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Ensuring that health systems are strong, resilient and able to provide sustained, quality services to those who need them, particularly children, is fundamental for any country to prosper and grow. UNICEF, in its Strategic Plan 2018-2021, builds on a recognition that stronger and more efficient systems are key to its ability to achieve its strategic goals and contribute to the Sustainable Development Goals, especially the target on universal health coverage. These commitments were confirmed at the Global Conference on Primary Health Care (October 2018), in which UNICEF, WHO, heads of state and government, ministers and representatives identified primary health care as a cornerstone of a sustainable health system for universal health coverage and health-related Sustainable Development Goals.

UNICEF works to support stronger systems across sectors, however, it is within the health sector that the greatest experience has been garnered. Building on that experience as well as increased and evolving focus among governments, donors and development agencies, UNICEF developed and rolled out a Health Systems Strengthening Approach in 2016. The UNICEF Health System Strengthening Approach set out the organization’s vision as: “a health system that closes the gaps in access to quality services and in child health and nutrition outcomes, contributes to UHC and the SDGs, and is resilient” and further specifies a framework with actions across national, sub-national and community levels and priority programme areas.

Given the importance of systems strengthening in UNICEF’s strategic direction, an evaluation of these efforts is a priority corporate undertaking. The evaluation was designed as a formative exercise with a primary purpose of learning to guide effective action in the coming years. Data collection and analysis took place over two years, 2017 and 2018, through in-depth and light-touch country studies, thematic case studies, key informant interviews with global and regional stakeholders, and an online survey.

This evaluation was made possible through the collective efforts of UNICEF staff at headquarters, regional and country office levels. I would like to thank Itad, the firm that conducted the evaluation work, including four thematic case studies which yielded separate reports, and a synthesis. The Evaluation Reference Group and UNICEF country offices were highly engaged and provided timely and considered inputs throughout. In-depth country studies were made possible through the support of: Carmen Lucas and Pedro Pablo Palma (Bolivia Country Office), Agazi Ameha, Yejimmawork Ayalew, Macoura Oulare and Ann Robins (Ethiopia Country Office), Zhanar Sagimbayeva and Kanat Sukhanberdiyev (Kazakhstan Country Office), Budhi Setiawan and Hedy Ip (Myanmar Country Office), Midori Sato, Birendra Pradhan and KC Ashish (Myanmar Country Office), Royston Wright and Alison Jenkins (Sierra Leone Country Office). The Reference Group members included: David Hipgrave, Anirban Chatterjee, Benjamin Schreiber and Ken Legins.
I am also grateful to Beth Ann Plowman, Senior Evaluation Specialist in UNICEF’s Evaluation Office, who designed and managed the evaluation. Finally, thanks to Celeste Lebowitz and Geeta Dey, who provided administrative support, Laura Gagliardone, who supported report finalization and dissemination, and Alexis Martin who edited the report.

It is my hope that the recommendations this evaluation provides can help UNICEF transition to a stronger systems-focus in its work. This transition is complex and must account for factors such as funding streams, government demands and UNICEF’s lead position in emergency responses that can pull the organization more towards direct support versus applying a systems strengthening approach. This tension presents a fundamental hurdle for UNICEF’s transition to HSS, and overcoming it will require shifts in programme orientation, capacities and structures.

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ACRONYMS

CPD       Country Programme Document
DAC       Development Assistance Committee
DIC       District Investment Case
DLG       District-Level Governance
HSS       Health Systems Strengthening
MNCH      Maternal, Newborn and Child Health
OECD      Organisation for Economic Co-operation and Development
PSCM      Procurement and Supply Chain Management
RAM       Results Assessment Module
UNICEF    United Nations Children’s Fund
WASH      Water, Sanitation and Hygiene
WHO       World Health Organization
EXECUTIVE SUMMARY
The United Nations Children’s Fund (UNICEF) has identified an important role for itself: ensuring that national systems are strong and resilient and able to provide sustained, quality services to those who need them, particularly children.

Strong systems are key to UNICEF’s ability to achieve its strategic goals and respond to global imperatives such as the Sustainable Development Goals, including the target on universal health coverage. In 2016, UNICEF published ‘The UNICEF Health System Strengthening Approach’, an internal operational framework to help the organization decide how it can most effectively support health systems strengthening (HSS) in different contexts. For UNICEF, the HSS approach connects community, sub-national and national levels, and emphasizes the importance of sub-national management capacity and community engagement to the overall performance of national health systems.

UNICEF has commissioned a formative evaluation of its HSS programming to generate evidence and learning on what is needed for its successful implementation. The main objectives of the evaluation are to: 1) assess the relevance, efficiency, effectiveness, equity focus and sustainability of UNICEF’s HSS approach; 2) assess and document HSS programming at the implementation level; and 3) based on the evidence gathered, produce clear conclusions and recommendations for policy and management decisions to further transform HSS within UNICEF.

The evaluation is theory-based, centred on the use of an overarching theory of change for UNICEF’s HSS work, and addresses 22 evaluation questions grouped under seven overarching questions (see Table 1). Data collection and analysis took place over two years, in 2017 and 2018, through 6 in-depth and 11 light-touch country studies, 4 thematic case studies, as well as key informant interviews with global and regional stakeholders and an online survey. The theory of change and a framework from a peer-reviewed journal article with four explicit criteria were used to analyse the extent to which an intervention was supporting or strengthening the health system.

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3 The six in-depth country case studies covered the Plurinational State of Bolivia, Ethiopia, Kazakhstan, Myanmar, Nepal and Sierra Leone.


5 The four criteria set out in Chee, G. et al., ‘Why Differentiating between Health System Support and Health System Strengthening is Needed’ are: 1) Do interventions have cross-cutting benefits beyond a single disease? What are these? 2) Do interventions address policy and organizational constraints or strengthen relationships between the [WHO health system] building blocks? 3) Will interventions produce permanent systemic impact beyond the term of the project? 4) Are interventions tailored to country-specific constraints and opportunities, with clearly defined roles for country institutions?
This report is intended primarily for UNICEF internal decision-makers and presents a synthesis of evaluation findings inclusive of preliminary findings and four thematic case study reports. The following two high-level questions were designed to promote accessibility for a range of stakeholders with varying engagement in UNICEF's HSS work: 1) To what extent is UNICEF implementing relevant and effective HSS interventions? 2) What strategies and factors have enabled or hindered progress? All evaluation questions are addressed through these two high-level questions.

Table 1: Evaluation questions

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<tr>
<th>Evaluation questions</th>
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<tr>
<td>1. Relevance: How relevant, appropriate and coherent are UNICEF strategies, plans and actions for HSS at global, regional and national levels?</td>
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<tr>
<td>2. Effectiveness: How effective are UNICEF country programmes in achieving tangible results for HSS?</td>
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<td>3. Efficiency: Is UNICEF using the available resources for HSS efficiently to achieve outcomes?</td>
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<td>4. Equity and gender: To what extent does UNICEF target issues of equity and gender in its HSS programming?</td>
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<td>5. Sustainability and scale-up: Is UNICEF effectively supporting sustainability of HSS programmes and the scale-up of evidence-based approaches?</td>
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<tr>
<td>6. Management/operations: To what extent is UNICEF as an organization set up to deliver on its HSS strategy?</td>
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<td>7. Knowledge and data generation and use: Does UNICEF generate and use knowledge and data to support achievement of its HSS goals?</td>
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To what extent is UNICEF implementing relevant and effective HSS interventions?

UNICEF is valued as a development partner that works in line with national policy priorities and identified needs. In many contexts, UNICEF’s ways of working are well embedded in the national planning process and at sub-national levels.

UNICEF is not always perceived as the most relevant partner for HSS, however, even though it is responsive in this regard. UNICEF has a position of influence in the health sector and has presence at all levels of the health system, but does not always leverage this for HSS. There are clear examples in all countries studied and across the thematic case studies of where UNICEF has focused on implementing programmes in thematic areas to deliver results for women and children but has not focused on sustainably strengthening the health system.

UNICEF has a clear comparative advantage in some areas, including in applying multi-sectoral approaches, making use of data and leveraging its mandate on gender and equity issues. UNICEF also contributes to specific areas that are addressed in its HSS approach. Strengthening the articulation of UNICEF’s contribution in these areas would facilitate a stronger shift to HSS.

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There is some evidence, albeit limited, that UNICEF has effectively used an HSS approach to achieve development results, though not in all countries. However, evidence of this effectiveness is more often presented in terms of inputs/activities/outputs and less often in terms of the outcomes achieved. UNICEF could do more to shift towards a systems strengthening approach, and has already done this in some cases.

The picture is mixed regarding the sustainability of HSS interventions; the evaluation found that UNICEF was not consistently using HSS approaches. Findings were mixed on two aspects of the question on scale – replication of global models and scaling interventions that have been proven effective at the country level. In some cases, UNICEF had scaled ahead of gathering more robust results but with strong political support. This can mean that scaling is happening before important operational learning becomes available, which can undermine the effectiveness of scaling. While the efficiency of UNICEF HSS interventions could be improved with a stronger focus on sustainability, there is insufficient data to track any efficiency gains at the project or intervention levels.

At the country level, momentum is building behind the HSS agenda. Key points and processes for integrating an HSS focus include the development of country programme documents (CPDs). Commitment to HSS has been driven partly by the HSS training course in Melbourne, but also led by HSS-trained health section chiefs. UNICEF staff broadly recognize the need to transition to HSS.

**What strategies and factors have enabled or hindered progress?**

UNICEF has a specific role within the HSS ecosystem based on its position, expertise, mandate and vision, but various factors present obstacles to acting on that comparative advantage. UNICEF has a range of tools and approaches at its disposal that can be applied to strengthen its HSS work to engage partners in a clear vision on HSS. However, there are several factors at play that make it difficult for UNICEF to act on this comparative advantage for HSS, including the tension between HSS and implementation/emergency response and lack of operational clarity around HSS. UNICEF staff consistently highlighted the tension between HSS and UNICEF’s mandate to meet the needs of women and children, which can require interventions that are not consistent with an HSS approach. There is scope to provide further guidance on how to operationalize HSS. Given these tensions, the shift to HSS is not an easy one to make and requires careful consideration in terms of pace and scale.

As an organization, UNICEF is continuing to adapt to the new focus on HSS and the new HSS approach, but this change is slow and incremental. Overall, there appears to be an increase in staff awareness, understanding and capacity to deliver the new approach, and some evidence of increased internal coordination and linkages with other sectors. However, capacity gaps remain and cross-sectoral engagement is challenging. There is also some evidence of increased support for HSS from UNICEF Headquarters and regional offices, but this does not appear to be systematic or universal. Country offices reported that they needed additional support in a range of areas. At the same time, there has been limited progress in adapting corporate systems and structures to support a greater focus on HSS.
UNICEF’s contribution to the HSS evidence base, and its use of HSS data for decision-making and course correction, remains limited. Monitoring HSS results and expenditure is inadequate, and the evidence gathered does not indicate that country offices have received significant guidance or support from Headquarters and regional offices in any of these areas.

Conclusions

Overall, the evaluation concludes that there is further scope for UNICEF to clarify its niche in HSS and translate this into a core part of UNICEF programming. While the HSS approach paper is a start and some progress has been made, the paper is neither sufficient nor has it been sufficiently implemented to catalyse an organization-wide transition to HSS. There is a risk that if progress is not accelerated, staff will lose interest and the opportunity to make the transition will be missed.

UNICEF’s transition to HSS will be complex and difficult to achieve. In many contexts, funding streams, government demands and UNICEF’s lead position in emergency responses can pull the organization into offering direct support versus applying a systems strengthening approach. This tension is a fundamental obstacle to UNICEF’s transition to HSS, and overcoming it will require shifts in mind sets, capacities and structures. A clear transition plan or view of how UNICEF can manage these divergent roles will be key to facilitating these shifts.

UNICEF is well positioned to capitalize on its comparative advantage in specific areas, including strengthening sub-national governance in the era of decentralization and improving data for decision-making. However, UNICEF country office staff may still view their comparative advantage in their continued support to health systems (e.g., time delineated, results-focused), rather than in strengthening systems. UNICEF’s contribution to HSS is limited by the division of labour among United Nations organizations and partners, such as the World Bank, that often take the lead in HSS. UNICEF’s potential as an organization focused on HSS stems from its mandate to advocate for equity for children and vulnerable groups. This means that UNICEF has a place in many HSS agendas, including as an implementation partner, developing equitable packages of care, supporting health financing systems to provide coverage for vulnerable groups and piloting innovative models of care.

UNICEF has made limited progress in terms of making changes to its structures and systems to support HSS, with implications for HSS implementation. Focusing on organizational change – including on cross-sector working, guidance and support, staff capacity and monitoring and learning systems – will be key to supporting the transition to HSS.

Limited focus on communication and dissemination of information about UNICEF’s HSS approach has impacted the organization’s ability to transition to HSS, including its ability to secure additional resources for HSS. Lack of data on HSS effectiveness and insufficient clarity on UNICEF’s role are limiting factors when it comes to more proactive communication.

Recommendations

The evaluation team has identified a limited number of priority recommendations that will help UNICEF accelerate and strengthen its transition towards HSS. These were discussed with UNICEF during a series of
meetings, including with the evaluation reference group\(^7\) and Programme Division staff, in New York on 16 January 2019. The feedback generated in these meetings is reflected in seven recommendations presented below. The recommendations are grouped under four headings: 1) clarifying vision and strategy; 2) supporting staff to work on HSS; 3) building the evidence base; and 4) making the case. The recommendations are listed in order of priority and build progressively towards enabling UNICEF to achieve two overarching objectives: 1) UNICEF and other partners understand and value UNICEF’s contribution on HSS; and 2) current and future UNICEF programmes maximize HSS potential within the organization’s existing mandate. Figure 1 presents these recommendations and is described in more detail in section 4.

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\(^7\) The evaluation reference group includes representatives of the UNICEF Evaluation Office, Programme Division/Health Section/HSS team, the Supply Division and the Middle East and North Africa Regional Office.
1. Clarifying vision and strategy

**RECOMMENDATION 1.1**

Clarify the vision for UNICEF’s role in HSS and develop a cross-organization strategy to deliver on this vision. This will provide clear direction to UNICEF staff and partners on what UNICEF intends when it talks about transitioning to HSS. It should include:

- Revisions to the HSS approach;
- The development of a cross-organization strategy to deliver the HSS approach and clarification on what success looks like and how HSS can be incorporated into thematic issues, starting with the five issue-specific areas of existing UNICEF capacity and perceived priority,\(^8\) and
- The development of operational guidance on HSS.

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2. Support staff to work on HSS

**RECOMMENDATION 2.1**

Ensure that UNICEF staff have the capacity to do HSS. This includes ensuring that staff have the skills and knowledge to incorporate systems thinking into their day-to-day work by:

- Providing staff with relevant skills and knowledge through training and on-the-job mentoring;
- Ensuring that staff are focused on HSS through recruitment and performance management; and
- Ensuring that all staff have appropriate responsibility and accountability for delivering on HSS objectives.

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3. Building the evidence base

**RECOMMENDATION 3.1**

Develop and implement a clear strategy for monitoring and evaluating UNICEF’s HSS work. To strengthen and institutionalize HSS monitoring, the HSS team, working with relevant parts of the organization, needs to ensure that data and evidence are available to track performance on HSS, including by:

- Developing a strategy to ensure that the organization’s data and analysis needs are met; and
- Strengthening the availability of evidence on the effectiveness and efficiency of UNICEF HSS interventions.

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\(^8\) These include: improving data information systems; procurement and supply chain management; social protection and welfare; engagement and regulation of the private sector; and quality of care at the community and facility levels.
RECOMMENDATION 3.2

Ensure that UNICEF is learning from its HSS work to support the continuous improvement of planning and to contribute to an evidence base as a global public good. UNICEF needs to develop and implement strategies to ensure that it is reflecting on and learning from its HSS work to improve its HSS programming. There are two key aspects of this learning agenda:

• Encouraging replication and adaptation within UNICEF; and
• Informing policy development and the wider HSS community.

4. Making the case

RECOMMENDATION 4.1

Advocate across UNICEF for an organization-wide change management process to increase the organization’s engagement on HSS and ensure that systems are in place to strengthen the effectiveness of HSS. While there may appear to be overlap with recommendations 1-3, the emphasis here is on internal advocacy to ensure that recommendations 1-3 are taken forward. This should include cross-organization communication to encourage staff to participate in HSS training (recommendation 2.1); pressing for changes to systems to ensure monitoring and evaluation of HSS (recommendations 3.1 and 3.2); and encouraging staff to communicate with external partners (recommendation 4.2). Further, the change management process can strengthen the effectiveness of its HSS programming by ensuring adequate staff resources at all levels to work on HSS; and establishing systems to better articulate goals for HSS interventions and support cross-sector engagement.

RECOMMENDATION 4.2

Develop partnerships with external stakeholders to maximize UNICEF's comparative advantage in HSS. There is a significant imperative for UNICEF staff to work with external partners to:

• Promote understanding of UNICEF’s mandate and its contributions and added value as an HSS partner;
• Leverage UNICEF's comparative advantage to maximize the effectiveness of HSS investments; and
• Raise resources to ensure UNICEF’s status as an effective implementation partner is adequately funded.
RÉSUMÉ ANALYTIQUE

Le Fonds des Nations Unies pour l’enfance (UNICEF) a identifié et s’est attribué un rôle important : s’assurer de la solidité et de la résistance des systèmes nationaux et de leur capacité à fournir, de façon durable, des services de qualité pour les populations qui en ont le plus besoin, en particulier les enfants.


L’UNICEF a commandé une évaluation formative de ses programmes de RSS afin de produire des éléments de preuve et de tirer des leçons sur les facteurs nécessaires à leur mise en œuvre réussie. Les principaux objectifs de cette évaluation sont les suivants :

1) évaluer la pertinence, l’efficacité, l’efficience, l’accent sur l’équité et la durabilité de l’approche de l’UNICEF en matière de RSS ;
2) évaluer et documenter les programmes de RSS au niveau de leur mise en œuvre ; et
3) en fonction des éléments de preuve réunis, émettre des conclusions et recommandations claires au sujet des décisions relatives aux politiques et à la gestion en vue de transformer plus profondément le RSS au sein de l’UNICEF.

Cette évaluation s’appuie sur des éléments théoriques et est axée sur une théorie générale du changement, appliquée au travail de l’UNICEF en matière de RSS. Elle répond à 22 questions d’évaluation, regroupées sous sept problématiques générales (voir le Tableau 1). La collecte et l’analyse des données se sont étalées sur une période de deux ans, en 2017 et 2018, au travers de six études nationales approfondies11 et de onze autres plus superficielles, de quatre études de cas thématiques, ainsi que d’entretiens d’informateurs principaux avec des parties prenantes mondiales et régionales et d’une enquête en ligne.

11 Les six pays des études de cas approfondies étaient l’État plurinational de Bolivie, l’Éthiopie, le Kazakhstan, le Myanmar, le Népal et la Sierra Leone.
La théorie du changement et un cadre issu d’un article publié dans une revue à comité de lecture\(^{12}\), qui réunit quatre critères explicites\(^{13}\), ont servi à analyser la mesure dans laquelle une intervention soutenait ou renforçait un système de santé.

Le présent rapport est principalement destiné aux décideurs internes de l’UNICEF. Il présente une synthèse des conclusions de l’évaluation, qui comprend les résultats préliminaires et quatre rapports sur des études de cas thématiques\(^{14}\). Les deux questions de haut niveau suivantes ont été conçues pour faciliter l’accès de diverses parties prenantes présentant différents niveaux d’engagement dans le travail de l’UNICEF en matière de RSS : 1) Dans quelle mesure l’UNICEF met-il en œuvre des interventions pertinentes et efficaces en matière de RSS ? 2) Quelles stratégies et quels facteurs ont favorisé ou freiné les progrès ? Toutes les questions d’évaluation sont posées au travers de ces deux questions de haut niveau.

Dans quelle mesure l’UNICEF met-il en œuvre des interventions pertinentes et efficaces en matière de RSS ?

L’UNICEF est considéré comme un partenaire de développement qui travaille conformément aux priorités des politiques nationales et aux besoins identifiés. Dans de nombreuses

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\(^{12}\) Chee, G. et al., « Why Differentiating between Health System Support and Health System Strengthening is Needed » (Pourquoi il faut faire la différence entre le soutien aux systèmes de santé et le renforcement des systèmes de santé), *International Journal of Health Planning and Management*, vol. 28, n° 1, jan-mars 2013, pp. 85–94.


situations, les méthodes de travail de l’UNICEF s’intègrent bien dans les processus de planification nationaux ainsi qu’au niveau infranational.

