusion about what it means to “partner” with the campaign exists among both field and external partners. This made responses to the basic “do you consider your organization a partner in the campaign” question moot for some respondents. The arc of the campaign itself

means that partnership at any level was not well-defined, or, in the case of external partners, ever agreed upon. A broad range of collaborations—from corporate partnership with MTV to field-level partnerships with global and regional civil society organizations—render a comprehensive review very difficult.

In regard to which organizations should be involved in the future, the response to this normative question is predicated on the campaign’s future theory of change. Partnership is critical in the campaign’s efforts to contribute to change in the 4Ps, but how these partners are involved—particularly external partners—really depend on this basic theoretical blueprint. Given these factors, the evaluators felt this assessment could most credibly focus on UNICEF Field Offices and National Committees, and, to a more limited degree, IATT participants, including a small number of major non-governmental organizations. Several key informants were also asked to comment on which organizations should be involved in the campaign in the future.

As discussed, there was an initial expectation that all field office and all National Committees would engage as partners in the campaign at some level. An evolving campaign vision for external partnership participation meant that a coherent expectation of the role and level of partner participation never materialized, particularly in regard to external partners.

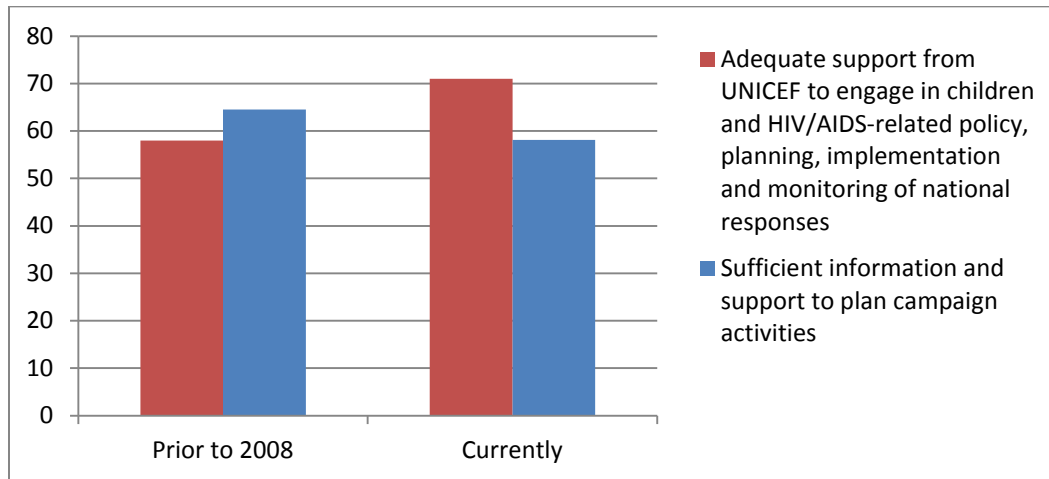
Field and National Committee survey respondents were asked to rate their offices’ ability to “participate in the campaign at the level we desired” in the period prior to 2008 and at the time of the survey. This question was coupled with related questions intended to probe for support from the campaign, clarity of communications and coordination, decision-making and other attributes of effective partnership in order to understand more fully the factors affecting campaign participation.

As indicated in the charts below, respondents from both National Committees and Field Offices rate their current level of ability to participate at about the same level. National Committees’ perceive their ability to participate as slightly rising since 2008 while the Field Offices responses indicate a perception that their ability to participate had declined since 2008.

### **Field offices**

While field office survey and interview respondents expressed general support for the campaign “partnership”, a review of questions related to attributes of effective partnerships may illuminate partnership strengths and weaknesses.

Figure 19 Field Office survey responses: Level of satisfaction with campaign support, prior to 2008 and spring 2010 (n=38)

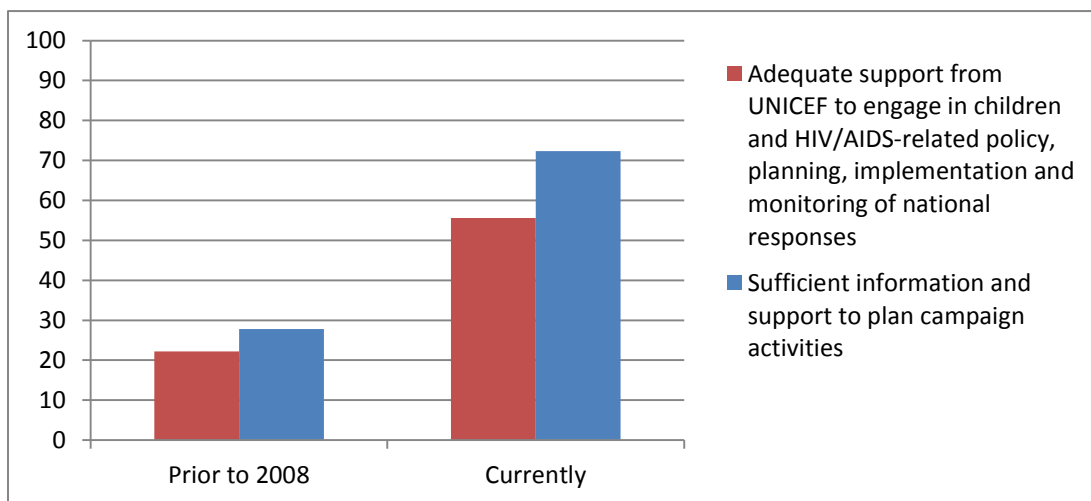


Field offices seem to indicate a slight decline between the period prior to 2008 and the present in terms of “sufficient information and support to plan campaign activities”. In contrast, responses indicate a perception of increased “support from UNICEF to engage in children and HIV/AIDS-related policy, planning, implementation and monitoring of national responses.” In regard to access and opportunities to inform campaign plans, strategies and decision-making, the majority of respondents (68 percent) indicate sufficient levels, while 19 percent disagree that current levels are sufficient. Communications from UNICEF headquarters and the efficiency and clarity of campaign decision-making appear to be somewhat weaker aspects of headquarters-Field partnership. (Some survey questions were intentionally broadened to refer to UNICEF rather than the campaign in order to reflect the fact that communications from UNICEF did not always differentiate between the campaign and the organization.)

### National Committees

National committee survey respondents were queried along similar lines.

Figure 20 National Committee survey responses: level of satisfaction with campaign support, prior to 2008 and spring 2010 (n=20)



National committee responses point to a significant increase in satisfaction with some partnership attributes. Survey and interview respondents were conditional but positive in response to inclusiveness in campaign planning and decision-making. Though given the small sample it is notable that some survey respondents “disagree” or “strongly disagree” that their committee had sufficient access and opportunities to participate in planning and decision-making and that communications about decisions have been clear and timely. The theme of delayed communications and decision-making are well-documented in regard to past campaign issues. However, it is not clear and there were no related comments illustrating issues with access and opportunities to participate in planning and decision-making. In fact, most comments reflect a desire for clear, well-designed and packaged materials and support so that the National Committee could go about its work, rather than a sense of wanting to participate in processes and planning.

### **External partners**

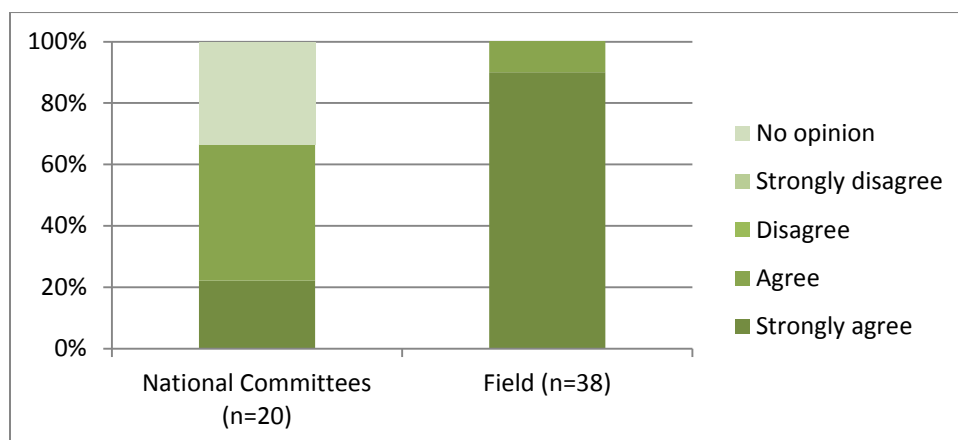
While the data pool is quite limited, the perspectives of non-governmental organizations are notable. As noted earlier, expectations were created amongst some external organizations of a 5<sup>th</sup> P, partnerships, and a broadly participatory campaign. While these organizations were invited to “join” the campaign as partners around the time of the launch, what partnership entailed was never made clear and eventually internal campaign events overtook focus on involvement of external partners. Despite this, the emergence of the 4Ps as an organizing framework also served as a unifying framework in ways the campaign did not. According to several interview respondents, the 4Ps have become a common frame of reference around which they and other organizations reference their HIV/AIDS work.

***Even though we haven't been invited to the party, we still use the top line goals...it's what we're really trying to achieve for children. Even if no one's saying 'here's your jelly and balloon'...we come to the party anyway. But it's important to have that banner up for the party, even if we're sitting at different tables, playing different games...We can do that under the Unite banner without everyone having to pay attention to exactly what everyone else is doing, what's going on with everyone else. That's what the campaign offers.*** (Non-governmental Organization Representative 2010)

While welcoming the framework, it is worth echoing a point made earlier in this report that organizations still feel unclear about what the campaign is doing and would appreciate more communications and updates about the work. One NGO representative observed that his organization's relationship with UNICEF's HIV/AIDS team was closer prior to the campaign than after the launch (Non-governmental Organization Representative 2010). This was largely credited to individual past and present UNICEF staff with strong advocacy savvy and ability to think outside the UNICEF institutional box — a theme that recurred throughout the data collection.

In regard to future collaboration, the evaluation found general support amongst all stakeholder groups who responded to interviews or surveys for future collaboration with UNICEF around HIV/AIDS. Survey respondents were generally positive about future participation in the campaign, with sixty-five percent of national committee respondents and one hundred percent of field office respondents agreeing or strongly agreeing that their office is interested in participating in the campaign in the future. External organization representatives interviewed were very positive about UNICEF's HIV/AIDS work and the commitment expressed through the campaign.

Figure 21 National Committee and Field survey responses: Level of agreement with "My committee/field office is interested in participating in the campaign in the future"



Voluminous comments were made by survey respondents in regard to improving collaboration and better channeling the contributions of the respective stakeholders. “Financing” and suggestions for regional fora around data and strategies were some recommendations from Field respondents.

Within UNICEF, there are some notable divergences in opinion about the level of “partnership” National Committees should have, with one extreme being a highly coordinated, aligned and dynamic advocacy and fundraising relationship, and the other being a sense that the National Committees should not be a primary campaign concern.

The clearly recognized campaign gap is in regard to external organizations, at any level.

*I think they dropped out one after the other because if you feel you're not really welcome or it's not for all of us with equal voices, you may feel fine. I mean this is not really like we're just meeting in a conference room in UNICEF, but we're all equal. Maybe we're here just maybe for UNICEF to say it has called on external partners...*

*...I think if one starts with the real ambitious goal and say, "How can I achieve it?" one then discovered that I'm not achieving it only-- my goal is not to the limit of my own capacity. I'm looking for a goal where I will be leveraging the capacity of so many other people but that they also need recognition. (UNICEF Director 2010)*

According to a civil society interview respondent, UNICEF pitched the campaign as an inclusive campaign but there was no obvious, clear way to engage. (Non-governmental Organization Representative 2010)

### Discussion of future partnerships and the campaign

*I think it's UNICEF that has to evolve, and it really has to do with our own behavior. I think we're still behaving sometimes like the UNICEF that had \$200 million per year when today we have \$4 billion per year. When you have that kind of money and the 63 years of experience and the Nobel Prize and the 160*



*offices, you have to behave more generously vis-à-vis the others. It's incumbent on you to be the better person, not on the others, because you can afford it in many ways. (UNICEF Director 2010)*

*I've found the current campaign is very good at looking systematically at other partners and how they can fit in the campaign. For example, 'OK the Global Fund is moving from certain countries and there's going to be a gap...how can we fill it?' (Regional Office Advisor 2010)*

The campaign initially set out to be a global convener, a vision which requires partnerships, but soon found the reality of this ideal untenable. Today it has an opportunity to assess the benefits and costs of partnerships for delivering campaign goals. It is also worth examining whether the need still exists for the scale of global leadership required five years ago when children were not part of the HIV/AIDS agenda. The agenda has been set, though the solutions are still evolving particularly with prevention. Children are part of the global response, and a clear, new partnership strategy is called for. Having hoisted the 4P banner, what connection should UNICEF have with those who have come under the banner?

On one hand, there still a need for a convening role and global leadership, but technology and the establishment of children and HIV/AIDS agenda (as the 4Ps) provides an opportunity for more targeted and sharply focused partnerships. At the same time, UNICEF's cooperation in sharing "strategic intelligence" as cited by a range of external interview respondents as a particular strength in the relationship.

While there is a diversity of opinions about how closely UNICEF should exercise its convening power amongst civil society organizations, it was a clear theme that repeatedly arose during discussions of campaign lines of action, strategies, vision and recommendations for the future. Pointing to specific groups that had or had not been "included" presumes that any external organizations were explicitly included in the campaign. While this has apparently not been the case, there is a sense of lost opportunity amongst UNAIDS co-sponsors and civil society organizations.

In terms of a future convening role, respondents were mixed about how much coordination and convening role UNICEF should play. There are complications and diminishing returns of advocacy that is broad-based and tightly coordinated through formal mechanisms. Group decision-making and coordination may be fraught with bureaucratic quagmires. UNAIDS co-sponsors also noted institutional competition common to large agencies and organizations as a barrier to joint leadership of any initiative.

*There are really some very kind of strategic people within UNICEF who are able to kind of break out of the bureaucracy and kind of reach out personally and off the record to us, so that's been really helpful. And I know it's not easy to move a big organization like that so I'm not expecting that to happen. And in some ways, maybe it shouldn't, you know, formally happen....There are ways of getting things done sort of outside the formal system and taking more advantage of us and others like us. (Non-governmental Organization Representative 2010)*

Rather than too-heavy and intensive coordination amongst a broad group, the most common theme was for a broad-based information-sharing effort with focused and strategic formal collaborations. Several also welcomed quiet intelligence sharing for advocacy purposes that could be conducted outside the strictures of formal relationships. For example the campaign could connect to and support the broader HIV/AIDS community by posting information and funders that could then be used for advocacy.

A smaller set of NGOs could be engaged around specific and strategic advocacy efforts, initiated by the campaign and subsequent partnership relationships formalized and convened by the broader HIV-AIDS section. For example, one funder argued that some efforts, particularly P1 and P2, merited tighter coordination if a big push is to be successful. Ad hoc collaboration has worked amongst a small pool of actors, but tighter alignment, particularly with civil society organizations/NGOs, would be critical. The campaign should leverage its current strengths to push forward P1 and P2 .

*There is no formal coordination. There are, you know, effective [campaign leaders and staff] ...who are...networkers, and [the manager] you know, is the glue. Since P-1 and P-2 are popping and there's so much momentum right now would it be useful to have a strategic dialogue that's more structured....So there's like ten people at the global level or 15 people maybe at most that are actually working on this regularly. And it's ad hoc. It's not coordinated...And I'm not calling for a formal structure because I am opposed to that. I do think that we can be more effective in a strategic dialogue. Now, independent civil society is like the last one to be included, so they say to me "Oh well we're all coordinated within the UN."* (Non-governmental Organization Director 2010)

This quote expresses how several respondents envisioned moving progress on PMTCT by 2015, with UNICEF, via the campaign, judiciously using its convening power:

*I think the way to pragmatically move it forward is to get the movers and shakers who are interested in particular aspects and objects that would fit under the four P's and let's say, take cotrimoxazole and really-- I know there are probably half a dozen individuals it could be narrowed down to and sort of say what the heck do we need to do to get this moving. And then we use our individual organizations who, at the end of the day, we have to convince that it's worth putting our time into that initiative. And we do it because it's part of our existing goals and personal work plans.* (Non-governmental Organization Representative 2010)

While assessment of partnerships at the country level fell outside the purview of this assessment, the experience of Mothers to Mothers –M2M—may serve as an illustration of the future potential partnership with smaller scale civil society organizations. (See text box below.)

### **Case example: Fostering Innovation**

#### Mothers-to-Mother (M2M) and Africa field offices

*“UNICEF was one of the first ones, actually, to validate what we were doing. They were really the first large, respected globally, organization to actually say, ‘This makes sense.’ M2M representative*

Since 2005 M2M has been collaborating with UNICEF field offices in Eastern and Southern Africa on innovative programs providing education and psychosocial support to HIV positive mothers. Today M2M has 644 sites in seven countries and collaborates with UNICEF at some level at all sites. UNICEF’s CEE/CIS region is planning development of *parents to parents*, based on the M2M model.

#### Notable characteristics

- UNICEF headquarters facilitated a region-based partnership between then-fledgling M2M and UNICEF Regional and Country Offices.
- M2M’s approach to PMTCT was out of the mainstream at the time, but partnership with UNICEF provided the support needed to incubate and refine M2M’s new model of care.
- UNICEF provided various forms of support or “partnership”, depending upon country context and needs
- UNICEF helped incubate a cutting-edge, risky idea (i.e. unsupported by deep research and not accepted practice, but which held potential to address bottlenecks and advance PMTCT).
- UNICEF’s investment helped introduce a new approach to the field. The concept of providing psychosocial support for an empowerment of HIV positive pregnant women and mothers is now broadly accepted,

Of the external partnership relationships, the IATTs and their field-based extensions (RIATTs and country level mechanisms for collaboration across co-sponsors and partners) hold relative significant promise to evoke the change needed at country level in order to achieve the 4P goals (as part of the UNAIDS Outcome Framework). By taking advantage of structures already in place, and which are functioning well, the campaign creates efficiencies. The IATTs, which include UNAIDS co-sponsors, civil society organizations, academia, broaden the reach of the campaign. “The IATTs translate the vision to, you know, what needs to happen at the country level” (Current UNICEF Staff 2010). Arguing that the campaign’s fundraising vision has not been realized and as such it has been negated as a barrier to external participation or collaboration in the campaign, primary coordination with external partners through the IATTs offers direct, strategic focus on institutions and mechanisms with technical capacity and program access at the national level. At the same time, specific, focused strategic partnerships would serve to advance strategies in particular countries or areas of work (such as technology innovations), much as the campaign is proposing for 2010-2015. This partnerships strategy could potentially help advance UNICEF goals in specific and measurable ways while avoiding labor-intensive broad-based partnerships or coalitions.

