

EVALUATION
REPORT

UNICEF'S IMMUNIZATION PLUS ORGANIZATIONAL PRIORITY

An Evaluation of the Policy and Enabling Environments

EVALUATION OFFICE
SEPTEMBER 2004

For every child
Health, Education, Equality, Protection
ADVANCE HUMANITY

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ORGANIZATIONAL PRIORITY**

An Evaluation of the Policy and Enabling Environments

UNICEF's Immunization Plus Organizational Priority — An evaluation of the Policy and Enabling Environments

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The evaluation report was prepared by an external evaluator supported by UNICEF. The purpose is to assess the situation, facilitate the exchange of knowledge and perspectives among UNICEF staff and to propose measures to address the concerns raised. The contents of this report do not necessarily reflect the policies or the views of UNICEF.

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FOREWORD

This evaluation aims to assess the policy environment and the enabling environment of the implementation of the UNICEF Immunization Plus Organizational Priority. The assessment looks at the extent to which the mandate for the Immunization Plus priority has been translated into clear guidelines for the organization. It also examines how successful UNICEF has been in the actual implementation of the policy. It reviews critical strategies that must be independently strong and must also function as a connected network. These strategies collectively create the enabling environment within which country level activities should reach maximum benefits.

The evaluation was conducted by Matthew Hodge, Consultant, under the supervision of Samuel Bickel, Senior Advisor, Evaluation Office. Rema Venu assisted in proof-reading and formatting the final document.

I hope that you find this report useful.

Jean Serge Quesnel
Director
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ACRONYMS

ADC	Accelerated Disease Control, an intensified effort to eradicate a disease compared to the pace predicted by epidemiological and health system developmental factors.
CEE/CIS	UNICEF region of Central and Eastern Europe, Commonwealth of Independent States and the Baltics
DHR	UNICEF's Division of Human Resources
DPP	UNICEF's Division of Policy and Planning
EB	Executive Board
EMOPS	UNICEF's Division of Emergency Operations
EPI:	Expanded Programme of Immunization
FIC:	Fully Immunized Child
GAVI:	Global Alliance for Vaccines and Immunization
GMT:	UNICEF's highest internal management body, the Global management Team
HQ	Headquarters
HR	Human resources
I+	Immunization Plus
IFI	International Financial Institutions
MDGs	Millennium Development Goals
MNT	Maternal and Neo-natal Tetanus
MTSP	UNICEF's Medium-Term Strategic Plan
NA	Not Applicable
NID	National Immunization Days
NY	New York
OED	UNICEF's Office of the Executive Director
OR	Other resources, i.e. funds contributed for a specific programming objective
P ² D	A human resource initiative titled Personal and Professional Development
PD	Programme Division
PDMT	Programme Division Management Team
PER	Performance Evaluation Review, the annual individual staff assessment process.
PFO	Programme Funding Office
PRO	A corporate directive in the Programming area
PRSP	Poverty Reduction Strategy Paper
RED	Reaching Every District, an immunization strategy
RO	Regional Office
RR	Regular resources, i.e. funds without restrictions on their use.
SSA	Special Services Agreement, a short term contract, normally for a consultancy.
UCI	Universal childhood immunization
UNCT	United Nations Country Team
UNICEF	United Nations Children's Fund
WCAR	UNICEF region of West and Central Africa
WFFC	World Fit For Children, a global consensus, adopted in May 2002 during the Special Session of the UN General Assembly
WHO	World Health Organization

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EXECUTIVE SUMMARY

1. Objectives of the evaluation.

- (1) To identify which particular parts of the UNICEF I+ effort are working well or need adjustment.
- (2) To provide information to I+ decision takers about potential policy changes that can be identified for the targets and/or strategies for the periods 2004-2005 and 2006-2009.

2. Limitations

For reasons related to the newness of the methodology, the evaluation objectives are targeted at the global and partially at regional levels of UNICEF. Field office level data and conclusions are not present, and the evaluation refers only indirectly to the field level.

3. Strategic Approach: Risk Assessment

An evaluation using risk assessment involves working with the client or subject of the evaluation to identify what the key potential risks are to achieving their objectives, and then analyzes how well these risks have been reduced. Risks are rated in three ways:

- Low: The maximum possible safeguards and best practices are in place.
- Medium: Some of the best practices are in place; others are missing or being developed.
- High: All or most of the safeguards and best practices are absent or under-developed.

Careful interpretation is required: serious problems may occur despite a Low rating; there may not be problems despite a High rating. What is being measured is the likelihood that UNICEF will experience problems given how well it's policies and support systems are functioning.

1. Topics Examined

The conditions being assessed are clustered under two large themes: the policy environment (consistency, sustainability, coherence with the MTSP, partnerships, and policy review) and the enabling environment (Programme guidance, resource mobilization, human resources, and learning systems). See Table 1, Section D of the Evaluation Report for details.

2. Methodology.

An independent external evaluator was employed, under direction from the Evaluation Office. Document reviews and interviews provided the main inputs. The variables to be assessed and the risk definitions were a joint exercise involving the I+ team and others. They build upon existing Programme guidance. The ratings and most of the analysis in the report are from the external evaluator, with final adjustments by the Evaluation Office.

The methodology has strengths and limitations, as noted in section 2 of the evaluation report. Note: the findings are valid as of June 2004 and do not reflect changes since then.

3. Findings.

Within the 25 specific ratings given:

- Only 8% (2 ratings) show the lowest risk level, meaning maximum best practices and safeguards are in place.
- 64% (16 ratings) have a medium risk rating.
- 28% (7 ratings) show the highest risk rating.

The major comments about the findings are:

1. The risk pattern is equally strong and weak for both the policy and enabling environments.
2. There are numerous strengths that are clear resources to build on.
3. I+ is perceived as essentially a continuation of activities pre-dating the MTSP, with a focus mainly on single-vaccine preventable diseases via Accelerated Disease Campaigns (ADCs).
4. Building health systems for the sustainable delivery of routine vaccination services is receiving much less attention than the ADCs. Weakly resourced national settings cannot easily support both.
5. Other parts of UNICEF that would have been expected to adjust their actions in order to link with or reflect the I+ priority are rarely doing so, and then mildly.
6. The immunization and 'plus' elements remain largely separate. Vitamin A is the notable exception.
7. The I+ leadership group appears to be predominantly responding to crises rather than leading ongoing evidence-driven reviews of policy. Crises are effectively responded to but consume time needed to achieve MTSP goals.
8. External donor finance is a major risk. There are very few donors and they are pushing efforts much more toward ADC activities than toward strengthening routine immunization services.
9. UNICEF's HR approach has not changed in ways that explicitly respond to and support the MTSP directions.
10. Certain risks are external to UNICEF and can only be mitigated through patient advocacy; others are wholly internal and can be changed much more rapidly.
11. The MTSP has centralizing and prioritizing tendencies. These tend to run counter to UNICEF's decentralized and grass-roots programming structure. The necessary redesign of the staffing profile and of many other enterprise processes indicated by this centralizing thrust is unfinished — and in many cases not started.

4. Priority Recommendations (Short and Long-term)

1. Clarify accountabilities of regional Immunization and related advisors.
2. Assess organizational learning efforts in I+. Establish PER accountabilities for generating and using information gathered from Programme efforts.
3. Consider an additional round of this evaluation, with a focus on the regional level, and potentially some CO level case studies.
4. Examine the linkage concept behind I+ for the next MTSP. Also assess for each country the feasibility of implementing 'Plus' activities beyond vitamin A.
5. As campaign style ADCs decline, start fresh thinking on strengthening routine immunization.
6. Evaluate the current PD and RO structures to see if they maximize coherent inter-sectional approaches to the MTSP.

RESUME ANALYTIQUE

1. Objectifs de l'évaluation :

- (3) identifier quelles sont les parties de l'effort d'« immunisation élargie » de l'UNICEF qui fonctionnent bien et quelles sont celles qui mériteraient un réajustement.
- (4) fournir des informations aux décideurs d'« immunisation élargie » sur les éventuels changements de politiques qui peuvent être identifiés pour les cibles ou stratégies des périodes de 2004-2005 et 2006-2009.

2. Limitations :

Pour des raisons qui ont trait à la nouveauté de la méthodologie, les objectifs de l'évaluation sont fixés au niveau mondial, et en partie au niveau régional de l'UNICEF. Les données et conclusions au niveau des bureaux sur le terrain ne sont pas présentes, et l'évaluation ne se réfère qu'indirectement au niveau du terrain.

3. Approche stratégique - analyse de risque :

Une évaluation ayant recours à une analyse de risque fera travailler avec le client ou le sujet de l'évaluation pour identifier quels sont les risques potentiels attachés à la réalisation des objectifs. Ensuite, elle analyse à quel point ces risques ont été réduits. Il y a un classement des risques en trois catégories :

- Faibles : les meilleurs garde-fous et pratiques possibles sont en place.
- Moyens : certaines des pratiques optimales sont en place, d'autres ne le sont pas ou sont en passe d'être élaborées.
- Elevés : tous les garde-fous et pratiques optimales ou la plupart sont absents ou peu développés.

Il faut apporter beaucoup de soin à l'interprétation : de sérieux problèmes peuvent surgir même si les risques ont été classés dans la catégorie « Faibles » ; d'un autre côté, il se peut qu'il n'y ait aucun problème en dépit de risques « Elevés ». Ce que l'on mesure ici est la probabilité selon laquelle l'UNICEF pourrait avoir des problèmes, compte tenu du fonctionnement de ses politiques et de ses systèmes de soutien.

4. Sujets examinés :

Les conditions étudiées sont groupées en deux grands thèmes : l'environnement politique (permanence, durabilité, cohérence avec le Plan stratégique à moyen terme, partenariats et examen des politiques), et l'environnement porteur (consignes de programmation, mobilisation des ressources, ressources humaines et systèmes d'apprentissage). Voir tableau 1, section D du rapport d'évaluation pour tous détails supplémentaires).

5. Méthodologie :

On a engagé un évaluateur extérieur indépendant, sous la direction du Bureau des évaluations. Les études de documents et entretiens ont constitué l'apport principal. Les variables que l'on doit évaluer et la définition des risques ont été un exercice conjoint mettant en jeu l'équipe d'« immunisation élargie » et d'autres. Elles se fondent sur les consignes de programmation existantes. La classification des risques et la plus grande partie de l'analyse contenue dans le rapport sont le fait de l'évaluateur extérieur, avec des réajustements effectués ultérieurement par le Bureau des évaluations.

La méthodologie a ses forces et ses limitations, ainsi qu'il est noté dans la section 2 du rapport d'évaluation. N.B. : les constatations sont valables à la date de juin 2004, et ne reflètent pas les changements intervenus depuis lors.

6. Constatations :

Sur les 25 classifications particulières qui ont été attribuées :

- 8% seulement (soit deux d'entre elles) montrent le niveau de risque le plus bas possible, c'est-à-dire que les meilleures pratiques et garde-fous sont en place.
- 64% (16 cas) sont classés à un niveau de risque moyen.
- 28% (7 cas) sont au niveau le plus élevé.

Les commentaires principaux sur les constatations effectuées sont les suivants :

1. Le schéma de risque a le même degré de force et de faiblesse pour les environnements politiques et porteurs.
2. Il existe de nombreux points forts qui représentent clairement des ressources sur lesquelles on peut s'appuyer.
3. « Immunisation élargie » est perçue comme étant essentiellement une continuation d'activités antérieures au Plan stratégique à moyen terme, avec l'accent mis principalement sur les maladies évitables à vaccin unique au moyen de campagnes accélérées contre les maladies (CAM).
4. Elaborer des systèmes de santé destinés à la prestation durable de services de vaccination de routine reçoit bien moins d'attention que les CAMs. Des configurations nationales sans grandes ressources ne peuvent pas soutenir aisément les deux.
5. D'autres secteurs de l'UNICEF dont on eût attendu qu'ils procèdent à un réajustement de leur action de manière à s'associer à la priorité « immunisation élargie » ou la refléter le font rarement ou à peine.
6. Les éléments « immunisation » et « élargie » demeurent largement séparés. La vitamine A en est l'exception notable.
7. Le groupe chef de file d' « immunisation élargie » semble principalement réagir aux crises plutôt que de piloter des initiatives d'examen des politiques fondées sur des preuves. On réagit aux crises avec efficacité, mais cela utilise le temps requis pour atteindre les objectifs du Plan stratégique à moyen terme.
8. Les finances des donateurs extérieurs représentent un risque majeur. Il y a très peu de donateurs, et ils orientent leurs efforts bien plus sur les activités des CAMs que sur le renforcement des services de vaccination de routine.
9. L'approche du département des ressources humaines de l'UNICEF n'a pas changé de façon à réagir explicitement aux directives du Plan stratégique à moyen terme et à les soutenir.
10. Certains risques sont externes à l'UNICEF et ne peuvent être atténués que par un plaidoyer patient ; d'autres sont entièrement internes et peuvent être changés beaucoup plus rapidement.
11. Le Plan stratégique à moyen terme a tendance à être centralisateur et à établir des ordres de priorité, ce qui tend à s'opposer à la structure de l'UNICEF, décentralisée et présente au niveau de la communauté. La reconceptualisation nécessaire des principes de recrutement du personnel et de bien d'autres processus institutionnels révélée par cette poussée centralisatrice n'est pas achevée, et dans bien des cas elle n'a pas encore commencé.