L’UNICEF n’est toutefois pas toujours perçu comme le partenaire le plus pertinent en matière de RSS, malgré sa réactivité en la matière. Il bénéficie d’une position influente dans le secteur sanitaire et est présent à tous les niveaux du système de santé. Il n’exploite cependant pas toujours cet avantage pour le RSS. On compte plusieurs exemples clairs dans tous les pays étudiés et sur l’ensemble des études de cas thématiques où l’UNICEF s’est concentré sur la mise en œuvre de programmes dans des domaines thématiques afin d’obtenir des résultats en faveur des femmes et des enfants, mais sans s’intéresser au renforcement durable du système de santé.

L’UNICEF dispose d’un avantage comparatif évident dans certains domaines, notamment l’application d’approches multisectorielles, l’utilisation de données et l’exploitation de son mandat sur les questions de genre et d’équité. L’UNICEF participe également à des domaines spécifiques, que son approche en matière de RSS affecte. Renforcer l’intégration des contributions de l’UNICEF à ces domaines pourrait permettre une transition plus solide vers le RSS.

Il existe des éléments de preuve, bien qu’ils soient peu nombreux, qui montrent que l’UNICEF a déjà efficacement appliqué une approche du RSS afin d’obtenir des résultats en matière de développement, même si cela ne s’est pas produit dans tous les pays. Néanmoins, la mesure de cette efficacité est souvent présentée sur le mode intrants/activités/produits plutôt qu’en fonction des résultats obtenus. L’UNICEF pourrait intensifier ses efforts afin d’adopter une approche de renforcement des systèmes, ce qu’il a déjà fait dans certains cas.

Le panorama est mitigé sur la question de la durabilité des interventions en matière de RSS. L’évaluation a révélé que l’UNICEF n’utilisait pas de façon constante des approches en matière de RSS. Les conclusions étaient partagées sur deux aspects de la question liés à l’échelle : la reproduction des modèles mondiaux et l’extension des interventions qui se sont avérées efficaces au niveau d’un pays. Dans certains cas, l’UNICEF a étendu une intervention sans attendre d’avoir rassemblé des résultats plus solides, mais en s’appuyant sur un fort soutien politique. Cela peut impliquer que l’extension survienne avant que des leçons opérationnelles importantes soient tirées, ce qui peut nuire à l’efficacité de l’extension. Alors que l’efficience des interventions de l’UNICEF en matière de RSS pourrait profiter d’un plus grand accent sur la durabilité, les données ne sont pas suffisantes pour suivre tout gain d’efficience au niveau des projets ou des interventions.

Au niveau des pays, une dynamique se met en place en faveur du RSS. Les principaux éléments et processus pour l’intégration de mesures en faveur du RSS comprennent la rédaction de descriptifs de programme de pays (DPP). L’engagement en faveur du RSS est en partie dû à la formation en matière de RSS réalisée à Melbourne, mais il est également motivé par des chefs de section santé formés au RSS. Les employés de l’UNICEF sont généralement conscients de la nécessité d’une transition vers le RSS.

Quelles stratégies et quels facteurs ont favorisé ou freiné les progrès ?

L’UNICEF joue un rôle précis au sein de l’écosystème du RSS, grâce à sa position, son expertise, son mandat et sa vision, mais différents facteurs constituent des obstacles qui freinent l’action permise par cet avantage.
comparatif. L’UNICEF dispose d’un ensemble d’outils et d’approches qui peuvent être appliqués pour renforcer son travail en matière de RSS, afin d’impliquer les partenaires dans une vision claire du RSS. Malgré tout, plusieurs facteurs viennent compliquer les actions menées par l’UNICEF en faveur du RSS sur la base de cet avantage comparatif, y compris les divergences entre le RSS et les interventions de mise en œuvre/d’urgence et l’absence de clarté opérationnelle en matière de RSS. Les employés de l’UNICEF ont régulièrement souligné les divergences entre le RSS et le mandat de l’UNICEF (satisfaire les besoins des femmes et des enfants) étant donné que ce dernier peut nécessiter des interventions qui ne sont pas conformes à une approche de RSS. Il est possible d’apporter des orientations supplémentaires sur la mise en œuvre opérationnelle du RSS. Compte tenu de ces divergences, la transition vers le RSS n’est pas facile et impose une analyse prudente des questions de rythme et d’envergure.

En tant qu’organisation, l’UNICEF continue de s’adapter au nouvel accent placé sur le RSS et à la nouvelle approche en matière de RSS, mais ce changement est lent et progressif. Dans l’ensemble, on note chez les employés une plus grande prise de conscience, une meilleure compréhension et une augmentation de la capacité à appliquer la nouvelle approche. On observe également certains signes d’une amélioration de la coordination interne et des liens avec d’autres secteurs. Cependant, les lacunes en matière de capacité demeurent et l’engagement intersectoriel est difficile. Selon les données probantes, le siège et les bureaux régionaux de l’UNICEF soutiennent davantage le RSS, mais cela ne semble ni systématique ni universel. Les bureaux de pays ont indiqué qu’ils avaient besoin de soutien supplémentaire dans plusieurs domaines. Parallèlement, les progrès sont limités dans l’adaptation des structures et des systèmes commerciaux afin de soutenir un plus grand accent en faveur du RSS.

La contribution de l’UNICEF à la base de données probantes en matière de RSS et son utilisation des données sur le RSS pour les prises de décision et les changements de cap restent limitées. Le suivi des résultats et des dépenses en matière de RSS n’est pas adapté et les éléments de preuve réunis n’indiquent pas quels bureaux de pays ont bénéficié de conseils ou de soutiens significatifs de la part du siège et des bureaux régionaux dans ces domaines.

Conclusions

Dans l’ensemble, l’évaluation conclut que l’UNICEF dispose d’une certaine marge pour clarifier davantage son créneau en matière de RSS et en faire un volet fondamental de ses programmes. Alors que le document introductif en matière de RSS constitue une première étape et que des progrès ont été obtenus, ce document n’est pas suffisant et n’a pas été suffisamment appliqué pour favoriser une transition vers le RSS à l’échelle de toute l’organisation. Si le rythme des progrès n’accélère pas, l’intérêt des employés risque de disparaître et nous passerons à côté de l’occasion de réaliser ce changement.

La transition de l’UNICEF vers le RSS sera complexe et difficile à réaliser. Dans de nombreuses situations, les flux de financements, les exigences des gouvernements et la position dominante de l’UNICEF dans les interventions humanitaires peuvent pousser l’organisation à fournir une assistance directe au lieu d’appliquer une approche de renforcement des systèmes. Cette tension représente un obstacle fondamental à la transition de l’UNICEF vers le RSS. Il faudra, pour la surmonter, des changements dans les états d’esprit, les capacités et les structures. Un programme clair pour la transition ou une vision de la façon dont l’UNICEF peut gérer ces rôles divergents seront essentiels pour permettre ces changements.
L’UNICEF est bien placé pour s’appuyer sur son avantage comparatif dans certains domaines spécifiques, y compris le renforcement de la gouvernance infranationale à l’ère de la décentralisation et l’amélioration des données utilisées pour la prise de décisions. Cependant, les employés des bureaux de pays de l’UNICEF considèrent encore que leur avantage comparatif réside dans leur soutien continu aux systèmes de santé (c’est-à-dire limité dans le temps et centré sur les résultats), et non pas dans le renforcement des systèmes. La contribution de l’UNICEF au RSS est limitée par la division du travail entre les organisations et les partenaires des Nations Unies, comme la Banque mondiale, qui sont souvent à la tête des initiatives en matière de RSS. La possibilité pour l’UNICEF d’être une organisation axée sur le RSS découle de son mandat : plaidner en faveur de l’équité pour les enfants et les groupes vulnérables. Cela signifie que l’UNICEF a toute sa place dans un grand nombre de programmes de RSS, y compris en tant que partenaire d’exécution, pour définir des ensembles de soins équitables, pour soutenir les systèmes de financement sanitaire afin de fournir une couverture aux groupes vulnérables et pour piloter des modèles de soins innovants.

L’UNICEF a enregistré des progrès limités dans la modification de ses structures et de ses systèmes destinés à soutenir le RSS, ce qui a des implications pour la concrétisation du RSS. L’accent qui sera placé sur le changement de l’organisation (y compris en matière de travail, d’orientation et de soutien intersectoriels, de capacité des employés et de systèmes de formation et de suivi) sera essentiel pour favoriser la transition vers le RSS.

L’intérêt limité pour la communication et la diffusion d’informations sur l’approche de l’UNICEF en matière de RSS a affecté la capacité de l’organisation à mener sa transition vers le RSS, y compris son aptitude à obtenir des ressources supplémentaires en faveur du RSS. Le manque de données relatives à l’efficacité du RSS et l’ambiguïté quant au rôle de l’UNICEF constituent des freins dès lors que l’on aborde la question d’une communication proactive.

Recommandations

L’équipe d’évaluation a identifié un nombre limité de recommandations prioritaires qui aideront l’UNICEF à accélérer et renforcer sa transition vers le RSS. Elles ont été abordées avec l’UNICEF lors d’une série de réunions, y compris avec des membres du groupe de référence pour l’évaluation et des employés de la Division des programmes, à New York, le 16 janvier 2019. Les sept recommandations formulées ci-dessous reflètent les commentaires issus de ces réunions. Les recommandations sont regroupées dans quatre catégories : 1) clarifier la vision et la stratégie ; 2) soutenir les employés qui travaillent sur le RSS ; 3) construire la base de données probantes ; et 4) plaidner en faveur du RSS. Les recommandations sont indiquées par ordre de priorité et visent à permettre progressivement à l’UNICEF d’atteindre deux objectifs généraux : 1) l’UNICEF et les autres partenaires comprennent et valorisent la contribution de l’UNICEF en matière de RSS ; et 2) les programmes actuels et futurs de l’UNICEF maximisent le potentiel pour le RSS dans le cadre du mandat existant de l’organisation. La figure 1 montre ces recommandations. Elle est décrite plus en détail à la section 4.

15 Le groupe de référence pour l’évaluation est composé de représentants du Bureau de l’évaluation de l’UNICEF, de l’équipe RSS au sein de la section santé de la Division des programmes, de la Division des approvisionnements et du bureau régional Moyen-Orient et Afrique du Nord.
Figure 1 : Résultats hiérarchisés par priorité dans le domaine organisationnel de la théorie du changement

1. Clarifier la vision et la stratégie

\[ \text{RECOMMANDATION 1.1} \]

Clarifier la vision du rôle de l’UNICEF en matière de RSS et définir une stratégie à travers l’ensemble de l’organisation pour concrétiser cette vision. Cela fournira une orientation claire aux employés et aux partenaires de l’UNICEF sur les intentions de ce dernier lorsque le sujet de la transition vers le RSS est abordé. Cela doit comprendre :

- Des révisions des approches en matière de RSS ;
- La mise au point d’une stratégie qui s’applique à l’ensemble de l’organisation pour mettre en œuvre l’approche en matière de RSS et définir les critères de réussite et la façon dont le RSS peut être intégré à des questions thématiques, en commençant par

\[ \text{Soutenir les employés qui travaillent sur le RSS} \]

2.1 S’assurer que les employés de l’UNICEF ont la capacité de travailler sur le RSS.

2.2 Aider les bureaux de pays à renforcer l’accent qu’ils placent sur le RSS.

\[ \text{Construire la base de données probantes} \]

3.1 Concevoir et mettre en œuvre une stratégie claire de suivi et d’évaluation du travail de l’UNICEF en matière de RSS.

3.2 S’assurer que l’UNICEF tire les leçons de son travail en matière de RSS afin de favoriser l’amélioration continue de la planification.

\[ \text{Plaidoyer en faveur du RSS} \]

4.1 Plaidoyer au sein de l’UNICEF afin de renforcer l’engagement en matière de RSS à l’échelle de l’organisation et de s’assurer que les systèmes sont en place pour augmenter l’efficacité du RSS.

4.2 Développer des partenariats avec des parties prenantes externes pour maximiser l’avantage comparatif de l’UNICEF en matière de RSS.
les cinq domaines particuliers relatifs à la capacité actuelle et aux priorités perçues de l’UNICEF; et
• La définition d’orientations opérationnelles en matière de RSS.

2. Soutenir les employés qui travaillent sur le RSS

- **RECOMMANDATION 2.1**

S’assurer que les employés de l’UNICEF ont la capacité de travailler sur le RSS. Cela comprend le fait de garantir que les employés ont les compétences et les connaissances nécessaires pour intégrer l’analyse systémique dans leur travail quotidien. Pour cela, il faut :

- Apporter aux employés des compétences et des connaissances pertinentes à l’aide de formations et de mentorat au travail ;
- S’assurer que le RSS est au cœur des préoccupations des employés au travers du recrutement et de la gestion des performances ; et
- S’assurer que la responsabilité et la redevabilité de tous les employés sont adaptées pour leur permettre d’atteindre les objectifs en matière de RSS.

- **RECOMMANDATION 2.2**

Aider les bureaux de pays à renforcer l’accent qu’ils placent sur le RSS. Cette recommandation s’appuie sur les recommandations 1.1 et 2.1 et se fonde sur des éléments de preuve selon lesquels les employés de l’UNICEF éprouvent des difficultés à travailler sur les questions de RSS et réclament un soutien proactif de la part du siège et des bureaux régionaux afin de mener à bien cette transition. Le soutien doit être offert dans les domaines suivants :

- Examiner et réviser les programmes existants ;
- Concevoir de nouvelles stratégies et interventions en matière de RSS ;
- Intégrer le RSS aux nouveaux DPP, aux notes de stratégie, aux examens à mi-parcours et aux évaluations des programmes de pays ;
- Soutenir l’échange d’expériences pratiques entre les employés de l’UNICEF ; et
- Formaliser le soutien du siège et des bureaux régionaux aux bureaux de pays.

3. Construire la base de données probantes

- **RECOMMANDATION 3.1**

Concevoir et mettre en œuvre une stratégie claire de suivi et d’évaluation du travail de l’UNICEF en matière de RSS. Pour renforcer et institutionnaliser le suivi du RSS, l’équipe RSS, en collaboration avec les éléments pertinents de l’organisation, doit s’assurer que les données et les éléments de preuves sont disponibles pour suivre les performances en matière de RSS. Pour cela, elle pourra :

- Définir une stratégie pour s’assurer que les données de l’organisation sont suffisantes et les besoins en matière d’analyse sont satisfaits ; et
- Renforcer la disponibilité des éléments de preuve relatifs à l’efficacité et l’efficience des interventions de l’UNICEF en matière de RSS.

16 Ces domaines comprennent : l’amélioration des systèmes informatiques ; la gestion de l’approvisionnement et de la chaîne logistique ; la protection et la sécurité sociales ; l’engagement et la réglementation du secteur privé ; et la qualité des soins au niveau des communautés et des installations.
RECOMMANDATION 3.2
S’assurer que l’UNICEF tire les leçons de son travail en matière de RSS afin de favoriser l’amélioration continue de la planification et de contribuer à une base de données probantes qui constitue un bien public mondial. L’UNICEF doit concevoir et mettre en œuvre des stratégies pour garantir qu’il mène une réflexion sur son travail en matière de RSS et en tire les leçons pour améliorer ses programmes de RSS. Ce plan d’apprentissage comporte deux aspects fondamentaux :
• Encourager la reproduction et l’adaptation au sein de l’UNICEF ; et
• Préciser la mise au point de politiques et informer l’ensemble de la communauté du RSS.

4. Plaider en faveur du RSS
RECOMMANDATION 4.1
Plaider au sein de l’ensemble de l’UNICEF en faveur d’un processus de gestion du changement à l’échelle de toute l’organisation afin d’augmenter son engagement en matière de RSS et de s’assurer que les systèmes sont en place pour augmenter l’efficacité du RSS. Malgré des chevauchements apparents avec les recommandations 1-3, l’accent est ici placé sur les plaidoiries internes pour s’assurer des progrès des recommandations 1-3. Cela doit comprendre une communication à travers toute l’organisation pour encourager les employés à participer aux formations en matière de RSS (recommandation 2.1) ; pour réclamer des changements dans les systèmes afin de garantir le suivi et l’évaluation du RSS (recommandations 3.1 et 3.2) ; et pour encourager les employés à communiquer avec les partenaires externes (recommandation 4.2). Par la suite, le processus de gestion du changement peut renforcer l’efficacité de ses programmes de RSS en s’assurant que des ressources humaines adaptées à tous les niveaux travaillent au RSS ; et en mettant en place des systèmes destinés à mieux formuler les objectifs des interventions en matière de RSS et à soutenir un engagement intersectoriel.

RECOMMANDATION 4.2
Développer des partenariats avec des parties prenantes externes pour maximiser l’avantage comparatif de l’UNICEF en matière de RSS. Les employés de l’UNICEF doivent impérativement travailler avec des partenaires externes pour :
• Promouvoir la compréhension du mandat de l’UNICEF ainsi que de ses contributions et de sa valeur ajoutée en tant que partenaire pour le RSS ;
• Tirer profit de l’avantage comparatif de l’UNICEF pour maximiser l’efficacité des investissements en matière de RSS ; et
• Augmenter les ressources pour garantir que le statut de partenaire d’exécution efficace de l’UNICEF est financé de façon adaptée.
RESUMEN EJECUTIVO

El Fondo de las Naciones Unidas para la Infancia (UNICEF) ha establecido y se ha asignado un importante papel: garantizar la fortaleza y la resistencia de los sistemas nacionales y su capacidad para prestar servicios de calidad de manera sostenible a las poblaciones más necesitadas, especialmente los niños.

La solidez de los sistemas es un elemento clave para que UNICEF alcance sus objetivos estratégicos17 y cumpla con una serie de imperativos mundiales, entre ellos los Objetivos de Desarrollo Sostenible y sus metas en favor de una cobertura universal de salud. En 2016, UNICEF publicó “UNICEF Approach to Health Systems Strengthening” (Enfoque de UNICEF para el fortalecimiento de los sistemas de salud18), un marco operativo interno para ayudar a la organización a determinar cómo puede apoyar más eficazmente el fortalecimiento de los sistemas de salud en diferentes contextos. Para UNICEF, el enfoque del FSS involucra a las comunidades, a nivel nacional y subnacional, y hace hincapié en la importancia de la capacidad de gestión subnacional y el compromiso de la comunidad con el desempeño general de los sistemas nacionales de salud.

UNICEF encargó una evaluación formativa de sus programas de FSS para recabar pruebas y enseñanzas sobre los factores necesarios para su aplicación de manera satisfactoria. Los principales objetivos de esta evaluación son: (1) evaluar la pertinencia, eficiencia, eficacia, equidad y sostenibilidad del enfoque de UNICEF en materia de FSS; (2) evaluar y documentar los programas de FSS en el plano de la ejecución; y (3) proporcionar conclusiones y recomendaciones claras sobre las decisiones políticas y de gestión necesarias para transformar aún más el FSS en UNICEF.

Esta evaluación se basa en elementos teóricos y se centra en una teoría general del cambio aplicada al trabajo de UNICEF en el FSS. Responde a 22 preguntas de evaluación, agrupadas en siete cuestiones generales (véase la tabla 1). La recopilación y el análisis de datos se llevaron a cabo durante un período de dos años, en 2017 y 2018, a través de seis estudios de país en profundidad19 y once más superficiales, cuatro estudios de casos temáticos, así como entrevistas de informantes clave con partes interesadas a nivel mundial y regional y una encuesta en línea.

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19 Los seis estudios monográficos exhaustivos abarcaron el Estado Plurinacional de Bolivia, Etiopía, Kazajstán, Myanmar, Nepal y Sierra Leona.
La teoría del cambio y el marco de un artículo examinado por especialistas y publicado en una revista\textsuperscript{20} que combina cuatro criterios explícitos\textsuperscript{21} se utilizaron para analizar hasta qué punto una intervención apoyaba o fortalecía un sistema de salud.

Este informe está dirigido principalmente a los responsables de la toma de decisiones internas de UNICEF. Presenta una síntesis de las conclusiones de la evaluación, que incluye resultados preliminares y cuatro informes sobre estudios de casos temáticos\textsuperscript{22}. Las siguientes dos preguntas de alto nivel han sido diseñadas para facilitar el acceso a diversas partes interesadas con diferentes niveles de participación en el trabajo de UNICEF en el FSS.

La FSS: 1) ¿En qué medida está implementando UNICEF intervenciones pertinentes y efectivas en el FSS? 2) ¿Qué estrategias y factores han promovido u obstaculizado el progreso? Todas las preguntas de la evaluación se formulan a través de estas dos preguntas de alto nivel.