At the same time, an emerging area of “partnership” seems to be with PEPFAR and the Global Fund, despite the dual advocacy/collaborative role the campaign must balance.

Partnerships are complicated, resource-intensive relationships which, if strategically organized and thoughtfully engaged, can accelerate UNICEF’s resources and those of the broader development community on behalf of children. While UNICEF’s past ambitions have been laudable in intent, they proved difficult in practice. Future

streamlined, strategic, intentional partnerships, aligned with good partnerships practices has great potential to drive home P1 and P2, and elevate and provide clarity to P3 and P4.

## THE CAMPAIGN AND THE POTENTIAL VALUE OF CHILDREN'S PARTICIPATION

### Finding

While the value of young people's participation is recognized, many campaign stakeholders are not clear how to go about fostering substantive participation of the campaign's intended beneficiaries. Beyond marketing and "telling the story", the campaign's intended beneficiaries, such as children and young people, have not been substantively involved in the campaign. Some exceptions can be found among the Regional Offices and National Committees. In the future, the campaign could expand on this anecdotal information and develop best practices or recommendations about creative and substantive ways to involve young people in campaign activities. Further, at the global level the campaign should examine internal principles and incubate ideas that translate these principles into practice.

UNICEF is currently conducting an evaluation of UNICEF's Programme and Work in Relation to Adolescents. Consultation with the team conducting that evaluation confirmed that no guidance or procedures are currently in place to guide participation of children and young people in UNICEF projects. While such standardized systems and support are apparently not in place, UNICEF documents reflect theoretical support for the principle of participation of children and young people in projects and programmes that affect them. Specifically, as noted in the draft evaluation inception report,

- 2009 State of the World's Children: "The rights of children to participate is a fundamental component of respecting them as holders of their own rights" (UNICEF 2009).
- The East Asia and Pacific Child and Youth Participation Survey: "participation rights are the tools that enable and empower children to demand their rights and to contribute to their own survival, protection, development and participation" (UNICEF 2005).

Interview respondents agree that no concrete support or information has been provided by UNICEF to guide participation by project beneficiaries. The opinion of one field survey respondent was shared by several others: "we lack strategies and resources for effective incorporation of that into our work" and that in theory it is a good idea but in practice it either hasn't worked or runs the risk of being exploitative. A minority felt that youth participation was "not necessary" (National Committee survey respondent) or that UNICEF "needs to include stakeholder perspectives, but not necessarily participation" (UNICEF Director 2010).

The evaluation sought to differentiate between the "voices of children" and meaningful participation in advocacy and related campaign efforts. The campaign apparently made some initial efforts to involve young people, with some missteps. However, there was apparently some success in including young people in public campaign events, then supporting their advocacy activities at home. This was the start of a shift from telling children's stories "to hook people emotionally but to involve them as change agents" (UNICEF manager 2010). Some issues also apparently arose with "recycling" young people and creating expectations of employment or other support. Since the early stages of the campaign, however, these central efforts have flagged.

All field office and National Committee survey respondents agree or strongly agree with the statement “The experience, opinions and perspectives of children affected by HIV/AIDS should be included in communications, advocacy and decision-making related to children and HIV/AIDS. Slightly fewer field survey respondents—84 percent—reported actually taking action to do so and significantly fewer National Committee survey respondents—39 percent—have “taken action to include the voice of children in our HIV/AIDS work”. The gap between principle and practice reaffirms information from open-ended survey questions and interviews that respondents are supportive of young people’s involvement, but less clear on appropriate, effective actions.

Overall, some Regional Offices and National Committees have taken action to find substantive, if ad hoc, ways to involve children. Several survey and interview respondents did not differentiate between representing children and creating meaningful space for their participation. Examples provided by survey and interview respondents include:

- Consultation and decision making, including integrating young people’s opinions into HIV/AIDS programming
- Participation in public fora and processes, such a parallel session for children at the annual national children and HIV and AIDS conference and participation in the Mexico AIDS conference and visits to HIV/AIDS projects
- Creation of youth-friendly fora, such as a photography competition, a regional magazine written by young people and families affected by HIV-AIDS

Some respondents made an effort to distinguish the substantive natures of this involvement (“We don’t reduce this children’s participation to the singing of songs and a theatre performance” (field survey respondent)). Still others noted that their offices or committees hadn’t really considered substantive roles for those affected by the campaign or were not sure how to go about it.

The most significant barriers to children’s participation in the campaign have been lack of clarity about best practices or guidelines about how to go about doing so. Internal issues may also have distracted from the campaign’s efforts to involve children and young people more substantively in advocacy efforts and other aspects of the campaign. Amongst National Committees, the fact that the people on behalf of whom they are campaigning are far away is also a barrier to more substantive involvement.

Similar to the campaign’s drift from focusing on external partners, it also seems that preoccupation with serving internal stakeholders directed attention away from participation by the campaign’s ultimate intended beneficiaries. As one interview respondent who had been involved in the early development and launch of the campaign explained, “the campaign was being done for children but we didn’t get their inputs in how to go about it” (UNICEF Country Representative 2010). She continued, explaining that the campaign was “very inward looking” about being a new model for headquarters-National Committee cooperation and “the process dictated who we spoke to rather than us thinking about the kids” (UNICEF Country Representative 2010) .

While little related evidence was collected about the effects of this engagement on advocacy efforts, those respondents queried felt that the participation of children and/or young people made a qualitative difference in their efforts. Several also advocated for more meaningful participation of children and young people as both the right thing to do in principle, and also projecting a substantive difference in campaign approaches.

One interview respondent was particularly impassioned about the issue, noting in particular the “contradiction with the Prevention P” and the call for involvement of young people in decisions that affect them, and the campaign’s lack of counsel on the subject (Former Campaign Staff 2010). Another argued:

[I]f we underpin a lot of our work with the OVC we wouldn’t need to think about, you know, ‘Are these interventions appropriate for children?’ and how we get their input would be as important as getting input from governments and non-governmental organizations and other partners (UNICEF Country Representative 2010).

In the future, the campaign should consider more substantive ways to not only tell the stories of children affected by HIV/AIDS but to ensure their voices are heard as well.

## INCREASED SALIENCE AND PRIORITIZATION OF ISSUES

The following discussion reviews changes in other institutions and organizations, including major funders, UNAIDS co-sponsors, national governments and civil society organizations. It also includes discussion of the campaign's possible global influences as well as the changes it is credited with catalyzing within the UNICEF family.

## THE CAMPAIGN AND NGOS' ENHANCED AIDS PROGRAMMING FOR CHILDREN

### Finding

Data limitations prevent assessment of which organizations have introduced or enhanced programming on children and HIV/AIDS since the start of the campaign. However, there is an overall sense amongst stakeholders that the playing field has expanded and organizations deepened their response to and collaboration with UNICEF around children and HIV/AIDS.

The evaluators were asked to identify various organizations currently involved in HIV/AIDS and children, their level of involvement, and then determine the extent to which these activities were initiated or expanded or otherwise enhanced since the inception of the campaign. This investigation was stymied by lack of data, including tracking over time or other reliable data that includes civil society organizations, what they are doing related to children and HIV/AIDS and the changes in that work over time and corresponding and dates

The evaluators started with an initial analysis of actors involved at the global level and, to a limited degree, regional level, and used the 4Ps to categorize their area of involvement. The intent was to expand, enhance and corroborate this list during the data collection process, based on feedback from internal and external informants. With lack of tracking data collected over time, data drew heavily from stakeholder recollection which was, in turn, difficult to corroborate. For example, organizations like the International Red Cross and Care International were cited as increasing their fundraising efforts around children since the inception of the campaign, but that their actual budget allocated to such efforts remained small in proportion of the fundraising efforts. That said, there was an overall sense amongst many respondents that organizations have deepened and improved their approaches to children and HIV/AIDS. There was a more limited sense that the number of organizations involved, particularly civil society organizations, has expanded as well.

*We had a synthesis of evidence and it really has changed the debate....[A] whole complex of issues that are hard to summarize in one phrase or sentence but I'd say that's another very good example of how our leadership through the campaign brought in lots of partners and has changed the dynamic of the global response (UNICEF Director 2010).*

**Finding**

Data limitations prevent assessment of which organizations have introduced or enhanced programming on children and HIV/AIDS since the start of the campaign. However, there is an overall sense amongst stakeholders that the playing field has expanded and organizations deepened their response to and collaboration with UNICEF around children and HIV/AIDS. There is strong, widespread support amongst field respondents for the view that UNICEF is taking a leadership role in the 4Ps, strongest on P1, P2 and P4 and weakest on P3. It appears UNICEF's internal shift toward more "upstream" work, such as engaging in national policy and systems strengthening work, is slow and uneven. In terms of support, regional and Country Offices are mixed on the utility, relevance and adaptability of campaign materials, and require more resources and support in the future.

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There is strong, widespread support amongst interview and survey respondents for the view that UNICEF and the campaign is a global leader in the 4Ps. The survey of field offices at country and regional levels asked, "Overall, is UNICEF an effective global leader in focusing attention on the campaign's priority issues?" The response was overwhelmingly positive but varied depending on whether we were referring to P1, P2, P3, or P4. At one end of the spectrum, for PMTCT, 100 percent of respondents "strongly agreed" (90%) or "agreed" (10%). For both P2 and P4, 93 percent of those responding "strongly agreed" or "agreed", with 7 percent "disagreeing". For P3, on the other hand, there was a more significant difference of opinion, with 75 percent of those answering still in the agree/strongly agree category and 25 percent disagreeing.



On the one hand, some survey responses and some interviews suggest a strong level of UNICEF field office engagement with national government counterparts (e.g. Ministries of Health, Education, Social Welfare, etc.) around the 4Ps but this does not appear to be across the board. Instead, what is clear is a major push at regional level, particularly in ESARO and WCARO, to work with partners to collectively take on the campaign objectives, and this appears to have translated into significant uptake of the 4Ps at the country level. Moreover, such regional collaboration derives from progress made at the global level, under the UNAIDS umbrella, to work collectively on the 4Ps as key elements of the UNAIDS Outcome Framework and within the now well established UNAIDS Inter-Agency Task Teams.

### **Internal changes**

The changes leveraged by the campaign internally at headquarters and amongst internal partners—National Committees and regional and Country Offices—were noted by stakeholders and, while not the original focus of this evaluation question bears inclusion. “The significance [of the campaign’s] internal influence is not recognized” (Regional Office HIV/AIDS Specialist 2010). Specifically, the campaign served to lend coherence, organize and focus UNICEF’s HIV/AIDS response. It “ultimately helped push the issue further in the organization” (Former UNICEF staff 2010).

The campaign served as an internal organizing mechanism or “chapeau”, focusing attention amongst competing issues, unifying strategies and knowledge base at all levels, including country/regional, for a more targeted approach. In particular, the HIV/AIDS team was seen as becoming more motivated and effective (HIV/AIDS Section Staff/Management 2010).

The campaign’s common internal messages and link to clear results has also apparently been useful for some Regional Offices in turn mobilizing external partners and “influenced the regional discussion of prevention” (Regional Office HIV/AIDS Specialist 2010).

### **Changes amongst National Committees and field offices**

This evaluation report has discussed at length the successes and disappointments of the campaign vis-à-vis National Committees and Regional and, to a lesser degree, country, offices. Clearly the reviews are mixed. Unfulfilled expectations and needs, insufficient plans and resources are amongst the key issues. Within this context the evaluation sought to understand at some level whether the campaign has made inroads on implicit interim outcomes. Specifically, whether the campaign is also connected to internal changes with critical campaign partners—National Committees and field offices.

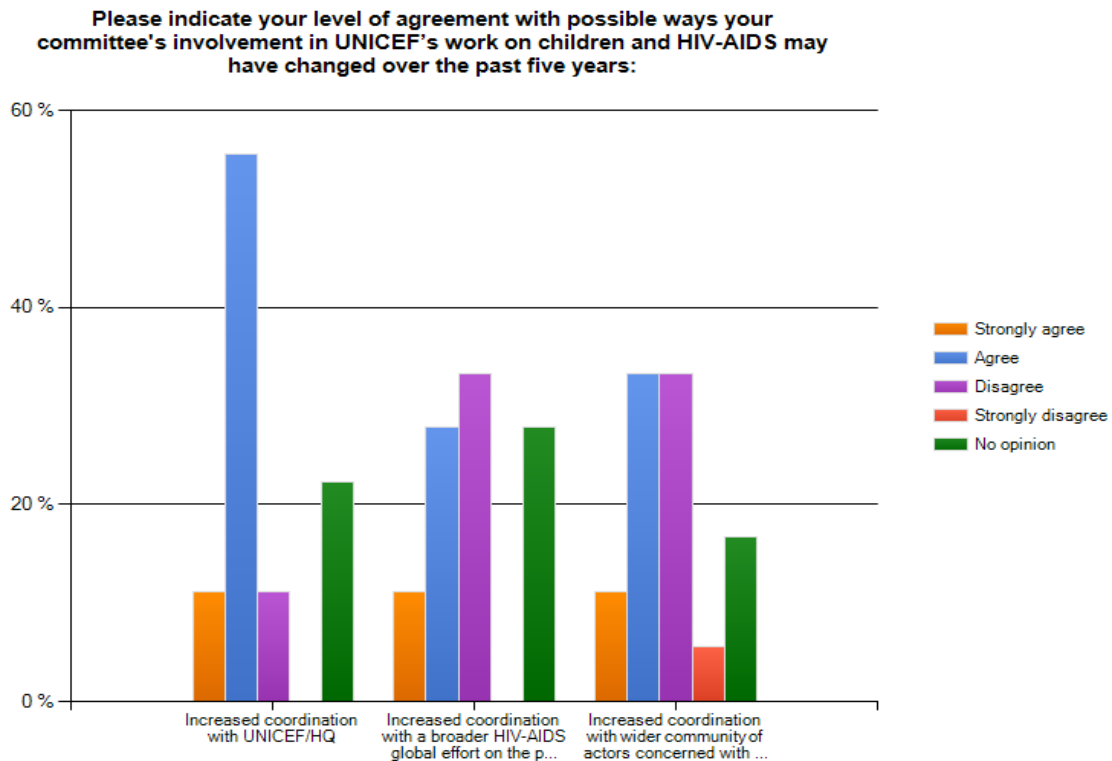
A survey question was aimed at understanding whether the campaign facilitated intensified collaborations with UNICEF headquarters, and whether it served as a gateway to expanded involvement in broader global efforts as well as increased cooperation with a wider body of actors working on HIV/AIDS.

### **Changes amongst National Committees**

As the chart below illustrates, amongst 67 percent of National Committees respondents agree the campaign increased their committee’s coordination with UNICEF headquarters. Significantly fewer, 39 percent, credit the campaign as resulting in increased coordination with the broader HIV/AIDS movement, and 33 percent disagree

or strongly disagree that it has had this effect. Further, 44 percent strongly agree or agree that the campaign helped their National Committee increase coordination with a wider community of actors concerned with children and HIV/AIDS.

Figure 22 National Committee survey responses (n=17)



### Changes amongst field offices

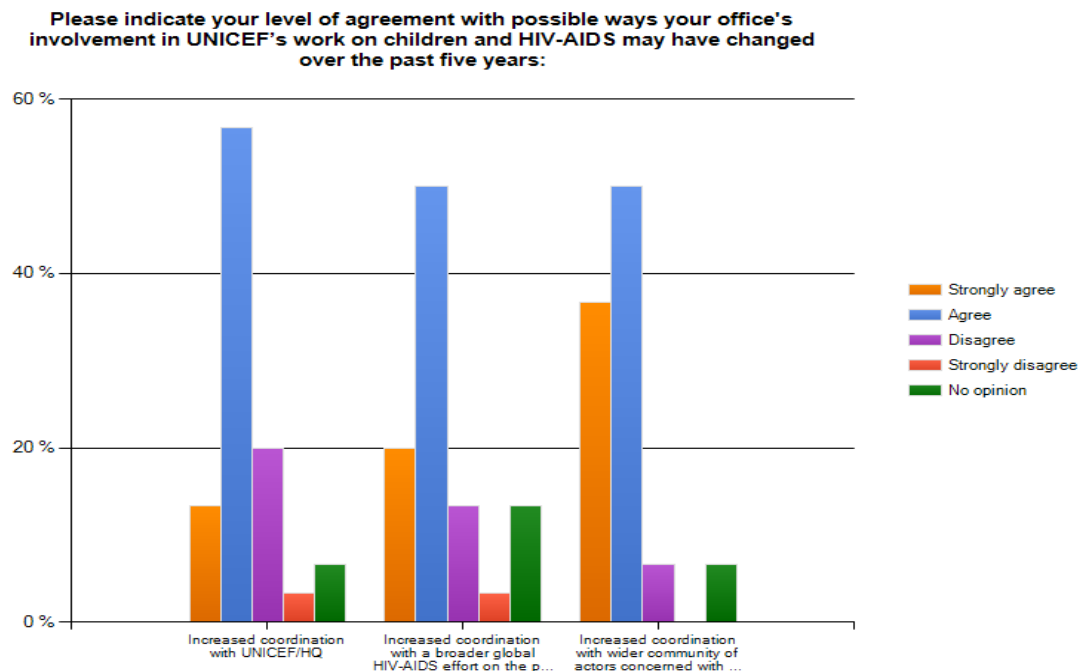
The campaign's influence on field offices appears to be positive, facilitating increased interactions with governments and partners. This change was also noted by external informants commenting on UNICEF's work in West Africa.