7. Recommandations prioritaires (à court et à long terme) :

1. Clarifier les responsabilités de l'immunisation au niveau régional et des conseillers affiliés.
2. Evaluer les efforts organisationnels d'apprentissage dans « immunisation élargie ». Etablir les responsabilités des rapports d'évaluation des performances dans la production et l'utilisation des informations provenant de l'effort de programmation.

3. Envisager un deuxième tour de cette évaluation, en mettant l'accent sur le niveau régional, et potentiellement certaines études de cas au niveau du bureau national.
4. Examiner le concept de liaison sous-jacent à « immunisation élargie » pour le prochain Plan stratégique à moyen terme. Evaluer aussi, pour chaque pays, la faisabilité de la mise en œuvre d'activités « élargies », au-delà de la distribution de vitamines A.
5. Au fur et à mesure que déclinent les CAMs, entamer une nouvelle réflexion sur le renforcement des programmes de vaccination de routine.
6. Evaluer les structures actuelles de la Division des programmes et des Bureaux régionaux pour voir si elles optimisent la cohérence des approches inter-sections dans le cadre du Plan stratégique à moyen terme.

RESUMEN EJECUTIVO

1. Objetivos de la evaluación.

- (5) Identificar qué partes concretas de las actividades relativas al programa *Inmunización y más* del UNICEF están funcionando bien o necesitan ajustes.
- (6) Ofrecer información a los encargados de la adopción de decisiones de *Inmunización y más* sobre posibles cambios de las políticas que puedan señalarse en relación con los objetivos y/o las estrategias para los períodos 2004-2005 y 2006-2009.

2. Limitaciones.

Por razones relacionadas con lo novedoso de la metodología, los objetivos de la evaluación están orientados al nivel mundial y, parcialmente, a los niveles regionales del UNICEF. No figuran datos y conclusiones a nivel de las oficinas sobre el terreno, y la evaluación se refiere al terreno sólo indirectamente.

3. Enfoque estratégico: Evaluación del riesgo.

Una evaluación que utilice un estudio del riesgo implica trabajar con el cliente o con el *evaluando* para determinar cuáles son los riesgos potenciales a los que se enfrenta el logro de sus objetivos, y luego analiza cuán satisfactoriamente se han reducido esos riesgos. Los riesgos se clasifican en tres categorías:

- Reducido: Se han instaurado las máximas garantías posibles y se utilizan prácticas óptimas.
- Medio: Se utilizan algunas de las prácticas óptimas; otras no existen o se están desarrollando.
- Elevado: Todas o la mayoría de las prácticas óptimas brillan por su ausencia o se encuentran en un estadio insuficiente de desarrollo.

Es necesaria una interpretación cuidadosa: A pesar de haberse calificado el riesgo de reducido, pueden sobrevenir problemas graves; a su vez, puede que no se presente problema alguno a pesar de que el riesgo haya sido considerado elevado. Lo que se mide es la probabilidad de que el UNICEF experimente problemas teniendo en cuenta lo bien que sus políticas y sistemas de apoyo están funcionando.

4. Temas examinados.

Las condiciones que se evalúan están agrupadas en torno a dos grandes temas: el marco de políticas (coherencia, sostenibilidad, congruencia con el Plan Estratégico de Mediano Plazo, alianzas y revisiones de las políticas) y el entorno propicio (orientación de los programas, movilización de recursos, recursos humanos y sistemas de aprendizaje). Véase la sección D del cuadro 1 del Informe de Evaluación si se desean más detalles.

5. Metodología.

Se contrató a un evaluador externo independiente, que trabajó bajo la dirección de la Oficina de Evaluación. Los exámenes de la documentación y las entrevistas constituyeron el grueso del material empleado. Las variables que debían evaluarse y las definiciones de riesgo fueron un ejercicio conjunto en el que participaron el equipo de *Inmunización y más* y otras personas. Se basan en las actuales directrices en materia de programas. Las calificaciones y la mayoría de

los análisis del informe proceden del evaluador externo, si bien la Oficina de Evaluación realizó ajustes finales.

La metodología tiene potencial, pero también limitaciones, tal como se observa en la sección 2 del informe de evaluación.

Nota: las conclusiones son válidas a fecha de junio de 2004, y no reflejan los cambios acaecidos desde entonces.

6. Conclusiones.

De las 25 calificaciones específicas otorgadas:

- Sólo el 8% (2 calificaciones) arrojan el menor nivel de riesgo, lo que indica que se han empleado prácticas óptimas y se han establecido garantías.
- El 64% (16 calificaciones) tienen un nivel de riesgo medio.
- El 28% (7 calificaciones) muestran el mayor nivel de riesgo.

Las principales observaciones sobre las conclusiones son:

1. El patrón de riesgo muestra los mismos puntos fuertes y débiles tanto en lo relativo al marco de políticas como en lo que se refiere al entorno propicio.
2. Existen numerosas potencialidades que constituyen recursos claros en los que basarse.
3. La campaña *Inmunización y más* es percibida esencialmente como una continuación de las actividades anteriores al Plan Estratégico de Mediano Plazo, con una atención prioritaria a las enfermedades prevenibles mediante vacuna única a través de las campañas contra las enfermedades de rápida propagación.
4. La creación de sistemas sanitarios para la entrega sostenible de servicios periódicos de inmunización está recibiendo mucha menos atención que las campañas contra las enfermedades de rápida propagación. En unos entornos nacionales debilitados desde el punto de vista de los recursos no es fácil prestar apoyo a ambas cosas.
5. Otros sectores del UNICEF, que se esperaba que ajustasen sus medidas a fin de vincularlas a la prioridad que constituye *Inmunización y más* o, al menos, a hacerse eco de ella, rara vez lo están haciendo y, si lo hacen, es de forma tibia.
6. Los elementos de *Inmunización y más* siguen siendo en gran medida independientes. La vitamina A es una excepción notable.
7. El grupo directivo de *Inmunización y más* parece estar, en la mayor parte de los casos, respondiendo a las crisis en vez de estar dirigiendo exámenes continuos de las políticas basados en pruebas. Se está dando una respuesta efectiva a las crisis, pero ello consume tiempo que se necesita para lograr los objetivos del Plan Estratégico de Mediano Plazo.
8. La financiación mediante donantes externos es un riesgo importante. Existen muy pocos donantes y están promoviendo actividades mucho más encaminadas hacia las iniciativas relacionadas con las campañas contra las enfermedades de rápida propagación que en aras del refuerzo de los servicios de inmunización periódicos.
9. El enfoque del UNICEF en materia de derechos humanos no ha cambiado de una forma que responda explícitamente a las tendencias del Plan Estratégico de Mediano Plazo y les dé apoyo.
10. Algunos riesgos son externos al UNICEF y sólo pueden mitigarse mediante una paciente promoción; otros son totalmente internos y pueden modificarse mucho más rápidamente.
11. El Plan Estratégico de Mediano Plazo tiene tendencias centralizadoras y es propicio a establecer prioridades. Estas tendencias suelen chocar con la estructura de programación del UNICEF, que es descentralizada y se apoya en la comunidad. La necesaria

reestructuración del perfil de plantilla y de muchos otros procesos empresariales en que se traduce esta fuerte tendencia centralizadora sigue dándose y, en muchos casos, todavía no ha dado comienzo.

7. Recomendaciones prioritarias (a corto y largo plazo)

1. Aclarar las responsabilidades que atañen a los asesores en materia de inmunización regional y otros asesores conexos.
2. Evaluar las actividades de aprendizaje de la organización en materia de *Inmunización y más*. Establecer responsabilidades sobre personal y administración general para generar y utilizar información recopilada en las actividades realizadas en virtud de los programas.
3. Estudiar la posibilidad de realizar una ronda adicional de esta evaluación, prestando especial atención al nivel regional y, potencialmente, a algunos estudios de caso a nivel de las Oficinas Nacionales.
4. Examinar el concepto de vinculación que subyace tras *Inmunización y más* en lo relativo al próximo Plan Estratégico de Mediano Plazo. Evaluar también, en relación con cada país, la viabilidad de aplicar actividades en virtud de la iniciativa mejorada (=y *más*), aparte de las relativas a la vitamina A.
5. A medida que vayan decayendo las campañas relativas a las enfermedades de rápida propagación, empezar a desarrollar nuevas ideas sobre cómo reforzar la inmunización periódica.
6. Evaluar las actuales estructuras relativas a la División de Planificación y las Oficinas Regionales para comprobar si sacan el máximo partido de los enfoques inter-Sección del Plan Estratégico de Mediano Plazo.

1. EVALUATION REPORT

1.1. Introduction

Immunization Plus (I+) is one of the five organizational priorities within UNICEF's 2002-2005 Medium Term Strategic Plan. 'Plus' refers to complementary interventions that can be technically and operationally integrated with immunization services. The principal Plus element to date is Vitamin A capsule distribution. UNICEF invests about \$257 million per year in I+ (23% of UNICEF's program budget during 2002-2003)¹ and is one of the key global actors.

The I+ MTSP targets are designed for consistency with Millennium Development Goals (MDGs) adopted in 2001, and with the World Fit For Children goals adopted at the May, 2002 declaration of the United Nations General Assembly Special Session on Children. They are UNICEF's global commitments for this time period, upon which all other partners should be able to depend.

The Evaluation Office of UNICEF Headquarters is charged with conducting evaluations of corporate significance, including in core programming areas. An evaluation schedule linked to the MTSP was contained within the June 2002 UNICEF Executive Board approved document "Report on the Evaluation Function in the Context of the Medium Term Strategic Plan" (E/ICEF/2002/10). This evaluation is in partial fulfilment of that Board commitment.

1.2. Evaluation Objectives

1.2.1. Objectives

1. To identify which particular parts of the UNICEF I+ effort are working well or need adjustment.
2. To provide information to I+ decision takers about potential policy changes that can be identified, in order that they may adjust the targets and/or strategies for the periods 2004-2005 and 2006-2009.

For reasons related to the newness of the methodology, the evaluation objectives are targeted at the global and (partially) regional levels of UNICEF. Field office level data and conclusions are not present, and the evaluation refers only indirectly to the field level.

1.2.2. Rationale

Prior to now, only HIV-AIDS has been evaluated from the perspective of how well the organization is putting into place the policy guidance and organizational infrastructure to meet the commitments. Thus, for I+ it is not known with any accuracy whether the resources and policy-making procedures are identified, in place, or functioning. Without this information, it is hard for UNICEF's leadership and external partners to have confidence that the I + Programme cannot meet its objectives or adapt to meet new ones, nor is there full information on which gaps need to be remedied.

A note about other objectives that were not selected:

¹ Analysis of the use of regular and other resources by country and by aggregate for each priority area of the UNICEF medium-term strategic plan during 2002 and 2003. Executive Board Second Regular Session 2004. E/ICEF/2004/16 dated 29 July 2004.

1. UNICEF obtains a regular stream of high quality data on national and global performance in immunization, as well as some Plus data. This permits UNICEF and global partners to effectively monitor I+ performance. For this reason, the evaluation does not duplicate existing monitoring that already measures global progress toward Immunization or Plus goals, nor does it assess UNICEF's contribution to that progress.
2. UNICEF and WHO are presently engaging in a review of the global Immunization partnership arrangements and many specific technical issues. This is in the nature of an evaluation by the principals. Given the high-level review presently underway, this evaluation seeks to complement it by analyzing how well UNICEF's policy and enabling systems will allow it to execute its' revised role, whatever that might be.

1.3. Strategic Approach: Risk Assessment

An evaluation using risk assessment involves working with the client or subject of the evaluation to identify what the key potential risks are to achieving their objectives, and then analyzes how well these risks have been reduced. The methodology is adapted from a similar approach used by UNICEF's Office of Internal Audit (OIA). OIA examines related policy and infrastructural issues at the field office level, and its success in identifying risks and generating solutions adopted by the field offices is a best practice that this evaluation adapts to the larger scale of a full Organizational Priority.

Risks are rated in three ways:

- Low: the maximum possible safeguards and best practices are in place.
- Medium: a portion of the best practices are in place; others are under development or missing.
- High: all or most of the safeguards and best practices are absent or under-developed.

Careful interpretation is required: Serious problems may still occur despite a Low risk rating; there may not be problems despite a High risk rating. What is being measured is the likelihood that UNICEF will experience problems given how well it's policies and support systems are functioning. More strengths and weaknesses of the methodology are noted in the section below.

Risk Assessment: An Analogy
<p>The risk assessment concept can cause confusion. It may help to use an analogy. Take the case of a business that is going along and making a profit. Then imagine an evaluation that finds the following:</p> <ul style="list-style-type: none"> • Management is not tracking the future delivery prices of raw materials • Sales representatives are not pushing the full range of products but only those they personally favour. • The Board of Directors does not meet often, and does not discuss the business model when they do • The IT systems for inventory and internal communications are two generations behind competitors. • Customer service complaints are lost and not responded to. • There have been 4 annual declines in consumer magazine quality ratings for the flagship products. • Research and Development has not had a successful new innovation in 3 years, and there are none apparent in the current research program.

The business may still have successful short term prospects, the risks to its medium term competitiveness and long term survival are clear. It is clear that analyzing the risks would be a supremely important exercise for the company.

In the same sense, this I+ evaluation identifies how well the key aspects of policy and performance are functioning now, and the risks that this holds for the future. As such, it does not assess impact per se, but rather examines the underlying strength and sustainability of the organization's investments, resources and reputation.

1.4. Topics Examined

The box on the next page provides a summary list of the topics examined. Note that the list of risks examined is long, and is not contained in the box on page. Readers are invited to look at Part 1, where the potential risks are defined for each topic examined. A 'key' or guide to interpreting the tables in Part 2 is provided on page 16.