\textbf{Tabla 1: Preguntas de la evaluación}

<table>
<thead>
<tr>
<th>Preguntas de la evaluación</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Pertinencia:</strong> ¿Cuál es el nivel de pertinencia, oportunidad y coherencia de las estrategias, planes y acciones de UNICEF para el sector del FSS a nivel mundial, regional y nacional?</td>
</tr>
<tr>
<td><strong>2. Eficacia:</strong> ¿En qué medida los programas de país de UNICEF son eficaces para lograr resultados concretos en materia de reforma del sector del FSS?</td>
</tr>
<tr>
<td><strong>3. Eficiencia:</strong> ¿Utiliza UNICEF de manera eficiente los recursos disponibles para que el sector del FSS logre resultados?</td>
</tr>
<tr>
<td><strong>4. Equidad y género:</strong> ¿En qué medida UNICEF aborda las cuestiones de equidad y género en sus programas de FSS?</td>
</tr>
<tr>
<td><strong>5. Sostenibilidad y ampliación:</strong> ¿Apoya UNICEF eficazmente la sostenibilidad de los programas de FSS y la ampliación de los enfoques basados en datos empíricos?</td>
</tr>
<tr>
<td><strong>6. Gestión/operaciones:</strong> ¿En qué medida está adaptado UNICEF como organización para responder a la estrategia del FSS?</td>
</tr>
<tr>
<td><strong>7. Creación y uso de conocimientos y datos:</strong> ¿Genera y utiliza UNICEF conocimientos y datos para apoyar el logro de sus objetivos de reforma del sector del FSS?</td>
</tr>
</tbody>
</table>

¿En qué medida está implementando UNICEF intervenciones pertinentes y efectivas en el FSS?

Se considera que UNICEF es un asociado para el desarrollo que trabaja de conformidad con las prioridades de las políticas nacionales y una serie de necesidades establecidas.


\textsuperscript{21} Los cuatro criterios establecidos en Chee, G. et al., ‘Why Differentiating between Health System Support and Health System Strengthening is Needed’ son: 1) ¿Tienen las intervenciones beneficios transversales más allá de una sola enfermedad? ¿Cuáles son? 2) ¿Abordan las intervenciones las limitaciones políticas y organizativas o fortalecen las relaciones entre los componentes básicos (del sistema de salud de la OMS)? 3) ¿Producirán las intervenciones un impacto sistémico permanente más allá del plazo del proyecto? 4) ¿Están las intervenciones adaptadas a las limitaciones y oportunidades específicas de cada país, con funciones claramente definidas para las instituciones nacionales?

En muchas situaciones, los métodos de trabajo de UNICEF están bien integrados en los procesos de planificación nacional y a nivel subnacional.

Sin embargo, no siempre se percibe a UNICEF como el aliado más importante en materia de FSS, a pesar de su capacidad de respuesta en este ámbito. Goza de una posición influyente en el sector de la salud y está presente en todos los niveles del sistema de salud. Pese a ello, no siempre aprovecha esta ventaja en favor del FSS. Hay varios ejemplos claros en todos los países estudiados y en todos los estudios de casos temáticos en los que UNICEF se ha centrado en la ejecución de programas en esferas temáticas para lograr resultados en favor de las mujeres y los niños, pero sin concentrarse en el fortalecimiento sostenible del sistema de salud.

UNICEF tiene una clara ventaja comparativa en algunas esferas, como la aplicación de enfoques multisectoriales, el uso de datos y la potenciación de su mandato en cuestiones de género y equidad. UNICEF también participa en esferas específicas que se abordan en su enfoque del FSS. Reforzar la integración de las contribuciones de UNICEF en estas esferas podría facilitar una transición más sólida hacia el FSS.

Existen pruebas, aunque limitadas, de que UNICEF ya ha aplicado eficazmente un enfoque del FSS para lograr resultados en materia de desarrollo, aunque esto no ha ocurrido en todos los países. Sin embargo, la medición de esta eficacia se presenta a menudo en términos de insumos/actividades/productos más que en términos de resultados logrados. UNICEF podría intensificar sus esfuerzos para adoptar un enfoque de fortalecimiento de los sistemas, lo que ya ha hecho en algunos casos.

El panorama es mixto en cuanto a la cuestión de la sostenibilidad de las intervenciones en el FSS. La evaluación reveló que UNICEF no estaba utilizando sistemáticamente los enfoques del FSS. Las conclusiones fueron contradictorias en dos aspectos de la cuestión relacionados con la escala: la reproducción de modelos mundiales y la ampliación de las intervenciones que han demostrado su eficacia a nivel de los países. En algunos casos, UNICEF amplió una intervención sin esperar a que se obtuvieran mejores resultados, pero con un fuerte apoyo político. Esto puede implicar que la ampliación de la escala se produce antes de que se aprendan importantes lecciones operativas, lo que puede afectar a la eficacia de la ampliación. Si bien la eficacia de las intervenciones de UNICEF en materia de FSS podría beneficiarse de una mayor atención a la sostenibilidad, no hay datos suficientes para hacer un seguimiento de cualquier avance en la eficacia a nivel de proyecto o de intervención.

A nivel de país, se está produciendo un impulso cada vez mayor en favor del FSS. Los principales elementos y procesos para la integración de las medidas de FSS incluyen la redacción de los documentos de los programas por países (DPP). El compromiso con el FSS se debe en parte a la capacitación en el FSS realizada en Melbourne, pero también está motivado por los jefes de sección de salud capacitados en FSS. En general, el personal de UNICEF es consciente de la necesidad de realizar una transición hacia el FSS.

¿Qué estrategias y factores han contribuido u obstaculizado el progreso?

UNICEF desempeña un papel específico en el ecosistema del FSS sobre la base de su posición, experiencia, mandato y visión, pero existen varios factores que suponen...
un obstáculo para la acción basada en esta ventaja comparativa. UNICEF cuenta con un conjunto de herramientas y enfoques que pueden ser aplicados para fortalecer su trabajo en FSS, con el fin de involucrar a los asociados en una visión clara del FSS. Sin embargo, existen varios factores que complican las acciones de UNICEF en apoyo del FSS sobre la base de esta ventaja comparativa, incluidas las discrepancias entre el FSS y las intervenciones de implementación/emergencia y la falta de claridad operativa sobre el FSS. El personal de UNICEF ha destacado sistemáticamente las discrepancias entre el FSS y el mandato de UNICEF (satisfacer las necesidades de las mujeres y los niños), ya que este último puede requerir intervenciones que no se ajusten a un enfoque del FSS. Existe la posibilidad de proporcionar más orientación sobre cómo poner en práctica el FSS. Dadas estas discrepancias, la transición hacia el FSS no es fácil y requiere un análisis cuidadoso en lo que se refiere al ritmo y el alcance.

Como organización, UNICEF continúa adaptándose al mayor énfasis que se pone en el FSS y al nuevo enfoque del FSS, pero este cambio es lento y gradual. En general, el personal es más consciente, más comprensivo y más capaz de aplicar el nuevo enfoque. También hay algunos indicios de una mejor coordinación interna y de vínculos con otros sectores. Sin embargo, sigue habiendo deficiencias en la capacidad y es difícil la participación intersectorial. Existen pruebas de que la sede y las oficinas regionales de UNICEF apoyan más al sector del FSS, pero esto no parece ser una cuestión sistemática ni universal. Las oficinas en los países indicaron que necesitaban apoyo adicional en varias esferas. Al mismo tiempo, se está avanzando de forma limitada en la adaptación de las estructuras y sistemas institucionales para apoyar una mayor atención al FSS.

La contribución de UNICEF a la base de datos sobre FSS y su utilización de los datos sobre FSS para la adopción de decisiones y el cambio de políticas sigue siendo limitada. La supervisión del desempeño y de los gastos del FSS no es adecuada y las pruebas reunidas no indican qué oficinas en los países hayan recibido asesoramiento o apoyo significativo de la sede y de las oficinas regionales en estos ámbitos.

Conclusiones

En general, la evaluación llega a la conclusión de que UNICEF tiene cierto margen de maniobra para aclarar aún más su espacio en materia de FSS y convertirlo en un componente básico de sus programas. Si bien el documento sobre el enfoque del FSS es un primer paso y se han logrado avances, no es suficiente y no se ha aplicado de una manera que sea adecuada para promover una transición hacia el FSS en toda la organización. Si el ritmo de progreso no se acelera, el interés del personal puede desaparecer y perderíamos la oportunidad de poner en marcha este cambio.

La transición de UNICEF hacia el FSS será compleja y difícil de lograr. En muchas situaciones, las corrientes de financiación, las necesidades de los gobiernos y la posición dominante de UNICEF en las respuestas humanitarias pueden empujar a la organización a prestar asistencia directa en lugar de aplicar un enfoque de fortalecimiento de los sistemas. Esta tensión es un obstáculo fundamental para la transición de UNICEF hacia el FSS. Para superarlo se necesitarán cambios en la mentalidad, las capacidades y las estructuras. Un programa claro para la transición o una visión de cómo UNICEF puede gestionar estas funciones divergentes serán esenciales para hacer posibles estos cambios.
UNICEF está en condiciones de aprovechar su ventaja comparativa en esferas específicas, incluido el fortalecimiento de la gobernanza subnacional en la era de la descentralización y la mejora de los datos para la adopción de decisiones. Sin embargo, el personal de las oficinas de UNICEF en los países sigue considerando que su ventaja comparativa consiste en su continuo apoyo a los sistemas de salud (es decir, limitado en el tiempo y orientado a los resultados), y no el fortalecimiento de los sistemas. La contribución de UNICEF al sector del FSS se ve limitada por la división del trabajo entre las organizaciones de las Naciones Unidas y sus aliados, como el Banco Mundial, que a menudo dirige las iniciativas de FSS. El potencial de UNICEF como organización centrada en el FSS se deriva de su mandato: abogar por la equidad para los niños y los grupos vulnerables. Esto significa que UNICEF desempeña un papel importante en muchos programas de FSS (incluso como asociado en la ejecución) en la definición de conjuntos equitativos de servicios de atención, en el apoyo a los sistemas de financiación de la salud para proporcionar cobertura a los grupos vulnerables y en la puesta a prueba de modelos innovadores de atención.

UNICEF ha logrado progresos limitados en la modificación de sus estructuras y sistemas para apoyar el FSS, lo que tiene consecuencias para la aplicación del FSS. Centrarse en el cambio organizacional (incluyendo el trabajo intersectorial, la orientación y el apoyo, la capacidad de los empleados y los sistemas de capacitación y monitoreo) será esencial para facilitar la transición hacia el FSS.

El escaso interés en comunicar y difundir información sobre el enfoque de UNICEF en materia de FSS ha afectado la capacidad de la organización para dirigir su transición hacia el FSS, incluida su capacidad para obtener recursos adicionales para el FSS. La falta de datos sobre la eficacia del FSS y la ambigüedad sobre el papel de UNICEF son obstáculos a la hora de abordar la cuestión de una comunicación más activa.

Recomendaciones

El equipo de evaluación identificó un número limitado de recomendaciones prioritarias que ayudarán al UNICEF a acelerar y fortalecer su transición hacia el FSS. Estas recomendaciones se examinaron con UNICEF en una serie de reuniones, en particular con miembros del Grupo de Referencia de Evaluación y el personal de la División de Programas, celebradas en Nueva York el 16 de enero de 2019. Las siete recomendaciones que figuran a continuación reflejan los comentarios de esas reuniones. Las recomendaciones se agrupan en cuatro categorías: 1) aclarar la visión y la estrategia; 2) apoyar al personal para que trabaje en FSS; 3) consolidar la base de prueba; y 4) promover el FSS. Las recomendaciones aparecen en un orden prioritario y su objetivo es permitir que UNICEF alcance gradualmente dos objetivos generales: 1) que UNICEF y otros aliados comprendan y valoren la contribución de UNICEF al FSS; y 2) que los programas actuales y futuros de UNICEF maximicen el potencial del FSS en el marco del mandato actual de la organización. El Gráfico 1 muestra estas recomendaciones, que se describen más detalladamente en la Sección 4.
1. Aclarar la visión y la estrategia

**RECOMENDACIÓN 1.1**

Aclarar la visión del papel de UNICEF en el FSS y definir una estrategia a nivel de toda la organización para lograr esta visión. Esto proporcionará una orientación clara al personal de UNICEF y a sus aliados sobre las intenciones de UNICEF cuando se analice el tema de la transición hacia el FSS. Esto debe incluir:

- Exámenes de los enfoques del FSS;
- La elaboración de una estrategia a nivel de toda la organización para aplicar el enfoque del FSS y definir los criterios de éxito y la manera de integrar el FSS en las cuestiones...
temáticas, empezando por las cinco esferas específicas de la capacidad actual y las prioridades percibidas de UNICEF; y
• La elaboración de directrices operativas para el FSS.

2. Apoyar al personal para que trabaje en el FSS

**RECOMENDACIÓN 2.1**

Asegurar que los empleados de UNICEF tengan la capacidad de trabajar en el sector del FSS. Esto incluye asegurar que los empleados tengan las habilidades y el conocimiento para integrar el análisis sistémico en su trabajo diario. Para ello, es necesario:
• Proporcionar a los empleados habilidades y conocimientos pertinentes a través de la formación en el puesto de trabajo y la tutoría;
• Asegurar que el FSS esté en el centro de las preocupaciones de los empleados a través de la contratación y la gestión del desempeño; y
• Asegurar que la responsabilidad y la rendición de cuentas de todos los empleados sea la adecuada para que puedan alcanzar los objetivos del FSS.

**RECOMENDACIÓN 2.2**

Ayudar a las oficinas en los países a centrarse más en el sector del FSS. Esta recomendación incide en las recomendaciones 1.1 y 2.1 y se basa en la evidencia de que el personal de UNICEF está teniendo dificultades para trabajar en cuestiones de FSS y está solicitando apoyo proactivo de la sede y de las oficinas regionales para completar esta transición. Se debe proporcionar apoyo en las siguientes esferas:
• Examinar y revisar los programas existentes;
• Diseñar nuevas estrategias e intervenciones en el FSS;
• Integrar el FSS en los nuevos DPP, las notas de estrategia, los exámenes de mitad de período y las evaluaciones de los programas de país;
• Apoyar el intercambio de experiencias prácticas entre los empleados de UNICEF; y
• Formalizar el apoyo de la sede y las oficinas regionales a las oficinas en los países.

3. Consolidar la base de pruebas

**RECOMENDACIÓN 3.1**

Diseñar e implementar una estrategia clara para monitorear y evaluar el trabajo de UNICEF en FSS. Para reforzar e institucionalizar el monitoreo del FSS, el equipo de FSS, en colaboración con las partes pertinentes de la organización, debe asegurar que haya datos y pruebas disponibles para monitorear el desempeño en materia de FSS. Para ello, deberá:
• Definir una estrategia para asegurar que los datos de la organización sean suficientes y que se satisfagan las necesidades analíticas; y
• Fortalecer la disponibilidad de pruebas sobre la eficacia y la eficiencia de las intervenciones de UNICEF en materia de FSS.

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23 Entre ellas figuran: la mejora de los sistemas de información de datos; la gestión de las adquisiciones y la cadena de suministro; la protección y el bienestar social; la participación y la regulación del sector privado; y la calidad de la atención a nivel de la comunidad y de las instalaciones.
RECOMENDACIÓN 3.2

Asegurar que UNICEF aprenda de su labor de FSS para promover la mejora continua de la planificación y contribuir a una base de pruebas que sea un bien público mundial. UNICEF debe diseñar y poner en práctica estrategias que garanticen que reflexiona y aprende de su trabajo de FSS para mejorar sus programas de FSS. Este plan de aprendizaje tiene dos aspectos fundamentales:

- Fomentar la reproducción y la adaptación en UNICEF; y
- Aclarar el desarrollo de políticas e informar a la comunidad del FSS en general.

4. Proponer argumentos en favor del FSS

RECOMENDACIÓN 4.1

Promover en UNICEF en su conjunto un proceso de gestión del cambio a nivel de toda la organización para aumentar su compromiso con el FSS y garantizar la existencia de sistemas para aumentar la eficacia del FSS. A pesar de su superposición aparente con las recomendaciones 1 a 3, la atención se centra aquí en la promoción interna para asegurar el progreso en la aplicación de las recomendaciones 1 a 3. Esto debe incluir la comunicación en toda la organización para alentar a los empleados a participar en la capacitación del FSS (recomendación 2.1); promover cambios en el sistema para garantizar la supervisión y evaluación del FSS (recomendaciones 3.1 y 3.2); y alentar a los empleados a comunicarse con asociados externos (recomendación 4.2). Posteriormente, el proceso de gestión del cambio puede mejorar la eficacia de los programas de FSS al asegurar que haya recursos humanos adecuados que trabajen en FSS a todos los niveles; y al establecer sistemas para formular mejor los objetivos de las intervenciones de FSS y apoyar el compromiso intersectorial.

RECOMENDACIÓN 4.2

Establecer alianzas con interesados externos para maximizar la ventaja comparativa de UNICEF en materia de FSS. Es esencial que los empleados de UNICEF trabajen con asociados externos para:

- Promover la comprensión del mandato, las contribuciones y el valor añadido de UNICEF como aliado en el FSS;
- Aprovechar la ventaja comparativa de UNICEF para maximizar la eficacia de las inversiones en el FSS; y
- Aumentar los recursos para garantizar que la situación de UNICEF como asociado eficaz en la ejecución cuente con los fondos adecuados.
Through its health programming, UNICEF seeks to achieve two central goals: 1) end preventable maternal, newborn and child deaths; and 2) promote the health and development of all children.

The organization also has a reputation as an effective, responsive partner in emergency contexts, and in some countries, has led interventions to support maternal, newborn and child health (MNCH) for decades.

As part of its strategy for achieving these goals, and in response to global imperatives such as the Sustainable Development Goals and the universal health coverage target, UNICEF has identified an important role for itself in ensuring that national systems are strong and resilient enough to provide sustainable, equitable and quality services to those who need them, particularly children. For UNICEF, the HSS approach connects the community, sub-national and national levels, and emphasizes the importance of sub-national management capacity and community engagement to the overall performance of national health systems.

This focus is influenced by economic progress in the countries in which UNICEF works, which means that many countries have or are projected to become ineligible for official development assistance, with implications for UNICEF’s future funding flows. The context (i.e., challenges, enablers and constraints) within which UNICEF seeks to strengthen health systems, and the health systems themselves, vary substantially from country to country, with implications for HSS.

In 2016, UNICEF published ‘The UNICEF Health System Strengthening Approach’, hereafter referred to as the HSS approach, which was developed by the HSS team within the UNICEF Programme Division-Health Section. The paper focuses on a range of activities that the organization sees as priority areas for future HSS programming. These activities fall under three broad functional health system levels (i.e., the community, sub-national and national levels) and five issue-specific areas that the organization prioritizes (see Figure 2). The approach builds on UNICEF’s mandate, comparative advantage, capacities and priorities. It is intended as an internal, operational framework to help UNICEF decide how it can most effectively support HSS in different country contexts and settings. Following the publication of the HSS approach, UNICEF staff at all levels and across sections (though mostly in the health section) have been working, to varying degrees, to adapt their work in line with the guidance set out in the paper.

UNICEF has commissioned a formative evaluation of its HSS programming to generate evidence and learning on what is needed for successful HSS implementation. As defined in the terms of reference, the main objectives of the evaluation are to: 1) assess the relevance, efficiency, effectiveness, equity focus and sustainability of UNICEF’s HSS approach at an organizational level during the transitional period (i.e., the organizational domain of the evaluation); 2) assess and document HSS programming at the implementation level in general and in specific focal areas, and assess the evaluability of desired results and the likely sustainability of those results (i.e., the implementation domain of the evaluation);

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and 3) based on the evidence gathered, produce clear conclusions and recommendations for policy and management decisions to further transform HSS in UNICEF and strengthen its contribution to country programme results in the context of UNICEF’s overall commitment to equity.

As a global evaluation, this report is primarily intended for UNICEF internal decision-makers to address objective 3. It presents a synthesis of findings from two years of evaluation, conducted from 2017 to 2018. Findings from two primary source documents are synthesized into a preliminary findings report (2018), which sets out the findings from year one of the evaluation, and four thematic case studies. The evaluation makes recommendations for UNICEF’s consideration on how the organization can accelerate and strengthen its work on HSS. The evaluation findings will feed into HSS planning at the local level through the UNICEF management response and dissemination activities supported by the HSS team and the Evaluation Office. UNICEF country and regional offices will take implementation forward in line with local needs.

The report is divided into four sections: 1) introduction; 2) evaluation approach and methodology; 3) findings; and 4) implications for UNICEF. Additional detail and supplementary information can be found in the annexes provided in volume 2 of the report.

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Figure 2: HSS approach diagram


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27 This includes a supplementary annex containing four case study reports.
2 EVALUATION APPROACH AND METHODOLOGY
This section provides a brief overview of the main features of the evaluation approach and methodology. A more detailed description is provided in Annex D.

2.1 Evaluation approach and design

This evaluation is theory-based, centred on the use of an overarching theory of change for UNICEF’s work in HSS, which elaborates the theoretical causal pathways through which UNICEF intends to effect change. The theory of change, presented in Figure 3 and in more detail in Annex B, shows the linkages between the development of the new HSS approach, the organizational components (referred to as the ‘organizational domain’) that support its institutionalization and how this might translate into implementation activities that strengthen country health systems (referred to as the ‘implementation domain’). The theory of change also supported the identification of key stakeholders, including implementing agencies, development partners, primary duty bearers, secondary duty bearers and rights holders; and the identification of the specific contributions and roles of key stakeholders (financial or otherwise), including UNICEF.