Among field offices, 70 percent agree or strongly agree that the campaign has resulted in increased coordination with headquarters, though 23 percent disagree or strongly disagree with this statement. The campaign does appear to have broadened connections for a significant proportion of field survey respondents, and 70 percent strongly agree or agree that the campaign has increased their offices coordination with broader global HIV/AIDS efforts; 16 percent of respondents disagreed with the statement. Even more, 87 percent, reported that the campaign has resulted increased coordination between their field office and a wider community of actors concerned with children and HIV/AIDS.

At least one external observer, a civil society organization representative who collaborates with UNICEF in Africa, noted an improvement in Country Offices' acumen around children and HIV/AIDS:

*The shift I have noticed over the last years was that at the beginning, having to explain a lot more to UNICEF people why PMTCT was important to the health of children, and having to make that link to them more, and more persuasively, about the importance of healthy mothers if you're looking at healthy children. The last couple of years, you don't have to do that. Everybody's on the same page (Non-governmental Organization Representative 2010).*

Figure 23 Field office survey responses (n=30)



The campaign is clearly credited with making internal inroads to develop these connections.

In terms of supporting field offices' work on HIV/AIDS at the regional and country levels, the results paint a mixed picture of majority agreement that campaign tools, advice and support are relevant and adaptable for use in regional and country level work. Sixty percent of respondents agreed or strongly agreed with this statement, while 30 percent disagreed or strongly disagreed and ten percent expressed no opinion. This is consistent with the answers to other, related questions. For example, in response to the assertion that UNICEF adequately supports field offices' efforts to engage in children and HIV/AIDS-related policy, planning, implementation, and monitoring of national responses to children and HIV/AIDS, just over three-quarters agreed or strongly agreed, while just under one-quarter disagreed.

Field survey respondents report extensive externally-focused use of UNICEF's children and HIV/AIDS communications materials and data. As illustrated by the chart below, top uses include externally-focused advocacy with governments, guidance to other partners as well as internally to inform priorities and strategies. Based on interviews, there is clearly a sense that more could be done with greater headquarters support and investment in the field, particularly in those regions and countries that are outside of the campaign's geographic focus and thus feeling marginalized. Even for those offices prioritized by the campaign, a clear message is that

more robust support is needed particularly to achieve advocacy objectives. As one field office interviewee put it, “We don’t have the capacity to do the advocacy or communications piece. Rolling the campaign out feels like a load. We don’t have the staff...we have program staff but not advocacy or communications staff” (UNICEF Regional Office HIV/AIDS Technical Advisor 2010).

It appears UNICEF’s internal shift toward more “upstream” work, i.e. engaging in national policy and systems strengthening work as opposed to direct service delivery efforts “downstream, is slow and uneven.

## THE CAMPAIGN AND CREDIT FOR NEW OR ENHANCED HIV/AIDS STRATEGIES FOR CHILDREN

### Finding

A global shift in the approach to children and HIV/AIDS has clearly taken place, and there is widespread opinion that the ‘4Ps’ have emerged as the organizing framework. External changes and campaign influence is anecdotal, with strong evidence of a more child-centered approach on the part of global institutions and national governments to which the campaign is perceived to have contributed. It is clear that the campaign has yielded significant internal influence within headquarters and amongst its closest partners, National Committees and field offices.

The norm used to assess this question was:

*Connections to the campaign, corroborated with direct work by the campaign, reflecting factors such as campaign priorities (4Ps), campaign targets, references the campaign and references UNICEF’s work on children and HIV-AIDS*

To obtain data, the evaluators first developed a list of organizations and individuals engaged in children and HIV/AIDS, as noted above. Second, the interview protocols with internal and external stakeholders included related questions, soliciting respondents’ observations of changes in their own and amongst other organizations related to children and HIV/AIDS and the extent to which those changes may be related to the campaign. Surveys also included open-ended questions soliciting respondents’ related observations.

While these responses yielded very useful and relevant information, it is by no means complete. Early on, it became clear that most external interview respondents were hesitant to make any connection between the campaign and influences on their own organizations. The evaluators also had limited opportunity to corroborate information, particular when a respondent expressed an opinion or made an observation related to changes in another organization’s work. A further limitation relates to the intensity of related activities, and the difficulty of really understanding who was influencing whom. For example, several internal interview respondents expressed opinions that the campaign had influenced the GFATM. Conversely, the interview respondent from that agency opined that it was the GFATM that influenced UNICEF; it had created an enabling environment around PMTCT and thus likely had a positive influence on UNICEF’s involvement in the issue. While campaign influences on individual organizations and institutions was difficult to parse, two clear themes emerged from related queries:

1. UNICEF, via the campaign, has helped set the global agenda on children and HIV/AIDS. Specifically, the 4Ps have emerged as the unifying framework around which major actors organize their HIV/AIDS response.
2. The campaign has contributed value-added to UNICEF, even beyond its HIV/AIDS mandate, by facilitating cross-section collaboration and contributing to a streamlined connection between some external, global actors and UNICEF Country Offices.

The children and HIV/AIDS movement appears to be coalescing and UNICEF's role in this effort, by helping to set the agenda and providing a unifying framework, is a significant contribution.

The following discussion provides an overview of information provided by evaluation stakeholders about changes that may be credited or partially credited to UNICEF within their own organizations or which they have observed in country governments, other organizations and the broader movement. The review builds on previous discussion of internal changes and influence, moving out to changes amongst civil society and non-governmental organizations, global institutions and actors to the broader global movement and country-level changes.

In terms of influence on other partners, survey data supports the view that a more child-centered approach to HIV/AIDS on the part of UNICEF partners has emerged, but it is not clear to what degree this shift is in response to the campaign or to increased collaboration or cohesion created by regional coordination mechanisms and processes. The survey of field offices, in particular, indicates that 90 percent of respondents agreed that global campaign partners (e.g. UNAIDS co-sponsors and major donors) working in their regions or countries are aware of the campaign and 80 percent reported that partners and stakeholders at the field level have shifted to a more child-centered approach to HIV/AIDS. However, there is no credible connection to be made between those organizations' awareness of the campaign and shifts in their programming in focus that mirror the campaign priorities.

As described by UNICEF WCAR staff, partners have come together at regional level and, in the process, unified their efforts to advance a common HIV/AIDS agenda, one that is fully inclusive of children and, specifically, the 4Ps. The Joint UN Regional Team on AIDS (JURTA), under the UNAIDS umbrella, is a regional coordination mechanism in which essentially all the co-sponsoring agencies participate, along with civil society and funding partners, e.g. the Global Fund. The JURTA agrees on annual work plans that include objectives and activities related to children and AIDS and the four Ps. These then become everyone's business, not only of concern to the Regional Office of UNICEF. The entire joint UN team meets regularly and plans, implements, and reviews progress together. Regional coordination also takes place on a P by P basis, through regional IATTs or RIATTs that facilitate joint planning, program collaboration, and influencing work across a range of governmental and civil society partners.

Some anecdotal changes at the regional and country levels emerged, some of which respondent's connected to the campaign's activities and influence. First, eighty percent of field survey respondents overwhelming identified shifts to more child-centered approach to HIV/AIDS in their regions and countries (10 percent said "no" and 10 percent selected "no opinion"). Corresponding majorities also said they raised the campaign and its priorities to other organizations (87 percent) and also raised issues related to the need for a more child-centered approach to HIV/AIDS with these partners (93 percent). While not demonstrating any causal link, the responses illustrate that at least amongst the survey respondents the campaign and priorities are utilized in discussions with other organizations and institutions and there appears to be a positive shift in the direction of a more child-centered

approach to the HIV/AIDS responses of civil society, governmental and other organizations in the country or region.

Survey and interview respondents offered the following anecdotal support:

- General awareness
  - Since the campaign, there has been an increased focus on children and HIV, and the campaign and the 4Ps are well known. OVC awareness has been raised “but it’s the most marginalized dimension of the response” and underfunded (Regional Office HIV/AIDS Specialist 2010).
- Regional plans
  - Joint UN plans at regional level (JURTA) include objectives and activities on children and AIDS. (UNICEF Regional Office HIV/AIDS Technical Advisor 2010)
- Government prioritization
  - UNICEF is credited with countries in the West and Central Africa Region having national plans of action (UNICEF Regional Office HIV/AIDS Technical Advisor 2010)
  - PMTCT and Paediatric AIDS scale up plan is a centre stage at MOH (survey response)
  - For Tamilnadu, PPTCT program is the flagship program and the most visible. (survey response)
  - The national Policy for HIV & Aids vulnerable children (survey response)
  - The [Chinese] government launched the campaign in 2006 to address the 4Ps (survey response)
- UNICEF partnerships
  - “The Global HIV/AIDS Alliance is supporting civil society organizations in Tanzania to start a campaign to end paediatric aids (CEPA) and UNICEF TCO has been requested to take an important role in advocacy and communication”
  - Many civil society organizations have partnered with UNICEF to implement projects targeting young people with focus on the most vulnerable young people in the context of Sudan (young people in the IDP camps , Children with disabilities ..etc ) (survey response)

These results should also be cautioned, again, with the emphasis that the campaign is reflected unevenly across regions.

### **Changes amongst civil society and non-governmental organizations**

Quality information about substantiated changes in civil society organizations was very limited. While most respondents expressed a general sense of increased involvement by civil society organizations, few offered specific details. The limited scope of civil society interview respondents also restricted quality information. Some organizations cited their influence on UNICEF’s approach to HIV/AIDS, further illustrating the challenges of addressing this question using the methodology selected by the evaluation and with available data and resources. Some interesting anecdotes did emerge, in addition to the honest and open “party-crasher” metaphor advanced by one civil society respondent.

- By including HIV/AIDS prevention activities in their programs and also for example PROBIDSIDA [a Panamanian NGO] is no[w] focusing on the impact in th[e] life of children that is given because of their support activities to the mothers.

- UNICEF’s technical and advocacy leadership on P1 and P2 has been a “stabilizing and critical force” (Non-governmental Organization Director 2010).
- The Global Children’s Alliance and World Vision representative identify their organizations’ HIV/AIDS work as aligned with the campaign’s priorities.
- civil society (e.g. the Global AIDS Alliance-UNICEF collaboration in six developing countries)

Given the campaign’s limited engagement and lack of explicit approach to external partnerships with civil society organizations, most influence on the part of the campaign would most likely result from adoption by those organizations of campaign priorities, strategies, messages, etc., rather than through any coherent effort on the part of UNICEF.

### **Changes in global institutions**

While not a direct area of inquiry, findings related to UNICEF’s global influence emerged during the course of data collection. These changes are taken to reflect either UNICEF’s or the campaign’s influence or the perceptions of multiple informants about the campaign’s (or UNICEF’s) influence. While the evaluators cannot distinguish between real or perceived influences, or whether these perceptions are shared beyond evaluation informants, the evaluators felt they merited inclusion in the discussion.

Significant shifts amongst the institutions responsible for setting the global HIV/AIDS agenda were noted by respondents, some of whom credited the campaign’s influence: Examples offered by survey respondents included WHO and UNAIDS, as well as the “paradigm shift” among a range of actors (e.g. World Bank, DFID, etc.) toward child-sensitive social protection efforts that are inclusive of AIDS-infected and –affected children as opposed to the previously dominant AIDS orphan-specific protection, care and support approach. Reference was also made to joint UN-wide planning on children and AIDS at regional level, as described above, as well as collective children and AIDS planning at country level within the context of government-led national strategic plans.

Beyond the regional structures for joint planning and action around the 4Ps as a central part of the broader HIV/AIDS response (the JURTA and RIATs described above), field interviews indicate that key actors in the fight against AIDS have internalized the 4P agenda and essentially own it themselves.

### ***UNAIDS co-sponsors***

1. **UNAIDS and the UNAIDS framework:** UNAIDS’ increased interest in PMTCT is largely credited to Michel Sidibe’s leadership. UNICEF informants note that UNAIDS has taken on “regional implementation and reflection of the campaign”. UNAIDS initially relied on the UNICEF Regional Office for data, but now two to three years later is presenting its own data and work as organized around the 4Ps. (Regional Office HIV/AIDS Specialist 2010)
2. **WHO is strongly supporting PMTCT,** particularly the treatment side (UNAIDS co-sponsor 2010). Again, while connection to the campaign is unclear, several respondents noted the shift.

3. **UNFPA:** Some strengthening in UNFPA's focus on adolescent and HIV prevention. (UNAIDS co-sponsor 2010).
4. **Leading focus on prevention amongst most at-risk adolescents:** UNICEF is credited with taking up a neglected aspect of one of the most-neglected 'P's. "I think UNICEF has contributed a lot in terms of taking on the issue of most at risk adolescents" (UNAIDS co-sponsor 2010).

### ***Global funders***

*Changes in global funders and funders are examined in greater detail below, in section*



## CHANGES IN TARGETED INSTITUTIONS AND POLICIES: MAJOR FUNDERS AND RESOURCE TRENDS.

1. **Shifts in GFATM and PEPFAR:** Both agencies are credited with putting greater emphasis on children and young people and earmarking resources for child/youth programming. The direction of influence, however, appears to vary with the position of the informant. The GFATM allowed existing grantees to reprogram around children and AIDS and PMTCT (Regional Office Director 2010). The Global Fund is including UNICEF in their proposal review and funding processes.

### **Global funding**

1. **Funding earmarks:** PEPFAR, and the governments of Ireland and the United Kingdom are noted for earmarking HIV/AIDS funding for children.
2. **Funds leveraged:** While the campaign is not credited with raising funds for UNICEF to the level anticipated, respondents at headquarters and regional levels credit it with leveraging additional funding that did not flow directly to UNICEF. One example is \$2 million grant to Uganda from PEPFAR to look at children/HIV, which was facilitated by the UNICEF Regional Office (Regional Office Director 2010).

Related, the Irish, Italian, and UK NatComs played an influencing role on the level of attention to children/HIV in their countries/EU. It was noted that these efforts did not result in associated fundraising for the campaign. (Former National Committee Director 2010)

### **Global changes**

“Huge, huge, huge, quantum shifts in the last years.”  
(Non-governmental Organization Representative 2010)

Over the past five years, the global response to children and HIV/AIDS has coalesced around the 4 P priorities. Shapers of the global AIDS agenda—UNAIDS, major funders—have shifted their focus to include children. Organizations concerned with orphans, including faith-based organizations, are joining with UNICEF to support a broader response (UNICEF Director 2010). Put more simply, in the words of a UNICEF civil society partner:

Internal stakeholders reflect this change as well, particularly notable against a backdrop of campaign disappointments:

*With the exception of some concern about orphans this is something that wasn't on the radar and that's changed completely. Everyone recognizes that it's a children's issue. All my criticisms don't do anything to undermine that. That's very important, very powerful.* (National Committee Director 2010)

Global awareness is observed to have been raised, and the 4Ps have provided conceptual clarity and an effective communications tool to convey what was needed to address children and HIV/AIDS.

### **The 4Ps as a unifying framework**

*There had been competing frameworks and now the Unite campaign framework has risen to top and united players around it.*

(Non-governmental Organization Manager 2010).

Informants from a range of internal and external stakeholder groups were unequivocal that the 4Ps serve as the global framework for children and HIV/AIDS. The 4Ps provide conceptual clarity and an effective communications tool to convey what was needed to address children and HIV/AIDS. . At this point, the 4Ps have apparently become part of the language around children and HIV/AIDS. Stakeholders cited as evidence conference agendas and country responses. Campaign goals and targets in the form of the 4Ps apparently also found footing with IATT partners who then have adopted them and percolated priorities up within their respective institutions (UNICEF NY Technical Lead(s) 2010),

The significance of the 4P banner was relayed by a major civil society organization with a major emphasis on children and HIV/AIDS, but which does not consider itself a partner in the campaign. As quoted elsewhere in this report:

*Even though we haven't been invited to the party, we still use the top line goals...it's what we're really trying to achieve for children...we come to the party anyway. But it's important to have that banner up for the party, even if we're sitting at different tables, playing different games...We can do that under the Unite banner without everyone having to pay attention to exactly what everyone else is doing, what's going on with everyone else. That's what the campaign offers.* (Non-governmental Organization Representative 2010)

This unifying banner, as well as the momentum created when all levels of a major institution align in a common purpose—however imperfectly—has been UNICEF's significant contribution to setting the agenda around children and HIV/AIDS.

## TRENDS IN CHILDREN AND HIV/AIDS COVERAGE AT CONFERENCES AND IN PUBLICATIONS

### Finding

Trends in conference attention to children and HIV/AIDS is not clear, there was a positive shift between the 2004 to 2008 period in coverage of children and AIDS in high-profile conference plenary sessions. In terms of publications, between 1990 and 2008 there was a steady increase in articles including discussion of children and HIV and then apparently a precipitous drop in 2009.

### Trends in attention at global conferences

Based on a review of the themes covered at the 2004, 2006 and 2008 International AIDS Conferences and interviews with key informants, the overall trend is not particularly clear. A scan of conference agendas and an interview with a civil society organization director involved in advancing coverage of children's issues at major HIV/AIDS conferences indicates that while the quantity of abstracts and overall sessions on children and AIDS may not have notably increased since 2004,, the quality of the venues afforded children and AIDS presentations at the bi-annual International AIDS Conference has.

A web search of the International AIDS Society web site (the IAS is the custodian of the conference) reveals that approved abstracts addressing PMTCT, pediatric AIDS treatment, adolescent and young people prevention, and OVC protection, care and support increased between 2004 and 2006 (by about 15-20%) but then dropped by roughly an equal amount from 2006 to 2008 (International AIDS Society 2010). Actual sessions – abstract-driven or otherwise – addressing some aspect of children and AIDS do not appear to have shifted markedly from 2006 to 2008 (records for 2004 were difficult to access via the web), going from 23 to 25.

What did shift in this 2004 to 2008 period, as highlighted by several interviewees, was the breakthrough for children and AIDS in conference plenary sessions, the most visible and sought-after (“extremely political”, according to one informant) slots at the conference. The trend toward high-profile attention to infected and affected children began in Toronto in 2006 with Ruth Nduati’s plenary speech on pediatric AIDS. This was followed by Linda Richter’s plenary speech in Mexico City in 2008, which looked, for the first time, more broadly at children affected by AIDS. In addition, according to a key informant, other sought-after slots on the agenda, e.g. for what are called non-abstract driven sessions, have featured more children and AIDS issues over the past few years (Non-governmental Organization Manager 2010).