1.5. Methodology

1.5.1. Techniques employed

An independent external evaluator was employed to ensure objectivity. The evaluator is a health professional with UNICEF and WHO experience. Overall direction was given by the Senior Advisor in the UNICEF HQ Evaluation Office.

Document reviews are a major source of information used to guide the rating. The primary document source was the I+ website on the UNICEF Intranet, based on the rationale that this is available to all UNICEF staff across the organization. A few documents that are not in wide circulation were also reviewed after being provided by the I+ section.

Interviews are the other major information source. They were held with all available HQ based I+ staff. A number of persons in other Programme units with potential or actual links to I+ were interviewed. Interviews with non-UNICEF respondents were not held. A set of external interviews would be a good follow-up step.

Candour was sought through the promise of confidentiality. Thus, respondents have not been identified explicitly in the text.

The selection of the variables to be risk assessed and the definition of low/medium/high risk was performed collaboratively. Initial efforts were undertaken by the external evaluator and the senior advisor for research; I+ staff were then invited to comment. Overall guidance on the method was sought from the Office of Internal Audit, and additional comments were received from staff in the Programme Guidance and Quality Control Unit of DPP. In general, the definitions build upon to existing Programme guidance as adapted for action at HQ and RO levels.

Ratings and most of the analytic notes are those of the external evaluator. Early versions of the report were circulated to the I+ team, which had the opportunity to comment and offer more information. This summary was drafted in part by the external evaluator and substantially amended by the senior advisor.

Table 1: Themes examined in the Immunization Plus Evaluation

<p>A. The Policy Environment: the degree to which UNICEF has developed a clear set of policies, and how well it reviews and adjusts them as needed within it's global partnership network:</p> <p>1. Policy consistency, flexibility, specificity 1a) Consistency with MDG & WFFC 1b) Policy differentiation for different programming environments 1c) Definition of the Plus components 1d) Definition of accountabilities 1e) Balance between mandatory and optional aspects</p> <p>2. Sustainability 2a) National monitoring and response 2b) National technical and human resource capacity assessment 2c) Political will at global and regional levels</p> <p>3. Coherence with the MTSP 3a) Linkages with other MTSP priorities 3b) Cross sectoral links (EMOPS, gender, participation & equity)</p> <p>4. Partnership development and management 4a) GAVI partnership 4b) Bi-laterals, WHO & IFI partnerships</p> <p>5. Policy Review system 5a) Functionality of the I+ leadership group 5b) Decision-making, dissemination, monitoring</p> <p>B. The Enabling Environment: how much of the needed organizational infrastructure is in place and how well it performs.</p> <p>6. Programmatic guidance 6a) Results-based management 6b) Technical guidance</p> <p>7. Supply (not included: see note below)</p> <p>8. Resource mobilization 8a) Identification of resource needs 8b) Fundraising strategy 8c) Resource allocation 8d) Donor reports</p> <p>9. Human Resource capacity 9a) HR planning and recruitment 9b) UNICEF staff capacity development</p> <p>10. Information and learning Systems 10a) Monitoring 10b) Evaluation 10c) Learning & documentation</p> <p>Notes: 1) Supply was originally included, but the range and detail of the topics were judged to require a separate evaluation that will be scheduled later. 2) Programme communication was not included.</p>

1.5.1. Strengths and Limitations

The risk assessment approach has many good points:

- It promotes a mutual discussion on norms—i.e. on desired good practice
- There are many explicit and implicit norms already established for UNICEF programming that can be used to develop the evaluation tool
- A cooperative introductory phase means the norms are in place before the evaluation begins, so all know what the criteria are.
- It facilitates trend analysis if the evaluation also adds where the risk rating was in the past compared to where it is now.
- It measures vulnerability rather than performance per se, and thus, is accepted more readily by clients.
- In developing a risk rating, many instances of actual performance problems or successes will be identified.
- From the ratings and actual performance observations, a risk approach provides clear indications where immediate and longer-term corrective action is required.

The following limitations should be borne in mind:

- All those interviewed were either HQ-based now or in the recent past when they had a major role in either I+ or MTSP direction. Thus, statements about RO and CO roles and functioning are predominantly HQ perceptions and should not be interpreted as definitive statements of fact. Likewise, there were no non-UNICEF respondents.
- I+ combines work on general systemic strengthening for routine immunizations along with intensified single-disease efforts grouped under the title Accelerated Disease Control (ADC). In general, the ratings and analysis have attempted to avoid distinguishing among the various diseases that are the focus of ADC efforts, but this may come at the cost of specificity and a loss of finer detail. Thus, a medium risk rating for something like monitoring may obscure a range that goes from low/no risk (such as with polio) to high risk with another illness
- The risk variables and definitions are experimental, and may change as understanding of what fosters Programme success evolves, or as more precision in describing them permits more exact analysis.
- Most of the ratings reflect a composite conclusion about multiple variables. The risk for each of the variables may be greater or less than the average. Interpretation is aided by the analytic comments that accompany each section.
- The risks are not necessarily equal in terms of their potential to help or harm UNICEF's I+ effort. However, interpreters may reasonably disagree which are the more important. Thus, this evaluation does not say, for example, that a policy risk is more significant than a financial risk. Readers should exercise their own judgment, and a useful dissemination step will be for I+ decision-takers to weigh the relative importance of any shortfalls seen.
- The risk ratings are accurate for mid-2004. They do not indicate changes from 2002. It is possible that many risks have been reduced since the start of the MTSP, but at present the data are insufficient to do a trend analysis.

1.6. Findings

1.6.1. Risk Ratings

See the next page for a tabular summary, with brief narrative comments. Not all the strengths and weaknesses can be summarized in the table; please see Part 2 for full details about each rating.

a. Overall ratings

The key finding is that within the 25 specific ratings given:

- Only 8% (2 ratings) show the lowest risk level, meaning maximum best practices and safeguards are in place.
- 64% (16 ratings) have a medium risk rating.
- 28% (7 ratings) show the highest risk rating.

b. Policy and Enabling Environment Risks

The fact on the ground in 2004 is that achieving I+ goals remain vulnerable across many key elements. Nor are the risks limited to either the policy or enabling environments. Both have multiple medium or high risks, with Policy showing both higher levels of Low and High risk, and Enabling a steadier rate of Medium risks.

Policy Environment:	14% low risk; 50% medium risk; 36% high risk
Enabling environment:	0% low risk; 82% medium risk; 18% high risk

It was not possible to judge if the risks have increased or diminished over time.

Table 2: Findings, by Risk Area

#	Risk Area	Risk Rating			Main Findings
		Low	Medium	High	
POLICY ENVIRONMENT (Themes 1-5)					
1	Policy consistency, flexibility, specificity (Overall)		X		Key risks found in: Reaching the unreached guidance; 'Plus' components policy; HQ-RO coord.
1a.	Consistency with MDG & WFFC	X			Full consistency with all global commitments.
1b.	Policy differentiation for different programming environments		X		Good and improving EMOPS policy. Others are weak: reaching the unreached; varying levels of coverage; ongoing ADC efforts.
1c.	Definition of the Plus components		X		Only vitamin A is well-defined. Minimal incorporation of others.
1d.	Definition of accountabilities			X	Difficulties in coordinating levels, especially HQ-RO I+ advisors, EPI-Nutrition in COs.
1e.	Balance of mandatory and optional aspects	X			Perceived to be 'just right'. Carries forward pre MTSP practices.
2.	Sustainability (Overall)			X	Key risk: capacity development for routine immunization.
2a	National monitoring and response (i.e. Monitoring of national developments)			X	Polio is strong; others weak. No minimum standards for RO level monitoring of countries; data used more for information than decision.
2b	National technical and human resource capacity assessment			X	Assessments often done at global level. Unresolved key issue is diversion of routine national EPI system staff into campaigns.
2c	Political will at global and regional levels		X		Strong but uncoordinated efforts at gaining political support.
3.	Coherence with the MTSP (Overall)			X	Poorly developed linkages with other MTSP priorities except EMOPS.
3a	Linkages with other MTSP org. priorities			X	Widespread agreement of little action and missed opportunities.
3b	Cross-sectoral links: EMOPS, gender, equity			X	Good policy for measles and Vitamin A in EMOPS. All others: no consistent attention
4.	Partnership development and management (Overall)		X		Partner relationships generally good, except at some regional levels. Key risk: excessive time investments in GAVI hurt other objectives.
4a	GAVI		X		UNICEF invests heavily. Roles accepted are UNICEF's comparative advantages. GAVI tasks carry high opportunity costs for other I+ work.
4b	Bi-laterals, WHO, and IFIs		X		WHO-UNICEF ties at center, erratic at regional level. Recent greater attention to bi-laterals/IFIs.
5	Policy Review System (Overall)		X		Leadership group is predominantly responsive rather than pro-active.
5a	I+ leadership group functioning		X		Frequent, focused meetings. Key issue: inability to generate monitoring data for evidence-based decision-making.
5b	Dissemination and monitoring of decisions		X		No overall system in place, but ADC efforts can be rigorous.
Overall ratings of Policy themes 1,2,3,4,5 in bold		0	3	2	40% high risk; 60% medium
Overall ratings of 14 policy variables (1a, 2a....5b)		2	7	5	36% high risk; 50% medium; 14% low

ENABLING ENVIRONMENT (Themes 6-10)		Low	Med	High	Main Findings
6.	Programmatic guidance (Overall)		X		I+ staff compensate for lack of systematic Programme guidance with peer networks. Risk is variability where there should be consistency.
6a	Results-based management		X		Weak annual work planning and poor sharing among UNICEF levels or with partners. Even so, staff often feel they have clear objectives.
6b	Technical guidance		X		WHO technical guidance satisfies most needs. New areas are not getting systematic attention but ad hoc personal contacts substitute.
8	Resource mobilization (Overall)		X		Funds management and reporting is positive. Major risks are unbalanced flows to ADCs. RR-OR imbalance is a sustainability risk.
8a	Identification of resource needs			X	No country-specific cost estimating has been done by UNICEF. This is 1-2 year priority.
8b	Fund-raising strategy		X		Funding is more donor-driven than need-driven. Thus, ADC prospers at expense of routine immunization. Over-reliance on few donors.
8c	Resource allocation		X		Funding is good but I+ receives very little RR commitment. Many have the false perception that GAVI covers all immunization needs.
8d	Donor reports		X		High levels of timeliness and quality control since most OR is HQ managed. Reports not read for organizational learning. Donor proposals are next slated for upgrades.
9	Human Resource capacity (Overall)			X	No discernible change from pre-MTSP period: demand and supply issues need resolution.
9a	HR planning and recruitment		X		Timely action to regularize SSAs is needed. Major problem is static EPI officers not evolving into I+ officers or collaborators.
9b	UNICEF staff capacity development			X	Main issues--ad hoc training due to lack of an I+ HR plan; variable interest by staff.
10	Information an learning systems (Overall)		X		Absence of information is not a big problem: dissemination and intelligent use of the info is a much higher priority.
10a	Monitoring		X		Global level monitoring is high quality but not disseminated in a way that motivates. Program/national levels are weaker but more critical.
10b	Evaluation		X		Many CO-led efforts. Poor quality control above CO level. No routine use of findings.
10c	Learning and Documentation		X		Exemplary searching for good practices but no systemic effort to document own practices.
Overall ratings of Enabling themes 6,8,9,10 in bold)		0	3	1	25% high; 75% low
Overall ratings of 11 Enabling variables (6a--10c)		0	9	2	18% high; 82% medium
Overall ratings of all themes 1,2,3,4,5,6,8,9,10		0	6	3	33% high; 67% medium
Overall ratings of all 25 variables (1a-10c)		2	16	7	28% high; 64% medium; 8% low

c. Highest Risk Themes

The three areas with the highest risk levels are the following:

- Sustainability (Policy): that the gains made in immunization/I+ will not be sustainable over time
- Coherence with the MTSP (Policy): that children will not benefit from logical synergies that could/should be identified and operationalized
- Human resource capacity (Enabling): that inappropriately skilled persons will fill critical functions and thus degrade the needed quality of UNICEF's efforts.

d. Strengths

The pattern is not exclusively of risk and vulnerability. There are many aspects of the I+ policy and enabling environments that show exceptional strength. These include: the technical partnership with WHO; consolidation of clear policies and performance in emergencies; the existence of a large critical mass of skilled staff that acts as a collective 'brain' or neural network to disseminate lessons and advice, even if in an ad hoc manner; global coverage monitoring procedures; the focused workplans and high motivation of the polio and other ADC efforts; and a fundamental policy orientation solidly linked to the mission statement and MDGs that will maintain I+ as a human-rights programming focus within the global community. In looking ahead at how to proceed, these and other areas of global strength are obvious resources to build upon.