The 22 evaluation questions, grouped under seven overarching questions, were developed based on the theory of change and the evaluation terms of reference (see Table 2).28 In the second year of the evaluation, the evaluation team also incorporated questions based on an explicit framework for making judgements about whether an intervention is ‘supportive’ or ‘strengthening’ in nature.29 These questions are articulated in the evaluation framework that guides the evaluation (see Annex C).

Table 2: Seven key evaluation questions

<table>
<thead>
<tr>
<th>1. Relevance: How relevant, appropriate and coherent are UNICEF strategies, plans and actions for HSS at global, regional and national levels?</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Effectiveness: How effective are UNICEF country programmes in achieving tangible results for HSS?</td>
</tr>
<tr>
<td>3. Efficiency: Is UNICEF using the available resources for HSS efficiently to achieve outcomes?</td>
</tr>
<tr>
<td>4. Equity and gender: To what extent does UNICEF target issues of equity and gender in its HSS programming?</td>
</tr>
<tr>
<td>5. Sustainability and scale-up: Is UNICEF effectively supporting sustainability of HSS programmes and the scale-up of evidence-based approaches?</td>
</tr>
<tr>
<td>6. Management/operations: To what extent is UNICEF as an organization set up to deliver on its HSS strategy?</td>
</tr>
<tr>
<td>7. Knowledge and data generation and use: Does UNICEF generate and use knowledge and data to support achievement of its HSS goals?</td>
</tr>
</tbody>
</table>

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28 These questions were also linked to the Organisation for Economic Co-operation and Development (OECD)-Development Assistance Committee (DAC) evaluation criteria. Note that the evaluation team did not look at the ‘impact’ criterion.

29 Chee, G. et al., ‘Why Differentiating between Health System Support and Health System Strengthening is Needed’.
UNICEF’s approach to HSS is a priority within UNICEF’s Health Strategy 2016-2030

Organizational domain of evaluation

UNICEF as an organisation adapts to deliver on its HSS approach

UNICEF programs and plans at every level are designed to address HSS priorities

UNICEF ‘takes action’ at every level to deliver on its HSS approach

1. Consultation and partnership
2. Communication and advocacy
3. Capacity-building
4. Supporting country implementation
5. Knowledge generation and dissemination
6. Leveraging resources

The work of government and partners in health system strengthening

The evolving global context

Figure 3: Overarching theory of change for UNICEF’s HSS approach
Implementation domain of evaluation

Health systems are strengthened and are resilient

- Strengthened community platforms for demand generation, accountability, service delivery, social inclusion and reduction of financial barriers
- Improved decentralised management capacity for evidence based planning, budgeting, supervision and monitoring
- National health policies, strategies, planning, financing and approaches to budgeting are developed, with the incorporation of an equity focus
- Improved data and information systems
- Strengthened procurement and supply chain management
- Strengthened social protection and welfare system
- Increased engagement and regulation of the private sector
- Quality of care improved at community and facility levels

Country context

Health outcomes for women and children are improved

- Health systems that close the equity gap in MNCH and related outcomes, contribute to UHC and broader child development and are resilient
- There are no preventable maternal, newborn & child deaths
- No child dies from a preventable cause and all children reach their full potential in health and well being

UNICEF’s vision is achieved

- The health & development of all children is promoted
- The health & development of all children is promoted
- The health & development of all children is promoted
- The health & development of all children is promoted
- No child dies from a preventable cause and all children reach their full potential in health and well being

National health policies, strategies, planning, financing and approaches to budgeting are developed, with the incorporation of an equity focus
2.2 Scope

The evaluation scope is global and examines implementation across the organization inclusive of levels (i.e., country, regional, headquarters levels) and units (e.g., the Programme Division, the Supply Division). The period covered by the evaluation is from mid-2016 through mid-2018. The evaluation included country programmes across regions and settings but is not intended to be representative of any single type of case or setting. Within programme countries, the team examined implementation at the different levels (e.g., community, sub-national and national levels) in which it engages.30

30 The specific countries are listed in section 3 and the selection process is described in detail in the inception report.

2.3 Data collection and analysis

Evaluation data collection and analysis took place over two years, in 2017 and 2018. In 2017 (year one), the evaluation explored the ‘organizational domain’31 in detail; and in 2018 (year two), the evaluation focused on the ‘implementation domain’. Separating the two domains allowed the evaluation to identify issues of interest to UNICEF for more in-depth exploration in year two.

In year one, data collection was undertaken through 6 in-depth32 and 11 light-touch country studies, as well as key informant interviews and an online survey. The in-depth country studies33 were developed during country visits conducted between May and September 2017. ‘Light-touch’ studies were undertaken during the period of July through September 2017. Semi-structured interviews were conducted with 49 people at the global and regional levels, and 333 respondents were interviewed as part of the 17 country studies. An online survey was organized to create an opportunity for all country offices, including those that did not participate in the 17 country studies, to feed into the evaluation. Data collection in year one included an extensive document review at the global and country levels; and data analysis was conducted through cross-case study analysis, thematic coding of interviews based on a coding structure linked to the evaluation questions and analysis of quantitative and qualitative survey data using descriptive statistics.

31 The evaluation objectives translate into two key lines of enquiry within the evaluation design: the organizational and implementation domains. These are reflected in the theory of change provided in Annex B.

32 These cover the Plurinational State of Bolivia, Ethiopia, Kazakhstan, Myanmar, Nepal and Sierra Leone.

33 In addition to their inputs into the preliminary findings for year one of the evaluation, the country visits had a secondary focus in terms of selection and evaluability assessment of topics for the thematic case studies planned for year two of the evaluation. These are detailed in the thematic case study design document.
In year two, data collection was done through three methods: four thematic case studies, updates to the in-depth 2017 country reports and a limited number of key informant interviews. The work done in year two iteratively built on the work completed in year one. The primary focus was on the implementation domain, which was explored through four thematic case studies identified during 2017 country visits and in consultation with UNICEF. Each case study was designed to explore the main evaluation questions and used a specific theory of change, nested within the overarching theory of change for the evaluation. Case study data collection included the review of secondary data and documents, key informant interviews, in-country focus group discussions and field visits. Work on the case studies took place between May and October 2018 and was conducted by a national consultant in each country, with guidance and support from a core evaluation team member leading on each thematic case study.

In addition to the thematic case studies, the evaluation team visited the six countries evaluated in 2017. Where possible, visits were undertaken by the same team members to ensure continuity and efficiency in data collection. These visits aimed to identify progress made in the organizational domain, based on a limited number of country-specific issues identified in the 2017 country reports. A total of 127 key informant interviews were conducted during the country visits.

Twelve key informant interviews were also undertaken with global and regional stakeholders – nine UNICEF staff and three stakeholders, including development partners – with the purpose of gauging progress in 2018.

The analysis of these three data sources focused on the country and thematic case study reports, as well as the preliminary findings report, all of which already reflected substantial primary analysis. These reports were structured to allow robust analysis.

Table 3: Thematic case studies and countries

<table>
<thead>
<tr>
<th>Thematic case study</th>
<th>Countries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality of care</td>
<td>Plurinational State of Bolivia, Kazakhstan, Nepal, Sierra Leone</td>
</tr>
<tr>
<td>Emergency contexts</td>
<td>Ethiopia, Myanmar, Sierra Leone</td>
</tr>
<tr>
<td>Procurement and supply chain management (PSCM)</td>
<td>Ethiopia, Myanmar, Sierra Leone</td>
</tr>
<tr>
<td>District-level governance (DLG)</td>
<td>Plurinational State of Bolivia, Nepal, Sierra Leone</td>
</tr>
</tbody>
</table>

34 These thematic case studies focus on quality of care, procurement and supply chain management, district-level governance and emergency contexts. These themes were selected using the clear criteria, including links to the pillars of the HSS approach; interest from a global HSS perspective; potential for learning by UNICEF; interest in building experience; and innovative programming.

35 See Annex D of the country reports (2017), ‘Changes we might expect to see in year two and issues to follow up on’. For example, ‘UNICEF Programming in Health Systems Strengthening – A Formative Evaluation Ethiopia: 2017 visit report’ (October 2017).
across the country context, with findings detailed against each of the key evaluation questions. Team members took responsibility for reviewing these sources and incorporating any relevant findings from global and regional key informant interviews conducted in 2018. Analysis was primarily qualitative, focused on two analytical frameworks: the thematic case study-specific theory of change and a peer-reviewed article by Chee et al. on HSS. The team discussed findings from this analysis at a two-day workshop during which key messages for this report were identified and supporting evidence was discussed.

The evaluation framework included a specific question on equity and gender (see Table 2): To what extent does UNICEF target issues of equity and gender in its HSS programming? To explore this question, the evaluation team gathered information using the data collection and analysis methods described above, specifically by reviewing relevant global UNICEF strategies. All evaluation outputs with explicit findings on equity and gender are presented in this report. However, there was limited scope for the evaluation data to be disaggregated by gender or using equity criteria, given the lack of such disaggregation in the source data and measures in the evaluation framework.

### 2.4 Limitations

The following limitations in the evaluation design and implementation were identified. These should be considered in interpreting the evaluation findings.

- **Early stage of implementation of HSS approach**: The evaluation was commissioned at an early stage in the roll-out of the HSS approach paper. Not enough time had passed to see evidence of change based on the paper.

- **Limited evidence for some evaluation questions**: As highlighted in year one and confirmed during year two, there was limited evidence available for answering some evaluation questions, particularly the questions on effectiveness and efficiency. This reflects limitations in UNICEF reporting systems for HSS and is discussed in more detail in section 3.3.

- **Identification of thematic case studies**: The thematic case studies were identified using evaluability assessments, application of clear criteria and discussion with UNICEF staff at the country level. This means that the thematic case studies provide illustrative examples of how a specific type of programming is carried out by country offices selected for visits. These case studies therefore do not necessarily reflect the best or most relevant examples of UNICEF’s work in these areas. They were

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36 Based on findings from year one, this was identified as a relevant and potentially valuable framework that helped address the need for an explicit basis for making judgements about whether an intervention is ‘supportive’ or ‘strengthening’ in nature. Chee, G. et al., ‘Why Differentiating between Health System Support and Health System Strengthening is Needed’. This paper sets out four criteria, which the evaluation uses to analyse the extent to which an intervention was supporting or strengthening the system: 1) Do interventions have cross-cutting benefits beyond a single disease? What are these? 2) Do interventions address policy and organizational constraints or strengthen relationships between the (WHO health system) building blocks? 3) Will interventions produce permanent systemic impact beyond the term of the project? 4) Are interventions tailored to country-specific constraints and opportunities, with clearly defined roles for country institutions?

Ethics

Consideration of ethical standards is extremely important when conducting health-related evaluations. It is essential that those engaged in and informed by the evaluation are treated appropriately and with respect. Privacy, confidentiality and data protection are critical, and steps were taken to ensure that these elements remained priorities throughout the evaluation process.

All interview participants were informed of the purpose of the evaluation and were read an informed consent statement that included information about the evaluation and the elements of informed consent. This included highlighting that participation is entirely voluntary, and that anonymity would be maintained. Interviews were audio recorded with the agreement of interviewees. No personally identifying data was recorded or noted. Views were not attributed to individuals anywhere in the report.

Data collected during the evaluation was placed a private Dropbox folder that only members of the evaluation team could access. The Dropbox folder was organized to clearly segregate the types of data being collected and the locations from which the data was retrieved. All individual identifying information gathered during the key informant interviews and the focus group discussions will be destroyed by the project manager upon completion of the evaluation.

The evaluation team was independent of UNICEF and team members were vetted to ensure that there were no conflicts of interest with the subject matter. Steps were taken to triangulate all findings between team members to ensure credibility and impartiality. In addition, the evaluation team gathered feedback from stakeholders on the analysis wherever possible.

Evaluation principles

Given the focus of the evaluation and the sample of respondents, including policy makers, funders and implementers of HSS interventions (rather than direct beneficiaries), the evaluation team judged that the evaluation design did not need to explicitly use a rights-based framework.

Due to the formative nature of the evaluation and the internal nature of the HSS approach paper, key stakeholders were identified as primarily UNICEF staff, as well as their counterparts in government and development partners. UNICEF staff were involved in the design of the evaluation, in the preparation for data collection – including providing inputs on country and regional level key informants – in the data collection itself, and in discussions on key findings and recommendations. The evaluation team debriefed country office staff at the end of each country visit and shared draft reports from these visits. At the end of the evaluation, in January 2019, the overall synthesis report and its conclusions and recommendations were discussed by UNICEF staff in a series of meetings held in New York. The evaluation reference group constituted by the UNICEF’s Evaluation Office to provide oversight of the evaluation process and products participated in these meetings.
3 FINDINGS
This section presents findings based on the analysis of the data collected during both years of the evaluation. The analysis was centred on two high-level questions designed to promote accessibility for a range of stakeholders with varying engagement with UNICEF’s work on HSS: To what extent is UNICEF implementing relevant and effective HSS interventions (section 3.1)? What strategies and factors have enabled or hindered progress (section 3.2)? All seven evaluation questions outlined in Table 2 are addressed through these questions. The key findings presented here are supported by source reports.38

3.1 To what extent is UNICEF implementing relevant and effective HSS interventions?

This section examines issues concerning relevance, gender, equity and effectiveness, then implications for UNICEF’s effectiveness in HSS programming (including sustainability and efficiency). We first present key findings on the question – to what extent is UNICEF implementing relevant and effective HSS interventions? – and summarize relevant findings at the beginning of each sub-section.

**KEY FINDINGS**

UNICEF is valued as a development partner that works in line with national policy priorities and identified needs. In many contexts, UNICEF’s ways of working are embedded in national planning processes and at sub-national levels.

However, while UNICEF is considered a responsive HSS partner, the organization is not always perceived as the most relevant HSS partner. UNICEF has a position of influence in the health sector, and has a presence at all levels, but does not always leverage those advantages for HSS.

UNICEF has a comparative advantage in clear areas, including in multi-level, multi-sectoral approaches, its use of data and its mandate to focus on gender and equity issues. UNICEF also contributes to specific areas not included in the HSS approach, such as human resources for health and health financing, including costing of innovative models. Strengthening the articulation of UNICEF’s contribution in these areas would facilitate a stronger shift to HSS.

UNICEF is recognized for its mandate and work on gender and equity. While gender and equity are priorities, the implications for HSS programming have not been spelled out clearly, and there has been limited progress in these areas since the evaluation findings were presented in 2017.

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38 ‘UNICEF Programming in Health Systems Strengthening – A Formative Evaluation: Preliminary findings report’ (year one) and the four thematic case study reports (year two).
There is some evidence, albeit limited, that UNICEF has effectively used an HSS approach to achieve development results (though not in all countries). However, evidence of effectiveness is more often in terms of inputs/activities/outputs and less often in terms of outcomes. UNICEF could do more to shift towards a systems strengthening approach, which it has already done in some cases.

Given the findings on effectiveness, there is a mixed picture on the sustainability of HSS interventions. The evaluation identified mixed results on two aspects related to the question on scale: replication of global models and scaling interventions that have been proven to be effective. In both areas, UNICEF needs to be more systematic and follow a clear, agreed, step-wise approach.

While the efficiency of UNICEF HSS interventions could be improved with a stronger focus on sustainability, there is insufficient data to track any efficiency gains at the project or intervention levels.

Momentum is building behind the HSS agenda, including through greater focus on HSS in CPDs. However, there is limited evidence that the issues highlighted in year one of the evaluation have been taken forward by country offices.

3.1.1 Relevance

UNICEF is highly valued as a relevant development partner that works in line with national policy priorities and identified health needs. However, the evaluation found that UNICEF’s work was not always relevant to HSS, nor has the organization sought to leverage its position to achieve HSS goals.

There is strong evidence that in most countries, UNICEF is viewed as a trusted development partner that works in line with government priorities and supports governments to put policy into practice.
In almost all countries reviewed, UNICEF’s health programming was responsive to national policy priorities and the needs identified in child and maternal health. This was clearly identified in the thematic case studies, which provide evidence that UNICEF has been responsive to policy drivers and needs related to quality of care, emergency contexts, PSCM and DLG. For example, UNICEF Sierra Leone was directly involved in developing the Every Newborn Action Plan in collaboration with the Government. In the Plurinational State of Bolivia, UNICEF DLG activities are aligned with the implementation of the Plan for Accelerated Reduction of Neonatal and Maternal Deaths, and DLG activities were developed in close coordination with the Ministry of Health at the central level. UNICEF Myanmar support to PSCM is aligned with both the National Health Plan 2017–2021 and more detailed national plans.

In many contexts, UNICEF’s ways of working are embedded in national planning processes and at sub-national levels. In several instances, UNICEF has been undertaking joint work planning with relevant government ministries as part of pooled mechanisms, with regular engagement in coordination mechanisms. For example, UNICEF Kazakhstan conducts joint work planning with the ministries of health, social protection and labour to deliver a work programme designed to strengthen social protection. In many cases, UNICEF is well positioned at all levels, with a seat at the table for national policy-making and a strong presence at the decentralized level. In the context of decentralization, this makes UNICEF well placed to strengthen the devolved governance structures, while supporting feedback to the central level to inform policy-making. There is mixed evidence on how well UNICEF is doing this in practice, as can be seen in the thematic case study on DLG, which found evidence of effectiveness in building decentralized capacity in the Plurinational State of Bolivia, Nepal and Sierra Leone. The case study also identified some concerns about the sustainability of these gains, however.

UNICEF is not always perceived as the most relevant partner for HSS, even though it is responsive to identified country needs. While UNICEF is well aligned with national policy priorities, bilateral and multilateral development partners in multiple countries did not perceive UNICEF as having the track record, expertise and capacity to support HSS and indicated that UNICEF is therefore not the most relevant partner for HSS. In many contexts, UNICEF is perceived as being more linked to sub-national implementation and emergency response. Governments often demand a mix of support and strengthening approaches, particularly in emergency settings, where basic health services are not functional, and where UNICEF’s capacity to provide direct support is valued. However, in all UNICEF country offices studied, health sections were generally staffed with technical experts on thematic issues (e.g., MNCH, HIV/AIDS and immunization) and lacked cross-cutting expertise on issues such as health financing, though this is improving.

UNICEF is viewed as being responsive to governments, though this responsiveness is not always viewed positively. While being responsive is considered useful, including

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39 Such activities can include improving the quality of care for mothers and children at health facilities, training health personnel, strengthening data availability and analysis and improving equity.

40 Though this was particularly the case regarding health financing, in general, partners did not see UNICEF as explicitly working on HSS or playing a lead role on HSS.

41 Four of the six evaluation countries were affected by emergencies.
to promote country ownership, some development partners (e.g., in Nepal) reported that UNICEF had responded to government requests after other partners had intentionally decided not to provide support, with the implication that this could undermine efforts to harmonize behind an agreed agenda. There is also a risk that being responsive can divert UNICEF from HSS efforts, as observed in Kazakhstan, where political pressure to rapidly scale up the Patronage Nursing System undermined a more consolidated HSS approach.

One of the most significant challenges UNICEF faces is that the capacities and structures required to be responsive to emergency situations are very different from those required for effective HSS.

The evaluation also found some evidence that, while UNICEF responds well to country needs, overall, the organization could do more to shift towards a systems strengthening approach. In year two, the evaluation used the Chee et al. criteria to evaluate the mix of support versus strengthening in UNICEF programming. It found that, in many contexts, UNICEF’s comparative advantage was in its focus on ‘support’. For instance, in quality of care programming for rehabilitation of primary health centres, some initial investment in basic equipment, training and commodities is needed to respond to increasing demand for services.

In some cases, there has been a lack of transition planning, which has hindered a shift from support to strengthening. That said, there were a limited number of examples of UNICEF planning for transition in the countries studied – such as the community-based integrated management of childhood illness roll-out in Nepal, and planning for scale in the Patronage Nursing System model in Kazakhstan. UNICEF Kazakhstan has also developed a sine qua non checklist to ensure that piloted models generate robust data to inform scale-up and transition. UNICEF does undertake joint annual work plans with government ministries to operationalize CPD implementation, but these efforts are limited in scope in terms of driving sustainability. In a few contexts, there was evidence that UNICEF country offices had re-evaluated their approaches using health system thinking that facilitated a more consolidated HSS approach. Examples were identified in Ethiopia, Myanmar and Nepal, where the development of the country programme development plan resulted in a critical rethinking of the overall approach in favour of more systems-based approaches. The evaluation found that, while there was not always a clear HSS strategy in place at the country level, UNICEF country offices still benefited from developing their own approaches.