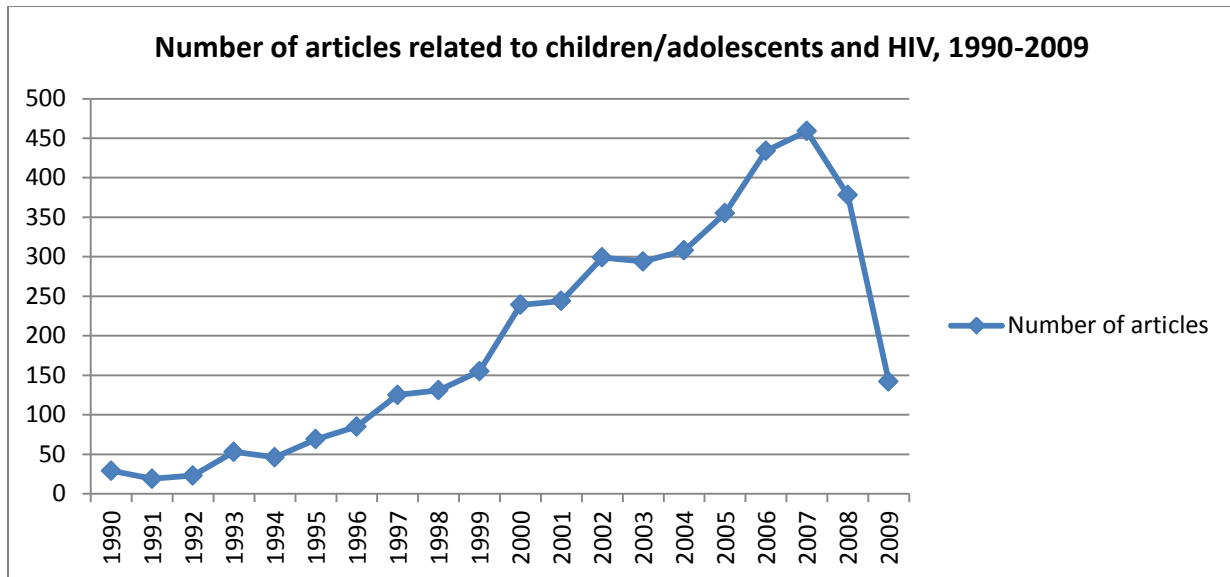
### **Trends in attention to children and AIDS issues in the realm of peer-reviewed publications**

A literature scan signaled a steady increase between 1990 and 2008 in articles including discussion of children and HIV and then apparently a precipitous drop in 2009. Data for this question was generated by searches through UNICEF’s subscription to the EBSCO Host® Electronic Journals Service (EJS), which includes over 20,000 e-journals. However, as EBSCO Host does not include *all* journals, this search may not be representative of all peer-reviewed publications. This search also includes all professional journals included in EBSCO and was not able to distinguish between those which are peer reviewed and those with less rigorous submission processes. Finally, searches using *Ebsco Academic Search Premier* yielded even more articles but did reflect the same trend of steady increase in coverage and then a 36 percent drop from 2008 to 2009. So, while total numbers may be somewhat imprecise, the results of this review may be indicative of broader trends in the coverage of children and HIV issues in professional journals, peer reviewed and otherwise.

An initial search was conducted of titles and abstracts for reference to “HIV” and “child” or “adolescent”. The evaluators reviewed a sample of 250 titles to test whether the search yielded relevant articles. Less than 10 percent of these were not relevant, so the search seemed to produce reasonable representation of the articles published that relate to HIV/AIDS and children. Additional searches using alternate terms such as “pediatric” and “children” and “AIDS” were conducted and produced comparable results, so the evaluators felt sufficiently comfortable using “child” or “adolescent” and “HIV” as search terms.

Next, citations and abstracts of articles were searched, based on the assumption that if articles gave priority attention to the topic it would be represented in the article title and/or abstract. (An article might include the two words without focusing on the issue.) A sample comparison of articles in 2008 confirmed this. As illustrated by the chart below, journal articles related to children and HIV increased steadily from 1990 until 2007, but dropped in 2008 and then again, precipitously, in 2009.

Figure 24 Number of articles published with "child" or "adolescent" and "HIV" in the title and/or article abstract, by year from 1990 - 2009.



To further understand the focus of the article and identify possible trends, for the years 2000, 2005 and 2009 all titles/abstracts were reviewed to identify specific P-related focus. Additional categories were added to capture articles which related to the 4Ps but fell outside or across P areas. Until 2009, amongst the 4Ps relatively more attention was given to treatment of HIV-infected infants and children. This may be due to the focus on research and development of effective drug regimens for children. The next most predominant ‘P’ was P3, prevention, which, when considered with the other evaluation findings indicating a lack of progress or effective attention to P3, may indicate the continued confounding effective programmatic interventions or scale-up of effective intervention. Still, this finding somewhat contradicts the sense of P3 as the “lost” P. Given the attention to P1, preventing mother-to-child transmission, it is a bit surprising to see relatively lower coverage in the articles reviewed. The least covered of the 4Ps, consistently, was related to orphans and vulnerable children. The review counted any related articles in this category—ranging from support to caregivers of AIDS orphans, nutrition and health services for orphans, and included both medical and social research. Finally, least covered were articles that covered all four Ps, such as those dealing with the range of issues related to children and HIV/AIDS.

Figure 25 Total number of articles related to P1, P2, P3, P4 and all 4Ps, in 2000, 2005 and 2009

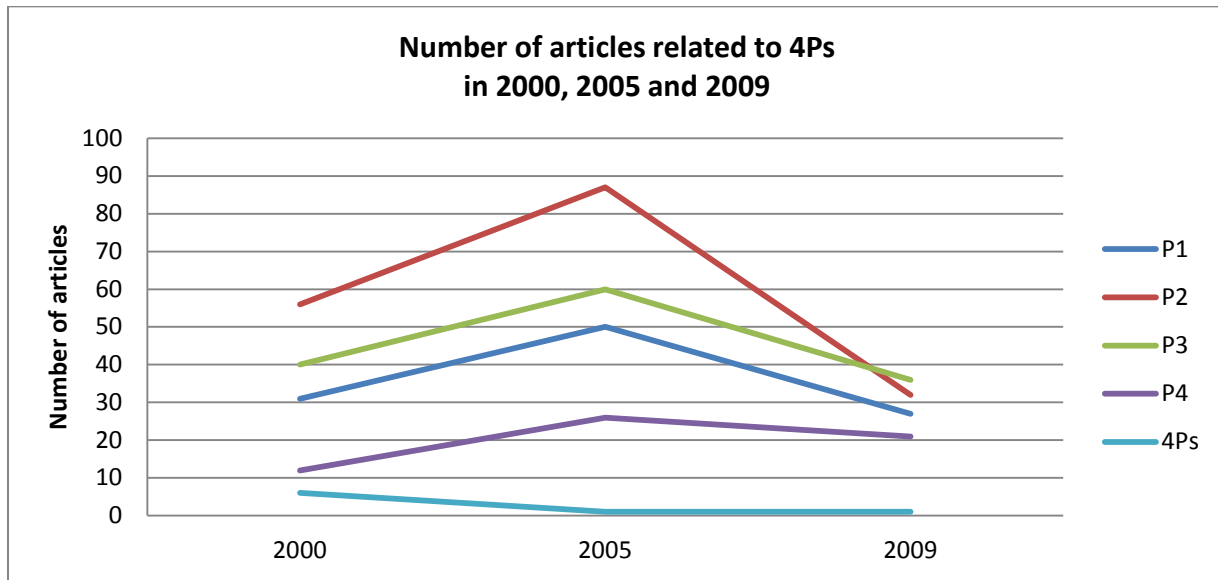
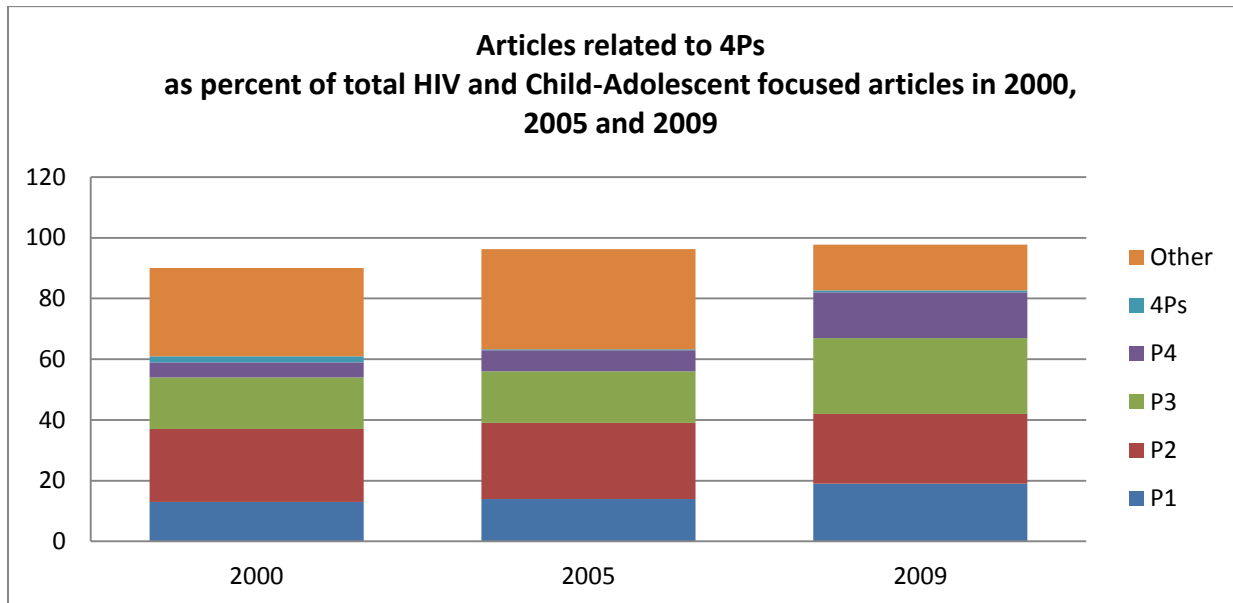


Figure 26 Articles related to P1, P2, P3, P4 and all 4Ps, as a percent of total HIV and child-adolescent focused articles, in 2000, 2005 and 2009



Most concerning is the drop in children or adolescents and HIV-related articles since 2009, though the evaluators are not positioned to comment on causes. This limited scan also appears to indicate a shift in published articles toward the 4 P streams, as illustrated by the graph above. This may be caused by increasing clarity over time about the specific area where HIV/AIDS most affects children, reflective of the campaign’s own initial evolution from a focus on orphans and vulnerable children. The trends in publications overall is presumed to follow a trend in research, which may flag an area for the campaign to investigate. In particular, the campaign may wish to review

whether research related to children and HIV has been dropping or whether the coverage reflects the editorial focus and priorities of journals.

## POTENTIAL FOR CAMPAIGN INFLUENCE ON CONFERENCES AND PUBLICATIONS

### Finding

Available evidence suggests that UNICEF could be more engaged and have more influence on global conferences and peer-reviewed publications, although the tensions around competing agendas are palpable and the opportunities for influence opaque. It would make most sense for UNICEF to invest in this direction, alongside partners, only around specific areas of campaign focus, e.g. vertical transmission, sexual violence, and social protection. Investigating whether trends reflect UNICEF sufficiently investing in evaluations and research to feed into these dissemination mechanisms. Efforts should tie its “upstream” programming in the developing world – and resulting policy-relevant data and knowledge – to specific, related policy and programming debates at the international level.

The agenda for the bi-annual international AIDS conference is determined through an elaborate and hard-to-follow process of committees and sub-committees, headed by the Conference Coordinating Committee. Various committees/sub-committees are charged with selecting topics, abstracts and speakers for a range of (plenary, abstract driven, non-abstract driven, “bridging”, skills building, satellite, etc.) sessions, and there is limited transparency surrounding their deliberations. Moreover, the competition is stiff for “air time” at these conferences. While there are limits on space and priorities, many different constituencies or interest groups vie to be heard. As one interviewee described it, “there’s a systemic problem of so many people howling at the gates” (Non-governmental Organization Manager 2010).

The campaign has developed, since early on, a strong and steady communications capacity and track record of publications on children and AIDS, most notably the annual Stocktaking Report. Along with its programmatic work, partnerships, and related advocacy efforts, the campaign’s communications have helped, by all accounts, to move children considerably higher on the global HIV/AIDS agenda. Documentation produced by UNICEF indicates a significant level of attention to and analysis of global conferences (UNICEF 2009). While it is unclear what level of recent effort has been exerted to influencing conferences, clearly it has been a priority for the campaign, which made a deliberate effort to ensure children’s issues were on the agendas of HIV/AIDS-related conference and covered in sessions and also facilitated country submission of abstracts. In contrast, the same well-positioned informant cited above did not feel that UNICEF and the campaign have been particularly active in influencing global conferences. This did not come up as a significant recent line of action in internal interviews either.

To be more influential, according to the above-mentioned informant, UNICEF and allies will have to address systemic barriers and capacity issues with abstract submissions. Points of access or leverage for conference agenda setting include influencing the Conference Coordinating Committee UNICEF’s position on the steering committee of UNICEF does sit on the steering committee of the Coalition for Children Affected by AIDS (CCABA) also affords and opportunity to exert more influence. More programmatically, one key informant emphasized the importance of research in the field of children’s HIV/AIDS services, lamenting that there has not been a lot of good program evaluation and thus limited evidence to present at the international AIDS conferences (Non-governmental

Organization Manager 2010). For capacity constraints, investment in sound evaluation is needed, as well as support to in-country partners to develop quality children and AIDS abstracts, based on good research and analysis.

## CHANGES IN TARGETED INSTITUTIONS AND POLICIES: MAJOR FUNDERS AND RESOURCE TRENDS

Global funding institutions and policies in large part control the purse strings to the global AIDS response. The campaign's theory of change and plans emphasized the major funders as a key route through which to affect broader change in the Four Ps. This section discusses the campaign position in relation to the major HIV/AIDS funders and related resource trends.

### CAMPAIGN POSITION VIS-À-VIS THE MAJOR HIV-AIDS FUNDERS

#### Finding

While appearing to be somewhat ad hoc, the campaign/UNICEF has close and high-level relations with the major donors. There is a tension, however, that arises from UNICEF being both an advocate and an implementer, with a perception that the organization is foremost interested in generated resources for UNICEF.

The campaign generally works closely, including at high levels, with the major donors, positioning itself as the voice of children infected and affected by HIV/AIDS. UNICEF's interactions with them appear to take place across a range of agency representatives and levels, from the field to headquarters, and around their specific issues of the day in any given context.

The UNAIDS IATT structure for P1/P2, P3, and P4 provides a vehicle for regular coordination and joint work at the global and regional levels is. Through this mechanism, UNICEF and the campaign team have worked very closely with, among others, the PEPFAR, the Global Fund, and the World Bank (on P4 in particular, along with DFID).

Around P by P technical coordination and global monitoring of progress, relationships are close and ongoing, although these are with UNICEF (beyond the campaign). Campaign staff has worked closely, as described elsewhere, with the Global Fund and has begun the same with PEPFAR to find ways of tracking actual investments in the 4P priorities. Such collaboration represents a means to deepen relationships more generally (Campaign staff 2010).

#### Case example

##### **GFATM and UNICEF 2.0: Toward a coordinated PMTCT response/Effective Country Level Partnership**

- Factors improving
  - People:* the work is "personality driven". Great staff and energetic leadership
  - Clarity:* PMTCT had been identified as a priority and field offices were clear on plans, messages, directions
  - Structure:* UNICEF had a mechanism in place to clearly communicate with and connect global priorities with country level work.
- These are the factors that enabled UNICEF to quickly mobilize around a collaborative response to PMTCT
- For continued success, country level staff have to reflect excellence of global staff

(Global HIV/AIDS funder 2010)



Generally, stakeholders view the campaign's engagement with major donors as positive, particularly since 2008 and the arrival of a campaign coordinator and staff. Senior-level engagement with the donors has increased visibility and credibility, according to stakeholders, and positioned the campaign for influence and strategic partnerships. At the field level, the campaign and the 4P framework likewise have positioned the campaign to shape the major players' HIV/AIDS approaches and investments. UNICEF and the campaign's contribution in moving the situation of infected and affected children up on the agenda is widely appreciated.

On the other hand, multiple stakeholders interviewed commented on how UNICEF's relationship with the big donors is colored by the fact that UNICEF is not only in the business of pressing for the children and AIDS policies and investments required to achieve the 4P targets but also is highly interested in mobilizing resources for its own programs. This internal tension that comes with being both an advocate and implementer complicates UNICEF and the campaign's engagement with the donors, especially since the campaign has been far more focused on meeting its own resource mobilization targets than broader community-wide targets. It was revealing that at UNICEF's HIV/AIDS Regional Advisors' meeting in New York in early March (2010), the session entitled "Opportunities for Resource Mobilization" was exclusively focused on UNICEF fundraising for its own HIV/AIDS programs, not at all on overall community-wide resources for children and AIDS.

The funders themselves appreciate the role of UNICEF as a champion for infected and affected children and perceive the agency as a leader and partner in moving the dial on the 4P targets. The campaign itself is not particularly visible. One informant from a funding agency commented that, in her opinion, UNICEF has always focused on children and always focused on HIV/AIDS, with little impression of any shift in focus or quality since the inception of the campaign. As one external interviewee observed, "There is a real space here for UNICEF and I think that UNICEF has an unquestionable voice on children that resonates well...with policy makers" (Global HIV/AIDS Funder 2010). Indeed, an emerging area of "partnership" seems to be with PEPFAR and the Global Fund, despite the dual advocacy/collaborative role the campaign must balance. The case example at right illustrates potential for future country-level collaboration with these institutions, as well as what seems to be an emergent reputation for cohesion and responsiveness in UNICEF's HIV/AIDS approach, which may be attributable to the campaign.