1.6.2. Conclusions

This is a selection of key high-level or 'meta-conclusions'. There are numerous additional specific analytic discussions attached to the ratings tables in part II.

e. Practical Continuity

Overall, I+ is perceived as essentially a continuation of activities, focused mainly on single-vaccine preventable diseases through ADCs (Accelerated Disease Campaigns) that predate the MTSP. I+ emerges less as a new or even revised organizational priority than as an organizational recognition of a programming reality already in place.

f. Building Routine Immunization Services

The building of health systems for the sustainable delivery of routine vaccination services is receiving much less attention than ADCs. In part this is due to thin levels of national resources that cannot fully develop routine services when also called upon to support ADCs. When there is a de facto competition for limited resources, a focus on ADCs can unwittingly curtail the achievement of routine I+ objectives.

g. Integrating Immunization and 'Plus'

Within the Programme Division at HQ, the immunization and 'plus' elements remain largely separate in what appears to be an environment of 'friendly permissiveness' rather than one of integration or partnership. Respondents generally find this an agreeable, workable arrangement. The global technical consensus on linking vitamin A supplementation to immunization activities, particularly national immunization days (NIDs), is cited as the policy step of greatest impact. Other Plus elements are rarely attempted within UNICEF Programmes and appear not to be systematically sought or integrated.

h. I+ Connectivity to Other MTSP Priorities

I+ as a priority has had little impact on other parts of the organization that would be expected to adjust (e.g. IECD, Education). Similarly, activities under the I+ theme have continued largely within their pre-MTSP silos.

i. Leadership Agenda

Overall, the HQ-based I+ leadership group appears to be predominantly responsive rather than leading an ongoing evidence-driven review and revision of policy. The responsiveness is toward crises or emergency issues identified within the various partnerships to which UNICEF adheres. This is not caused by or desired by the leadership, but is a consequence of the open-ness of the global immunization efforts to 'shocks' ranging from sudden-onset emergencies to donor funding shifts. However, given the current size and structure of the I+ leadership, the consequence of effective response to crises team is insufficient on-going attention to much of work needed to reduce the risks affecting the I+ priority.

j. Funding

One of the greatest risks to achieving the MTSP targets is the role of external, donor finance. Funding shortfalls — e.g. for maternal and neonatal tetanus elimination — have reduced the likelihood of achieving the 2005 target. I+ activities are dependent on a relatively small number of donors and a disproportionately large share of these other resources are globally managed and earmarked for specific ADC activities in specific countries. The risk within the donor environment is intensified by medium risk UNICEF practices in Programme costing and donor reporting

k. Human Resources

UNICEF's HR approach does not appear to have changed in ways that would be explicitly responding to and supporting the directions laid out in the MTSP. Organization-wide processes to assess needs, talents and skills and match the latter two with the first remain embryonic. Regional-level autonomy in hiring decisions for key regional staff working on I+ may benefit RO functioning, but from the HQ perspective is seen primarily as squandered opportunities with a cost in terms of the cohesiveness of UNICEF's actions.

l. Where Change Can Start

As items J and K above (and many others) indicate, some of the risks are external to UNICEF and can only be mitigated (e.g. donor funding preferences) but others are wholly internal and are completely open to reduction and elimination if UNICEF so chooses (e.g. HR practices).

m. Centralization/Decentralization

The overall pattern of risk highlights the degree to which many of the challenges arising in UNICEF's I+ response represent slow or no progress on addressing the centralizing, prioritizing consequences of the MTSP. The results of this evaluation suggest that the organization finds itself 'building a boat' while simultaneously trying to sail it. Establishing five priorities with explicit targets is a profoundly centralizing, focusing action. However, the necessary reconfiguration of staff and UNICEF's enterprise processes to respond most effectively to the work proposed in the MTSP remains unfinished. Examples cited include the lack of clear accountability across NY-RO for performance monitoring, the limited or non-role of NY I+ in decisions regarding immunization advisor staffing at regional offices, the persistence of sectoral workplans despite MTSP priority workplans within PD, and the establishment of priorities without commensurate redeployment of staff resources to reflect a more focused, prioritized organizational plan.

1.7. Priority Recommendations

These are grouped into short- and long-term responses. Several refer to functions that affect many programming priorities, and may well require action beyond the restricted set of I+ staff.

Other actions could be taken in response to the findings. This list is not meant to pre-empt consideration of any other responses.

1.7.1. Short-term Responses & Recommendations

- a) Clarify and document clear accountability and reporting roles for regional advisors with regard to, at a minimum, expectations for country support, information to be provided to countries and to HQ, reporting frequency, and management tools to gather and use country-specific information in decision-making.
- b) Ensure that GMT meetings for remaining duration of 2002-2005 MTSP include presentation of update on I+ progress, discussion, and documentation of follow-up goals, if any.
- c) Establish & disseminate, (or if established, disseminate widely) transparent accurate information on DHR processes, including benchmarks for organizational performance (e.g. time needed to fill a vacant post) and quarterly updates on performance as measured against these benchmarks.
- d) Assess current organizational learning efforts for I+ and develop a range of active dissemination strategies to ensure that every staff member working on I+ receives a communication at least quarterly.
- e) For regional advisors working on I+, include an annual PER goal about their use of and accountability for decision-making based on information gathered from programme efforts.
- f) Implement as planned the quality control of donor proposals, and build this into an overall approach to organizational learning for I+ to ensure communication of both strong and weak examples to staff.
- g) If it is decided to engage in another phase of this evaluation, it would be important to elicit input from RO staff, both those directly engaged in I+ and regional directors and their deputies. The objective would be to assess the degree to which the analysis from an HQ perspective is consistent with that from the ROs, and to identify other risk elements that affect their work. Country case studies would seem warranted only in countries where UNICEF's particular roles are both significant to the overall national immunization/I+ effort, and which are likely to yield generalizable lessons for the organization.

1.7.2. Longer-term Responses & Recommendations

- h) Within the context of planning for the 2006-2009 MTSP, ensure that the 'linked-up' concept behind I+ and the related integration proposed for IECD are rigorously analyzed for synergies, and that those identified are placed in the MTSP.

- i) Evaluate, ideally with outside input, the effectiveness of the current organizational structures of HQ PD and ROs as to assess what if any changes would improve the ability to reach the MTSP goals.
- j) Building on stated commitments to results-based management, invest in staff and systems to gather and disseminate information on I+ programme performance. Coverage data are one component of such information. Comparisons among countries, delivered through regional management team meetings, should be linked to plans with defined targets for improving performance and these plans should be disseminated and followed up at least quarterly through a joint HQ-RO effort.
- k) Assess, country-by-country, the feasibility of implementing ‘+’ activities beyond vitamin A supplementation to include within the assessment the complementary IECD actions.
- l) Looking ahead, the decrease in National Immunization Day campaign-style approaches is identified by many respondents as an opportunity for fresh thinking as to how immunization, Vitamin A and other interventions can reach children who would benefit.

2. RATINGS AND ANALYSIS

Page 16: Annotated chart: Key to interpreting the ratings charts

Pages 17-37: Ratings and Analysis for the Policy Environment

- 1. Policy Consistency, Flexibility, Specificity**
- 2. Sustainability**
- 3. Coherence with the MTSP**
- 4. Partnership Development and Management**
- 5. Policy Review System**

Pages 38-54: Ratings and Analysis for the Enabling Environment

- 6. Programmatic Guidance**
- 7. Supply**
- 8. Resource Mobilization**
- 9. Human Resource Capacity**
- 10. Information and Learning Systems**

Key to interpreting the ratings charts in Part II of the Evaluation

Title (Top Line) : Locates this within the Policy or Enabling Environment, and gives the theme title									
Risk Area (Second Line): Gives the title and number of the risk area being assessed.									
Key Issue: Presents the main question for this theme. For space managements sake, the key issue is only included on the first risk area for the theme.									
Potential Risk: A column that describes one or more variables that must be looked at to make a risk assessment.	Low Risk Norm: A column with a numerical risk level and the definitions of best practices that present the lowest risks. Lower numbers mean less risk.			Medium Risk Norm: A column with a numerical risk level and the definitions of practices that present medium risks. Lower numbers mean less risk.			High Risk Norm: A column with a numerical risk level and the definitions of poor practices that present the greatest risks. Lower numbers mean less risk.		
	1	2	3	4	5	6	7	8	9
A highlighted and enlarged number is the risk rating assigned by the evaluator. Any number not highlighted and enlarged is present for reference only to show what might have been selected. Based on pilot testing of the methodology, it was found that at least three choices needed to be available within each norm to accurately show lower and higher degrees of risk.									
Variable i) Defines what the risk is, with an <u>underlined key word phrase</u>	i) Defines the best practice that will result in the least risk to UNICEF.			i) Defines a mix of better and worse practice that exposes UNICEF to medium risk.			i) Defines the actions or inactions that make a bad practice, thereby exposing UNICEF to significant risk.		
Variable ii) Defines what the risk is, with an <u>underlined key word phrase</u>	ii) Defines the best practice that will result in the least risk to UNICEF.			ii) Defines a mix of better and worse practice that exposes UNICEF to medium risk.			ii) Defines the actions or inactions that make a bad practice, thereby exposing UNICEF to significant risk.		

- One or more narrative and analytic comments by the evaluator to offer essential contextual information, describe UNICEF practices, and explain the consequences for fulfilling the Immunization Plus organization commitments.

POLICY ENVIRONMENT # 1: Consistency, Specificity, Flexibility									
Rating 1a: Policy Consistency									
Key Issue: Are the UNICEF I+ policies consistent with UNICEF's mission and corporate commitments and yet sufficiently specific and sophisticated for the variety of I+ programming environments?									
Potential Risk	Low Risk Norm			Medium Risk Norm			High Risk Norm		
	1	2	3	4	5	6	7	8	9
i) That the policy diverges from the principles of the <u>UNICEF mission statement</u> ii) That the policy is inconsistent with the commitments made within the <u>MDGs & WFFC</u>	i) I+ policy embodies human-rights & results-based based approaches ii) clear continuity & consistency between MTSP I+ targets and MDG & WFFC targets; explicit linkage between I+ activities and achieving MDG & WFFC targets			i) I+ policy embodies either human-rights-based or results-based approaches ii) in general, MTSP I+ targets are consistent with MDG & WFFC but linkages between I+ activities and MDG & WFFC targets limited			i) I+ policy embodies neither human-rights-based approach nor results-based approach ii) MTSP I+ targets are inconsistent with MDG & WFFC targets; few if any linkages identified		

- Full consistency is seen.
- See Annex 1 for a matrix comparing the relevant goals.

POLICY ENVIRONMENT # 1: Consistency, Specificity, Flexibility									
Rating 1b: Differentiation for Varied Environments									
Potential Risk	Low Risk Norm			Medium Risk Norm			High Risk Norm		
	1	2	3	4	5	6	7	8	9
i) The general policy has little applicability to <u>diverse programming contexts</u> that require careful adaptation.	i) policy explicitly identifies the global policy objectives that meet the needs of, <u>at a minimum</u> , countries facing emergencies, countries with ongoing ADC efforts, countries with varying levels of routine immunization coverage, and the special challenge to reach the unreached			i) the needs for policy differentiation and adaptation have been identified, but the setting of policy objectives is incomplete although underway.			i) general statements of policy without recognition of need for adaptation		

- I+ operational guidance² describes a range of activities expected of UNICEF country offices. Many of the suggested/expected actions are of the form 'advocate for ...'. Minimum resources to be allocated or results to be achieved are not specified.
- Respondents consistently identified less-than-sufficient progress in achieving the outcome of 'reaching the unreached' despite the critical need to do so if goals are to be reached. Additional attention, at the policy level, to reaching the unreached was not identified by respondents as part of the response to this situation.
- Despite global UNICEF/WHO endorsement of the 'RED' (Reaching Every District) strategy and its emphasis on district-level micro planning, there is little guidance to translate the RED strategy statements into action on the ground.
- Ad hoc responses to geopolitical crises have been increasingly replaced by a smooth functioning implementation of policy developed with EMOPS. Recent cases in Cote d'Ivoire and Liberia provided positive examples of timely policy-level adjustments, with potential improvements in coordinating HQ and RO guidance noted.
- Policy guidance regarding each of the categories delineated above is available but is not organized for ease of access from the country perspective. Linkages among sources and resources often must be made by individual staff members.

² Chapter 4 of Operational Guidance Note for the Medium Term Strategic Plan 2002-2005 (CF/EXD/2002-029 dated 26 November 2002).

POLICY ENVIRONMENT # 1: Consistency, Specificity, Flexibility									
Rating 1c: 'Plus' policies									
Potential Risk	Low Risk Norm			Medium Risk Norm			High Risk Norm		
	1	2	3	4	5	6	7	8	9
i) That the <u>Plus components policy</u> remains comparatively under-developed and isolated. ii) That <u>Plus components technical support</u> is far below demand.	i) Plus components well-described and analyzed, including the connectivity with Immunization policy; ii) Plus component coaching/ technical assistance systematically available to countries			i) Plus components listed as examples; ii) some experiences shared; minimal 'how-to' or coaching support to countries			i) general statements of desirability of Plus components; ii) minimal sharing of experiences & no particular coaching support to countries		

- The 'Plus' of I+ is a mixture of the specific (notably vitamin A supplementation) and the indefinite/hoped for (e.g. the most relevant MTSP statement, paragraph 64).
- In different documents, Plus components other than Vitamin A may be adequately described, but on-the-ground implementation has been minimal. Respondents offered just 2 UNICEF field examples of malaria-related '+' activities, 1 multi-thematic program, no birth registration links, no cross-sectoral child protection or education '+' links, and just one link to 'community-based activities' beyond a multi-country West African Accelerated Child Survival and Development project.
- UNICEF publications discussing 'plus' issues mention them favourably—e.g. 'Malaria: A major cause of child death and poverty in Africa' (UNICEF, 2004) called for the integration of Roll-Back malaria interventions with EPI. Many other publications omit potential and expected links: e.g. recent joint WHO-UNICEF statements on 'Management of Pneumonia in Community Settings'; 'Clinical Management of Diarrhoea' and 'Reducing Measles Mortality in Emergencies' (all publications UNICEF, 2004).
- This almost-singular focus on vitamin A supplementation was described as a result of poorly functioning health services. Vitamin A is, in logistic and materiel terms, the only intervention suitable for delivery at the same time as campaign-delivered immunizations. Where health services are delivering most immunizations without campaigns, a variety of '+' activities becomes possible and appear to be on the planning horizon, although there is no systematic effort to map the possibilities.