UNICEF has a position of influence in the health sector, and has presence at all levels, but does not always leverage its position and presence for HSS. There is strong evidence across all sources that one of UNICEF’s key comparative advantages is its ability to work at all levels – from the community to the national level. In many contexts, development partners wanted to see more learning from work at the sub-national level feed into central-level policy-making. In a few cases, there were strong demands for UNICEF technical assistance, particularly on the use of data for performance management. This would facilitate central-level performance management, particularly in cases of rapid devolution, where central levels are shifting roles to more remote settings and need to provide oversight. The federalization process in Nepal is a good example of this. Health governance was devolved to the municipality

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42 Chee, G. et al., ‘Why Differentiating between Health System Support and Health System Strengthening is Needed’.
level in July 2017. The central government was over-burdened with facilitating this change, and valued UNICEF’s strength at sub-national levels and ability to report back on policy and capacity building needs. As discussed in section 3.2, UNICEF can do more to prioritize documenting and learning from its implementation activities to benefit HSS efforts.

UNICEF has a comparative advantage in multi-sectoral work, which makes the organization well placed to respond to demands for integrated service delivery models. There is strong evidence across UNICEF country offices that multi-sectoral work is being implemented, particularly collaborations among health, nutrition, water, sanitation and hygiene (WASH), education and social protection programmes. For example, there are clear opportunities for joint work between social protection and health teams. In addition to such work in the Plurinational State of Bolivia, Ethiopia and Nepal, there is evidence of further progress in Myanmar on the Maternal and Child Cash Transfer programme and Kazakhstan on the Patronage Nursing System and cash plus model. However, it is important to note that working across sectors is not straightforward. This is the case both internally within UNICEF and externally, where political commitment and funding for cross-sector work may be important factors, though these issues were not explored as part of this evaluation.

There is evidence that various types of analyses, such as political economy analyses, have been used to design HSS approaches. A clear view of health system deficits is vital to ensuring the relevance of approaches. Some UNICEF country offices made good use of health system deficit analysis to design a relevant approach to HSS programming. Country offices also used health systems analysis to drive programming in the absence of a clear vision for HSS at the country level. For example, in Nepal, political economy analysis was used to refine the approach to HSS in a context of complex and rapid change. Health systems analyses are very different from situation analyses, which provide more insight into identified (health and other) needs by socio-demographic group, rather than how systems are performing. Political economy analysis was important in several countries where the political context has radically shifted due to health reform, elections and new governments. In these situations, UNICEF needs to be adept at recognizing how political developments can result in shifts in demand for new approaches. The crucial insight is that UNICEF’s focus on data does not always provide a clear view of health system deficits or a joint vision of how to address these.

UNICEF contributes to specific areas not included in the HSS approach. There is scope to strengthen the articulation of UNICEF’s contribution in these areas. Many respondents emphasized the importance of government capacity for HSS in terms of finance and human resources for health. These are areas that UNICEF deliberately excluded from the HSS approach, given that other organizations are mandated and have the ability to take these forward. However, UNICEF staff and external partners expressed demand for further clarity on UNICEF’s position on these subjects, including because UNICEF engages in health financing (e.g., through work on social protection and vaccine financing) and human resources for health (e.g., through

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substantial capacity building or support to community health workers and immunization supply chain personnel). Based on evidence from the thematic case studies, particularly on quality of care and DLG, UNICEF has more to contribute to planning on how universal health coverage will be delivered (with an equity focus). For example, this can include costing promising approaches before scaling, which is part of UNICEF’s *sine qua non* model in Kazakhstan, and strengthening planning and resourcing at sub-national levels, which was the focus of the District Investment Case (DIC) in Nepal. These capacities should be viewed as integral to developing viable innovative models of care.

3.1.2 Gender and equity

**KEY FINDINGS: GENDER AND EQUITY**

UNICEF is recognized for its mandate and work on gender and equity. While gender and equity are priorities, the implications for HSS programming have not been spelled out clearly, and there has been limited progress in these areas since the evaluation findings were presented in 2017.

**Gender**

UNICEF is committed to promoting gender equality across its work. However, as highlighted in the preliminary findings report, the HSS approach paper makes little mention of gender beyond the need to disaggregate data. This is considered a gap at the country level. Where country offices recognized the need to strengthen the integration of gender issues into HSS, they struggled to find models and successful examples of gender-transformative approaches. Where gender is taken up in relation to systems strengthening, it is often part of a multi-sectoral approach.

UNICEF is credited with consistently advocating for and promoting the collection and analysis of disaggregated data. At both the country and global levels, UNICEF is credited with the promotion and facilitation of robust data to identify and understand gender differences. UNICEF has created a gender marker in the results assessment module (RAM), which can indicate the extent to which planned activities are transformative from a gender perspective. Use of this tool was not referred to by many of those interviewed at the country level, though in Ethiopia it had been used as part of a gender review of new strategy notes.

**Equity**

An equity focus is evident within the UNICEF Strategy for Health 2016–2030 and the HSS approach, in line with UNICEF’s broader mandate, though there are questions about operationalizing the equity approach in the context of HSS. Equity is part of UNICEF’s mission statement, and is one of the three key approaches within the

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44 UNICEF Kazakhstan has adopted a *sine qua non* model as a checklist or guide to ensuring pilots are as robust and influential as possible. This includes 11 steps: 1) theory of change; 2) equity-based hypothesis to describe the pathways from model to above theory of change; 3) expected equity-based overall results formulated as child rights realization; 4) baseline, including equity-increasing impact indicators; 5) sustainability/exit strategy and termination date agreed with partners; 6) monitoring mechanisms, including for process indicators, adequately funded; 7) impact equity-based evaluation clearly scheduled, budgeted for and partner-led; 8) cost-benefit analysis/budget impact analysis and estimated resource for scaling up; 9) dates and budget to document the practice; 10) strategies and budget to disseminate results; and 11) total budget for the model.

UNICEF Strategy for Health 2016–2030. In the HSS approach paper, equity is addressed as part of UNICEF’s vision for HSS: “A health system that closes the gaps in access to quality services and in health and nutrition outcomes, contributes to UHC [universal health coverage] and the SDGs [Sustainable Development Goals], and is resilient.”

However, partners at the global level raised questions about operationalizing the equity approach in the context of HSS, particularly in terms of: ensuring a shared understanding of what an equity approach means in practice within HSS programming; operationalizing the theory; and becoming a stronger voice for these issues. Questions were first raised about whether there was a common understanding of what an equity approach meant for HSS programming – that is, is it an underpinning principle, or does it necessitate a specific focus on the hardest to reach? Internally, some staff questioned why equity was a separate stream within the health strategy, and what that meant for programming. Others noted that, while equity is emphasized in the language and tools, there is more work to do to translate this into consistent practice. One respondent noted, “There is a big bridge to cross from the conceptual to the practical.” Several partners at the global level felt UNICEF could be doing more to push the equity agenda, using its position with governments and its strength in data generation.

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46 ‘UNICEF’s Strategy for Health 2016–2030’.
As explained in the Strategy for Health and the HSS approach, the use of data to identify the most marginalized groups, identify the barriers and bottlenecks to access and monitor progress towards addressing the barriers forms a key part of UNICEF’s equity strategy. This was recognized by partners at the global level, many of whom noted UNICEF’s role, particularly in the areas of research and data generation (e.g., through the Multiple Indicator Cluster Survey and other surveys) and using evidence to bolster the case for an equity-based approach (e.g., through the recent publication of *Narrowing the Gaps: The power of investing in the poorest children*). In all countries studied, it was also clear that UNICEF is supporting the generation and use of data on equity to inform its programming priorities with governments, ensure that data is timely and relevant and, to a certain extent, inform other areas of programming through advocacy. For example, in Sierra Leone,

UNICEF supported the revision of Health Management Information System forms to ensure that they were equity-focused and provided disaggregated data by gender and age.

### 3.1.3 Effectiveness

**KEY FINDINGS: EFFECTIVENESS**

There is some evidence, albeit limited, that UNICEF has effectively used an HSS approach to achieve development results (though not in all countries). However, evidence of effectiveness is more often in terms of inputs/activities/outputs and less often in terms of outcomes.

The evaluation team found that the measurement challenges highlighted in 2017 continued in 2018, and that in some cases, ‘effectiveness’ needs to be more clearly defined. It is important to note that many countries are in the early stages of implementation of current CPDs or in a transition phase to new CPDs; and there is little evidence so far that UNICEF is systematically tracking HSS results. However, in 2018, the evaluation explored effectiveness in more detail, including through the thematic case studies, which raised important considerations on what is meant by effectiveness. In most cases, the interventions described in the thematic case studies targeted results related to health service outputs and outcomes (i.e., outputs in terms of availability of vaccines or maternal health services, and outcomes in terms of improved child or maternal health indicators). But the emphasis of HSS interventions, as defined in the HSS

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49 In this report, the term ‘outputs’ uses the OECD/DAC definition: “The products, capital goods and services which result from a development intervention; may also include changes resulting from the intervention which are relevant to the achievement of outcomes.” The OECD/DAC definition of ‘outcomes’ is “The likely or achieved short-term and medium-term effects of an intervention’s outputs.” UNICEF uses these terms differently in its strategy and planning documentation.
approach paper, is on the sustainable functioning of the health system itself, and several UNICEF respondents highlighted that MNCH outcomes could be achieved through vertical interventions and quick wins. The lack of focus on achieving HSS outcomes may be related to when interventions were designed (i.e., before or after the HSS approach paper was published) and/or lack of clarity on what HSS results or success look like.

There is some evidence, albeit limited, that UNICEF has effectively used an HSS approach to achieve development results, though not in all countries. For example, on quality of care in the Plurinational State of Bolivia, continuous cycles of quality improvement have led to greater compliance with evidence-based standards for quality of care in maternal and newborn health, and data on monthly review meetings captured through routine monitoring show that facilities are largely compliant. This approach has paired continuous cycles of quality improvement with oversight at higher levels to address system gaps (in the health network, ‘SEDES’), as well as an embedded training facility to ensure staff capacity gaps are addressed through in-service training. In Sierra Leone, there is strong evidence that UNICEF has contributed substantially to the establishment of functioning neonatal intensive care units in four hospitals. Establishing these units has relied on on-the-job mentoring provided by expatriate paediatricians, with the intention of transitioning the training to medical training centres. On DLG, respondents in Nepal reported that the DIC had considerably enhanced the capacities of UNICEF staff and the District Health Management Team, which resulted in improved district-level planning, monitoring and data use. In Ethiopia, UNICEF’s support has been increasingly effective at strengthening government PSCM systems. Examples of this support include working with the Government to improve port of entry processes; develop and expand the cold chain; and successfully transition vaccines, and later child health and malaria commodities, to government warehouse and distribution systems. In Myanmar, the HSS-oriented support provided by UNICEF and other development partners has dramatically increased the government’s capacity to forecast Expanded Programme on Immunization commodity requirements, manage the cold chain and finance vaccines. As a result, vaccine stockouts have been minimal, with only one stock out reported since this support began (due to an international supply shortage). Finally, in emergency contexts, UNICEF cannot move away from direct service delivery and coordination entirely. In certain cases, country offices may work to have emergency-related service delivery integrated into a systems-based approach. For example, UNICEF Ethiopia has encouraged the Government to routinize mobile service delivery teams, which were initially established for emergency response.

However, evidence of effectiveness was more often identified in terms of achieving inputs/activities/outputs and less often identified in terms of achieving outcomes. This was the case across the thematic case studies. While UNICEF had used available inputs to undertake relevant activities and achieve relevant outputs, HSS outcomes had not been targeted. There was therefore limited evidence of effectiveness in terms of the higher-level results expressed in the thematic case study theories of change. In the interventions studied, outcomes were more often expressed in terms

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50 UNICEF defines HSS as: “Actions that establish sustained improvements in the provision, utilization, quality and efficiency of services delivered through the health system.” ‘The UNICEF Health System Strengthening Approach’, p. 5.
of health outcomes or lower level results – for example in the DLG case study in terms of changing resource allocations (Nepal), increasing availability of data (Sierra Leone) and establishing an indigenous health network (Plurinational State of Bolivia). An illustrative example is from the DIC in Nepal, where opportunities to routinize and institutionalize the relevant processes were not identified. Focusing on institutionalizing DIC processes would have helped ensure the DIC model was systematically taken forward by specific individuals with the appropriate resources and was the focus of outputs and outcomes in the DLG theory of change. As seen with the DIC, lack of action at this level risks jeopardizing the mid- to long-term sustainability of interventions and the outcomes that these interventions seek to support. This focus on inputs/activities/outputs was also seen in the Plurinational State of Bolivia and Sierra Leone (on DLG), and in the quality of care thematic case study. In quality of care, UNICEF’s contribution was often more strongly focused on one causal pathway – strengthening health workers’ skills and capacities to provide – and less on strengthening health system oversight and management, which would have had more long-term impacts. The key point is that, in the interventions examined in the thematic case studies, results were more often expressed at the level of activities/outputs (the left hand of the thematic case study theories of change) and less often at the level of outcomes (the right hand of the theories of change).

### 3.1.4 Sustainability

#### KEY FINDINGS: SUSTAINABILITY

Given the findings on effectiveness, there is a mixed picture on the sustainability of HSS interventions. The evaluation identified mixed results on two aspects related to the question on scale: replication of global models and scaling interventions that have been proven effective. In both areas, UNICEF needs to be more systematic and follow a clear, agreed, step-wise approach.

There is strong evidence of concerns related to sustainability across the thematic case studies. For example, regarding quality of care, in some settings, there were consistent concerns about the sustainability of UNICEF approaches, particularly for maintaining clinical centres of excellence. In Sierra Leone, for example, the neonatal intensive care units relied on expatriate paediatricians to mentor and train health workers in newborn care. While UNICEF reported that the units had a transition plan in place, key stakeholders were concerned that these vital skills would be lost, and that there were still issues with the Government’s capacity to cover basic remuneration of health care workers and thus ensure continuity of staff. There were also concerns about the capacity to maintain basic equipment. For example, in terms of DLG in Nepal, some respondents reported limitations relating *inter alia* to lack of continuous follow-up and poor leadership in the districts, which seems to have undermined the ongoing effectiveness of the DIC in some districts. On the other hand, the emergency thematic case study highlighted that in two of the interventions studied in Ethiopia and Myanmar, permanent systemic impact beyond the project lifetime was likely. In each case, UNICEF is working with the Government to institutionalize the factors that need to be sustained for their impact to continue.

UNICEF’s ability to focus on sustainability is influenced by context, which highlights the importance of analysing health system data and the political economic context in which the health system is developing. In Ethiopia
and Myanmar, there has been a shift towards greater support for systems strengthening in recent years, which has been accompanied by a corresponding decrease in support for direct implementation and gap-filling. However, in Sierra Leone, while there have been attempts to increase support for systems strengthening, the overall context (i.e., of limited government capacity, weak health governance infrastructure and limited government funding for health) has made systems strengthening difficult work. Direct implementation and gap-filling still appear to be the primary forms of support provided by UNICEF in Sierra Leone.

In general, it appears to be more difficult to strengthen systems in contexts where they are nascent, fragile or under threat due to emergencies. Among the sample of countries, emergency response influenced UNICEF’s work in Ethiopia, Myanmar, Nepal and Sierra Leone. Conversely, focusing on HSS is more feasible where government capacity is in place and government systems are both mature and stable (e.g., in the Plurinational State of Bolivia and Kazakhstan, and to some extent in Ethiopia and Myanmar). This does not necessarily mean that it is easier to achieve HSS results in these contexts, however.

It is therefore appropriate that the HSS approach paper neither prescribes how to respond in any context, nor provides normative guidance, though there is a demand from country offices for clearer, contextualized guidance (see section 3.2.1 on guidance and support for HSS programming). The challenge is to support country offices to ensure that UNICEF’s position on HSS is contextually appropriate; that the organization is drawing on analyses of political economic contexts and health system deficits; and that it can use available levers to help address these deficits (see Figure 5 in section 3.2.3 for more on these levers). Where this was seen to happen, in countries such as Ethiopia and Myanmar, facilitating factors included the maturity of systems and the stability of government partners.

The evaluation identified mixed results regarding two aspects of the scale question – the replication of global models and scaling interventions that have been proven effective. On the replication of global models, there is strong evidence that, when sourcing technical solutions that have worked in other contexts, UNICEF is in a good position to bring in learning from its network. However, there are also examples of UNICEF doing this for models with limited evidence of effectiveness (e.g., Vaxtrax and Comprehensive Centres of Excellence in Nepal). While UNICEF may be replicating models that have potential, these models need to be introduced more systematically and initiated with sustainability in mind.

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51 It is important to note that in Ethiopia, an important driver of this shift in focus has been the Government’s ambition to reach middle-income status by 2025, which would have implications for UNICEF programmes, including the funding available to support UNICEF interventions. Perhaps more importantly, the de facto reduction in the UNICEF Ethiopia health budget, from US$85 million to US$35 million, has driven a reappraisal of the Country Office’s portfolio and led to the decision to prioritize HSS as a strategic intervention to maintain impact with fewer resources. It is also interesting to note that there are differences of opinion within UNICEF on whether income status or maturity of systems is the best basis on which to categorize countries in terms of HSS support.

52 While emergency responses have been a feature of the country context that UNICEF has had to respond to in Ethiopia and Myanmar, the underlying political economic context in these countries is relatively mature and stable, which has enabled UNICEF to shift towards HSS.

53 The evaluation team’s working definition of a global model is an intervention that has been designed by UNICEF Headquarters or regional offices, or for which funding has been secured at global or regional levels (e.g., through a proposal to a donor organization), and which may require adaptation to respond to country-specific contexts.
This was acknowledged by UNICEF Nepal, and UNICEF Kazakhstan has incorporated this into the development of the *sine qua non* model.

On taking interventions to scale, there is limited evidence from the country and case study samples that UNICEF has done this in a systematic way (i.e., with community-based integrated management of childhood illness in Nepal). In other cases, UNICEF does not appear to have comprehensively thought about what is needed to scale programmes (e.g., with the Patronage Nursing System in Kazakhstan).

It is important to contextualize the findings presented in this section, given the limited time that has passed since the HSS approach was published. There is strong evidence from interviews with UNICEF staff that country offices see value in HSS as a way of producing long-term systemic change, which their current approaches do not always deliver. In all contexts, achieving systemic change requires long-term interventions, not least because activities are often outside of UNICEF’s direct control. However, global key informants highlighted that it was not straightforward for UNICEF to provide long-term support in the context of biennial funding cycles and given that donor funding is often geared towards short-term impact and attributable results. The challenge is to develop long-term visions and goals, with political commitment to achieve these, and make clear how short-term goals contribute to this broader vision. UNICEF can then use this to locate its comparative advantage and contribution.

### 3.1.5 Efficiency

**KEY FINDINGS: EFFICIENCY**

While the efficiency of UNICEF HSS interventions could be improved with a stronger focus on sustainability, there is insufficient data to track any efficiency gains at the project or intervention levels.

An effective HSS approach will ensure that UNICEF’s investments go further and have more impact, and thereby increase the efficiency of UNICEF’s contributions. At the programme/intervention level, UNICEF could increase efficiency by focusing on the sustainability of common programme approaches such as training and capacity building *(see Box 1)*. However, data is generally lacking on the efficiency of such approaches at the project or intervention levels. UNICEF is not well set up to collect information on the efficiency of its work. While the organization does track expenditure data, it rarely collects comprehensive information on HSS outputs or outcomes. Across the thematic case studies, the evaluation found two interventions that had clear costing data – the Patronage Nursing System in Kazakhstan and mobile health units in Ethiopia. The mobile health units also have output/outcome data that have allowed for the formulation of a unit cost. Apart from these examples, it was difficult to judge the efficiency of UNICEF’s approach at the programme/intervention level in any detail. This is a disadvantage when it comes to making the case for greater investment in the new HSS approach.
The more UNICEF’s work becomes integrated into the health system, the harder it will be to judge its efficiency. This is because UNICEF and government inputs become more difficult to separate and measure, and the impact that these inputs have on outcomes/outputs is harder to follow. This is the case with inputs that UNICEF is making into joint technical processes. A good example is in Ethiopia, where UNICEF has been advising the Ethiopian Health Insurance Agency on criteria for targeting the poor (i.e., for government-paid subscriptions). Such work is vital to embedding equity considerations into HSS, though assessing the efficiency of such work will be difficult.

UNICEF’s resources for HSS are constrained, including for new initiatives at the country level, and are not currently substantial enough to achieve a major shift in the organization’s activities. To programme major new HSS initiatives, UNICEF will need to mobilize resources from other donors. For example, UNICEF Myanmar has successfully raised funds for HSS projects from the Global Fund to Fight AIDS, Tuberculosis and Malaria. Global key informants highlighted that, in the absence of new funding, it was difficult to fully implement the HSS approach, as there was little space within existing country budgets to reallocate resources towards these activities. The ability to report results on HSS efficiency and sustainability would help UNICEF raise additional funds for HSS either internally or externally, though there is scope to improve HSS reporting generally, including on efficiency and sustainability.