## CAMPAIGN ACCESS AND INFLUENCE WITHIN THE MAJOR FUNDING MECHANISMS

### **Finding**

Field office and headquarters respondents perceive an improved level of access to and influence on global funders, particularly the Global Fund and PEPFAR. UNICEF's own funding relationship with the major donors may dilute its ability to advocate. Further efforts are required if UNICEF is to position itself as both a partner and an advocate, influencing directly from within while shining a light on spending shortfalls for the whole world to see and use in their advocacy. While not the initial focus of this issue, the conflict between resource mobilization and resource leveraging arose as an internal bottleneck. Success is defined by the amount of resources raised on behalf of UNICEF, creating as disincentives to staff working to leverage resources on behalf of others for their children and HIV/AIDS work.

The norm used to assess this question was:

*Changes in campaign members' levels of access and perceived changes in influence; risks/benefits of insider-outsider positioning*<sup>1</sup>

The overall sentiment on this question is that UNICEF and the campaign team are already working closely with the major donors and should continue to do so in order to continue to foster increased attention and deeper commitments and partnerships on the 4Ps. As one campaign team member put it, "If we remain too distant, children will remain at the periphery" (Campaign staff 2010). Access and influence come through both periodic high-level senior management interactions in Washington, Geneva, etc. and regular staff working-level mechanisms for coordination and collaboration at country, regional and international levels. For example through UNAIDS, the global and regional IATTs, and Joint UN Regional and Country Teams on AIDS.

Among field staff responding to the survey, 97 percent indicate that their offices engage directly with major funders around UNICEF's children and HIV/AIDS priorities. Sixty-seven percent of respondents agreed or strongly agreed that UNICEF has achieved a desirable level of access and influence with major donors around UNICEF's children and AIDS priorities. While 23 percent disagree or strongly disagree with the statement, supporting this significant minority were comments such as "we are getting there but we haven't reached the desired finish line".

Several examples provided by both internal and external informants illustrate a sense of UNICEF's influence on the funding mechanisms, or at least positive movement by those institutions. Examples provided by field survey respondents include:

- The strong embrace by UNAIDS of the campaign agenda, including clear incorporation of the 4Ps in its current outcome framework.
- The Global Fund's explicit prioritization of virtual elimination of vertical transmission.
- The Global Fund's "Reprogramming Initiative" to allow for funds already allocated to developing countries to be redirected toward more effective PMTCT programming.
- Increased focus on PMTCT on the part of PEPFAR.
- Earlier on in the campaign, the set-asides for OVC protection, care and support by the USG for PEPFAR and by the British and Irish Governments.

UNICEF and the campaign's strategy early on of ensuring the 4Ps were covered by the IATTs and then pursuing aggressively a leadership position in the Task Teams, particularly lobbying for and negotiating a co-lead role alongside WHO for P1 and P2, was highly strategic and successful in forging a position of access and influence vis-à-vis the key players in the global fight against HIV/AIDS. Certainly the personnel overseeing the campaign as HIV/AIDS Section Chiefs have brought with them high-level relationships with the major donors, and particularly the US Government and the Global Fund. And, more recently, having a Campaign Manager in place has enabled more regular outreach and relationship building with major donors, not only at PEPFAR and the Global Fund but also with others, e.g. the Clinton and Gates Foundations.

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<sup>1</sup> Based on discussion of "Insider-Outsider" advocacy approaches: Maloney, William A., Jordan G., and McLaughlin A. (1994). "Interest Groups and Public Policy: The Insider/Outsider Model Revisited" *Journal of Public Policy*, Vol. 14, No. 1 (Jan. - Mar., 1994), pp. 17-38.

As mentioned above, however, UNICEF's influence is likely diluted by the fact that it is primarily focused on mobilizing resources for its own programs. It is telling that so many resources of UNICEF headquarters go into tracking UNICEF's own fundraising for the 4Ps and so little into monitoring the resources more generally that it

**The original vision for resource mobilization was primarily to push for “.007/0.1/0.15”,** meaning foreign aid at 0.7 percent of gross national income, 10 percent of that for HIV and AIDS, and 15 percent of that dedicated to affected children. In addition, the campaign planned for debt relief and “innovative mechanisms” to supplement foreign assistance, including an International Financing Facility to ‘front’ commitments of future aid for major development priorities. Later, the figure of \$30 Billion or “nearly” that amount was used as the grand total of what would be needed to ensure universal access to ARVs, education, prevention, care and other services for children. UNICEF's target of \$1 billion was considered a contribution toward that overall goal (UNICEF 2006).

and allies are mobilizing for children and AIDS. At some point in campaign implementation, the “resource mobilization” strategy became one and the same with UNICEF fundraising for HIV/AIDS and the broader sense of mobilizing or leveraging resources from the community as a whole as a campaign objective was lost. One senior manager at headquarters contemplated a shift going forward, arguing there is now “the potential to change the role of UNICEF from focusing on funds that flow to UNICEF to a monitoring role of global funds to children” (UNICEF Director 2010).

Within this evaluation, the conflict between resource mobilization and resource leveraging arose as an internal bottleneck. Success is defined by the amount of resources raised on behalf of UNICEF. Therefore, systems, structures, plans are oriented to raising and monitoring funds that flow to UNICEF. As noted, Regional Office staff expressed frustration that efforts expended to leverage HIV/AIDS funds on behalf of others are not valued, but rather office and staffing budgets considers only funds raised for UNICEF.

There was a limited perception amongst external informants that UNICEF and the campaign could be more influential but that it holds back on advocacy when it may impede its ability to raise funds for itself. The evaluation did not gather sufficiently expansive evidence from external organizations to be able to generalize the opinions of the individuals interviewed, but those interviewed were well-positioned to comment on UNICEF's actions vis-à-vis funders. First, is an example from a donor about advocacy around appropriations for the Global Fund and UNICEF's lack of action:

*UNICEF is really focused...on getting their own un-earmarked allocation from the U.S. Government...Like when we were battling on money for Global Fund appropriations...UNICEF itself and the US Fund for UNICEF were completely silent. They're not harmful but they're silent; they're neutral...”* (Global HIV/AIDS funder 2010).

Another pointed to his own organization's attempt to work with the major donors to do better monitoring around child-focused spending, which he viewed would have been more effective had UNICEF asserted leadership. While the campaign has begun recently to work with the Global Fund on this, UNICEF should consider whether it wants to assert its leadership in this way, influencing directly from within while shining a light on spending shortfalls for the whole world to see and use in their advocacy. For example, UNICEF should determine whether it will take a leadership role in the costing area. The current work on P1/P2 is a step in this direction, but it is not clear whether UNICEF aims to play a leadership role or wishes to backstop related efforts of others.

### Finding

Of the \$25.1 billion needed to reach universal access goals, UNICEF and UNAIDS have estimated that \$5.9 billion is required to reach 4P targets. While progress has been made in calculating funding needs, determining actual expenditures toward achieving the 4P targets has proven difficult.

The campaign was conceived and launched on the heels of a major upswing in global HIV/AIDS funding with the establishment of the Global Fund for AIDS, TB and Malaria in 2002 followed by the US Government's Presidential Emergency Plan for AIDS Relief (PEPFAR) in 2003. Neither the Global Fund nor PEPFAR had any particular focus on children and, as such, the campaign addressed a real gap in the international community's initial response. Overall funding for HIV/AIDS needs in low and middle-income countries, taking into account both international assistance and domestic public and private contributions, has increased steadily from the start of the campaign, from \$6.1 billion in 2004 to \$13.7 billion in 2008. That said, the amounts that have come in fall well shy of the estimated amounts needed to reach the 2010 universal access goals, which reach \$25.1 billion in 2010 (UNAIDS 2009). Of the \$25.1 billion needed to reach universal access goals, UNICEF and UNAIDS have estimated that \$5.9 billion is the amount required specifically to achieve the 4P targets. While at least some progress has been made in calculating funding needs, determining actual expenditures toward achieving the 4P targets has proven near impossible, at least across all four Ps, for a number of reasons.

The main example campaign team members provided is UNICEF's work with the Global Fund to determine, across the 15 categories of HIV/AIDS programming they support, how much is going to each of the 4Ps. For P1 and P4, this was possible for the Global Fund as it has categories that more or less match up neatly with PMTCT and OVC protection and care. For the others, however, the task is much more daunting. With respect to P2, all AIDS treatment is lumped together with no way of knowing, according to the existing GFATM system, how much has gone toward treating pediatric AIDS in particular. For P3, again, all primary prevention efforts are pooled without any ability to disaggregate by age. At another level, affecting the measurement across all 4Ps, certain cross-cutting investments, most significantly in health systems strengthening, are tracked separately when some portion of such investments certainly could be counted toward moving the 4Ps forward. Although the campaign has not yet worked as closely with PEPFAR, the challenges would be similar. As such, it is impossible to say with any confidence how actual donor expenditures—beyond the Global Fund—are matching up with (still imperfect, work-in-progress) projections of what's needed to achieve the 4Ps by 2010. Given the significant shortfall in international funding for overall universal access needs, it is likely that the child-focused piece is significantly underfunded as well.

## CAMPAIGN 2.0: INFORMING EMERGING 2010-2015 PLANS

This final section builds on the evidence and discussion presented so far in this and reviews plans for the next iteration of the campaign, from 2010-2015. The new campaign vision and initial plans are examined against current global trends and suggestions are made for further adjustments to the strategic vision going forward.

### 2010-2015 STRATEGIC VISION

#### Finding

The campaign has a new strategic vision that places emphasis on elimination of mother-to-child transmission, which is recognized as achievable with intensive focus, commitment and resources. It also emphasizes the most intransigent and most neglected of the P's, prevention. At this point, the campaign is generally on top of major trends and challenges and associated opportunities. These include looming resource constraints and shifts toward country ownership and broader systems strengthening. An effective UNICEF response, via the campaign mechanism, would benefit from further work to develop agreement on a campaign theory of change with major stakeholders, and clear objectives, operational plan and campaign monitoring system.

The evaluators were asked to identify the current strategic vision of the campaign. Having noted early on questions and gaps related to the initial campaign plans, sought to take this question a step further by assessing whether the current strategic vision is also fleshed out as a theory of change and clear plan. Specifically, the following questions were reviewed:

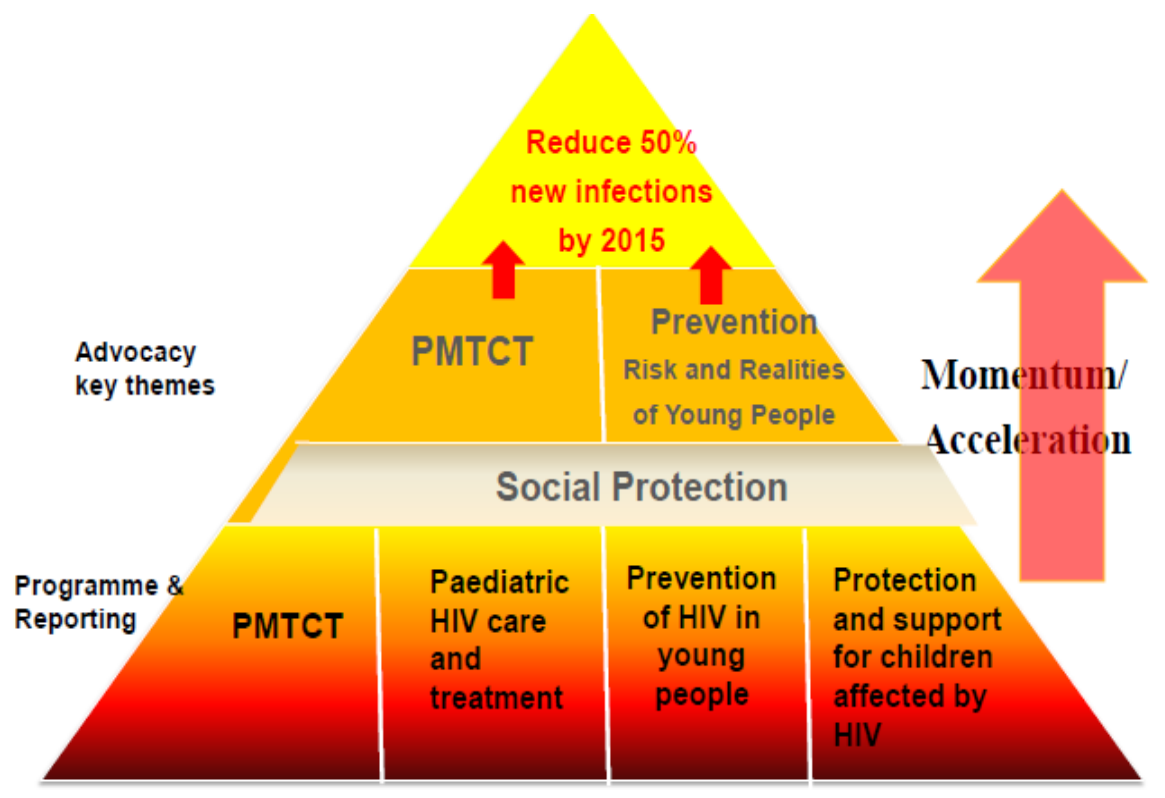
- Does the campaign have a clear and unambiguous vision, supported by objectives, operational plan and monitoring systems?
- What is the implicit or explicit theory of change expressed by the campaign's 2009-2011 planning documents and emerging 5 year strategy?

The campaign is already transitioning toward a new vision and strategy for the next five years. At the time of the evaluation the campaign team was introducing the new vision to stakeholders and in the early stages of articulating strategies. As discussed below, the challenge from this point is to align stakeholder agreement on both the overarching vision and the blueprint for achieving the vision and operationalizing these into plans.

The 2010-2015 vision is explained in the form of the pyramid and accompanying text, below (UNICEF 2009). As presented by the campaign team:

The base of the triangle represents the programmatic focus and UNICEF's HIV response. The middle section of the triangle points out 3 specific issues that the campaign will focus on in 2010-2015 where the campaign will provide additionality to programming of the 4 Ps. The top section, halving new HIV infections among children and young people less than 25 years of age by 2015, is the lifting factor and final outcome of the campaign.

Figure 27 Unite for Children, Unite against AIDS Campaign priorities 2010-2015



What the team refers to as the “lifting factor” of the campaign is the ultimate goal for this next phase of the campaign, in line with the MDG 6 target calling for halting and beginning to reverse the spread of HIV/AIDS by 2015. Per campaign documents, the high-level strategy is for the campaign to “continue to ensure the needs of children are met and that global targets set by governments and the UN are achieved,” including through advocacy, partnerships, and resource mobilization. The campaign proposes to pursue this vision through sustained and evidence-informed high-level advocacy and leadership from the UN, donors and implementers at regional, national and decentralized levels. This is anticipated to generate country leadership and enable political commitment to scale up responses and ultimately resulting in the 50% reduction in new infections by 2015.

The strategies, expressed in draft campaign plans, are:

- 1) **A regional and country-level advocacy strategy for PMTCT** focused on the highest unmet need countries and targeting effective implementation of PMTCT responses to achieve 90% coverage – i.e. 90 percent of pregnant women living with HIV receiving treatment to prevent transmission to their newborns;
- 2) **Advocacy for an end to sexual violence against girls and young women** as a window to addressing root causes of HIV infection among young people and b) partnerships to support combination HIV prevention efforts; and
- 3) **Advocacy for social policy development and budgeting that is child and AIDS sensitive** as well as partnership to support the delivery of appropriate social protection responses.

To start, not all of these will be given equal attention and weight by the campaign. In an initial phase, already underway, the major focus is on eliminating vertical transmission. Moreover, the campaign is placing great emphasis on bottom-up approaches, ultimately seeking to form strategic partnerships and expand influence at developing country level in priority countries (those furthest from meeting the 4P targets).

Moving forward, further work is needed to flesh out the theory of change or other such map of how it proposes to move forward. Specifically, how will it build off UNICEF's program base to enhance the agency's impact on virtual elimination, the root causes of sexual violence, and social protection and how, by doing so, contribute to meeting the "50% by 15" goal. Important, it will need to achieve agreement among major campaign stakeholders—particularly National Committees and field offices—about how this change is to happen, the interim or short-term outcomes, and the steps needed to connect the dots between where the world is now and the change that needs to happen, and how UNICEF will accelerate that change. *The following section reviews the primary theories of change articulated by various stakeholders, and discusses the strengths and challenges of each.*

Building on the theory of change, further planning needs relate to monitoring of both outcomes and campaign implementation. Currently, monitoring the implementation of campaign-specific investments, activities, and outcomes, in line with an operational plan and budget, appears somewhat limited. In regard to monitoring outcomes, UNICEF's continued strong participation in various working groups and processes, such as the UNAIDS IATT mechanism will remain important. Work is ongoing to review the wider community's existing 4P-related indicators and targets and whether alternative and/or additional indicators are needed. At a more operational level, attention also will need to be paid to planning of campaign-specific interim and longer-term outcomes related to communications, advocacy, partnering, and resource leveraging, for example.

### **Partnerships and the future campaign**

Issues of coordinated strategies are intrinsically linked to good partnerships practices and shared agreement about and understanding of how the campaign creates change. In the future, the campaign should focus planning and coordination between a core group of key actors at headquarters level and National Committees committed to the campaign, and focus Regional and Country Offices.

At the same time, the evaluators note persistent differences among some stakeholders about the campaign's "theory of change" or how the campaign and UNICEF should work to create change. It is important to note that there is broad support for the new campaign vision of virtual elimination in particular; the disagreement relates to *how* UNICEF, through the campaign, should catalyze this change. The evaluators include this discussion of the campaign's theory of change in order to illustrate these divergent views and their respective strengths and weaknesses. While these theories all support the conceptual underpinning of the campaign, a fully fleshed out "theory of change" depends upon which interpretation the campaign adopts. These decisions in turn inform how the campaign engages other partners and aligns the campaign with a sound theory of change that reflects its country-oriented strategies for instigating change in the future.