POLICY ENVIRONMENT #1: Consistency, Specificity, Flexibility									
Rating 1d: Accountabilities									
Potential Risk	Low Risk Norm			Medium Risk Norm			High Risk Norm		
	1	2	3	4	5	6	7	8	9
i) That necessary programmatic synergy is absent due to weak <u>internal HQ linkages</u> .	i) Links among EB, GMT, OED and PD are perceived to be clear by persons in those parts of the organization			i) Links among EB, GMT, OED and PD are perceived to be clear by persons in those parts of the organization.			i) Links among EB, GMT, OED and PD are perceived to be less than clear by persons in those parts of the organization.		
ii) That the three UNICEF <u>levels (HQ, RO, CO) are not articulated</u> in policy or action.	ii) HQ-RO-CO linkages clear, functional and understood by HQ, RO and CO staff			ii) There is significant variation among RO & CO staff of the linkages among levels.			ii) HQ-RO-CO linkages and accountabilities not sufficiently defined for assessment		

- No particular lack of EB-GMT-OED-PD linkage was identified. Some respondents expressed disappointment at the degree to which the EB and GMT are primarily passive recipients of information, reasoning that a more active role at these levels could help mobilize resources and motivate staff to work more effectively. Respondents generally expressed the view that any impact of weak EB-GMT-OED-PD linkage was dwarfed by the issues arising from HQ-RO-CO linkages.
- Both PD section structure and nomenclature for regional advisors reflects a sectoral organizational plan that predates the 2002-2005 MTSP. As a result, regional I+ accountability, distinct from immunization alone, appears unclear. In most of the countries where I+ is a significant part of UNICEF's programme, the relatively larger influence and importance of 'EPI' compared to 'nutrition' (using pre-MTSP titles) means that the 'EPI officer' is the lead on I+, but also that I+ is often merely immunization. The lack of new linkages to reflect new organizational priorities is a recurring theme among respondents.
- The accountability for RO 'EPI' advisors to complete a set of critical functions which the technical leadership in NY has identified varies widely. The variability extends to both quantity issues (e.g. visit every country annually) and quality (e.g. establish management systems needed to convey accurate information in a timely manner to those who need it for decisions). HQ respondents identified the differing interest level of regional director in I+ and a lack of NY I+ team input into selection decisions for regional immunization advisors as contributing to missed opportunities. By contrast, micronutrient advisors in all ROs, funded through a NY-managed OR contribution, were described as functioning well — jointly addressing technical issues, sharing information, and working as a cohesive team — across the two levels of the organization.

POLICY ENVIRONMENT # 1: Consistency, Specificity, Flexibility									
Rating 1e: Flexibility									
Potential Risk	Low Risk Norm			Medium Risk Norm			High Risk Norm		
	1	2	3	4	5	6	7	8	9
i) The policy has not correctly identified which elements are to be <u>mandatory or optional</u> .	i) Staff at all levels express agreement with balance between obligatory and optional aspects of I+			i)Staff at all levels express overall agreement with balance between obligatory and optional aspects of I+ and identify significant areas for revision			i)Staff express little agreement with balance between obligatory and optional aspects of I+		
ii) That CO's do not possess sufficient authority to (with UNCT and national authority)to <u>adapt</u> global policy guidance <u>to national conditions</u>	ii) CO's have the flexibility to respond to the local situation when needed even if it means significantly adapting the recommended policy.			ii) CO's have the right of flexible response, but the internal UNICEF procedure to authorize the flexibility is slow and technically weak.			ii) CO's are not allowed to vary from the global policy even when national circumstances make it logical.		

- There is a general consensus on item i) that the balance is 'just right'.
- Some respondents noted that the balance is not a conscious MTSP adjustment, but a reflection of ongoing practice. A foundation element was the 1998 WHO/UNICEF commitment to deliver vitamin A through immunization activities.³ Until there is an explicit agreement by the agencies to 'plus immunization' with items other than vitamin A, 'I+' translates into 'keep doing immunization as you were pre-MTSP'. Thus, the balance is unchanged and feels 'just right'
- Item ii) requires CO input and/or country case studies, and is not a factor in the rating.

³ Programme Directive CF/PD/PRO/98-005 dated 3 September 1998. EPI/Vitamin A.

POLICY ENVIRONMENT # 1: Consistency, Specificity, Flexibility									
Overall rating									
Potential Risk	Low Risk Norm			Medium Risk Norm			High Risk Norm		
OVERALL RISK ASSESSMENT:	1	2	3	4	5	6	7	8	9
I+ Policies Consistency, Specificity, Flexibility									

- UNICEF policies lay out a reasonably clear statement of I+ and what it is expected to mean in countries. Operational direction on 'reaching the unreached' may be a missing piece if the MTSP and ADC goals are to have any chance of being achieved, despite the broad outlines of UNICEF policy appearing to have adequately identified the importance of this issue.
- Policy-level direction on 'plus' components, while present, may have been insufficient to facilitate implementation, particularly where significant logistics and delivery issues arise (e.g. bed nets are a relatively large-volume commodity, ill-suited to distribution by the motorcycle or bicycle used by a health worker doing immunization outreach), or where bureaucratic silos within health systems or ministries must be breached.
- Functional linkages and coordination between NY and RO staff emerged as the highest risk item. The centralizing tendency of the clear statement of goals in the MTSP has not been supported with an adequately central (HQ) role in key personnel and policy decisions taken in regions that in turn shape the resources available to countries.

POLICY ENVIRONMENT # 2: Sustainability									
Rating 2a: National Monitoring and Response									
Key issue: Are the I+ strategies correctly attuned to sustainability issues?									
Potential Risk	Low Risk Norm			Medium Risk Norm			High Risk Norm		
	1	2	3	4	5	6	7	8	9
i) That there are inadequate <u>indicators</u> to monitor national performance	i) Indicators of slipping performance identified,			i) Indicators of slipping performance identified,			i) General concern about slipping performance but indicators incomplete		
ii) That <u>monitoring information</u> is not gathered	ii) information gathered to assess performance and			ii) some information gathered,			ii) insufficient information available to identify and respond to countries where performance is slipping,		
iii) That <u>additional support</u> is not offered to lagging countries	iii) assistance directed to countries with slipping performance			iii) ad hoc or minimal assistance to countries with slipping performance available			iii) NA		

- While the importance of performance monitoring performance and response is understood, there is significant regional variation. Positive example: CEE/CIS has an monitoring based ‘alarm’ system that prioritizes assistance to countries with multiple indicators of suboptimal performance. Negative example: WCAR seems unable to identify a monitoring system beyond annual reports and analyses sent from NY. Remaining regions fall between these two extremes.
- No minimum standards exist to guide regions on expected monitoring efforts. At HQ level, I+ staff have compiled and cross-tabulated country-level data that appear sufficient to identify slipping and poor performance but these have been used, if at all, for information purposes, rather than as an evidence base for managerial decisions about assistance, coaching, and resource (re)allocation.
- HQ lacks the mechanisms to coach or compel regions to gather accurate data and to use it to determine support. In turn, this fosters ad hoc approaches to regional/country assistance coupled with ‘hopeful persuasion’ efforts by HQ and some RO staff. In short, it is a personalized system, not coherent, evidence-based results-based management
- Monitoring for polio is highly developed while that for vitamin A is rudimentary at best. The polio monitoring is part of a globally integrated system accessed by all partners to help coordinate responses.

THE POLICY ENVIRONMENT # 2: Sustainability									
Rating 2b: Technical and human resource capacity building									
Potential Risk	Low Risk Norm			Medium Risk Norm			High Risk Norm		
	1	2	3	4	5	6	7	8	9
<p>i) That a coherent method to <u>define needed national resources</u> for sustainable I+ systems does not exist.</p> <p>ii) That capacity analysis tools that do exist are not systematically <u>disseminated</u> or incorporated in field office training.</p>	<p>i) UNICEF/partners possess a clear definition of capacities needed for routine immunization, ADC, and emergency situations;</p> <p>ii) tools for assessment of capacity and guidance regarding capacity building for I+ developed and disseminated</p>			<p>i) recognition that capacity building is important; partial but incomplete approach to capacity assessment in the various programming contexts</p> <p>ii) promotion of existing tools and guidance but no effort to fill gaps</p>			<p>i) general commitment to capacity building; no efforts to clearly define needed capacities in different contexts</p> <p>ii) ad hoc or negligible dissemination of capacity building tools and guidance; no new tools under development.</p>		

- Multiple global-level ADC partnerships are the fora where national capacity assessment and tools for this task are developed. Several respondents distinguished between ADC-specific capacity and I+ capacity. On the first, (e.g. workers for campaigns, drivers and other logistical staff), respondents noted that development and maintenance of these capacities was a key part of the district-level micro-planning activities that have come to play a larger and larger role in ADC efforts.
- Some respondents identified two additional national capacity issues: 1) the challenge of strengthening routine immunization in the face of ADC efforts; and 2) the need to focus on effective interventions. Both of these are rooted in dysfunctional health systems and health service delivery. Health workers who could be expanding coverage of routine immunization are pulled into ADC campaigns paid through ADC campaigns and thus, become 'capacity' for strengthening routine services in name only. A related issue is the poorer coverage that is felt to result from relying on health workers to deliver vitamin A supplementation as part of routine services rather than via campaigns.
- Data or evidence on the scope of these potential problems is sorely lacking, but the consensus is that this competitive drawing off occurs with greatest force in countries where routine services are generally the weakest and least accessible. The practical implications of this 'drawing away' appear dwarfed by the overall lack of skilled capacity in their national health systems.

THE POLICY ENVIRONMENT # 2: Sustainability									
Rating 2c: Developing Political Will									
Potential Risk	Low Risk Norm			Medium Risk Norm			High Risk Norm		
	1	2	3	4	5	6	7	8	9
i) That political leaders' commitment is reduced because UNICEF does not advocate effectively for I+ in <u>global political forums</u> . ii) That commitment is reduced because UNICEF is not an effective advocate in equivalent <u>regional political forums</u>	i) UNICEF tries to be present at relevant global political forums; UNICEF is active and prepared to advocate for and advance action to meet I+ targets			i) UNICEF is generally present and active in global political fora, but I+ advocacy is not highlighted within a broad array of child rights goals that UNICEF supports.			i) In global political forums, UNICEF shows minimally active advocacy for action to meet I+ targets		
	ii) UNICEF has effective relationships with all regional political bodies that enable it to advocate for and prompt action towards implementing I+			ii) UNICEF has effective relationships some regional political bodies but does not advocate consistently for I+ in these forums			ii) UNICEF has a minimal presence in regional political bodies, precluding the development of ongoing relationships to advance I+		

- The inclusion of both immunization and vitamin A supplementation in the 2002 WFFC Declaration suggests that UNICEF and others have clearly placed progress in these areas on the global agenda. Thus, advocacy about 'what to do' has been and remains prominent.
- UNICEF perceives that interest by global fora participants regarding 'how to reach the goals' is minimal. Such matters are typically seen as primarily technical in nature and thus are relegated to ministerial conferences or other technical venues.
- Regional political bodies were reported to be variably engaged in supporting immunization, but no NY source bringing together region-by-region assessments of commitment and plans for mobilizing high-level political support was identified.
- Overall, a consensus existed that these relationships are by and large effective but are not based on firm evidence. Consistent attention to these elements and communication across the organization of clear objectives, plans and progress would provide some evidence to support or question this consensus opinion.
- Regional office input on this item would be useful to ensure more robust and practical conclusions.

POLICY ENVIRONMENT # 2: Sustainability									
Overall Rating									
Potential Risk	Low Risk Norm			Medium Risk Norm			High Risk Norm		
OVERALL RISK ASSESSMENT:	1	2	3	4	5	6	7	8	9
Sustainability									

- Monitoring was identified as an area of particular weakness that has benefited from the recent arrival of a full-time staff member in the Department of Policy and Planning (DPP). Nevertheless, only a few respondents identified that UNICEF NY has two distinct monitoring roles. The first of these is coordinating reporting, primarily coverage data, for various global-level publications, most notably the State of the World’s Children and UNICEF’s contribution to MDG monitoring. This task appears to be handled reasonably effectively and efficiently, although the accuracy of some of the submissions remains an area of attention. However, the second role of monitoring, that of providing activity-relevant information to decision-makers and ensuring dissemination throughout the organization, has been consistently under-recognized and consequently, underutilized.
- At its broadest definition, national capacity shortfalls are evident in the data indicating that coverage is not increasing and that the 80/80 target and ADC targets are unlikely to be reached at current rates of progress. There is also little debate that meeting ADC capacity needs may have come at the expense of routine services, yet this effect would have been greatest in settings with the weakest routine services. A strategic challenge for UNICEF, particularly as ADC activities wind up or are rescaled, will be to facilitate retention of the national human resources capacity built through ADC efforts for ongoing efforts in improving child survival, growth and development, both through I+ and other health interventions of demonstrated effectiveness.