In the context of limited resources for HSS, UNICEF offices are finding cost-effective ways of integrating the approach into their work plans. HSS thinking is being incorporated into areas that UNICEF has historically focused on, and the organization is adapting its support to be more HSS-focused. For example, in both Ethiopia and Myanmar, UNICEF historically ran parallel procurement and supply chain systems. This work is now being incrementally handed over to government and UNICEF is supporting both countries to move toward self-reliance in vaccine financing. In addition, in Myanmar, the focus of UNICEF’s work is on supporting the Expanded Programme on Immunization, but UNICEF is also considering how the electronic Logistic Management Information System will link to broader data collection platforms, such as the District Health Information System, so that there is one data collection platform for health staff.

### 3.1.6 Progress over 12 months

Momentum is building behind the UNICEF HSS agenda, due to a range of internal and external factors. There is clear evidence across the countries studied that UNICEF country offices recognize the value of an HSS approach.
that can deliver long-term systemic change, and that this is reflected in some CPDs (e.g., in the Ethiopia and Nepal CPDs and in the forthcoming Sierra Leone CPD). In 2018, global key informants highlighted a range of initiatives that UNICEF was implementing to take HSS forward, including leveraging immunization as a key entry point; convening a global capacity building meeting on HSS and PSCM strengthening; increasing the accessibility of HSS training, including through a blended version of the Melbourne training; and including three HSS indicators in the UNICEF Strategic Plan (a 2019 mid-term review will consider whether these indicators are sufficient). These shifts have been influenced by movements towards HSS within the broader development environment, for example in the context of the 2030 Agenda for Sustainable Development and the target on universal health coverage.

However, there is less evidence that the issues highlighted in the first year of the evaluation – through the country visit reports and the preliminary findings report – have been taken forward by country offices. It is important to note that the recommendations generated by these exercises were not necessarily due a formal response, and wholesale changes in country office approaches to HSS were not expected. Still, several of the points highlighted in the 2017 country visits would have been actionable even within a relatively tight timeframe, but the evaluation team found limited evidence of change in these areas.

As noted, there is more evidence of progress during the past 12 months at the global level, and the key is for UNICEF to ensure that global initiatives on HSS percolate to the country level, which is challenging given the busy, responsive, thematically-focused conditions that the evaluation observed in all countries visited. Many of the concerns raised in 2017 were in the organizational domain, which was the focus of year one (see section 3.2).

### 3.2 What strategies and factors have enabled or hindered progress?

This section first examines the organizational systems and structures that underpin UNICEF’s HSS response, as a precursor to discussing UNICEF’s comparative advantage and what the levers and barriers are to UNICEF strengthening its focus on and ability to effectively support HSS.

#### KEY FINDINGS

As an organization, UNICEF is continuing to adapt to the new focus on HSS and the new HSS approach, though these changes are slow and incremental. Overall, there appears to be an increase in staff awareness, understanding and capacity to deliver on the new approach, and some evidence of increased internal coordination and linkages with other sectors. However, capacity gaps remain, and cross-sectoral engagement continues to be challenging.

There is evidence of increased support for HSS from Headquarters and regional offices, though this does not appear to be systematic or universal. Country offices reported that they needed additional support in a range of areas.

UNICEF’s contribution to the HSS evidence base, and its use of HSS data for decision-making and course correction, remains limited. Monitoring of HSS results and expenditure has not improved significantly over the past year, and the evidence gathered does not indicate that country offices have received significant guidance or support from Headquarters or regional offices in any of these areas.
3.2.1 Management and operations

KEY FINDINGS: MANAGEMENT AND OPERATIONS

UNICEF sees internal coordination and integration with other sectors as critical to HSS. There is some evidence of increased internal coordination and linkages with other sectors, though this remains challenging. The mechanisms used for inter-sectoral engagement and coordination in 2018 were largely the same as those used in 2017.

There was some evidence that Headquarters and regional offices provided guidance and support for HSS in 2018, but this support did not appear to be systematized or universal. Most leadership and support for HSS currently appears to be coming from health section chiefs, and there is a perceived need for additional support from Headquarters and regional offices in a range of areas.

While UNICEF health staff reported increased awareness and understanding of HSS and the new HSS approach, and country offices are increasing their capacities for HSS through the recruitment of staff with HSS skills, capacity gaps remain. UNICEF continues to be known for its technical skills and its capacity to implement, rather than its HSS competencies.

This section examines management and operations issues and how these issues relate to one of the central hypotheses in the HSS theory of change, namely: “For the HSS approach to be implemented successfully, UNICEF will have to change the way in which it works and implement a change management process within the organization.”

Internal alignment, coordination and integration with other sectors

UNICEF sees internal coordination and integration with other sectors as critical to HSS. Promoting integrated, multi-sectoral policies and programmes is prioritized in UNICEF’s new Strategy for Health 2016–2030,54 and the new HSS approach states, “The cross-sectoral nature of HSS requires mechanisms for inter-sectoral collaboration within and outside the organization.”55

Data collected in year two provides some evidence of increased internal coordination and linkages with other sectors, though this remains challenging. Most country offices (e.g., the Plurinational State of Bolivia, Ethiopia, Kazakhstan, Nepal and Sierra Leone) reported that their existing or new country programmes had strong cross-sectoral linkages, that cross-sectoral work was increasing and that there have been some efforts to improve cross-sectoral work at the global level.56 Cross-sectoral engagement remains complicated and challenging, however. UNICEF staff reported that it was difficult to identify work that could be done jointly across the office and to see how this was linked to joint or integrated programmes, and that this level of complexity was not reflected in the HSS approach. The smaller country offices (e.g., the Plurinational State of Bolivia and Kazakhstan) reportedly found this easier than the larger country offices (e.g., Ethiopia, Nepal and Sierra Leone).

54 UNICEF’s Strategy for Health 2016–2030’.
56 For example, through a cross-section meeting on the UNICEF Strategic Plan Goal Area 1 held in August 2018, which included a focus on systems strengthening work. Goal Area 1 – every child survives and thrives – incorporates health, nutrition, early childhood development and HIV/AIDS. This “reflects the importance of integrated approaches to child survival and development” ‘UNICEF Strategic Plan, 2018-2021’.
Larger country offices also found cross-sector programmes were easier to conceptualize and manage at the sub-national level than at the national level.

The mechanisms for inter-sectoral engagement and coordination remain largely the same as in 2017. Inter-sectoral engagement is promoted through harmonized work planning (e.g., in Sierra Leone) and cross-sectoral programme design (e.g., in Ethiopia, Kazakhstan and Myanmar). Routine linkages between sections are made through the monthly programme management team meetings chaired by the deputy representative and attended by section chiefs. Work across sections is facilitated by small working groups or task forces (e.g., nutrition and early childhood development task forces in Nepal; thematic working groups in Sierra Leone; and trans-sectoral task forces on early childhood development and maternal newborn health in the Plurinational State of Bolivia) and ad hoc meetings between sections. Specific illustrative examples of inter-sectoral interventions were found in Myanmar on the Maternal and Child Cash Transfers programme, in Ethiopia on the Poverty Safety Net Programme and in Kazakhstan on piloting a cash plus model.

Overall, there is some evidence of positive change in 2018, but country offices reported that inter-sectoral work remained challenging. The evaluation team did not find any clear evidence that UNICEF took specific follow-up actions over the past year. As noted in the preliminary findings report, UNICEF could further integrate HSS throughout the planning cycle. This includes reviewing the strategies being used to incentivize inter-sectoral working; determining if they were delivering promising results; and disseminating lessons learned. To make further progress in this area, UNICEF should revisit and act on this recommendation and analyse and minimize ongoing challenges to cross-sectoral engagement.

**Guidance and support for HSS programming**

There was some evidence that Headquarters and regional offices were providing guidance and support for HSS in 2018, though this support did not appear to be systematized or universal. While a comprehensive assessment of Headquarters and regional office support was not undertaken in 2018, information was collected during key informant interviews with selected Headquarters, regional office and country office staff. UNICEF Headquarters...
supported HSS capacity building by rolling out the HSS course developed with the University of Melbourne,\(^{57}\) hosting webinars on the intersection of thematic issues with HSS (e.g., on immunization as an entry point to HSS), incorporating HSS into global and regional network meetings and supporting country-level EQUIST training. In addition, UNICEF’s National Supply Chain Strengthening Centre is supporting the PSCM pillar of the HSS approach. The Centre has developed a national supply chain strengthening strategy and a process guide and toolkit for strengthening public health supply chains. Since early 2018, the Centre has been working with 14 country offices to agree on common language and metrics for supply chain strengthening and pilot the use of a supply chain maturity score card. Key informants reported that some regional offices had been providing support, but this appeared to vary according to regional office size and capacity. The smaller regional offices have reportedly provided limited support (e.g., the Latin America and Caribbean and Europe and Central Asia regional offices), whereas large regional offices with designated HSS teams (e.g., the Eastern and Southern Africa Regional Office) provided higher levels of support.

The country offices reviewed provided specific examples of the support received from Headquarters and regional offices in 2018. Examples included: 1) Headquarters support for EQUIST training of implementing partner staff in Myanmar; 2) Headquarters and regional office support for incorporating HSS into maternal and newborn health and immunization programmes during a Regional Office for South Asia network meeting; 3) support provided by the Eastern and Southern Africa Regional Office to UNICEF Ethiopia on redesigning the country programme, including multiple visits by the Regional Office team to facilitate and support Country Office thinking on HSS; 4) a regional HSS presentation during a Latin America and the Caribbean Regional Office meeting with country offices; and 5) a request from UNICEF Sierra Leone to West and Central Africa Regional Office staff with HSS experience to join an upcoming strategic moment of reflection workshop.

Most leadership and support for HSS currently comes from health section chiefs, and there is a perceived need for additional support from Headquarters and regional offices in a range of areas. Most of the country offices reviewed in 2018 (i.e., the Plurinational State of Bolivia, Ethiopia, Myanmar, Nepal and Sierra Leone) reported good HSS leadership from senior managers, particularly health section chiefs; and the UNICEF Supply Division noted that supply officers also provide this kind of support in the PSCM space. While country offices highly value this type of support, and support from Headquarters and regional offices described above, country office staff requested additional engagement and support in the following areas: 1) distilling HSS and developing an appropriate HSS engagement/support strategy; 2) incorporating HSS into staff recruitment (e.g., developing and sharing model HSS profiles, interview questions and testing tools); 3) increasing contributions to the HSS evidence base; 4) increasing HSS learning inside UNICEF; 5) improving HSS monitoring and evaluation (e.g., supporting country offices to develop appropriate HSS outcomes, outputs and indicators and adapting UNICEF’s overall coding and RAM indicators for HSS); and 6) adapting the HSS course (e.g., making it cheaper and bringing it closer to country offices).

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\(^{57}\) The HSS course is about to enter its third year and has been taken by more than 200 people from over 60 country offices.
While there is evidence of some positive change in 2018, there is no evidence that UNICEF provided systematized, comprehensive guidance and support, and there is a clear need for further action in this area. As noted, Headquarters and some country and regional offices have taken relevant action to provide guidance and support. However, as noted in the preliminary findings report, UNICEF could further integrate HSS throughout the planning cycle, including by increasing its capacity to manage the change processes required to institutionalize the new HSS approach. This could include resourcing the changes and providing concrete guidance, support and tools to promote and facilitate the shift towards a strong HSS focus. In order to make further progress in this area, it would be useful for UNICEF to revisit and act on this recommendation, and define clear roles and responsibilities for Headquarters and regional offices to deliver on the specific areas in which country offices are requesting support.

**Staff capacity**

UNICEF health staff reported increased awareness and understanding of HSS and the new HSS approach. In the majority of country offices reviewed in 2018, health staff had received HSS training or participated in HSS-related learning opportunities. For example, the Ethiopia, Myanmar and Nepal country offices reported that staff had participated in the new HSS course developed by the University of Melbourne. UNICEF Bolivia reported that staff had participated in an HSS learning opportunity. Only one country office, UNICEF Kazakhstan, noted that staff had received no additional HSS training, reportedly due to a lack of funding. A high level of staff understanding and awareness of HSS was also reported as an enabler by four country offices (i.e., Ethiopia, Nepal, Myanmar and Sierra Leone) and in the DLG thematic case study.

Country offices reviewed in 2018 also increased HSS capacity through the recruitment of staff with HSS skills, though capacity gaps remain. Myanmar and Nepal recruited international and national staff with HSS skills; and Ethiopia and Sierra Leone recruited international staff with HSS skills. However, no country offices reported receiving guidance or model HSS profiles or tools from Headquarters or regional offices to support these recruitments, and half of the country offices reviewed reported that they still had HSS capacity gaps (i.e., the Plurinational State of Bolivia, Kazakhstan, Nepal (particularly among field staff) and Sierra Leone (particularly among lower-level staff)). There is also evidence of variable staffing at the regional level. For example, in the Eastern and Southern Africa Regional Office, there are two fully dedicated HSS staff and one part-time HSS staff, compared with some other regional offices with no dedicated HSS staff. In the Programme Division-Health Section, there are three dedicated HSS staff. Myanmar and Nepal reported that they could further increase HSS staff capacity if a cheaper version of the HSS course was made available closer to the country office.

Despite the increases in staff capacity, UNICEF remains better known for its technical skills and its capacity to implement than its HSS competencies. In 2018, one global key
informant noted, “UNICEF hasn’t traditionally been an HSS partner. UNICEF is more of an implementer.” Another noted, “Partners see UNICEF as implementers and as doing emergency response; this is changing slightly, but it is still an issue.” This is similar to what was found in 2017 and reflected in the preliminary findings report, and there does not appear to have been a change in this perception over the past year. During the evaluation period, these limited shifts in stakeholder perceptions were paralleled by little action on UNICEF’s part to communicate on its new approach. The evaluation found little evidence that the HSS approach had been used as an advocacy or communications tool, or to engage development partners in discussion about UNICEF’s HSS approach.

While there is some evidence of increased HSS staff capacity from 2017 to 2018, gaps remain and country offices need support from Headquarters and regional offices to increase and institutionalize HSS staff capacity. As noted in the preliminary findings report, UNICEF should continue to develop staff HSS capacity by expanding access to training and facilitating targeted recruitment. UNICEF should also build on the new HSS course based on course evaluation findings and a comprehensive assessment of country office needs; develop guidance and model HSS profiles; share recruitment experiences; and meet country office demand for guidance on building capacity through recruitment. UNICEF should also revisit and take action on this recommendation, and support country offices to: 1) incorporate HSS competencies into staff profiles when developing new staff organograms at the start of a new country programme; 2) include HSS competencies in annual staff performance assessments; 3) incorporate HSS into staff recruitment (e.g., by developing model HSS profiles, interview questions and testing tools); and 4) adapt the HSS course based on evaluation findings, feedback and country office needs and develop cheaper version(s) of the course that are closer to country offices (regional/online) and potentially linked to an HSS community of practice.

3.2.2 Knowledge and data generation and use

**KEY FINDINGS: KNOWLEDGE AND DATA GENERATION AND USE**

UNICEF’s contribution to the HSS evidence base and its use of HSS data for decision-making and course correction remains limited. Monitoring HSS results and expenditure has not improved significantly over the past year, and there is no evidence that country offices are receiving significant guidance or support from Headquarters and regional offices in any of these areas.

This section examines issues related to knowledge and data generation and use and how these relate to one of the central hypotheses in the HSS theory of change, namely, “For the HSS approach to be implemented successfully, UNICEF will have to change the way in which it works and implement a change management process within the organization.”

As an organization, UNICEF prioritizes knowledge management and learning. In its Strategic Plan 2018–2021, UNICEF recognizes the importance of continuing to invest in knowledge sharing and information management throughout the organization. The HSS approach paper also highlights the importance of knowledge management and identifies the need to develop and implement an agency-wide joint learning agenda that includes research, evaluation, knowledge management and advocacy for HSS.
Monitoring and evaluation of HSS

Monitoring of HSS results and expenditure remains limited and is considered difficult. Three of the country offices reviewed in 2018 noted an increased focus on HSS and HSS monitoring in their new country programmes (i.e., the Plurinational State of Bolivia, Myanmar and Nepal) and Sierra Leone reported that HSS will be prioritized in its upcoming country programme. However, country offices also noted that HSS monitoring remains difficult. For example, UNICEF Kazakhstan reported that it had struggled to select appropriate HSS indicators and had received limited support on this process. UNICEF Nepal noted that picking indicators from the global RAM list had limited its options. Due to the limitations in systems for monitoring results and tracking expenditure, the evaluation team also found that it was impossible to accurately measure HSS results and expenditure at the country level when undertaking the four thematic case studies.

The global RAM indicator list and programme information database system codes were recently updated to align with the new Strategic Plan and the new Global Health Strategy. However, this has not significantly improved HSS monitoring, and country offices continue to request support for this work. Three country offices reported that it was easier to monitor HSS when they had a specific output labelled as HSS (i.e., Myanmar, Nepal and Sierra Leone). However, these country offices also noted that output-level monitoring of HSS was problematic as HSS outputs contain support and strengthening activities, and non-HSS outputs contain HSS-related initiatives and activities. This has led country offices to request improvements to HSS monitoring, as well as additional Headquarters and regional office support to develop appropriate HSS outcomes, outputs and indicators.

UNICEF global and regional key informants confirmed that HSS monitoring was challenging, but that some progress was being made by particular divisions and groups. A regional key informant noted that, while there were some indicators related to HSS in the RAM, these were poor and did not always make sense. A key informant noted that, while UNICEF was managing large amounts of HSS funding from the GAVI Alliance, no one was consistently monitoring or documenting HSS results – a missed opportunity that should be addressed. Another global key informant noted that while some progress was being made in
relation to PSCM, more intensive work was being done with 14 countries to agree on a common language and metrics to strengthen supply chains and pilot the use of a supply chain maturity score card with set indicators.

There is limited evidence that UNICEF improved its capacity to monitor HSS results and expenditure in 2018; further action is clearly needed in this area. As indicated in the preliminary findings report, UNICEF should strengthen its resource tracking and results monitoring for HSS, including its monitoring of short- and medium-term progress towards longer-term goals. That report also noted that this should include the development of a robust HSS indicator list that is incorporated into UNICEF’s standard RAM output and outcome indicator lists. To make further progress in this area, UNICEF should revisit and take action on this recommendation, building on ongoing work such as what is being done by the National Supply Chain Strengthening Centre, as well as country and regional office experience, and address outstanding needs, such as GAVI Alliance HSS monitoring. Country offices should be supported to improve their HSS monitoring, including by developing appropriate HSS outcomes, outputs and indicators.

**Contribution to the HSS evidence base**

There is some, albeit limited, evidence that UNICEF has contributed to the HSS evidence base. Four of the country offices reviewed in 2018 (i.e., the Plurinational State of Bolivia, Kazakhstan, Myanmar and Nepal) reported that they had made, or planned to make, additional contributions to the HSS evidence base. For example, UNICEF Kazakhstan reported that it had prepared HSS-related articles and conference presentations and incorporated HSS considerations into recent evaluations. UNICEF Myanmar intends to incorporate HSS considerations into three of its upcoming evaluations; and UNICEF Nepal is planning to incorporate HSS-related issues into the randomized control trial that it will use to evaluate progress in its 18 convergence municipalities. However, country offices also noted that resources for this type of work were limited; and UNICEF Nepal specifically noted that learning processes needed to be better resourced.

In half of the countries reviewed, development partners felt that UNICEF should do more to contribute to the HSS evidence base. This was true in Kazakhstan, Myanmar and Nepal, and is similar to what was found in 2017 and indicated in the preliminary findings report. Development partners also noted that UNICEF’s presence at different levels of the health system meant that it was well positioned to document and disseminate lessons learned from every level to inform policy development.

There is limited evidence that UNICEF increased its contributions to the HSS evidence base; there is no evidence that Headquarters and regional offices took follow-up actions over the past year; and there is a clear need for further action in this area. As an organization, UNICEF needs to further demonstrate that it has something meaningful to contribute to the HSS evidence base, and incentivize staff to generate and disseminate HSS knowledge products. There are a number of ways that this can be done, including adding these functions to job descriptions and annual performance assessment frameworks.

**Use of data for decision-making**

There is some evidence that UNICEF has learned from its HSS work, though learning on HSS remains limited. Four of the country offices reviewed in 2018 provided evidence of historical or planned learning on HSS. UNICEF Bolivia reported that it had documented and learned from its quality of care continuous
improvement cycles; UNICEF Kazakhstan reported evaluating and learning from its piloting of the Patronage Nursing System (though the extent to which learning has been incorporated into the programme is less clear); UNICEF Myanmar intends to use the results of its upcoming HSS-related evaluations to improve programming; and UNICEF Nepal intends to undertake a randomized control trial to inform programming in its 18 convergent municipalities. Global and regional key informants also noted that the UNICEF Supply Division supported learning through efforts to strengthen national supply chains using a standardized maturity score card in 14 countries.