Three distinct dominant theories were expressed by stakeholders about how the campaign's theory of change should look in the future. First, the "UNICEF Family" theory of change focuses on a campaign held primarily within the UNICEF family, which is tightly focused and time bound. Second, "UNICEF as Movement Leader" is based on a concept of UNICEF and National Committees as advocacy and coordinative forces beyond the current scope. Third,

“The Big Tent” theory of change also positions UNICEF as a movement leader but with less investment in broadly convening and coordinating external partners and sharper focus on limited, strategic partnerships. The accompanying descriptions are general summaries aimed at illustrating differences and are not complete representations of fully-fleshed out theories of change.

### 1. “UNICEF Family Campaign” Theory of Change

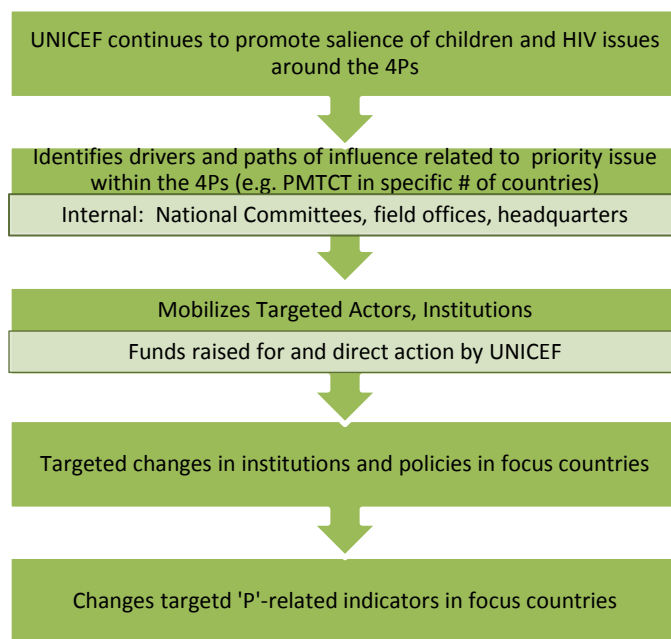
**Reflected by:** most National Committee respondents

**Characteristics:** Contributes to the ‘4P’ campaign goals through very specific, measureable results.

Based on fundraising, immunization day campaign models, focuses on specific fundraising target aimed at delivering costed services and producing results entirely deliverable by and attributable to UNICEF.

Advocacy and Fundraising objectives are pursued separately from Programmatic objectives remain broad-based and comprehensive, covering all four Ps, while advocacy and fundraising objectives are more sharply defined (such as the priority themes).

**Issues:** The nature of the pandemic complicates this approach (e.g. different from one-off campaigns like bed nets or immunizations). While services delivered are calculable, changes in 4P indicators are unlikely to be attributable to UNICEF/campaign. Attribution is even more challenging in a relatively crowded field. As such, this approach requires a very specific, narrow focus in order to service the need for identifiable, contributed results.



### 2. “UNICEF as Movement Leader” Theory of Change

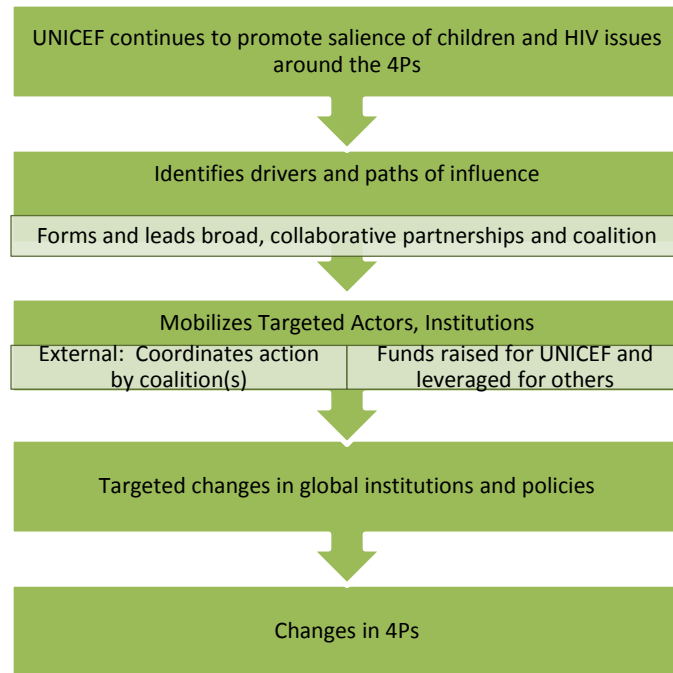
**Reflected by:** Former campaign leadership; some senior management, staff, and external partners

**Characteristics:** Premised on exercising UNICEF’s global position, convening power, and institutional heft to engage broad-based collective, coordinated action with partners in order to shape the global movement for children. This theory builds on ground laid by the first campaign phase and the child-focused development zeitgeist. It taps into expanded National Committee capacities beyond fundraising. UNICEF catalyzes change by providing intellectual and programmatic leadership to the broader HIV/AIDS and children’s movement through broad-based coalitions and partnerships. These in turn leverage



funding and prioritization of issues by national governments. Change is broad-based and not attributable to any one organization.

**Issues:** Requires greater institutional investment in convening and coordinating coalitions and partnerships. Requires shifts in budgeting and other incentives to leverage funding beyond UNICEF. Requires increased Field capacity in partnerships.

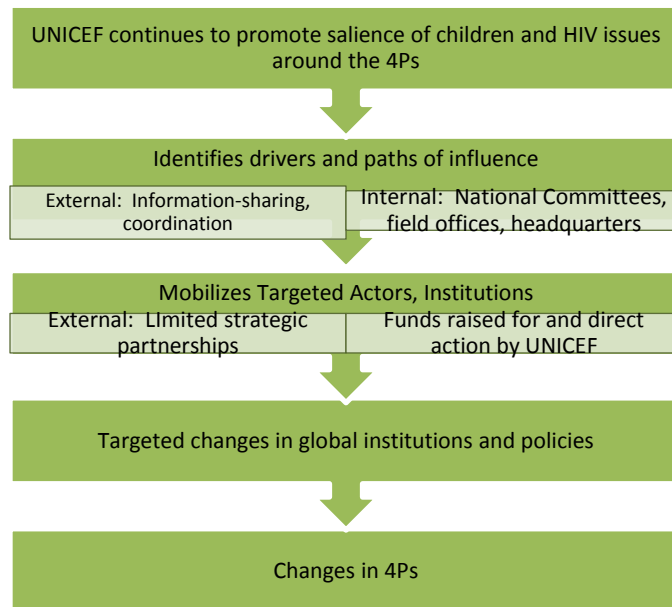


### 3. “Big Tent” Theory of Change

**Reflected by:** Some senior management, staff, and external partners

**Characteristics:** This theory builds on the broad-based appeal of the campaign 4P frame but also reflects limited investment in broad-based collective, coordinated action with partners. As with the previous theory, it asserts UNICEF’s leadership but primary energy and resources are directed within the UNICEF family and specific, strategic partnerships with external organizations and actors. Broad-based change is assumed but focused action in specific areas is aimed at producing results attributable to UNICEF.

**Issues:** Requires deeper institutional investment in a limited scope of partnerships. Requires shifts in budgeting linked to fundraising to also accommodate funds leveraged. Requires increased Field capacity in partnerships.



While the current 2010-2015 plans seem to most closely resemble the “Big Tent” theory of change, in planning for the future the campaign should consider how to reconcile divergent expectations and marry them into a coherent plan for the campaign.

## FUTURE ADJUSTMENTS TO THE STRATEGIC VISION

### Finding

The current strategic vision is justified and compelling in many respects, chiefly a) its consistency in maintaining focus on MDG 6 and its 2015 target of halting and beginning to reverse the spread of HIV/AIDS are concerned, b) its thematic focus on building off of the steady progress, increasing momentum, and window of opportunity on virtual elimination of vertical transmission, and c) its geographic focus on those countries with greatest unmet needs. It also holds out the possibility of contributing to a break-through in P3, an area in need of leadership and direction. While there are weaknesses and potential vulnerabilities in the strategic vision, UNICEF and the campaign team are well aware and taking measures to mitigate them. There is broad support amongst internal and external stakeholders for this vision. After this top-level view, however, clarity fades. Future implementation would be aided by breaking down and plotting out with stakeholders an operational plan.

As the campaign theory of change provides the underlying framework for the campaign, discussion of the campaign vision connects to a deeper look at how the campaign is to instigate and create change. Thus, the norm identified for this evaluation question is:

*Campaign’s strategic vision and supporting plans reflect a coherent theory of change*

To address this question, the evaluators reviewed data related to four sub-questions:

- Does the campaign’s vision reflect an implicit or explicit theory of change?
- Is the campaign’s strategic vision relevant to the current global environment?
- Is the campaign’s strategic vision responsive to stakeholders’ needs and priorities, particularly those identified by actors in a position to directly affect the 4 Ps and/or target beneficiaries?
- Are there other common global norms to which the campaign should adjust?

As suggested above, the campaign plans reflect elements of a theory of change, but could benefit from more explicit plans for how the campaign is going to act and trigger actions in other actors in order to contribute in the way it envisions to changes in the 4Ps. Particular emphasis should be placed on areas of weakness in the *Unite 1.0* theory of change. Global trends and the campaign’s current or planned response is covered in detail below.

In short, the current strategic vision is relevant to the current global environment. Virtual elimination of vertical transmission is an opportunity for a short-term win, prime for a campaign approach, and it makes a lot of sense to use the campaign mechanisms to assist a global push in this direction. Most notable is the emphasis on P1 and P2, around which there is much momentum, goodwill and high level global political commitment as well as programmatic clarity. In the model of a campaign as an acceleration mechanism, this focus holds real promise to stimulate commitment among leaders in priority countries and help reach the virtual elimination target.

For P3 and P4, programmers have struggled to find effective, high-impact approaches and questions related to which indicators should be used to chart progress in HIV prevention among adolescents and young people and in OVC protection and support persist. For P3, the shift within the campaign and beyond toward “combination HIV prevention”, inclusive of structural drivers of the epidemic that place girls and young women at disproportionate risk, is a sign of how traditional behavior change approaches alone have made unsatisfactory headway. Along with the rest of the community, UNICEF is seeking an evidence base for what works. In that context, the campaign is focusing its attention on sexual violence against women and girls in a bid to get at underlying social norms and gender dynamics that fuel the spread of HIV, among other things. This is a bold new initiative for UNICEF and for the campaign. The new sexual violence against women focus for P3 reflects the gender dynamics that continue to confound progress in HIV prevention.

With respect to protection, the campaign also is leading in charting a new course for OVC protection, care and support, feeding into designing social protection approaches that are child- and AIDS-sensitive and that hold the promise to reach, more effectively and sustainably, far greater numbers of children affected by AIDS. As per the recent Joint Learning Initiative on Children and HIV/AIDS findings (UNICEF was a founding partner), a broader systems approach strengthening families, communities and national social protection is required rather than trying to identify and support AIDS-affected individuals in isolation (Joint Learning Initiative on Children and HIV/AIDS (JLICA) 2009). The campaign has recognized this trend and its P4 strategy has shifted in response. Finally, the campaign has also been aggressively building strategic partnerships with the major donors, GFATM and PEPFAR, and others such as the Global AIDS Alliance around the Campaign to End Pediatric AIDS.

Current trends noted by interview and survey respondents which are of particular significance to the campaign include the following:

#### **Tighter funding environment for HIV/AIDS**

The global recession has constrained both developing country government budgets and foreign aid flows, and thus has resulted in a squeeze on resources available for both national and global HIV/AIDS funding. Moreover, other priority “sectors” have, to a degree, threatened HIV/AIDS’ position at the front of the line when it comes to aid priorities; among these are child survival and maternal health (MDGs 4 and 5), for example, or, more broadly, education, or agriculture and food security. The combination of the economic downturn and resulting government spending cuts coupled with a more crowded field of priorities for foreign aid make the prognosis for future HIV/AIDS funding shaky. What is clear is that the growth rate will slow down markedly, even if funding does continue to rise.

With respect to funding competition and constraints, the challenge is real, but UNICEF has worked closely with UNAIDS to make sure that the 4Ps are mainstreamed in the UNAIDS strategy and outcome framework and also as priorities for the major funders, e.g. the Global Fund’s decision to promote reprogramming of already granted monies toward children and AIDS. The best example of successful positioning of campaign priorities is the now widely-embraced elimination of vertical transmission push that WHO, UNAIDS, GFATM and PEPFAR, among others, have all rallied behind.

In addition, the campaign is wisely making more explicit links between the MDG 6-focused campaign goal, ultimately about averting infections, and closely related child survival (MDG 4) and maternal health (MDG 5) goals, as these areas have risen up on the global health agenda and are vying for increased funding alongside HIV/AIDS. The emphasis on integrated maternal and child health and HIV/AIDS programming in the field and underlying health systems strengthening has helped in this regard.

#### **Burgeoning costs associated with the HIV/AIDS response**

On a related note, the funds that are going to the global response will be spread even thinner in the years ahead due to limited progress on primary prevention and the implications for AIDS treatment, care and support. For every two people accessing treatment, five more become infected and, already, less than half of those requiring treatment receive it. (Ooman, Wendt and Droggitis April 2010). Resource constraints are pushing thousands more onto treatment waiting lists, including children (Stockman 2010). Finding more effective, demonstrated primary prevention strategies and investments has never been more important.

The campaign has made some steps forward in addressing most at-risk adolescents. In this regard, the relatively weak progress made on P3 is a major concern for the global community and, by extension, UNICEF and the campaign going forward. It is too early to tell how well positioned the agency and campaign are in their nascent efforts to stake out a lead role in prevention through joining others in combating social and gender norms that fuel sexual violence against girls and young women and the spread of HIV among children and young people. That said, UNICEF’s leadership on most at-risk adolescents was recognized by one UNAIDS co-sponsor as an important contribution, and interview and survey respondents from all stakeholder groups supported a “brave” UNICEF position on prevention—particularly in the face of daunting challenges and limited global progress.

#### **Change in the US Administration and resulting shift in PEPFAR strategy**

As the biggest HIV/AIDS funder, PEPFAR’s policies, priorities and ways of working, and how well harmonized they are with other major donors, are hugely significant. Three major shifts since President Obama took office are a) a more balanced, comprehensive and evidence-based approach to prevention, including focusing on gender and social norms impeding progress, b) a commitment to working in a more aligned fashion, alongside other development partners, with national governments (through country partnership frameworks), and c) the launch of

a Global Health Initiative that underscores the importance of health systems strengthening and promotes stronger linkages and integrated approaches between PEPFAR and related investments targeting maternal, infant and child mortality (The Kaiser Family Foundation 2010).

The campaign has most recently been taking steps to deep collaboration and planning with PEPFAR. While PEPFAR interview respondents had limited past experience with the campaign, both anticipated extended and expansive work with UNICEF around prevention. Ideas for the campaign/UNICEF ranged from leading on monitoring and evaluation related to prevention, advocacy leadership, joint corporate partnerships, and use of cell phone technologies and other new media around behavior change education. The key for the campaign will be to channel this enthusiasm into specific, targeted action.

### **Aid and development effectiveness**

Over the past several years, international donors and national government recipients of aid, with growing input from global civil society, have crafted a set of principles and emerging standards for aid and development effectiveness. These include, most prominently, country ownership, alignment with national policies and systems, donor harmonization for greater efficiency in aid delivery, managing for development results, and mutual accountability, to each other and to the citizens of both recipient and donor countries. Recently, as mentioned in the preceding paragraph, the US Government is moving further in the direction of these principles and norms, which paves the way for a more unified, harmonized international response to HIV/AIDS and closer collaboration and integration of efforts at developing country level. Importantly, civil society in developing countries is engaging increasingly in the process and demanding “downward accountability” to poor people for the ultimate impact of aid – and development resources more generally – on their priority issues.

At the developing country level, the campaign is working more decisively in a set of priority “high unmet need” countries to make greater strides toward eliminating vertical transmission. The campaign’s approach recognizes the shift over the past several years toward greater aid effectiveness and country ownership in particular in its emphasis on fostering national government political leadership behind achieving accelerated PMTCT scale up. The collaboration with the Global AIDS Alliance around the Campaign to End Pediatric AIDS is noteworthy as well as it seeks to build national constituencies for PMTCT across all sectors of society, helping to keep government leaders on task. Outside of the P1/P2 domain, UNICEF’s growing work on OVC protection and care in the East and Southern Africa region, including support to national governments and partners in building child and HIV/AIDS sensitive social protection systems is also in line with emerging standards on aid and development effectiveness.

The campaign’s leadership in analyzing, documenting and costing proven best practice approaches to achieving the 4P targets and the ultimate outcomes of the campaign – i.e. reduced prevalence from 0-24 years of age and optimal OVC protection, care and support systems – remains a work in progress, although that work in progress with UNAIDS, the University of Bordeaux, and others is promising, at least to define more systematically the needs related to achieving P1/P2 targets. This work will be a helpful contribution to discussions related to effective use of limited resources, and will be an important information resource for those working on advocacy aimed at holding major donors to universal access commitments.

### **Ascendance of systems strengthening**

Over the last couple years, health systems strengthening has been recognized increasingly as a central priority for the HIV/AIDS response, which all too often (most notably in the case of PEPFAR) was neglected and essentially

bypassed by the vertical, tubular approach of many agencies working on delivering HIV/AIDS-specific prevention, treatment, care and support services. All too often, these were designed and implemented in isolation, i.e. without making connections to the health system – not to mention broader, related systems, e.g. for social protection. This shortcoming was identified and, currently, donors including the USG are working with national governments and other partners in a much more focused way on systems strengthening as an integral part of the overall HIV/AIDS response.

As noted above, increasingly, the campaign is clear and explicit about the central importance of systems strengthening, particularly social systems strengthening. In the survey of field staff, nearly 90 percent of respondents reported that they have sought to influence national policymaking related to public sector systems strengthening. Note JLICA collaboration.

### **New developments with media, communications, and social networking technologies**

Since the campaign's inception, social media has emerged as a key organizing and awareness-raising and, more recently, fundraising modus. Perhaps more relevant are the innovative uses of cell phone technologies for prevention education and remote diagnosis.