POLICY ENVIRONMENT #3: MTSP Coherence									
Rating 3a: Links to other MTSP Organizational Priorities									
Key issue: Are global I+ strategies adequately linked to UNICEF's other MTSP priorities?									
Potential Risk	Low Risk Norm			Medium Risk Norm			High Risk Norm		
	1	2	3	4	5	6	7	8	9
<p>i) That the <u>leaders</u> of relevant sections <u>do not meet</u> as much as is needed.</p> <p>ii) That <u>operational guidance</u> lacks description of specific conceptual and practical links.</p>	<p>i) The principals of I+ and other MTSP areas meet frequently enough to give consistent attention to building linkages among MTSP priorities; external thinking has also been sought.</p> <p>ii) operational guidance clearly identifies links and provides sufficient detail to guide country action, including how I+ supports the others and vice versa</p>			<p>i) frequency and content of meetings demonstrate occasional, sporadic or superficial attention to linkages among MTSP priorities; incomplete external contacts</p> <p>ii) 50% or fewer of the needed links are complete, but serious efforts are underway to complete the others.</p>			<p>i) minimal joint planning among MTSP principals and units; no external contacts</p> <p>ii) underdeveloped links are receiving little or no attention, and principal advisors can readily identify opportunities for improvement.</p>		

- I+ principals do not identify significant links to other MTSP priorities. Several respondents noted a clear opportunity for linkage between MNT elimination and girls education, but this appears to have had little policy or Programme impact to date.
- Respondents from both I+ and IECD consistently noted a range of rationales for a closer link between these two. Respondents from both sections were unanimous in expressing a sense of lost opportunity for more functional and effective links between these two MTSP priority areas.
- Beyond commonalities of approach (e.g. situation analysis, human rights based approach to programming), potential links within current operational guidance are neither prioritized nor sufficiently operationalized to guide country action.
- MTSP task team leaders are reported to have not met regularly with the goal of developing inter-priority guidance. These five individuals, of whom two are also section chiefs, do convene within the Programme Division Management Team (PDMT), but inter-priority linkage does not appear to have captured the sustained attention of this larger group. Linkages may well be occurring in countries but no method of gathering information on this was identified,

THE POLICY ENVIRONMENT: 3: MTSP Coherence									
Rating 3b: Links to cross-sectoral emphases (Gender, equity, EMOPS, participation)									
Potential Risk	Low Risk Norm			Medium Risk Norm			High Risk Norm		
	1	2	3	4	5	6	7	8	9
<p>i) That <u>leaders of relevant sections do not meet</u> as much as is needed.</p> <p>ii) That <u>operational guidance</u> lacks description of specific conceptual and practical links.</p>	<p>i) The principals of I+ and other MTSP areas meet frequently enough to give consistent attention to building linkages among MTSP priorities; external thinking has also been sought.</p> <p>ii) operational guidance clearly identifies links and provides sufficient detail to guide country action, including how I+ supports the others and vice versa</p>			<p>i) frequency and content of meetings demonstrate occasional, sporadic or superficial attention to linkages among MTSP priorities; incomplete external contacts</p> <p>ii) 50% or fewer of the needed links are complete, but serious efforts are underway to complete the others.</p>			<p>i) minimal joint planning among MTSP principals and units; no external contacts</p> <p>ii) under-developed links are receiving little or no attention, and principal advisors can readily identify opportunities for improvement.</p>		

- Respondents do not identify such meetings or cross-sectoral guidance with the exception of guidance on measles immunization and vitamin A supplementation in emergencies. This is reported to provide clear direction across the organization and to be well-articulated within the core corporate commitments. Moreover, staff cite the recent crisis in Haiti as evidence that this articulation translates into definitive on-the-ground action.
- Gender, participation and equity considerations, while present in I+ guidance and strategies (e.g. the 80/80 goal, programme communication and social mobilization efforts), have not been the subject of consistent attention among staff responsible for these matters in concert with I+ staff. Why there has been a lack of contact initiated by any of the parties is not clear, but the responsibilities for this failure appear to touch all the relevant units.

THE POLICY ENVIRONMENT: 3: MTSP Coherence									
Overall Rating									
Potential Risk	Low Risk Norm			Medium Risk Norm			High Risk Norm		
OVERALL RISK ASSESSMENT:	1	2	3	4	5	6	7	8	9
MTSP Coherence									

- Overall, linkages among the MTSP priorities are poorly if at all developed. However, the linkage of most direct action relevance, that describing measles and vitamin A activities in emergency situations is well-articulated.
- The persistence of a section structure oriented to technical domains (health, education etc.) within Programme Division is cited by several respondents as a significant impediment to meaningful policy linkages among the MTSP priorities.

THE POLICY ENVIRONMENT #4: Partnerships									
Rating 4a: The GAVI Partnership									
Key issue: Are the global I+ strategies properly coordinated with external partners?									
Potential Risk	Low Risk Norm			Medium Risk Norm			High Risk Norm		
	1	2	3	4	5	6	7	8	9
<p>i) That UNICEF loses credibility because it does not invest adequate <u>effort</u> in the partnership.</p> <p>ii) That <u>consensus strategies</u> are unavailable because partners disagree.</p> <p>iii) That partnership roles do not reflect <u>comparative advantages</u></p> <p>iv) That the issues to be addressed <u>within and outside GAVI</u> are not properly segregated.</p>	<p>i) UNICEF invests the optimum effort in a well-functioning partnership; neither more nor less would improve the results.</p> <p>ii) the partnership has reached an effective consensus on holistic package of strategies.</p> <p>iii) UNICEF's roles within GAVI are well-matched to its comparative advantages; also, it has not accepted other roles where it is weak.</p> <p>iv) There is no confusion about when UNICEF deals with GAVI as a whole and when it deals with GAVI members in bi-lateral capacities</p>	<p>i) The current level of effort invested is appreciated, but better results could be achieved if it was increased.</p> <p>ii) There is no disagreement over the approved strategies, but one of both parties feel the package is incomplete</p> <p>iii) All of UNICEF's comparative advantages are reflected in it's roles, but it has also accepted roles where it does not have a comparative advantage.</p> <p>iv) The GAVI partnership has weakened formerly strong bi-lateral partnerships that should have been retained in their former strength.</p>	<p>i) UNICEF perceived to be investing minimal effort in partnership or undermining partnership through its other activities</p> <p>ii) There is active disagreement on one or more strategies</p> <p>iii) Some or all of UNICEF's comparative advantages are not reflected in it's roles; it is also receiving roles for which it has no comparative advantage</p> <p>iv) Confusion about GAVI and non-GAVI roles is interfering with both GAVI functioning and bi-lateral relationships.</p>						

- The Global Alliance for Vaccines & Immunization (GAVI) partnership has been a major forum for UNICEF with regard to immunization. UNICEF's Executive Director chaired the GAVI Board for the period July, 2001-June, 2003, and UNICEF Supply Division plays a significant vaccine procurement role for countries with successful GAVI applications. UNICEF's role in GAVI is generally reported to be a 'good fit'. UNICEF's experience with UCI, its network of country offices, and its experience with vaccine supply are the comparative advantages that have been built upon.
- Special note: given the timing of this announcement, coming just as this report was being completed; respondents were not asked about this change or its implications for the organization. Thus, the rating above does not reflect either staff or evaluator observations on its likely impact. In general, however, the assignment of a powerful member of leadership should have positive effects in many areas, including partnership management.

(Analytic comments continue on the next page)

Rating 4a: The GAVI Partnership: Continuation of analytic comments from previous page

- The WHO-UNICEF relationship within the GAVI context is seen as ‘speaking with one voice’ and reported to be working effectively. In June, 2004, UNICEF’s Executive Director assigned Deputy Executive Director Kul Gautam to [in paraphrase of the announcement] ‘take overall charge of our immunization activities as a special assignment over the next few months. Kul will be UNICEF’s official representative to the GAVI Board, will lead a major interdivisional effort to sharpen UNICEF’s global immunization strategy in close partnership with WHO and others, and will assure that UNICEF remains a strong player in such partnerships as GAVI and the Vaccine Fund.’⁴
- Within the organization, and specifically in HQ, the day-to-day work to support UNICEF’s GAVI role presents significant execution challenges. As a result, I+ work is reported to have been repeatedly shunted aside to manage the aspects of UNICEF’s GAVI role. The relatively small number of technical immunization staff in NY was cited by some as the root of the problem, coupled with the criticism that UNICEF did not respond to the GAVI workload with a commensurate allocation of skilled staff to manage the UNICEF-GAVI relationship.
- Respondents also concur that bilateral relationships with GAVI members may have been somewhat neglected initially, prompting confusion about GAVI and non-GAVI roles. This confusion has diminished in the past year as bilateral relationships have received renewed attention, and efforts are made to distinguish between GAVI and non-GAVI topics.

⁴ E-mail message to all staff sent June 4, 2004 by Carol Bellamy.

THE POLICY ENVIRONMENT #4: Partnerships									
Rating 4b: Bi-lateral, WHO, and IFI Partnerships									
Potential Risk	Low Risk Norm			Medium Risk Norm			High Risk Norm		
	1	2	3	4	5	6	7	8	9
i) That UNICEF loses credibility because it does not invest adequate <u>effort</u> in the partnership.	i) UNICEF invests the optimum effort in a well-functioning partnership; neither more nor less would improve the results.			i) The current level of effort invested is appreciated, but better results could be achieved if it was increased.			i) UNICEF perceived to be investing minimal effort in partnership or undermining partnership through its other activities		
ii) That <u>consensus strategies</u> are unavailable because partners disagree.	ii) the partnership has reached an effective consensus on holistic package of strategies.			ii) There is no disagreement over the approved strategies, but one of both parties feel the package is incomplete			ii) There is active disagreement on one or more strategies		
iii) That partnership roles do not reflect <u>comparative advantages</u>	iii) UNICEF's roles within GAVI are well-matched to it's comparative advantages, and it has not accepted roles where it is weak			iii) All of UNICEF's comparative advantages are reflected in it's roles, but it has also accepted roles where it does not have a comparative advantage.			iii) Some or all of UNICEF's comparative advantages are not reflected in it's roles; it is also receiving roles for which it has no comparative advantage		
iv) That the <u>regional offices</u> of global technical partners do not work together well.	iv) UNICEF's RO have effective working relationships with regional offices of global technical partners			iv) UNICEF's RO have effective working relationships some but not all of the important regional offices of global technical partners			iv) UNICEF's RO have little or no contact with regional offices of technical partners or engage only in sporadic information exchange		

- The WHO-UNICEF relationship was singled out by multiple respondents as unique and particularly important among the web of ties between UNICEF and others active in the field of immunization. The relationship at HQ level was described as two-tracked: i) a critical, analytical two-party discussion of technical issues vital to informing WHO's guidance on technical matters which, in turn, provides a jumping-off for UNICEF's policy regarding implementation support in countries, and ii) within GAVI (as discussed in the previous section). The Global Immunization Strategy was cited by several respondents as a concrete example of how this synergy works well.
- Among regional offices of UNICEF and WHO, relations were described as variably functional to minimal. Some of this was attributed to the lack of correspondence between the regional memberships of the two organizations.
- Bilateral and IFI relationships appear to have been substantially conducted through the GAVI partnership in the initial years of the MTSP period. Within the last 12 months, additional attention has been focused on direct ties between UNICEF and major immunization partners that can evolve complementarily to but distinct from the future course of GAVI.

(Analytic comments continue on the next page)

Rating 4b: Bi-lateral, WHO, and IFI Partnership: Continuation of analytic comments from previous page

- No partner perceptions of functioning or these ratings was solicited or obtained. Given the relatively small number of partners in I+ activities and their recurrence in both GAVI structures and ADC efforts, a deeper evaluation of UNICEF's functioning in partnerships would merit attention for evaluation. If this work were to go ahead, a structured approach to soliciting partner perceptions of UNICEF functioning would be essential.

THE POLICY ENVIRONMENT #4: Partnerships									
Overall Rating									
Potential Risk	Low Risk Norm			Medium Risk Norm			High Risk Norm		
OVERALL RISK ASSESSMENT:	1	2	3	4	5	6	7	8	9
Partnership									

- Ratings in this area, while not lowest risk, should be interpreted separately for GAVI and bilateral relationships. On the GAVI front, the recent intensification of top-level interest and potentially, accountability, is likely to send signals and prompt concrete action that may lead to a significantly different partnership landscape six to twelve months from now.
- On the bilateral front, the relationship with WHO at HQ levels appears to be low risk but this offset to some degree by the paucity of evidence regarding functional working relationships at the regional level. Given the relative HQ-concentration of WHO compared to the relative CO-concentration of UNICEF in organizational structure terms, regional-level links may in fact serve no particular purpose. Thus, this rating is premised on the value of regional level WHO-UNICEF ties, but the evaluation did not include defining and assessing features of effective regional-level relationships.
- Other bilateral relationships initially received relatively little attention but this situation has changed recently. Given the growing importance of Poverty Reduction Strategy Papers (PRSP) in the development context, stronger ties to International Financial Institutions (IFI) may merit particular attention in the short- to medium-term.

POLICY ENVIRONMENT #5: Policy Review									
Rating 5a: Functioning of the I+ Leadership Group									
Key Issue: How effective is the system of policy review and revision?									
Potential Risk	Low Risk Norm			Medium Risk Norm			High Risk Norm		
	1	2	3	4	5	6	7	8	9
i) That the <u>principal actors</u> meet infrequently and with poor internal cohesion.	i) Meetings are regularly held. Principal actors are consistently present and have the authority to mobilize effective implementation.			i) Meetings are regularly held but often with multiple principals absent; follow-up action stalls until their buy-in secured.			i) Meetings and important decisions are frequently delayed due to the absence of key missing actors.		
ii) That decisions must be taken in the absence of key necessary information	ii) Meetings routinely possess the information needed for effective decision-making: agendas, a workplan; timely and reliable monitoring data.			ii) meetings routinely lack reliable and timely monitoring data but do possess agendas and a workplan.			ii) the meetings are not structured around a workplan; it either does not exist or is frequently superseded by ad hoc pressing issues. Monitoring data is weak.		
iii) That the leadership team is unable to react effectively to fast moving <u>crises</u> .	iii) the leadership group makes special efforts to react quickly, including generating the best possible information base in the time frame.			iii) the leadership group is able to rapidly react to ad hoc crises, but the information base is often incomplete compared to what was possible.			i) the leadership group is frequently unable to meet and react quickly, and corporate decisions are either not made or are made by less-informed others.		