There is organizational need and demand for additional work in this area. Three of the four thematic case studies (i.e., those covering DLG, quality of care and PSCM) highlighted the need for and importance of additional documentation, sharing and learning from experience to date. Myanmar and Nepal also expressed the need to better capture and learn from their own HSS work. UNICEF Bolivia indicated that it wanted the Latin America and the Caribbean Regional Office to share experiences and lessons learned to guide and help improve its work on HSS.

There is limited evidence that UNICEF is learning from its work on HSS and that Headquarters and regional offices supported learning efforts in 2018. The evaluation team identified a clear need for further action in this area. As indicated in the preliminary findings report, UNICEF should strengthen its capacity to build and use evidence for HSS. The organization should move quickly to develop a joint learning agenda and consider developing (with partners) a resourced learning hub to systematically share knowledge; develop and share tools to deal with constraints; and share lessons learned and success stories in relation to HSS programming. UNICEF should also revisit and act on this recommendation either by developing a joint HSS learning hub or an internal HSS community of practice. The latter is potentially easier and faster and would go a long way towards ensuring that UNICEF is learning from what it is doing on HSS, and systematically sharing knowledge, tools, lessons learned, constraints and success stories in relation to HSS programming. It would also be useful for Headquarters and regional offices to review and discuss evaluation plans with country offices at the outset of the country programme to ensure that evaluations of HSS-related interventions/outputs are included.

3.2.3 Levers and barriers to change

UNICEF has a specific role within the HSS ecosystem based on its position, expertise, mandate and vision. The organization has a range of tools and approaches at its disposal that can be applied to strengthen its work on HSS and engage partners in a clear vision on HSS. However, there are a range of factors at play that make it difficult for UNICEF to act based on this comparative advantage for HSS. Given these tensions, the shift towards HSS is not an easy one to make and requires careful consideration of the pace and scale of ambition.

The evaluation has identified a range of factors that enable or constrain UNICEF’s ability to effectively engage on and support HSS. This section brings these together to consider UNICEF’s comparative advantage – aspects of its positioning, capacities and purpose that make it well positioned to play a specific role on HSS – as well as the levers that UNICEF country offices can use to transition towards this comparative advantage. The section also explores barriers or obstacles to their ability to use these levers.
UNICEF plays a specific role within the HSS ecosystem based on its position, expertise, mandate and vision. As summarized in Figure 4, UNICEF is well placed to engage on HSS because it is valued and trusted by governments and has a seat in national policy-making forums. This is complemented by the organization’s ability to work at all levels of the health system, as well as in other sectors. As discussed in section 3.2, UNICEF has a clear mandate – albeit underutilized at present – to generate and disseminate evidence and learning products that can support governments and other partners to ensure HSS policy and planning responds to evidence-based needs and changes in circumstances. UNICEF’s purpose and intention in terms of HSS is set out in the HSS approach paper, which clarifies UNICEF’s role. The evaluation team has identified a number of levers that UNICEF country offices have effectively used to support their transition towards a stronger HSS focus (see Figure 5). These are discussed in more detail below.

**Figure 4: UNICEF’s comparative advantage in HSS**

- **Positioning**
  - Prominence of place in policy-making forums
  - Well placed “nose to tail” (at central and sub-national level)
  - Trusted government partner

- **Skills and capacities**
  - Use of data (evaluation, data driven-models, use of rapid learning)
  - Cross-sectoral working (social protection and health)

- **Clarity of purpose**
  - UNICEF mandate on gender and equity, women and children
  - Recognition of UNICEF’s need for HSS for more effectiveness

**Figure 5: What will facilitate a shift to HSS? What are the levers to change? What are the barriers?**

- **Support to change**
  - Use HSS strategies & approaches to engage EDPs and governments in a clear vision for HSS and addressing health system deficits
  - Contextual analysis of HSS deficits (e.g. PEAs)
  - Strength in data – rapidly applicable learning cycles on ‘what works’
  - Articulate UNICEF position on HSS in terms of HRH/health financing
  - Use of programming cycles, e.g. CPD, MTR, evaluations, to reflect on and strengthen HSS approaches
  - HSS people on team to support organisational shift to HSS
  - Develop explicit transition plans or strategies

- **Barriers to change**
  - COs unclear on how to merge different types of programming e.g. service delivery, emergency response
  - Transition to HSS involves whole systems change (applicable HSS thinking, HSS skills and capacities) which will take time to develop
  - Pressure on UNICEF Cos from government and other partners to be a supportive rather than HSS partner
  - Models of HSS under-developed (e.g. Embedded TA and technical transfer)
  - Clear vision of UNICEF’s value added in HSS under-developed in some areas
**Levers to support change**

UNICEF has a range of tools and approaches at its disposal that can be applied to strengthen its work on HSS and engage partners with a clear vision on HSS. There is strong evidence that UNICEF used a limited number of strategies and interventions for HSS in 2017 and 2018. The most common strategies identified across the thematic case studies and country reports were capacity building (**see section 3.1**); use of data and evidence (**see section 3.2**), including contextual analysis of HSS deficits; and leveraging capacity to work at different geographic levels and in different sectors (**see section 3.2**). However, these are approaches that UNICEF uses generally, and that are not necessarily specific to HSS work. Because these approaches and capacities are not tailored to HSS interventions, they are not necessarily effective for HSS. However, there is scope for each of these core strategies to offer opportunities to contribute to HSS, and UNICEF needs to further reflect on this and provide guidance on how to do this in practice.

UNICEF can better articulate its value added in its communication with partners, and in its strategy and staffing. The implications of the comparative advantage, described above, are that UNICEF needs to work in partnership with other stakeholders to effectively support HSS. To enhance the potential of partnerships, UNICEF should better describe its comparative advantage to partners. As discussed in section 3.1, the HSS approach does not address health financing and human resources for health, which creates some confusion about UNICEF’s role in HSS (not least because UNICEF does intervene in these areas on specific issues). Making revisions to the HSS approach, and making better use of transition planning (**see Box 2**), can facilitate communication with partners about UNICEF’s role, and could be used to change the perception of UNICEF’s role and generate additional funding for HSS from external sources. There is evidence (**see section 3.1**) that CPDs and other strategy documents – which represent the periodic moments when UNICEF resets its strategic direction and resourcing – are important levers for transitioning towards HSS. Regional offices have supported country offices to incorporate HSS into their CPDs (e.g., in Ethiopia, Nepal and Sierra Leone). It is important that such opportunities are identified and leveraged, though this may be more challenging for regional offices that have less health and HSS capacity. UNICEF should also review how this is being done in emerging CPDs and provide further guidance based on these experiences, given that different approaches (i.e., mainstreaming vs. separating out HSS) are being used by different country offices.
Barriers to change

A range of factors make it difficult for UNICEF to act based on its comparative advantage for HSS. These include the tension between HSS and implementation/emergency response and lack of operational clarity on HSS. As discussed in section 3.2, UNICEF is known for its technical skills and its capacity to implement, rather than its HSS competencies. This leads governments and donors to demand and commission UNICEF to work on more supportive interventions, including emergency response (see section 3.1). UNICEF’s staffing decisions also contribute to the perception of UNICEF as a technical and implementation partner rather than an HSS partner. While governments value UNICEF’s technical expertise on thematic issues such as MNCH and immunization, UNICEF does not routinely have cross-cutting HSS expertise, though this is improving. In addition, UNICEF interventions do not routinely emphasize HSS outcomes (see section 3.1). Examples of this include lack of emphasis on skills transfer in capacity building and the limited use of learning/data for decision-making. These factors contribute to a lack of clarity within UNICEF country offices on how to operationalize HSS. As noted in section 3.2, the HSS approach requires some modification if it is to provide further clarity for both internal and external partners, particularly regarding health financing and human resources for health.

There are also several UNICEF tools and strategies that require further guidance and thinking to optimize HSS effectiveness. Two additional barriers to change are the focus of HSS programmes and unclear articulation of accountabilities for HSS. These are discussed in greater detail below.

Programme focus: The four thematic case studies highlighted that UNICEF interventions are not routinely set up to achieve HSS results, even when they effectively achieve health outcomes. Even DLG interventions, which seek to build sustainable capacity at the decentralized level, focus more often on outputs or
short-term outcomes than on longer-term HSS goals. This is consistent with the discussion in section 3.1, which highlights that UNICEF is more focused on service delivery, in line with its mandate to meet the needs of women and children. This may also be a function of the level of detail required in UNICEF documentation, in terms of articulating the programme logic of interventions. UNICEF Kazakhstan has attempted to address this using a *sine qua non* model to support internal quality assurance of pilot projects and develop a theory of change for each output within the country programme. Developing this level of detail for each intervention would help to address country office concerns about lack of analysis of upstream issues, which is at the heart of the shift in mindset towards HSS thinking.

**Unclear articulation of accountabilities for HSS:** There is no clear basis for targeting and holding staff accountable for a focus on HSS and as a result, staff may continue with more supportive types of programming. Given UNICEF’s decentralized model, unless senior management in country and regional offices have accountabilities to invest in systems and in system performance, there is a risk that HSS programming will remain a secondary concern in core programming.

Given these tensions, it is clear that the shift towards HSS will not be easy and will require careful consideration in terms of the pace and scale of UNICEF’s approach. As noted in section 3.2, there is evidence of an incremental shift towards HSS in the country offices studied. This shift is being supported by the training course in Melbourne, HSS-trained team leaders and a wider contextual push for HSS by development partners. However, it will take substantial time to realize organization-wide change using these approaches alone. UNICEF needs to consider the optimal staffing structure in country and regional offices to support the transition to HSS based on a clear articulation of where UNICEF sits within the HSS ecosystem. Evidence indicates that resources and structures have been geared towards HSS to a lesser extent in smaller country offices in middle-income countries such as the Plurinational State of Bolivia and Kazakhstan than in larger country offices in low-income countries. UNICEF should consider how to work in smaller country offices where it may not be feasible to have dedicated HSS staff.
This section reflects on the findings presented in section 3 to consider the implications for UNICEF and its transition to a focus on HSS. This reflection considers key themes and challenges that are relevant to managing the organizational and programmatic changes required to achieve a more effective transition.

UNICEF’s potential contribution to HSS is clear. However, the scale and pace of organizational change is not clearly articulated. Moreover, tensions are unaddressed between longer-term systems strengthening and UNICEF’s recognized strengths in programme implementation and its results focus. UNICEF’s vision, niche and capabilities make it well placed to play a key role on HSS. However, UNICEF’s ambition in terms of the scale and pace of its intended change is not currently clear. A tension exists between investing in HSS results, which are often long-term and not attributable to single interventions or partners, and UNICEF’s mandate to deliver results for women and children; put simply, UNICEF, by mandate, will always intervene to save the lives of women and children when needed. This was highlighted by key informants at all levels. One global key informant noted that, in purely pragmatic terms, UNICEF’s transition to HSS would be determined by its core focuses on MNCH, equity and gender, due to the feasibility of and risk involved in wholesale organizational changes. The challenge is therefore to identify opportunities to strengthen health systems under UNICEF’s existing mandate, recognizing the balance needed between supporting and strengthening systems. It would be useful to clarify UNICEF’s ambition on HSS and the extent of organizational change needed to realize this ambition.

The HSS approach does not sufficiently articulate how HSS sits in practice within UNICEF’s existing comparative advantage. There is currently a gap between the thinking set out in the HSS approach and experience in UNICEF country offices, and it is not always clear to country offices how to operationalize HSS. It is critical that UNICEF reflect on how its prominent position at the development table can be translated into a more effective HSS approach. For example, compared with other development partners, UNICEF has an easier time leveraging its position to influence policy-making. However, in many instances, more could be done to make a concerted shift to an HSS approach. There was some evidence that this shift was underway in some countries, as seen in strategic reflections. More effort is needed to ensure that HSS specialists and counterparts in other sections gain experience with integrated approaches. This work should be contextualized in order to be useful to country offices. A good example of what can be achieved is the work being done by the HSS team and the Supply Division supply chain team.

UNICEF needs to update the HSS approach to acknowledge where it is contributing to HSS, including in regard to health financing and human resources for health. For example, UNICEF currently focuses on developing health workers’ skills and capacities, and

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58 The risk being that wholesale organizational changes to enable stronger working on HSS could undermine UNICEF’s capacity to deliver on its core mandate for women and children.
could use this ongoing work to increase its focus on HSS. Similarly, for health financing, while UNICEF is not the overall lead for this (the World Health Organization (WHO) and the World Bank take prominent roles), the organization has a role on related agendas and articulating these roles would strengthen the shift to HSS. UNICEF should not necessarily seek to lead substantively on either health financing or human resources for health, but should be explicit about the substantive work it already does in these areas and how it can leverage this work for HSS. Adapting the HSS approach in this way, possibly using the WHO Building Blocks, will help situate UNICEF within the HSS ecosystem and address confusion among partners about how UNICEF plans to contribute on HSS.

**Lack of clarity on how to operationalize HSS can undermine all other aspects of the theory of change (see Annex B).** This lack of clarity both drives and is driven by inadequate systems for measuring HSS. If it is not clear what is to be achieved, there is no basis for defining appropriate measures; and if there is no measurement, there is no firm basis on which UNICEF can develop a narrative to support its transition to a new role as an effective HSS partner. UNICEF urgently needs to develop an appropriate set of measures to track its HSS activities, expenditure and effectiveness. This should include improving routine documentation and sharing HSS learning and achievements by developing a clear strategy and robust indicator list for HSS monitoring; documenting key HSS lessons learned and actively contributing to the HSS evidence base; and developing an HSS community of practice at the appropriate level(s). Together with a revised HSS approach serving as an advocacy document and operational guide, these steps will form a platform for a change management process within UNICEF.

**Lack of measurement is also making it difficult to establish the right organizational systems and structures, which has implications for the implementation of HSS programmes.** Lack of operational clarity and poor systems for measuring UNICEF's work on HSS are both contributing to lack of communication internally and externally on how UNICEF plans to contribute to the HSS agenda.
For internal stakeholders, while some UNICEF managers see the value of investing in HSS and have bought into HSS when it comes to allocating financial resources to fund HSS interventions or contribute human resources to work on HSS, this is not always the case. Global interviews highlighted that proposals to increase funding or staffing for HSS, or make changes to organizational systems and structures, were competing with other priorities for finite resources, and required commitment to HSS at the highest levels of the organization. A clearer argument needs to be made on how, when and why HSS is a good investment to achieve goals related to UNICEF’s core mandate (recognizing that HSS is not appropriate or feasible in some contexts). Without this, there is a risk that some UNICEF staff will continue to see investments in vertical interventions as achieving results, albeit with threats to sustainability as donor funding shifts when countries graduate to middle-income status. As highlighted above, this could be address through more effective monitoring and evaluation of HSS interventions.

For external stakeholders, donors continue to fund UNICEF to implement programmes or provide technical assistance to support programme effectiveness – not to carry out HSS. There are several factors at play in this regard, including that UNICEF has the capacity, expertise and mandate to implement programmes, and that there is a lack of clarity on UNICEF’s vision for its role in HSS. But a lack of proactive dialogue with external stakeholders is certainly a barrier to affecting change in this regard, which is in turn affected by lack of measurement. One UNICEF respondent reported, “I don’t believe in engaging in discussions when not showing results. Where UNICEF is weak, sometimes, is when UNICEF advocates for things without showing results.”

Lack of resourcing for HSS within UNICEF is undermining efforts to make the needed changes and slowing the roll-out of the HSS approach. Regional offices have a key role to play in supporting country offices to contextualize the HSS approach and develop appropriate HSS resource mobilization strategies. Lack of HSS staff is also undermining roll out, even within the current, imperfect system. The HSS course in Melbourne is a good resource, but the benefits of the training course take time to percolate across the organization and individuals are left to take the HSS agenda forward piece by piece. Progress will depend, in part, on having adequate, dedicated HSS capacity at Headquarters and regional and country offices.

Taking steps in the areas outlined above will help UNICEF make strategic decisions on how to respond to requests from partners and progressively build demonstrable expertise and credibility as an HSS partner, within its MNCH mandate. UNICEF has historically been responsive to governments in line with its mandate, but also as a means of demonstrating added value. However, in continuing to be responsive to requests that are based on perceptions of historical expertise and capacity, UNICEF is moving away from the shift to HSS. Having a clear vision and strategy for the organization’s contribution to HSS will provide a rationale or filter when responding (positively and negatively) to requests for support. This is essential if UNICEF is to position itself to continue to deliver on its mandate as countries transition to middle-income status.
While the transition to a stronger focus on HSS will not be easy, UNICEF does have levers that it can use more routinely to accelerate momentum. The change process to HSS will require clear thinking and effective leadership. There are opportunities for UNICEF to accelerate the momentum that has been building since the HSS approach was published using the levers identified in this evaluation. These include:

- Incorporating measures of skills transfer into capacity-building interventions;
- Strengthening operational learning, including documenting and sharing practices on HSS within the organization and repositioning UNICEF as an HSS partner;
- Using political economic contextual analysis to develop a clear view of HSS needs and deficits in all countries, including at the sub-national level, where relevant and appropriate;
- Articulating a clearer position on UNICEF’s role in health financing and human resources for health in terms of its work on HSS;
- Building transition plans into new interventions and into existing interventions where there are opportunities; and
- Ensuring that future CPDs, mid-term reviews and planned evaluations explicitly address HSS.

Priority conclusions

There is further scope for UNICEF to clarify its niche in the area of HSS and translate this into a core aspect of UNICEF programming. The HSS approach paper is a start, and there are pockets of progress, but the paper has not been sufficiently rolled out to catalyse an organization-wide transition towards HSS.

Making the shift to HSS is complex and difficult to achieve. In many contexts, funding streams, government demands and UNICEF’s lead position as an implementing partner, including in emergency responses, can pull the organization into a supportive, rather than strengthening approach.

UNICEF has a comparative advantage for HSS in specific areas, including in strengthening sub-national governance in the era of decentralization, and improving data for decision-making.

UNICEF has made limited progress in terms of making changes to structures and systems to support working on HSS, with implications for HSS implementation. Focusing on organizational change to support the transition to HSS is a key priority, including on cross-sector working, guidance and support, staff capacity and systems for monitoring and learning.

The limited focus on communication and dissemination in regard to the UNICEF HSS approach has impacted the organization’s ability to transition to HSS, not least due to the implications for resource mobilization. However, lack of data on the effectiveness of HSS and insufficient clarity on UNICEF’s role are limiting factors in more proactive communication.
4.1 Recommendations

Based on the evaluation’s findings and conclusions, the evaluation team has developed a set of recommendations to help UNICEF accelerate its transition to HSS. These recommendations were discussed with UNICEF during a series of meetings held with the evaluation reference group and Programme Division staff, in New York on 16 January 2019. The feedback generated during this exercise was incorporated into the evaluation report and is reflected in the seven recommendations presented in this section. The recommendations are grouped under four headings: 1) clarifying vision and strategy; 2) support staff to work on HSS; 3) building the evidence base; and 4) making the case. The recommendations are listed in order of priority and build progressively towards enabling UNICEF to achieve two overarching objectives: 1) UNICEF and other partners understand and value UNICEF’s contribution on HSS; and 2) current and future UNICEF programmes maximize HSS potential within the organization’s existing mandate. For each recommendation, a summary box is provided, following by a more detailed unpacking of the recommendation and suggestions for who should take each recommendation forward.

Figure 1 (repeated): Prioritized outcomes within the organizational domain of the theory of change

- **Clarify vision & strategy**
  - 1.1 Clarify vision for UNICEF role in HSS and develop cross-organization strategy to deliver on this vision.

- **Support staff to work on HSS**
  - 2.1 Ensure UNICEF staff have the capacity ‘to do’ HSS.
  - 2.2 Support COs to strengthen their focus on HSS.

- **Build the evidence base**
  - 3.1 Develop and implement a clear strategy for monitoring and evaluation of UNICEF work on HSS.
  - 3.2 Ensure UNICEF is learning from its work on HSS as an input to continuous improvement planning.

- **Make the case**
  - 4.1 Advocate within UNICEF to maximize cross-organization engagement on HSS, and ensure systems in place to strengthen effectiveness on HSS.
  - 4.2 Develop partnerships with external stakeholders to maximise UNICEF’s comparative advantage in HSS.

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59 The evaluation reference group included representatives from the UNICEF Evaluation Office, the Programme Division-Health Section HSS team, the UNICEF Supply Division and the Middle East and North Africa Regional Office.
1. Clarify vision and strategy

RECOMMENDATION 1.1

Clarify the vision for UNICEF’s role in HSS and develop a cross-organization strategy to deliver on this vision. This will provide clear direction to UNICEF staff and partners on what UNICEF intends when it talks about transitioning to HSS. It should include:

- Revisions to the HSS approach;
- The development of a cross-organization strategy to deliver the HSS approach and clarification on what success looks like and how HSS can be incorporated into thematic issues, starting with the five issue-specific areas of existing UNICEF capacity and perceived priority, and
- The development of operational guidance on HSS.