The campaign is well-positioned with respect to innovative use of cell phone technologies and to tap into prevention innovations for adolescents. Social media organizing also has potential to contribute to public education and fundraising efforts. This positioning should include a judicious eye toward the current evidence and ensuring a direct connection or contribution to campaign efforts. (In other words, understanding how Twitter is likely to contribute to campaign efforts.) Several interview respondents supported the campaign developing work in this area, and possibly taking a leadership role.

*There are all these mass media campaigns...and cell phones and tweeting, but what really works versus-- I mean, we have to throw the kitchen sink at it, but I'm not sure we even know what we're throwing at it and why...There's not a lot of measuring of the new technology and the new-- and I think UNICEF can bring that to the table. Not to say that other people aren't seeking and talking about this sort of thing, but maybe there's a leadership role for UNICEF just in prevention for youth. (Manager, Global Funding Agency 2010)*

In terms of social media—Facebook, Twitter—the applicability of these routes will really depend on the campaign's theory of change and the prioritization and purpose of public education measures. For example, these media make most sense for National Committees raising funds at a national level, rather than UNICEF centrally reeling out Twitter feeds and Facebook updates to a global audience. UNICEF brings to this work past experience on education and behavior change campaigns, and should also tap into learning from other development sectors and emerging evaluations of these approaches.

### **Disconnect between monitoring trends and evaluation-based evidence**

Monitoring data, and related collaborations, have been a clear area of progress since 2005. In contrast, related evaluation-based evidence seems to have stalled out or even dropped as evidenced by inclusion of children and HIV/AIDS on World AIDS conference agendas (except plenaries) and in professional and peer-reviewed journals. An emergent finding from the evaluation, the campaign should further investigate the apparent disconnect between the progress on monitoring data, and related collaborations, and related evaluation-based evidence.

In many ways, the campaign—and UNICEF—are well positioned in relation to these trends. The concept of a campaign as accelerating mechanism is reflected by the recently emergent facility of the campaign to identify and react to trends. The following quote echoes sentiments shared by both internal and external interview respondents:

*The other thing I want to highlight is the value-added of the campaign team thinking is ‘what’s the tip of the iceberg that we can—UNICEF can—use to mobilize the current targets?’ This is something they are doing...’how do we frame this in advocacy terms so that others understand what we’re trying to do?’ We had discussion last year in prevention pre-meeting about...’are all young people vulnerable or is it...what are common denominators we can use to shape advocacy agenda?’ (Regional Office Advisor 2010)*

Specifically, the campaign is responding to most trends, though as described below some responses require further consideration or sharpening.

The basic campaign blueprint was premised on the idea that with UNICEF’s leadership an audacious proposition could be propelled to the mainstream of the HIV/AIDS movement. The combined forces of UNICEF headquarters and National Committees, with country-led implementation by UNICEF field offices, would plow the path for other concerned organizations, individuals and governments to join in the effort to produce tangible, measurable results. As discussed in other areas of the evaluation report, this blueprint formed the skeleton of the campaign’s theory of change. This series of questions digs more deeply into the campaign’s theory of change, and what the campaign and partners did or did not do to connect campaign action to real, measurable change in the global response to children and HIV/AIDS and, subsequently, the 4Ps.

## RECOMMENDATIONS

Since 2005 the missing face of children has become part of the global HIV/AIDS response. Maternal and child health is also at the center of the global development push to 2015. The agenda has been set. The following recommendations focus on ways UNICEF, via the *Unite for Children, Unite against AIDS* campaign, can further advance this new era. Moving forward, the campaign should continue to build on what is widely reflected at the headquarters level and amongst some Regional Offices, UNAIDS co-sponsors, funders and civil society organizations as an increasingly deft, strategic and facile ability to identify opportunities, connect the right actors and coordinate to move the campaign's—and UNICEF's—agenda.

### 1. Redefine success

The campaign has held itself accountable to movement on audacious targets. At the same time, it is clear that UNICEF alone cannot move the dial on the 4Ps. While still focusing on the campaign targets, UNICEF should redefine what success looks like for the campaign. Doing so will not only strengthen campaign accountability, but will result in a more coherent connection between its work, changes in the 4Ps and, ultimately, improvement in the lives of children.

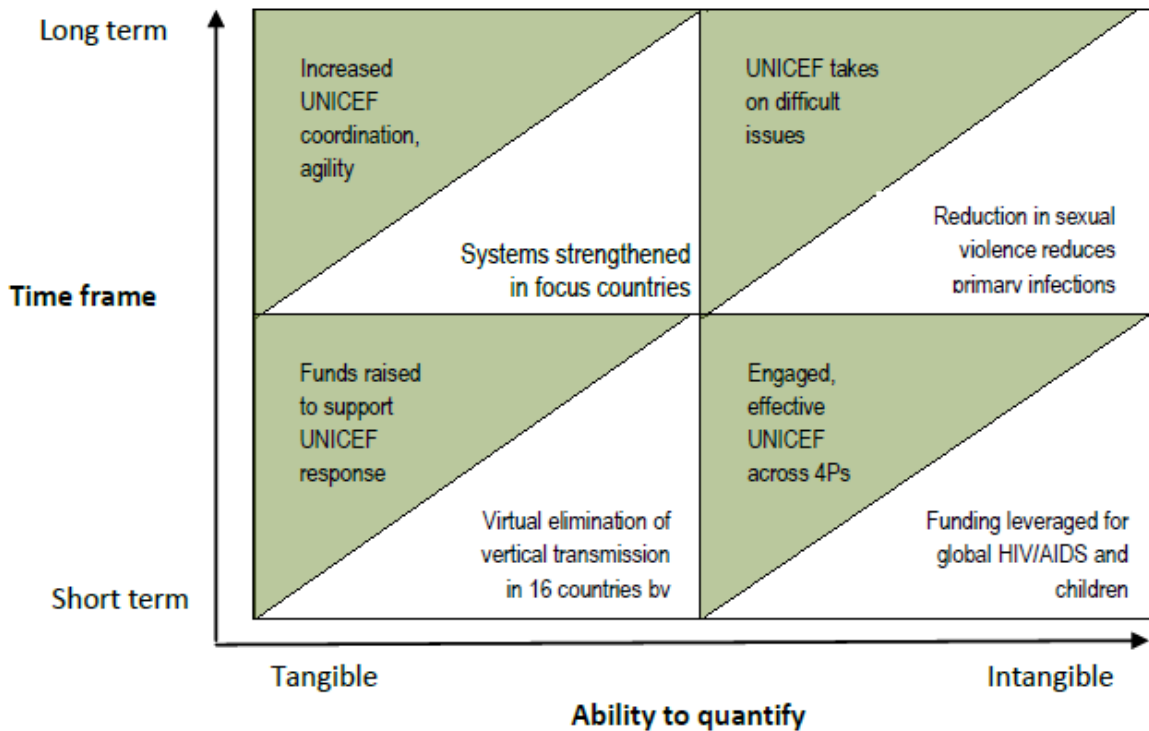
1.1. ***Clarify the campaign's strategic focus.*** The campaign's 2010-2015 plans include both "quick fix" and longer-term strategies. The "quick fix" on MTCT is achievable and measurable within the five year period. Underlying drivers of HIV infections, such as sexual violence, are longer-term propositions. Balancing the quick fix with the longer term will help the campaign keep up the momentum, even when other targets are far into the future or remain ambiguous. Further defining and reaching agreement on these benefits will strengthen both the campaign and clarify its definition of success. For example, asking the following questions:

- Which clear and powerful short-term benefits does the campaign plan to gain?
- What are the strategically critical long-term benefits?
- Can the campaign drive to both?
- How can we manage the array of benefits sought, not just the short-term financials?
- How will progress and results be monitored and measured?

These are then linked to timeframe, tangible and intangible and internal and external benefits, explained below. The benefits matrix below is a graphic illustration of how these benefits are plotted, and can aid analysis of priorities and feasibility. For example, if the campaign has a five year window, what results can be achieved related to sexual violence?



Figure 28 Sample *Unite for Children, Unite against AIDS* 2010-2015 Benefits Matrix



**Timeframe:** Clarify the short-term, immediate objectives and the long-term benefits. The timeframe is important, because the efforts related to each ‘P’ vary in complexity and time required to meet their full potential.

**Nature of benefits:** Identify which campaign benefits will be tangible, such as funds raised for UNICEF. Others will be equally significant, but less tangible, such as funds leveraged or increased internal collaboration.

**Benefit split:** The initial campaign vision recognized a duality of campaign benefits, to UNICEF internally and externally to the broader children and HIV/AIDS response. The evaluation results also illustrate internal benefits as well as a contribution to the broader movement. Going forward, UNICEF should anticipate and define campaign benefits both to UNICEF and benefits to be shared or contributed to broader society. The shaded areas in the sample benefits matrix below represent the internal or benefits to UNICEF. The unshaded portion is the benefits to the broader movement.

- 1.2. **Virtual elimination of vertical transmission.** The alignment of evidence-based interventions and resources have brought eliminating pediatric AIDS into the realm of the possible. The campaign is wisely making more explicit links between the MDG 6-focused campaign goal, ultimately about averting infections, and closely related child survival (MDG 4) and maternal health (MDG 5) goals. These areas have risen up on the global health agenda and are vying for increased funding alongside HIV/AIDS. The

emphasis on integrated MNCH and HIV/AIDS programming in the field and underlying health systems strengthening has helped in this regard.

As such, UNICEF's focus on "50 by 15" is a logical "fast break" opportunity that benefits from the campaign mechanism. It is also one area where the costing and data are available to meet the information needs of National Committees.

- 1.3. **Sexual violence and societal drivers of HIV/AIDS.** By focusing on innovative strategies on sexual violence is a way to make inroads on longer-term issues of sexual violence and gender-related drivers of HIV infections. Going forward, a stronger case needs to be made connecting the new sexual violence component of the new plan to changes in P3, particularly clarifying the evidence base.
- 1.4. **Develop a clear theory of change with clear objectives, operational plan and systems to monitor campaign implementation.** The campaign needs to plan effectively, with resources, milestones and measurement and accountability in order to ensure success. At a more operational level, attention also will need to be paid to planning of campaign-specific interim and longer-term outcomes related to communications, advocacy, partnering, and resource leveraging.

Doing so requires background intelligence, including defining and mapping the nodes of influence the campaign needs to tap into in order to reach 50 by 15 and sexual violence objectives. This 'front end' planning will require developing common understanding and agreement amongst stakeholders not only on the headline issues but also at an operational level. While this will require an investment of time and resources, it should provide a more solid foundation moving forward.

- 1.5. **Set up effective information feedback systems so that campaign can better monitor progress in real time.** Real-time learning is critical for such a dynamic issue. Create reporting processes, systems and feedback loops to channel information about how the campaign is being implemented, and results. Building on the theory of change, further planning needs relate to monitoring both outcomes and campaign implementation. In regard to monitoring outcomes, UNICEF's continued strong participation in various working groups and processes, such as the UNAIDS IATT mechanism will remain important.

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## 2. Align expectations and plans

The campaign answers to a range of stakeholder groups, within which are diverse subgroups with different needs and expectations. Alignment of expectations and plans amongst these groups, particularly those committed to participation in the campaign, should militate against some of the issues that challenged development and implementation of the campaign during the first five years.

- 2.1. **Signal from leadership that the campaign is a priority.** UNICEF needs to build commitment across the organization to make this happen, starting with engaged and supportive leadership. There also needs to be a corresponding institutional investment of human and financial resources in the campaign.
- 2.2. **Refine expectations of the campaign with National Committees,** particularly within the diversity of National Committees.

- 2.3. **Include key public and private partners in periodic strategic dialogue**, at least around the particular focus areas of the campaign. This could be separate from internal management meetings but still be potentially meaningful and helpful in engendering wider coordination and collaboration.
- 2.4. **Continue looking for innovative collaborations to help unblock bottlenecks:**
  - 2.4.1. Solidify costing methods and substantiate required levels of funding for achievement of the 4Ps and higher-level 50 by 15 goal and monitor and publish how much is actually being allocated for wider advocacy where there are major shortfalls
  - 2.4.2. Engage innovative research partners around prevention: e.g. Abdul Lajeef Jamal Poverty Action Lab at MIT supports a global league of economists (J-PAL) to conduct randomized evaluations to test and improve the effectiveness of programs and policies aimed at reducing poverty. Their research includes behaviour change and evaluating scale-up of solutions

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### 3. Campaign as an acceleration mechanism

Particularly at headquarters, staff and managers clearly differentiate between the past and the current campaign. The campaign represented a new structure and created new intra- and inter-organizational connections that hadn't previously existed. Expectations had to be tested and while some haven't held the campaign has demonstrated a positive function of facilitating, focusing and accelerating action.

The campaign is positioned to accelerate. The evaluators' overarching recommendation is to maintain the campaign, particularly as momentum is being created and a well-respected and effective team is recognized by stakeholders as moving the program in a positive direction. The following recommendations are intended to further support this direction, taking into consider the 2010-2015 vision and stakeholder needs.

- 3.1. **Empower the campaign leaders and managers to make decisions.** Past delays impaired the campaign's effectiveness and while many issues have been addressed there appear to be some residual issues with clarity about who is to take decisions and the results of decisions taken. UNICEF should review campaign decision-making structures should be reviewed to ensure continued efficiency and clarity.
- 3.2. **Explore the cost-benefits of packaging and supporting delivery of a National Committee-style campaign on PMTCT.** Channel and support National Committee efforts related to PMTCT, as it meets the criteria for a National Committee campaign—measureable, attributable results in a specific time frame. This potential, coupled with the marketing potential of the Mother-Baby Packs, could fit the profile of the sharply focused campaign desired by National Committees. It is also an area that would clearly and directly benefit from both the fundraising and national-level advocacy acumen of National Committees. As noted in the partnerships-related recommendations, the cost-benefit of this effort should be measured, given the level of support required and the reports of fundraising falling short of expectations in the initial campaign years.
- 3.3. **External UNICEF leverage.** Use the campaign to facilitate, streamline UNICEF interface with other individuals and organizations working on children and HIV/AIDS. This could range from serving as a

connector—such as sharing of information, contacts and other linkages between external actors and within UNICEF—to actual partnerships.

- 3.4. ***Support country-specific advocacy efforts by Regional and Country Offices.*** Clarity of mandate, support for country-specific advocacy and strategies would help clear the way for more intensive work on all 4Ps. At the same time, focus countries will require additional support and resources for their advocacy work. A particular need flagged by several field offices is capacity to work with and through partnerships.

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#### 4. Plan for partnerships

Issues of coordinated strategies are intrinsically linked to good partnerships practices and shared agreement about and understanding of how the campaign creates change. The unfulfilled expectations of “partnership” and its imprecise connotations to various stakeholders underscores the need for concrete, well-communicated and executed plans to engage National Committees and Field offices as well as external UN organizations and civil society.

Understanding that broad-based collaborative partnerships are not likely to benefit the campaign due to the costs associated with managing and coordinating so that they are productive. Coalitions and broad-based partnerships can be useful in helping an organization punch above its weight or in building a broader movement. However, within a very large institution, partnerships may function more effectively within a corporate-style campaign with a limited set of partners organized around a very specific purpose.

- 4.1. ***Consider the cost-benefits of various levels of partnerships,*** and include this analysis in plans so that priority partnerships are adequately resourced and supported.
- 4.2. ***More sharply define and focus on critical external partners:*** The campaign should focus on tightly coordinated, strategic partnerships specifically aimed at advancing 5 year goals. Plans should be set up front, including clarifying the particular relationship and the resources required to engage in the partnership. These should be invested in, planned and executed in alignment with good partnership practices. Doing so, as well as addressing other campaign gaps may help relieve some of the pressure in terms of servicing internal relationships and demands.
- 4.3. ***Consider ways to provide leadership and support to the broader civil society community already working under the “4P banner”.*** While a broad-based coalition or convening role is of questionable utility, UNICEF can provide leadership and support to the broader community with relatively limited investment. The most obvious example is in the area of data and materials, where there is an apparent gap in child-focused information. UNICEF is in a position to share trends and analysis with broader HIV/AIDS community for their use in advocacy. UNICEF’s well-regarded Stocktaking Reports could be expanded upon, with data shared online or fed into new or existing lists and groups for civil society, religious and other groups concerned with all or one of the 4Ps. In this way the UNICEF could continue to provide focus, substance and support to the broader field which is already oriented to the 4Ps.

- 4.4. ***Involve children, young people and mothers.*** While the face of children has been part of the campaign, their voices have been arguably absent. The evaluators were specifically asked to investigate whether the “voice of children” had been included in campaign activities, beyond marketing. This emphasis, coupled with principles of stakeholder involvement in programmes intended to benefit them, flags this as an area the campaign should reflect more vigorously in the future. The campaign should identify appropriate fora for the campaign’s intended beneficiaries to engage in the campaign, including management and planning. These efforts should go beyond simply putting them in management team meetings or adult-defined fora. Field offices and some National Committees have shared innovative ways to involve children, mothers and especially young people in HIV/AIDS and other UNICEF activities. In the future, the campaign could expand on these innovations and develop best practices or recommendations about creative and substantive ways to involve young people in campaign activities. Further, at the global level the campaign should examine internal principles and incubate ideas that translate these principles into practice.
- 4.5. ***A shift in emphasis to country-level change engenders more work with partners at that level.*** While the evaluation did not emphasize review of partnerships practices at the regional and country level, anecdotal evidence indicates that offices anticipate broader and deeper work with partners, particularly non-traditional partners. Advocacy as well is an area in need of further support, and the Global AIDS Alliance collaboration is a good example that could be expanded upon. More could be done with greater headquarters support and investment in the field, particularly in those regions and countries that are outside of the campaign’s geographic focus and thus feeling marginalized. Even for those offices prioritized by the campaign, a clear message is that more robust support is needed particularly to achieve advocacy objectives.
- 4.6. ***Expand leadership on children and HIV/AIDS data dissemination.*** UNICEF is well-positioned to demonstrate leadership and continue to shape the agenda by building on the success of the Stocktaking Reports and demand by the broader community for quality, child-focused data and information. Expanded utilization of technology, such as web-based meetings for technical updates and coordination with internal stakeholders and providing online access to UNICEF data and materials to civil society organizations.