- The I+ leadership group within HQ meets regularly and reportedly functions well despite heavy travel schedules of many if its principal members.
- The use of monitoring data in these meetings is described as ‘minimal’ or ‘for information’, rather than as an evidence base for decision-making. In part this may be due to the lack of sufficiently frequent updates as to make ‘new information’ a regular feature of the agenda for this group.
- The I+ leadership group must tackle two distinct plans of work - that which supports the MTSP and is delineated in the workplan, and that which arises as a ‘transaction cost’ of the GAVI partnership. Respondents noted that GAVI created a significant workload in NY that was not met with commensurate changes in staff, and that this accelerated during the period when the UNICEF Executive Director chaired the GAVI Board. The need for ongoing involvement and rapid response in this second area was reported to be high and of such a frequency as to steal time from the first area of work for the I+ group.
- Emergency response decision-making is reported to be quick and based on best available information, which may be weak.

POLICY ENVIRONMENT #5: Policy Review									
Rating 5b: Follow-Up To Decisions									
Potential Risk	Low Risk Norm			Medium Risk Norm			High Risk Norm		
	1	2	3	4	5	6	7	8	9
i) That decisions and follow-up actions are not <u>distributed</u> to those that need to know. ii) That accountability is not enforced due to weak or absent <u>monitoring</u> of follow-up.	i) decisions are translated into specific, clear communication that is actively disseminated through-out the organization, including where relevant to non I+ staff ii) decisions are systematically entered into the monitoring system to ensure that follow-up information will be available.			i) decisions are generally well disseminated but often lack specific direction or assignment of follow-up roles. ii) Some but not all decisions are entered into the monitoring system to ensure that follow-up information will be available.			i) minimal or sporadic communication of policy decisions through-out the organization; lack of clarity about follow-up responsibilities. ii) there is no systematic monitoring of the follow-up to decisions taken.		

- Respondents distinguished between two aspects of policy - that involving matters of technical policy and that involving UNICEF’s particular I+ policies. On the first, there was general consensus that the relationship with WHO is both the relevant forum for discussions of revision and that this is working effectively.
- Regarding I+ policy, no regular revision process is currently in place. Regarding the I+ Organizational Guidance Note, this is not seen as a living policy document, and appears to have been produced as a static, stand-alone statement amplifying the directions laid out in the MTSP document.
- The degree to which decisions were reported to be systematically recorded and entered into systems for follow-up varied among respondents. As many of these respondents are involved in single ADC efforts, this variation may reflect varying managerial styles and/or partnership environments. For the I+ priority overall, no systematic recording of decisions or follow-up was identified.

POLICY ENVIRONMENT #5: Policy Review									
Overall Rating									
Potential Risk	Low Risk Norm			Medium Risk Norm			High Risk Norm		
OVERALL RISK ASSESSMENT:	1	2	3	4	5	6	7	8	9
Policy Review									

- Emergency and crisis issues have become paramount determinants of the agenda of the leadership group. These are not simply generated by the unpredictable environments of wars and natural disasters, but also from within the global partnership networks that include UNICEF. In coming to dominate the leadership agenda, such crises threaten the attention that must be given to the continued growth of capacity and solutions to long term issues.
- The disarticulation of accountability and performance monitoring across the HQ, RO and CO levels of UNICEF emerges as a potentially significant impediment to a coherent policy approach and to implementation guided by that policy. Many decisions taken in HQ appear to be seen as open for voluntary adherence, with few if any repercussions for non-compliance. Links across levels of the organization are described as predominantly relationship-based rather than clearly matched to performance indicators and agreed-upon expected outcomes. While this may facilitate other organizational goals (e.g. maintaining CO level flexibility), it emerges repeatedly as an impediment to clear articulation of UNICEF policy on I+ and its efficient translation into action that changes outcomes in line with the I+ targets.

THE ENABLING ENVIRONMENT #6: Focused guidance									
Rating 6a: Results-based-workplans									
Key Issue: Have global policies been converted into conceptually clear, comprehensive and focused guidance?									
Potential Risk	Low Risk Norm			Medium Risk Norm			High Risk Norm		
	1	2	3	4	5	6	7	8	9
<p>i) The global UNICEF I+ <u>workplan</u> is not results-based and therefore is a weak guide to objectives and achievements.</p> <p>ii) That there is not a unified workplan because of weak <u>sharing</u> among levels, and with partners.</p> <p>iii) That regardless of the formal workplan, staff do not feel they have <u>clear objectives</u> guiding their work.</p>	<p>i) There is a clear, comprehensive HQ global I+ workplan well organized by results based methods.</p> <p>ii) There is timely access to detailed workplans of UNICEF RO and CO, and key partners</p> <p>iii) At an individual level, all/most staff are very certain of their immediate and medium work objectives.</p>			<p>i) Some parts of the I+ workplan have good results based targets; others do not .</p> <p>ii) There is partial access to detailed workplans of UNICEF RO and CO, and key partners</p> <p>iii) While many staff are certain of their work objectives, a significant percentage (30-60%) express confusion.</p>			<p>i) Few if any I+ components have good results based targets.</p> <p>ii) There is minimal access to detailed workplans of UNICEF RO and CO, and key partners</p> <p>iii) The great majority of staff are unclear what their personal work objectives are or why they are important in relation to organizational goals.</p>		

- The I+ HQ workplan is described as a graft of a subsection of the Programme Division, Nutrition Section workplan onto a subsection of the Programme Division, Health Section workplan. It is thus more coordinated rather than well integrated and organized along results-based principles.
- Workplan sharing between regional offices and HQ appears to have been for information only with little if any linkage, coordination or integration at different levels of the organization. Workplan sharing among partners appears less advanced.
- MTSP-level targets are very present in the day-to-day work of many I+ staff in NY. This likely is in part because staff typically work on a 'silo' activity for which a clear global target exists (e.g. eradicate polio). In this sense, results-based targets appear to serve as a motivation. Within specific ADC silos, such targets appear most developed as they infuse the multi-level global partnerships.

THE ENABLING ENVIRONMENT #6: Focused guidance									
Rating 6b: Technical guidance									
Potential Risk	Low Risk Norm			Medium Risk Norm			High Risk Norm		
	1	2	3	4	5	6	7	8	9
<p>i) That technical guidance to operationalize policy will not cover the <u>necessary themes</u> and varieties of <u>Programme environments</u>.</p> <p>ii) That guidance is not widely available in the main working <u>languages</u>.</p>	<p>i) guidance is suitable for a wide range of country situations, with additional specific attention to at-scale service delivery, reaching hard-to-reach populations, and social communication</p> <p>ii) Most guidance is available in English, French and Spanish; other languages are sometimes available.</p>			<p>i) Basic technical guidance is complete, but there are gaps in the additional areas where extra attention is needed.</p> <p>ii) Guidance is normally complete in English, with efforts but incomplete coverage in other languages.</p>			<p>i) The technical guidance is generic, with little/no recognition of the range of country situations. No or very weak attention has been paid to the additional areas where extra attention is needed.</p> <p>ii) Guidance is normally not available in languages other than English.</p>		

- On technical matters, WHO and PAHO publications were cited as the primary resources, including extensive support to both French and Spanish users.
- The Organizational Guidance Note for I+ developed in 2002 was repeatedly noted to have been necessary for UNICEF as an organization but to provide little by way of Programme guidance. There does not appear to be a systematic internal UNICEF effort to develop technical guidance in areas where it is lacking within global partnerships.
- Ad hoc networks of staff, linked primarily by personal relationships, were seen as the key resource for practical guidance when particular lessons learned must be sought. Given the vast experience of UNICEF HQ staff working on immunization, this frequently yields high-quality responses, but is not systematized.
- Accurate assessment of the suitability of the guidance should be a high priority for a country component to this evaluation, for it is in those settings that users of this guidance are most likely to be situated.

THE ENABLING ENVIRONMENT #6: Focused guidance									
Overall Rating									
Potential Risk	Low Risk Norm			Medium Risk Norm			High Risk Norm		
	1	2	3	4	5	6	7	8	9
GUIDANCE OVERALL RATING									

- The rating above reflects the risk arising from a lack of systematic Programme guidance development, dissemination and follow-up. Whether in response to this paucity or not, however, UNICEF staff in NY and RO appear to have extensive networks of experts to whom they can and do turn for direction, advice and guidance. The potential cost to the organization of the lack of a systematic approach may well be greatest in terms of its undermining accountability for best practices and results-based management and undervaluing the planning function.
- Differentiation of ADC from routine immunization and other '+' activities provides additional insight into the role of guidance. For ADC, clear, agreed global targets and explicit implementation direction have come from the global partnerships in which UNICEF plays a part. In these areas, there is considerably less scope for casting about for outside guidance on policy or implementation than is the case with efforts to strengthen routine immunization or expand the scope of '+' activities. Guidance that provides adequate direction on these elements while facilitating innovation that is subject to evaluation would be the optimal situation but it is not possible to assess the degree to which this is the norm. The relative paucity of reported evaluation efforts in these latter two areas combined with the coverage data indicating minimal improvements in coverage suggest that any useful innovation occurring under the present approach is poorly captured.
- Content and suitability of guidance should be a priority for assessment in countries, involving country office staff and counterparts for whom this guidance is primarily intended.

THE ENABLING ENVIRONMENT #7: Supply									
SUPPLY OVERALL RATING	1	2	3	4	5	6	7	8	9

- The supply component of I+ will be evaluated within a planned evaluation of UNICEF's supply function and roles.

THE ENABLING ENVIRONMENT #8: Resource Mobilization									
Rating 8a: Resource requirements costing									
Key issue: Has UNICEF adequately mobilized and fairly distributed resources for implementing I+?									
Potential Risk	Low Risk Norm			Medium Risk Norm			High Risk Norm		
	1	2	3	4	5	6	7	8	9
i) That resource needs are unknown because a comprehensive I+ MTSP costing has not been completed.	i) country-specific costs for I+ implementation developed, aggregated for global level, and including funds for UNICEF to support these activities adequately from HQ and RO			i) country-specific costs for I+ implementation available for most countries; further work needed to identify costs for UNICEF support of these activities from HQ and RO			i) tools for estimating costs available; country-specific costs for I+ implementation available in fewer than 50% of countries		

- Estimates of cost per fully-immunized child (FIC) are available from a variety of sources. These have been determined globally so may not accurately reflect the particular cost structures and capacity development needs of individual countries. No country-specific cost estimating has been done by UNICEF, although this is identified as a priority for the coming 12-24 months, following upon the impending Global Immunization Strategy.

THE ENABLING ENVIRONMENT #8: Resource Mobilization									
Rating 8b: Fund-raising and resource allocation									
Potential Risk	Low Risk Norm			Medium Risk Norm			High Risk Norm		
	1	2	3	4	5	6	7	8	9
<p>ii) That the <u>fundraising plan</u> does not adequately match needs to the donor market.</p> <p>i) That evolving <u>donor interests</u> are poorly known, which weakens pro-active adaptation of the plan and donor advocacy.</p>	<p>i) The plan exists and includes specific targets; is achieving targets most years.</p> <p>i) up-to-date information on donor flows to I+ available, both via HQ and bilateral assistance; frequent contact with donors on their priorities.</p>			<p>i) Fund raising plan in place but performance falling short of targets;</p> <p>i) information on donor flows is updated at least twice a year; intermittent contact with donors on their priorities.</p>			<p>i) Fund raising plan still under development</p> <p>i) aggregate data on financial flows reviewed annually; changes in donor priorities come as a surprise or are not reacted to quickly</p>		

- All respondents commented on the paramount role of donor-driven financing in the I+ area. Over half of all I+ expenditures in 2002 and 2003 were earmarked for polio eradication and polio and measles together account for over two-thirds of all expenditure. Most of the funding available to UNICEF's I+ activities is linked to ADC efforts and is earmarked for specific countries and/or activities, leaving little discretion for UNICEF decision-making.
- Both I+ staff and PFO materials noted with some concern UNICEF's overwhelming reliance on a small number of donors acting through ADC partnerships. In addition to the potential impact of the withdrawal of one such donor on I+ activities, some suggested that there may be a 'crowding out' occurring whereby success in fundraising for ADC efforts has meant that countries and others have 'forgotten' to develop proposals on other elements of the I+ priority.
- Much of the fundraising performance risk is external to UNICEF since autonomous governments make the decisions that UNICEF can only influence, not control.