As the foundation of UNICEF work on HSS, the evaluation findings point to the need to strengthen UNICEF’s vision and strategy to achieve HSS, beginning with an updated articulation of UNICEF’s comparative advantage and HSS service offer. This is needed both for internal and external audiences and will be critical to UNICEF’s ability to transition to HSS. The rest of this section describes some key components of this visioning and strategic work in greater detail, with suggestions on who should take this work forward.

Revising the HSS approach: The HSS team should revise the HSSA to further describe the UNICEF comparative advantage, articulate how UNICEF work on health financing and human resources for health will strengthen health systems, and support communication on how UNICEF’s role fits into a larger vision for HSS. This could address the fundamental tension between HSS and implementation/emergency response and provide staff with guidance on how to manage this tension. That guidance should include a more explicit theory of change for how UNICEF expects to contribute to HSS, based on its comparative advantage, and a better hierarchical visual on the relationship between the HSS approach and other Headquarters strategies. This could be based on an articulation of UNICEF’s theory of change, using the WHO Building Blocks for HSS as a framework (i.e., specifying how UNICEF sees its role in relation to each). Any revision should be tailored for an external audience, which will help UNICEF articulate what it is and is not doing on HSS (in line with recommendation 4.2).

Clarifying what success looks like and how HSS can be incorporated into thematic issues: The HSS team and thematic section leads (i.e., for immunization, maternal and child health, HIV, gender, early childhood development, WASH, nutrition, etc.) should articulate what HSS means in their thematic area to highlight where there are gaps and opportunities across the organization. This can include desired results and how to track these, examples of entry points, UNICEF’s role/comparative advantage compared with other stakeholders, and how strategies (e.g., the Nutrition Strategy, the Routine Immunization Roadmap, etc.) are contributing to the HSS roadmap. This could be modelled on work already being done with the Supply Division. As a thought process, this would be relevant to a range of exercises, including revising the HSS approach, developing strategies that operationalize the approach and developing specific guidance for each thematic area.

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60 These include: improving data information systems; procurement and supply chain management; social protection and welfare; engagement and regulation of the private sector; and quality of care at the community and facility levels.
Developing a cross-organization strategy to deliver the HSS approach: The Programme Division should lead the development of a strategy and plan to deliver the HSS approach that clarifies roles and accountabilities across the organization (e.g., the Supply Division, the Programme Division, etc.). This should set out the process, mechanisms and pace at which UNICEF seeks to strengthen its focus on HSS.

Developing operational guidance on HSS: The HSS team, thematic section leads, the Programme Division and regional offices should develop guidance to help country offices understand how to implement HSS in their contexts, including specific issues (e.g., quality of care, social protection), but also covering gender and equity. Guidance directing action on key areas, such as analysing health system deficits, sustainability/transition and capacity skills transfer, would also be useful. Guidance on transition planning should consider the context, including realistic expectations of the extent to which and how quickly sustainability can be achieved and the steps to ensure conditions for sustainability (capacity, finance and motivation) are in place. This should include providing clear examples of where UNICEF has done HSS well, and developing tools to support this work (e.g., political economic analysis, financial assessments, transition planning, revising situation analyses to cover health system deficits, checklists such as the sine qua non tool used by UNICEF Kazakhstan, etc.).

2. Support staff to work on HSS

**RECOMMENDATION 2.1**

Ensure that UNICEF staff have the capacity to do HSS. This includes ensuring that staff have the skills and knowledge to incorporate systems thinking into their day-to-day work by:

- Providing staff with relevant skills and knowledge through training and on-the-job mentoring;
- Ensuring that staff are focused on HSS through recruitment and performance management; and
- Ensuring that all staff have appropriate responsibility and accountability for delivering on HSS objectives.

As the key change agents in the transition to HSS, UNICEF staff need to have the skills and competences to incorporate systems thinking into their day-to-day work. This is essential because HSS is as much about how you do things, as about what you do. The paragraphs below describe the key components of this work, with suggestions on who should take this work forward.

**Providing staff with relevant skills and knowledge through training and on-the-job mentoring:** The HSS team should continue to promote HSS training for all UNICEF staff (not just health staff). This should be seen not just as a professional development tool but also as a programmatic intervention to change the organization’s culture and thinking. The HSS team should continue to offer the Melbourne HSS course or a version of it and continue with planned modifications to maximize the course’s accessibility (e.g., by providing regional-level courses and lower-cost options such as massive open online courses. Regional and country offices should encourage staff to participate in HSS training and ensure that budgets are allocated and workflows are managed to facilitate this. Where there are strong HSS leads or where the chief of health has relevant HSS expertise, country offices should maximize on-the-job mentoring and harness the vital role that these staff leaders with HSS expertise can play in building HSS capacity.
Ensuring that staff are focused on HSS through recruitment and performance management: The HSS team, regional offices, the chief of health and human resources managers should explicitly incorporate HSS into staff recruitment and job profiles:

- UNICEF regional offices should support country offices to incorporate HSS competencies into health, nutrition, WASH, early childhood development and HIV staff profiles when they develop their new staff organograms at the start of a new country programme;

- UNICEF Headquarters and regional offices should provide examples and support country offices to incorporate HSS competencies into annual staff performance assessments.

Ensuring that all staff have appropriate responsibility and accountability for delivering on HSS objectives: Headquarters, regional offices and country offices should consider where HSS capacity should sit within the organization to ensure that systems strengthening is a cross-organization effort and not solely confined to health. This will likely include reflection on the seniority of HSS leads, the accountabilities of these positions (i.e., to whom they report) and where these positions sit in the office. The objective is to ensure that there is sufficient authority and accountability to generate the required organization-wide changes.
Recommendation 2.2

Support country offices to strengthen their focus on HSS. This recommendation builds on recommendations 1.1 and 2.1 and is based on evidence that UNICEF staff have struggled to work on HSS and requested proactive support from Headquarters and regional offices to make this transition. Support could be provided in the following areas:

- Review and revise existing programmes;
- Design new HSS strategies and interventions;
- Incorporate HSS into new CPDs, strategy notes, mid-term reviews and country programme evaluations;
- Support exchange of practical experience among UNICEF staff; and
- Formalize Headquarters and regional office support to country offices.

Once the HSS vision and strategy have been refined, specific guidance has been developed, and relevant skills and capacity have been established at all levels of the organization, regional offices need to provide proactive, systematic support to country offices to help health units and programmes explicitly acknowledge their influence on systems and frame their plans and goals/ways of working in terms of systems impact, as well as health outcomes. This could be done using the five approaches described below.

Review and revise existing programmes:
Regional offices should support country office teams to review existing interventions in the health and other sectors to identify opportunities to increase the focus on systems strengthening and move away from system support. These reviews can draw on guidance/tools developed under recommendation 1. For example, UNICEF should review investments in capacity building to better integrate sustainability considerations and measure effective skills transfer. There is also potential to use the Chee cube (or a derivative of it) to map interventions on a continuum of support vs. strengthening and develop a strategy for explicitly moving towards more systems-focused work.

Design new HSS strategies and interventions:
Headquarters and regional offices should support country offices to design funding proposals/programmes that are explicitly about HSS, but that also incorporate HSS thinking into thematic programmes. In addition, building on tools developed under recommendation 1 (e.g., checklists for how to incorporate HSS into programme design), new programmes should be more explicit about assessing health system deficits, addressing policy and organizational barriers, ensuring the transition from UNICEF to government, and ensuring that the conditions required for sustainability are in place.

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Chee, G. et al., ‘Why Differentiating between Health System Support and Health System Strengthening is Needed’.
Incorporate HSS into new CPDs, strategy notes, mid-term reviews and country programme evaluations: Regional offices should proactively identify the timing of key country office processes (CPDs, mid-term reviews, strategic moments of reflection, retreats, evaluations, etc.) and offer support to ensure that relevant information and thinking on HSS is available at the right time. The HSS team should review how HSS is being incorporated into emerging CPDs and provide further guidance, as there is evidence that different approaches are being used in different places (i.e., mainstreaming vs. separating out HSS).

Support exchange of practical experience among UNICEF staff: Regional offices should create space for country offices to share and learn lessons about experiences transitioning to HSS. This could be done through regional offices, by facilitating regional-level communities of practice on HSS and fostering exchange among HSS training graduates to support the application of the HSS approach at the regional and country levels, potentially drawing on emerging work in South Asia.

Formalize Headquarters and regional office support to country offices. The Programme Division and the health section should look at the feasibility and practicality of establishing compacts between Headquarters and regional and country offices to formalize support, divisions of labour and agreed contributions on strengthening HSS at all levels. This will help create buy-in and operational space and foster accountability. This might take the form of a joint Headquarters-regional office-country office initiative in which select country offices are supported to implement the HSS operational guidance (see recommendation 1.1). Depending on the country office programme cycle, resources would be made available to, for example, conduct political economic analysis to prepare for country programme development, prepare transition plans and support monitoring, evaluation, documentation and learning.

3. Build the evidence base

RECOMMENDATION 3.1

Develop and implement a clear strategy for monitoring and evaluating UNICEF’s HSS work. To strengthen and institutionalize HSS monitoring, the HSS team, working with relevant parts of the organization, needs to ensure that data and evidence are available to track performance on HSS, including by:

• Developing a strategy to ensure that the organization’s data and analysis needs are met; and

• Strengthening the availability of evidence on the effectiveness and efficiency of UNICEF HSS interventions.

UNICEF’s ability to track its work on HSS and demonstrate effectiveness is essential. This recommendation seeks to establish a solid base from which UNICEF staff will be able to confidently communicate to stakeholders within the organization on the added value of an HSS approach and UNICEF’s role. This may not be straightforward – as evidenced by ongoing global discussions about how best to measure HSS – so the initial focus could be placed on monitoring UNICEF interventions using internal (rather than global) measures.62 Taking this forward should include:

Developing a strategy to ensure that the organization’s data and analysis needs are met: This could be part of the revision of the

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62 It would be preferable to align internal and global measures on HSS, though it will be important to ensure that this does not undermine internal progress on operational measures of progress.
HSS approach (see recommendation 1.1), provided that there is space for sufficient detail on how HSS will be monitored and evaluated.

- Review the requirements and purposes of monitoring and evaluation systems, for example, to capture the needs of GAVI Alliance HSS monitoring, understand the relative effectiveness of HSS interventions and systematically describe what UNICEF is doing on HSS. As part of this work, it will be important to define and monitor the relevant indicators of progress and success on HSS.

- Learn lessons from previous UNICEF efforts, including: the Supply Division’s work to examine progress in terms of the maturity of health systems; and country and regional office experience with tracking HSS performance.

- Collect relevant quantitative and qualitative data and clarify responsibilities and timing of data collection and analysis processes.

**Strengthening the availability of evidence on the effectiveness and efficiency of UNICEF HSS interventions:**

- Support country offices to develop HSS objectives and targets, and measure progress towards these.

- Develop a robust HSS indicator list and incorporate into UNICEF’s RAM indicator lists.

- Strengthen mechanisms for tagging activities/interventions as HSS to improve the accuracy of reporting.

- Support country offices to incorporate HSS into the scope of planned evaluations.

- Complement evidence on effectiveness with data on UNICEF expenditure on HSS interventions, including to demonstrate the HSS effects of GAVI Alliance and Global Fund HSS funds, and the impact of UNICEF’s work to support policy development at the country level.

**RECOMMENDATION 3.2**

Ensure that UNICEF is learning from its HSS work to support the continuous improvement of planning and to contribute to an evidence base as a global public good. UNICEF needs to develop and implement strategies to ensure that it is reflecting on and learning from its HSS work to improve its HSS programming. There are two key aspects of this learning agenda:

- Encouraging replication and adaptation within UNICEF; and

- Informing policy development and the wider HSS community.

It is important that UNICEF has systems in place for a) documenting how it has sought to strengthen health systems; and b) learning from these experiences, both for internal and external stakeholders. This includes two components that relate to adaptive management and capturing UNICEF lessons for use by country- and global-level stakeholders:

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63 This is not to overlook the potential contribution that is made through UNICEF’s implementation research in this area. However, since the evaluation did not cover this in any detail, the evaluation team is unable to comment on how far implementation research goes in addressing this recommendation.

Encouraging replication and adaptation within UNICEF: The emphasis here is on ensuring adaptive management or continuous improvement planning to enable course correction, based on lessons learned and in response to changes in context. This is particularly relevant where UNICEF is a key country-level partner supporting the effective use of substantial HSS funding by the GAVI Alliance and the Global Fund. Building on the documentation of UNICEF interventions described in recommendation 3.1, at all levels, UNICEF needs to create or make use of existing systematic processes and spaces to ensure review and decision-making based on evidence of what works and changes in context.

Informing policy development and the wider HSS community: As described, a key aspect of UNICEF’s comparative advantage is its ability to bring capacity and insights from all levels of the health system to policy- and evidence-based dialogue in other forums. At all levels, UNICEF needs to package and communicate findings from its work on HSS that can benefit and help external stakeholders improve their work on HSS. This could be done, for example, by convening national/regional forums to highlight evidence on relevant HSS approaches – as has been done in Kazakhstan – or publishing papers on UNICEF’s work on HSS.

The preceding recommendations should facilitate UNICEF’s ability to deliver on recommendation 3.2. For example, UNICEF needs to incentivize staff to generate and disseminate HSS knowledge products, which can be done by adding these functions to job descriptions and annual performance assessment frameworks (as per recommendation 2.1); documenting how HSS is being implemented to promote operational learning both within and outside of UNICEF (as per recommendation 3.1); and developing mechanisms to share lessons, such as regional-level communities of practice (as per recommendation 3.1).

4. Make the case

RECOMMENDATION 4.1

Advocate across UNICEF for an organization-wide change management process to increase the organization’s engagement on HSS and ensure that systems are in place to strengthen the effectiveness of HSS. While there may appear to be overlap with recommendations above, the emphasis here is on internal advocacy to ensure that recommendations 1 through 3 are taken forward. This should include cross-organization communication to encourage staff to participate in HSS training (recommendation 2.1); pressing for changes to systems to ensuring monitoring and evaluation of HSS (recommendations 3.1 and 3.2); and encouraging staff to communicate with external partners (recommendation 4.2). Additional objectives include:

• Ensure adequate staff resources at all levels to work on HSS; and
• Establish systems to better articulate goals for HSS interventions and support cross-sector engagement.

To take forward the recommendations under groupings 1–3, UNICEF needs to proactively and systematically make the case for HSS across the organization. Acknowledging the work that was done to disseminate the HSS approach in 2017 and 2018, it is clear that some staff within UNICEF remain unconvinced that HSS is a relevant strategy for achieving UNICEF’s core mandate. At the same time, required changes to organizational systems and structures that would facilitate a stronger, more systematic focus on HSS have not yet been made.
been made. Securing these changes will require leadership and internal advocacy with the relevant parts of UNICEF.

The evaluation therefore recommends that the HSS team and the Programme Division jointly develop and implement a clear, agreed communications strategy to advocate for an organization-wide change management process to increase UNICEF engagement on HSS. As with monitoring and evaluation (recommendation 3.1), this could be part of the revisions to the HSS approach (recommendation 1), provided that there is sufficient space to articulate objectives, messages differentiated for explicit target audiences, responsibilities and timeframes. It is also important that this dissemination process considers UNICEF’s decentralized structure and avoids an overly top-down approach, which may limit uptake by country offices.

Objectives for this strategy should include cross-organization communication to encourage staff to participate in HSS training (recommendation 2.1), press for changes to systems to ensure monitoring and evaluation of HSS (recommendations 3.1 and 3.2), and encourage staff to communicate with external partners and make them aware of the resources needed (recommendation 4.2). Additional objectives should include:

- **Ensure adequate staff resources at all levels to work on HSS:** The HSS team should work with relevant internal stakeholders to advocate for increased allocation of financial and human resources for HSS. Consider establishing at least one dedicated HSS post at all regional offices, or having Headquarters and regional offices make resource pools available to country offices on specific themes or topics related to HSS.

- **Establish systems to better articulate goals for HSS interventions and support cross-sector engagement:** The Programme Division should review and revise requirements for establishing programme-level interventions (i.e., to insist on articulation of HSS goals, explicit theories of change and integration into strategy notes). This
LESSONS LEARNED AND RECOMMENDATIONS

should include learning from experience to increase internal coordination and cross-sectoral engagement and reduce outstanding challenges and barriers.

**RECOMMENDATION 4.2**

*Develop partnerships with external stakeholders to maximize UNICEF’s comparative advantage in HSS.* There is a significant imperative for UNICEF staff to work with external partners to:

- Promote understanding of UNICEF’s mandate and its contributions and added value as an HSS partner;
- Leverage UNICEF’s comparative advantage to maximize the effectiveness of HSS investments; and
- Raise resources to ensure that UNICEF’s status as an effective implementation partner is adequately funded.

Evidence from this evaluation indicates that UNICEF is not perceived by donors and governments as a go-to partner on HSS. It is important to recognize that UNICEF is attempting to enter a thriving marketplace with many HSS providers, with two key implications: 1) UNICEF needs to be clear about and demonstrate its comparative advantage (*see section 3.1*); 2) this comparative advantage is a niche role within what’s required to sustainably strengthen national health systems; and 3) HSS objectives will only be achieved through partnership. There is therefore a significant imperative for UNICEF staff to work with external partners in the following areas.

*Promote understanding of UNICEF’s mandate and its contributions and added value as an HSS partner:* Building on the vision and strategy set out in recommendation 1.1, which includes the development of a clearer theory of change to contextualize UNICEF’s contribution alongside the contributions of other partners, UNICEF country offices should articulate country-level partnership strategies that clarify and communicate UNICEF’s contribution and added value on HSS. These should be developed in consultation with partners at the country level, and with support from regional offices and Headquarters (e.g., through explicit guidance and tools developed under recommendation 1.1). It may be more appropriate for partnership dynamics to be articulated at the thematic or intervention levels and based on stakeholder analysis as part of the design/review of interventions. The aim is to recognize that UNICEF work on HSS is contributing to a wider effort and its effectiveness is as much contingent on work done by others as on its own efforts.

*Leverage UNICEF’s comparative advantage to maximize the effectiveness of HSS investments:* Recognizing that external partners (such as the GAVI Alliance, the Global Fund and the Bill and Melinda Gates Foundation) have invested substantial funds in HSS, UNICEF should work with these organizations to ensure that its activities complement and maximize the effectiveness of partner investments. UNICEF should work with development partners to develop plans and funding modalities that articulate long-term visions and goals, and then make clear how short-term interventions contribute to these broader goals. Defining interventions in a longer-term context will help to manage expectations about what is achievable in the short-term and facilitate phased investment over multiple biennial cycles.

*Raise resources to ensure that UNICEF’s status as an effective implementation partner is adequately funded:* To support the actions identified in these recommendations, UNICEF should invest in mobilizing resources that will allow it to engage across partners.
## ANNEX

### List of people interviewed

#### Global Level

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<tr>
<th>NAME</th>
<th>TITLE</th>
<th>ORGANISATION</th>
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<tbody>
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<td>Benjamin Schreiber</td>
<td>Immunization Specialist</td>
<td>UNICEF HQ</td>
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<tr>
<td>Katja Schemoniek</td>
<td>Senior Specialist Health Systems and Immunisation Strengthening</td>
<td>GAVI</td>
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<td>Viviana Mangiaterra</td>
<td>Head of HSS Department</td>
<td>GFATM</td>
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<tr>
<td>Ken Leggins</td>
<td>Chief of Supply Chain Strengthening</td>
<td>UNICEF, Copenhagen</td>
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<tr>
<td>Claudia Vivas</td>
<td>Health Specialist, HSS team</td>
<td>UNICEF HQ</td>
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<td>Senior Programme Manager, Health Section</td>
<td>UNICEF HQ</td>
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<tr>
<td>Benjamin Schreiber</td>
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<td>UNICEF HQ</td>
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<tr>
<td>Chris Hirabayashi</td>
<td>Regional Health Adviser</td>
<td>UNICEF EAPRO</td>
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<tr>
<td>David Hipgrave</td>
<td>Team Leader, HSS team</td>
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<tr>
<td>Gabriele Fontana</td>
<td>Regional Health Adviser</td>
<td>UNICEF ESARO</td>
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<tr>
<td>Luwei Pearson</td>
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<td>Lucio Naccarella</td>
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<tr>
<td>Paul Rutter</td>
<td>Regional Health Adviser</td>
<td>UNICEF RoSA</td>
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#### Country Level

The below includes participants who took part in key informant interviews during country visits by the core evaluation team in year two of the evaluation. Stakeholders who were interviewed and consulted for the thematic case studies are included in the respective case study reports.

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#### ETHIOPIA

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**KAZAKSTAN**

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REFERENCES


UNICEF. 2010. Gender Equality Marker Tracking of Resource Allocations and Expenditure for Gender Equality Results.


UNICEF. 2016. EQUIST flyer.