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## ANNEX 2. TERMS OF REFERENCE

### Short Service Assignment

#### **Support Unite for Children, Unite against AIDS Campaign Evaluation**

#### **TERMS OF REFERENCE Complete Draft 1.0**

**23 November 2009**

**UNICEF NY Evaluation Office**

### **1.0 INTRODUCTION and BACKGROUND**

In 2005, the global Campaign *Unite for Children, Unite against AIDS* was created to alert the world to the fact that children were missing from the global AIDS agenda. It is meant to provide a platform for urgent and sustained programs, advocacy, and fundraising to limit the impact of HIV and AIDS on children and help halt the spread of the disease. It is likewise to create awareness for policymakers and the global public that AIDS not only affects adults, but has a devastating effect on children throughout the world.

Convened by UNICEF and involving partners from every sector of the global community, the Campaign outlines a child-based approach to hold the world to its promises to reverse the spread of HIV and AIDS. It offers mechanisms for a faster and stronger response by all those who can make a difference from the community level up.

The 2005 Unite Call to Action promised to provide a child-focused framework for nationally owned programmes around the “Four Ps” and targets were set for 2010, to provide a platform for child-focused advocacy on global AIDS issues, and to put the missing face of children affected by AIDS at the centre of the HIV and AIDS agenda and make sure that the voices of children and young people are heard on the issues that affect them.

As 2010 approaches, children are no longer invisible to national governments, donors and international organizations. The “Four Ps” are firmly established within programming and many countries have already met such targets. At the same time, all partners know that much more needs to be done to if we are to make a major change in the direction of the epidemic and to achieve an AIDS-free generation.

Accordingly, it was agreed upon that *Unite for Children, Unite against AIDS* will continue beyond 2010 through 2015. In discussions around *Unite for Children, Unite against AIDS's* future beyond 2010, the Campaign management team has authorized an evaluation of campaign achievements against commitments and against evolving needs and opportunities.

## **2.0 GENERAL PURPOSES**

1. The evaluation has an initial purpose to summarize actions, strategies, and accomplishments to date. Specifically, the evaluation will:

- Determine how the actions of the campaign matched the initial commitments of the Campaign as outlined in the *The 2005 Unite Call to Action*.
- Describe and analyze changes in the global landscape that then led to adjusted campaign strategies and objectives
- Describe and analyze changes in UNICEF’s role and other stakeholders roles over the course of campaign from inception to date
- Take stock of whether the campaign is adding value to the efforts of the global community in meeting the needs for children

2. The evaluation also has two formative purposes.

- Based on the information revealed in the summarization phase, it will identify gaps and help identify priorities for short and medium term adjustments to the next phase of the Unite campaign (2010-2015).
- A critical derivative purpose then will be to establish clear benchmarks and baselines to be used in measuring progress from the present to 2015.

## **3.0 SPECIFIC OBJECTIVES**

### **3.1. Orientation**

The specific objectives are presented in the form of questions to be answered. It is important to carefully distinguish between two types of objectives as reflected in the types of questions, as these will probably require different presentations and responses by the part evaluation team:

1. Descriptive Questions/Issues: These require well organized narratives about the visible and less visible facts of UNICEF and partners work in relation to the Unite campaign. The compilation of this information is inherently valuable by capturing for organizational memory what have been diffuse and mutable processes with a high degree of adaptation over time to new circumstances and specific contexts. This history is also the fundamental data base required for the second part.

2. Normative Questions/Issues: These require the evaluators to make explicit the criteria for deciding whether the evidence shows strengths or weaknesses, and then to apply these norms to generate persuasive conclusions about

how to proceed. The evaluators are required to weigh the evidence to help identify what has worked or not, and why.

It is important to understand that the following questions present the most important descriptive and normative questions. Answering these will be the basis for determining if the work has been satisfactorily completed. However, it is expected that additional information will need to be collected and presented to provide the comprehensive answers sought. Detailing this implied information base will be an important element of the inception phase.

### 3.2 Over-arching and Cross-Cutting Issues

1. Context (including Monitoring and Evaluation): How is the global situation evolving in the 4 P's (PMTCT, Paediatric HIV-AIDS, Prevalence, and Protection) since the onset of the campaign?

- What were the baseline levels indicators at the start of the campaign, and what are they now? (This is a descriptive question)
- What interpretation does the campaign take from this global perspective in terms of trends and opportunities? (Descriptive)
- Are the data that are used to measure the global status of the 4Ps appropriate indicators? (This is a normative question)
- Is the campaign properly organized to use data and information accurately and strategically? (Normative)
- Are there major trends or opportunities that the campaign is either missing or not reacting to rapidly enough? (Normative)

2. Relevance: What has been the strategic vision of the Unite campaign? How is it bringing added value to the global fight against HIV-AIDS?

- What was the strategic vision at the onset of the campaign? (Descriptive)
- Has the campaign, whether formally or informally, developed an 'internal' vision for its own evolution, and an 'external' vision for engaging with partners who are not members? (Descriptive)
- What forces or realizations prompted changes from the start of the campaign until now? (Descriptive)
- What is the present strategic vision? (Descriptive)
- Were the changes made in the strategic vision a justified response to global developments and campaign dynamics? (Normative)
- Looking to the future, should the campaign consider adjusting the strategic vision in particular or general ways? (Normative)

3. Consistency: Have the actions of campaign participants matched the commitments explicitly made or implicit in the strategic vision?

- What have been the major lines of action (i.e. strategies), the minor lines of action, and the absent lines of action within the campaign? How have these changed over time? (Descriptive)
- What have been the rationales or logic dictating the actions actually undertaken or not? (Descriptive)
- Where have been the areas of comparative strength and weakness in terms of consistency? (Normative)
- Why has the campaign not been able to fully mobilize action behind its commitments? (Normative)

4. Partnership Management: Has cooperation among supporting organisations been organized in an optimal way?

- Which organizations have been involved in which ways over time? (Descriptive)
- How has communication and coordination been organized among organizations and, critically, across levels of partnering organizations (e.g. spanning central offices and field offices)? (Descriptive)
- What have been the issues that partners have tried to manage collectively? Why have these been priorities and not others? (Descriptive)
- Have all important partners been included in the campaign effort to the extent that they are willing to participate? (Normative)
- Do the decision-taking bodies bring together the right persons/positions at the right time? For those not literally present, are the communications about issues and decisions timely and complete? (Normative)

- Have the partners been able to focus on critical issues and make decisions of sufficient clarity and accountability? Put another way, is the campaign responding in a timely and coherent way to the major challenges? (Normative)
- Have the partners been able to coordinate the strategies of the campaign (e.g. communication, advocacy, fundraising, accountability) when convergence would improve the likelihood of reaching campaign goals? (Normative)

Note: particular attention is expected to be directed at the partnering aspects that link UNICEF as a UN Fund with the National Committees for UNICEF that exist in many nations. It is expected in this section and others that UNICEF and the NatComs will have different roles and perspectives, and these should be clearly delineated as needed.

### 3.3 Issues of Particular Emphasis, Linked to Unite Campaign Emphases

#### 5. Providing Global Leadership to Add Value At The National Level

- How have the global and regional management levels of campaign partners altered or deepened their interactions with national programs and stakeholders based on campaign tools, advice, and support? (Descriptive)
- Has the campaign developed a comprehensive and user-friendly framework for analyzing national HIV-AIDS and associated programs through a child-centered approach? (Normative)
- Has the Unite campaign at the global and regional levels adequately engaged in issues of public sector systems strengthening with respect to children and Aids, including issues related to user fees? (Normative)

#### 6. Mobilizing International Resources to Combat HIV-AIDS

- What are the international resource funding trends for HIV-AIDS, from the start of the campaign until the present? How do these trends relate to needs assessments as calculated by the Campaign or by the wider global community? (Descriptive)
- How does the campaign position itself with respect to the very large HIV-AIDS funders (PEPFAR, Global Fund, World bank)? (Descriptive)
- Are there reliable methods for breaking out the needs for child-centered HIV-AIDS programs within overall HIV-AIDS needs assessments? Similarly, are campaign members sufficiently skilled and active in disseminating reliable costing tools? (Normative)
- Have campaign members achieved desirable levels of access and influence within the major funding mechanisms? Are there any dangers of becoming too close or remaining too distant? (i.e. loss of critical distance; damaged perceptions in the eyes of other stakeholders?)
- Have Campaign partners that are also donors/funders been able to properly harmonize their resource mobilization and allocation roles with their broader structural roles within the Campaign? (Normative)

#### 7. Putting the Missing Face of Children affected by AIDS at the Center of the HIV-AIDS agenda.

- At the international and regional levels, which bi-laterals, multi-laterals, and international NGOs have initiated or enhanced AIDs programming for children since the campaign began? What have been their areas of emphasis? (Descriptive)
- Can the existence of new or enhanced AIDS for children strategies in these agencies be credited in whole or in part to direct or indirect work by the campaign? (Normative)
- How prominent have AIDs and children issues been at the two most recent global conferences in HIV-AIDS (and possibly any major regional conferences)? What have been the trends in attention to children and AIDS issues in the realm of peer-reviewed publications? (Descriptive)
- Is the campaign and it's supporters in a position to influence global conferences and peer-reviewed publications more than they do? If they wished to have more influence, what would be the means to achieve it and the potential resources required?(Normative)



- How have UNICEF and partners fostered communications channels that bring the voice of children themselves into public media, policy debates and decision-taking channels (i.e. not to include peer-to-peer education or other participation efforts not linked to media and policy)
- Are campaign partners properly assessing the potential value of children’s participation in AIDS media and policy advocacy, and are they investing effort equal to that potential value?

#### **4.0 METHODOLOGY**

It is expected that all of the following will be used. The relative emphasis of them may vary and will be determined during the initial inception phase.

##### **4.1 Data Collection: Methods to Be Employed**

###### *a. Existing document review*

A large amount of material has already been collated or can be accessed. Items to be reviewed include original campaign documents, stocktaking reports, annual reports, partnership frameworks, media and communication reports on the Campaign, fundraising reports, donor reports, review of content into large global meetings, and relevant partners’ publications and funding commitments.

###### *b. Data Review*

UNICEF and partners have established information systems to provide data about HIV-AIDS. These data gathering and analytic mechanisms have been utilized by the campaign, and in instances have been adjusted or undertaken specialized efforts to support campaign needs. For this evaluation, it is necessary that there be a quality review of the data systems used. Of particular interest is verifying the reliability of data that the campaign collects. Of equal importance is reviewing the data gathering processes to identify if there are gaps that could/should be filled.

###### *c. Survey*

The consultant(s) will develop and administer a survey to a number of staff from all sections and divisions at HQ, Geneva offices, regional offices, and select country offices. Information drawn from this survey will provide qualitative information about the choice, intensity and conduct of strategies within the campaign. A particular emphasis will be the collection of information Campaign work processes (i.e. advocacy, coordination and partnerships within UNICEF, partnerships outside of UNICEF, resource mobilisation, communication, media, etc.)

###### *d. Key informant interviews*

The consultant will design questions for interviews with key informants within UNICEF and key external partners. The purpose of the interviews will be to collect information on Campaign work processes as well as seek qualitative information of how the campaign contributed or influenced programmes on the ground.

The key informant interviews may be undertaken as individual or group interviews. Video conferencing and other methods can be accessed with UNICEF support.

##### **4.2 Scope**

The evaluation consultant(s) will work with the steering committee to determine if there will be a geographic focus to the overall effort, either in terms of regions or countries.

The evaluation should try to draw out distinctions among the three following types of campaign efforts:

1. Those implemented by UNICEF alone
2. Those implemented in partnership among UNICEF and others
3. Those implemented by partners alone after involvement with the Campaign

### 4.3 Methods That Are Not Included

This evaluation will not include country case studies that depend upon field visits. However, certain countries may receive extra attention within the methods to be employed.

## 5.0 DELIVERABLES

This evaluation will yield five distinct products.

1. An **inception report** stating how the Terms of Reference will be accomplished, to be reviewed and approved by the Steering Committee before the evaluation process is undertaken.
2. **A draft and a final evaluation reports** consistent with and meeting UNICEF standards. The outline of these reports will be determined together with the steering committee. As part of the report, the following annexes will be prepared:
  - Description of methodology, an analysis of strengths and weaknesses of the evaluation process
  - List of materials read and used
  - Interview protocols
  - List of people interviewed, and workshop materials.

Evaluation products will be prepared in English and submitted to UNICEF electronically via e-mail and on CD-ROM in MS Word.

3. A **final presentation of evaluation findings**, to be delivered at UNICEF HQ by the evaluation team; this event may take 1-2 days.

Any additional presentations beyond this one will be separately contracted.

4. A **PowerPoint presentation** summarizing the evaluation process and findings, and an accompanying document of stand alone speaking points (suitable for use by non-members of the evaluation team called upon to share information about the evaluation process and findings beyond the tenure of the evaluation team).
5. **Key Data collected, in raw or semi-processed form.** The exact contents remain to be determined, but may include, for example, the full set of survey replies, compared to the selected presentation given in the full report.

## 6.0 ACCOUNTABILITIES

**Responsibilities related to this consultancy will be divided as follows:**

### 6.1. Evaluation Team

Under the guidance of the Steering Committee, the Evaluation Team will be responsible for:

- Further developing and agreeing upon the final TOR and methodology.
- Implementing the evaluation with adequate attention to building ownership of common analysis and recommendations.
- Developing and testing data collection tools, including questionnaires, interview questions, and workshop protocols.
- Ensuring systemic data collection and data processing.
- Designing and facilitating workshops or meetings as needed.

- Preparing and delivering draft and final reports and presentations.
- Ensuring that the steering committee is regularly and fully informed of the progress of the evaluation, including any challenges encountered, possible causes of delays and issues for UNICEF to resolve; all of these will be included in short bi-weekly status reports, according to the standard Evaluation Office format.
- Completing the evaluation on time and within budget.

## 6.2 Steering Committee

The Management Committee will be headed by the UNICEF Evaluation Office, and will include members of the HIV-AIDS section and others to be determined. The Management Committee will be responsible for the following:

- Agreement on the Terms of Reference
- Selection and orientation of the evaluation team.
- Liaison with the evaluation team.
- Ensuring that the evaluation team is able to perform its accountabilities in a completely independent manner by guiding stakeholders to understand and abide by proper practices.
- Collection of relevant internal materials: this includes a commitment to provide full and complete access to all relevant and requested documentation.
- Facilitation of new data collection--e.g. set up intranet questionnaires
- Coordination of internal and partner stakeholders in conjunction with the team (e.g. announcement of the evaluation to facilitate contact and responses).
- Review and acceptance of intermediate and final products. The focus on intermediate products is to include the quality review of proposed tools and analytic processes.
- Decisions on a post-evaluation dissemination strategy.
- Convening of stakeholders to develop the management response (consultants will not be involved in this stage).

The Steering Committee may elect to designate a project manager for the evaluation. The project manager may share or have direct accountability for some or all of the management committee items.

Similarly, the Steering Committee may elect to designate a Management Committee to more closely and continuously interact with the consultants.

## 6.3. Reference Group

The evaluation Reference Group will be composed of key stakeholders of the Unite Campaign, both internal to UNICEF and from among key partners such as the National Committees. The Reference Group will work via email ordinarily but may elect to meet once. Key moments will be considering the inception report and considering the draft findings. The Reference Group will also be involved in the development of the revised strategy and Plan of Action.

## 7.0 EVALUATION TEAM

### 7.1 Required Skills

It is expected that two persons will collaborate to achieve this Terms of Reference. They need not be members of a single organization, and may be hired separately and asked to work as a team. For the sake of accountability, one will be designated as the team leader.

Each person on the team must possess the following elements in their technical skill set and work history:

1. A minimum of 7 years working experience in international development

2. Familiarity with current programming issues in HIV-AIDS based on at least 2 years experience obtained within the past 6 years. This experience may have been acquired in various roles: e.g. as an evaluator, field program manager, regional or headquarters program manager, communications specialist etc.
3. Experience in conducting programme evaluations, with a strong preference for experience in conducting campaign-related evaluations.
4. Extensive knowledge of and some practical experience in evaluation methods related to policy advocacy.
5. Demonstrated attentiveness to gender issues in evaluations in all phases such as tools development and analysis.
6. Excellent grasp of the use of data and evidence. If there are two or more persons on the team, one member may be stronger in quantitative methods than the other, and vice versa.
7. Postgraduate qualification in public health, social sciences, international development, statistics, evaluation.
8. Demonstrated excellent analytical, communication, and English report writing skills.

The following are advantages but are not formal requirements:

1. A good understanding and experience of UNICEF and/or the UN system.
2. Technical strength in related programming fields—e.g. reproductive health, Education, Child Protection
3. In-depth knowledge of one or more of the specific AIDS and Campaign themes being addressed—e.g. partnership management, resource mobilization, child participation
4. Working knowledge of human rights based approaches to programming
5. Familiarity with UN official languages other than English. Particular skills sought are in French.

### **7.2 Reasons for exclusion:**

1. Persons that have had a formal managerial role within the Unite Campaign, for any organization, may not be selected as team members.
2. Persons that have had extensive interaction with the Unite Campaign (though not a managers) and who have formed strong opinions about the Campaign, must declare their level of engagement and what conclusions/opinions they have already reached. The selection panel may exclude team members based on issues of bias.

### **7.3 Opportunity for Supplemental Technical Assistance.**

In the event that additional support is needed, the evaluation team will request help from the steering committee. Depending on issues of cost-effectiveness and safeguarding independence, this help may be provided by UNICEF staff (e.g. helping with the conversion of team designed survey questionnaires into a web-based survey format) or by external technical support financed by UNICEF (e.g. a quality review of UNITE statistical data derived from global information systems).

### **8.0 Duration**

It is projected that this consultancy requires 125 working days (i.e. 6 work months). This total effort may be split between two persons.

Start date will be from no earlier than December 1, 2009. Completion date will be no later than March 31, 2010. An interim work calendar will be developed as part of the Inception Report.