THE ENABLING ENVIRONMENT #8: Resource Mobilization									
Rating 8c: Resource Allocation									
Potential Risk	Low Risk Norm			Medium Risk Norm			High Risk Norm		
	1	2	3	4	5	6	7	8	9
<p>i) That the priorities and processes for <u>accessing funds</u> via GAVI and other mechanisms are confused and competitive with one another.</p> <p>ii) Internal <u>UNICEF allocation processes</u> are not transparent and do not permit reliable forward planning.</p>	<p>i) Funding mechanisms are complementary and harmonious, and cover all the main areas of I+ activities.</p> <p>ii) transparent process with explicit criteria for allocation of HQ resources to I+ activities</p>			<p>i) Funding mechanisms are complementary, but there are significant gaps in the priorities eligible for funding.</p> <p>ii) allocation of HQ resources by a process that participants can describe but which is either not documented or does not easily respond to evidence of impact or weakness.</p>			<p>i) Not only are their thematic gaps, but the mechanisms conflict with one another or generate inefficiencies that harm the UNICEF and global efforts.</p> <p>ii) lack of specificity as to how funds are allocated and what proportion of funds in fact from GAVI for it's objectives; HQ allocation process undocumented</p>		

- Several respondents voiced the opinion that GAVI was a burdensome way of delivering needed funds for immunization and if donors had simply dealt directly with UNICEF, more would have been accomplished. In assessing the GAVI-UNICEF financial flows, it is useful to bear in mind that a significant share of GAVI resources have been allocated by GAVI to introduction of underutilized vaccines, notably that against hepatitis B virus. Funds available to countries for strengthening their immunization systems, (the other so-called 'window' of GAVI), have typically involved UNICEF in their expenditure, whether through procurement or through UNICEF's influence within the national interagency coordinating bodies that have been required as a condition of GAVI funding.
- A potentially more significant imbalance is that between funds for ADC and funds for strengthening routine immunization. Countries with the greatest burdens of disease from the infections targeted through ADC often have the weakest routine systems in place which means that ADC is functioning as both a fundraising strategy, (attracting donors with clear targets for clearly defined conditions) and as an implementation strategy (vertical, single disease-specific immunization campaigns) in countries. Given the role of external donor resources in I+, this imbalance suggests that creative proposals to capture or generate ancillary health benefits of ADC campaigns are particularly needed.
- An analysis of fundraising for MNT elimination notes that global ADC initiatives and GAVI may have combined to create two key perceptions: 1) that GAVI covers all immunization needs, and 2) that potential I+ donors with a strong country-driven approach are not needed or solicited. The first of these is simply incorrect and the second leads, in PFO's analysis, to a suggestion for a stronger link between MNT (and logically other ADC activities) and I+ thematic funding proposals.

(Analytic comments continued on next page)

Rating 8c: Resource Allocation: Continuation of analytic comments from previous page

- A systematic approach for non-earmarked funds is being developed that will use performance against criteria, both general development and specific immunization indicators, to guide allocation.
- Several staff noted that the falling regular resources (RR) commitment to I+ is not consistent with UNICEF's stated commitments to I+ in light of stagnant coverage and the lack of discretionary resources within an envelope of what may seem, from the outside, as significant other resources (OR). Following on this, an improved financial analysis was seen to be critical to changing the perspective of senior management that all is well on immunization.
- Several respondents noted that allocation of resources within country programmes is reported to be largely at the discretion of the UNICEF Representative and often driven by the particular interests of the Representative. Respondents raising this point felt that this both pre-dated and has been unchanged by the MTSP.

THE ENABLING ENVIRONMENT #8: Resource Mobilization									
Rating 8d: Donor reports									
Potential Risk	Low Risk Norm			Medium Risk Norm			High Risk Norm		
	1	2	3	4	5	6	7	8	9
<p>i) That high <u>quality</u> reports are not being delivered to donors</p> <p>ii) That donor reports are not <u>submitted on time</u>, with consequent loss of credibility.</p> <p>iii) That the donor reports do not enter into the <u>organizational learning</u> strategy.</p>	<p>i) >90% of donor reports judged to be comprehensive, either by the donors or through UNICEF quality assurance monitoring.</p> <p>ii) >90% of donor reports are submitted by specified deadline</p> <p>iii) The internal review system includes measures to gather and disseminate information useful for organizational learning from donor reports</p>			<p>i) at least 70% of donor reports judged to be comprehensive by donors or internal quality control mechanisms.</p> <p>ii) at least 70% of donor reports are submitted by specified deadline and at least 95% within 90 days of due date</p> <p>iii) QA review system exists but includes only limited analysis of reports for organizational learning</p>			<p>i) fewer than 70% of donor reports judged to be comprehensive by donors or internal assessments.</p> <p>ii) less than 70% of donor reports are submitted by specified deadline or less than 95% within 90 days of due date</p> <p>iii) QA system planned but not implemented or not planned at all; thus organizational learning does not occur via this method.</p>		

- Unlike some other areas of work, I+ donor funding flows disproportionately through HQ and is 'globally-managed'. Most if not all donor reports are said to be submitted within 90 days of due date and this has been improving since 2001. Assessment of reports would require donor input. Nonetheless, UNICEF staff identify a high quality standard for these reports as a consequence of their being compiled and prepared at HQ rather than sent directly from countries.
- Some organizational learning from donor reports and proposals is occurring but primarily on an ad hoc basis with HQ staff forwarding material to country or regional staff when/if they think it relevant. Recently, PDDO has required that internal proposals have an initial review by I+ staff in HQ and I+ staff are optimistic that this will raise the quality of proposals. In addition, all donor reports are now being posted on the UNICEF Intranet.
- No systematic analysis of reports for organizational learning is in place. This is identified as a priority that has gone unfilled in part due to limited HQ staff time and the need for time-intensive maintenance of external relations.

THE ENABLING ENVIRONMENT #8: Resource Mobilization									
Overall rating									
Potential Risk	Low Risk Norm			Medium Risk Norm			High Risk Norm		
RESOURCES OVERALL RATING	1	2	3	4	5	6	7	8	9

- External, earmarked funds dominate UNICEF’s resources for I+. Discretionary resources will soon be allocated in a more transparent manner. Donor reporting is generally up-to-date but UNICEF may be missing valuable organizational learning opportunities without a systematic approach to analysis and dissemination of this information from reports.
- Achieving the MTSP targets for I+ will be contingent on continued flows of funds for ADC. At present, funds earmarked for polio eradication make up more than half of all resources available for I+. Medium-long term financial sustainability of I+ may be enhanced if strategic thinking about post-polio fundraising begins now.
- UNICEF is allocating a decreasing amount of RR to I+. UNICEF representatives are perceived to have significant influence over the allocation for I+ within their country programme budget. In addition, representatives have what may be termed ‘representative capital’ arising from the level of interest and energy they bring to an issue.
- Exploring and evaluating both of the aspects of country-level resource allocation together with the links between UNICEF’s allocation discretion and UNDAF and other country-level mechanisms and frameworks should be a priority in any extension of this evaluation to include country case studies.

THE ENABLING ENVIRONMENT #9: Human Resources									
Rating 9a: HR Planning and Recruitment									
Key Issue: How well has UNICEF developed human capacity to reach its I+ goals?									
Potential Risk	Low Risk Norm			Medium Risk Norm			High Risk Norm		
	1	2	3	4	5	6	7	8	9
<p>i) I+ staffing decisions are not guided by an HR strategic plan</p> <p>ii) That many I+ post incumbents do not have the right qualifications</p> <p>iii) That the respective roles of staff and consultants are not consistent with comparative advantages and long term needs.</p>	<p>i) Strategic plan for staffing exists that reflects current and required person power; it is being implemented</p> <p>ii) <10% of I+ posts at all levels are filled with qualified people</p> <p>iii) roles of staff and consultants are adequately balanced, consultants are adequate to their tasks and mechanisms exist to rate consultant performance</p>			<p>i) Strategic plan for staffing under development</p> <p>ii) 11-25% of I+ posts at all levels are filled with persons unmatched to their tasks</p> <p>iii) readily identifiable improvements to balance between staff and consultants exist; evaluation of consultant performance is irregular</p>			<p>i) strategic plan for staffing not yet under development</p> <p>ii) >25% I+ posts at all levels are filled with persons unmatched to their tasks</p> <p>iii) excessive reliance on consultants with no systematic evaluation of consultant performance</p>		

- Respondents noted that I+ posts are too few in number and that DHR’s approach to filling them could be improved with more timely action and definitive efforts to move valuable staff on SSAs into more secure, structured employment.
- Mismatch between skills and roles was identified as a growing problem in regional offices and country offices. Most country office I+ staff were described as ‘EPI people’ provided little if any assistance to understand the change implicit in the priority attributed to I+ rather than immunization alone.
- The role of consultants was difficult to assess from NY as these are mostly managed by regional advisors. No organization-wide registry for or evaluation approach to work done by consultants was identified

THE ENABLING ENVIRONMENT #9: Human Resources									
Rating 9b: UNICEF staff capacity development									
Potential Risk	Low Risk Norm			Medium Risk Norm			High Risk Norm		
	1	2	3	4	5	6	7	8	9
<p>i) UNICEF does not have an I+ <u>staff inventory</u> as a basis for HR planning. .</p> <p>ii) Staff receive inadequate <u>training</u> because resources are not invested to realize the staff development plans.</p> <p>iii) The <u>PER</u> process is not used as an individual and collective management tool.</p>	<p>i) UNICEF-wide talent inventory and needs assessment has been completed and translated into individual development plans for all I+ staff.</p> <p>ii) resources are available to enable staff to attend high-quality training or take courses to make progress towards the goals outlined in their plans</p> <p>iii) the PER process identifies high- and low-performing/low potential staff; the results guide development, retention, and separation decisions.</p>			<p>i) UNICEF-wide talent inventory and needs assessment underway</p> <p>ii) resources are available for training but quality of training highly variable</p> <p>iii) PER process identifies staff as high of low-performing but is not used as guide to development, remediation or eventual separation</p>			<p>i) UNICEF-wide talent inventory and needs assessment not started</p> <p>ii) resources/opportunities for training limited to less than one/24 months/staff member with little or no quality control</p> <p>iii) PER process identifies all staff as high-performing, high-potential and/or not linked to personal professional development plans</p>		

- Organization-wide approaches to human resource needs, capacity development and training are emerging but remain very much a work in progress. Training in managerial methods and coaching, particularly for RO and CO staff, was identified as the greatest need and one which the organization's own training offerings do not meet. No organization-wide clearinghouse of training resources was identified. Some respondents cited CO perceptions that training opportunities are used as rewards rather than to build capacities
- The PER process is no better or worse than that for other staff in the organization. Linkage to professional development plans appears to be haphazard if at all, although this may be too early in the lifecycle of the P²D Programme to expect such linkages.
- No specific tool for capacity assessment has been developed, and efforts to assess UNICEF staff capacity had been largely ad hoc, dependent upon interest from regional advisors. The perception exists that linkages among job descriptions and the particular roles and capacities found in UNICEF CO staff were random luck rather than part of a strategic HR approach. .

THE ENABLING ENVIRONMENT #9: Human Resources									
Overall Rating									
Potential Risk	Low Risk Norm			Medium Risk Norm			High Risk Norm		
HR MANAGEMENT OVERALL RATING	1	2	3	4	5	6	7	8	9

- The correspondence between the needed capacities and those present in the staff in country, regional, and perhaps even HQ offices deserve attention. Job descriptions appear to be generic rather than specific to the role of the position and processes for filling positions do not reflect the sense of urgency some staff feel is needed to make progress towards the MTSP targets.
- All of the I+ targets address activities that were ongoing before UNICEF’s MTSP and thus, may have created few novel, identifiable technical capacity needs, particularly in the absence of a concerted effort to define needed capacities. Assessments and the tools for completing these in use prior to the MTSP have continued in use. The shortfall in capacity, particularly managerial and micro-planning skills for complex Programme interventions that predated the MTSP appears to have remained resilient to elimination and a significant impediment to achieving I+ targets.
- Given that UNICEF’s staff are arguably one of the organization’s core assets, a first step to clearing the air on matters of human resource management would be the availability of information. One respondent noted that in early 2002, a DHR staff member promised that performance benchmarks (e.g. detailing average time to fill posts by section and level with performance goals for improvement) would be forthcoming yet, if these have been developed, they do not appear to have been effectively disseminated. Overall, the expectations of UNICEF’s HR management and its Department of Human Resources appear to be so low as to have created an environment wherein proposing systemic or process remedies is perceived as far less useful than cultivating relationships with individual DHR staff members in the hope of moving files through the existing process.

THE ENABLING ENVIRONMENT #10: Information and Learning Systems									
Rating 10a: Monitoring									
Key question: Are adequate information and learning systems in place to guide I+ programming?									
Potential Risk	Low Risk Norm			Medium Risk Norm			High Risk Norm		
	1	2	3	4	5	6	7	8	9
i) National immunization data have significant quality and timeliness problems. ii) National 'Plus' data have significant quality and timeliness problems. iii) Data adjustments use non-standard protocols. iv) Data are inconsistently and incompletely disseminated to end users.	i) Data collection methods consistently meet global standards, and are timely and accurate. ii) Same as i) above iii) Adjustment to data from countries follows globally-accepted practices iv) monitoring data are readily available to all parts of the organization			i) One or the other condition is met but not both: data are timely but fall short of global standards, or are accurate but delayed. ii) Same as i) above iii) data adjustments are reasonable but rationale for adjustment not readily available iv) monitoring data are available but ease of access could be improved using existing channels			i) Monitoring data on immunization are frequently neither timely nor accurate. ii) Same as i) above iii) any adjustment of data is by methods unclear with little or no explanation available iv) unstructured dissemination; access is haphazard and unplanned		

- Immunization and coverage surveys are duplicative in some countries due to lack of coordination of 'EPI' and 'vitamin A' activities. Efforts to develop monitoring systems for 'second dose' of vitamin A (typically given outside EPI activities), are a current priority.
- UNICEF arguably has use for two distinct streams of monitoring data and information. The first is global-level monitoring on the situation of children and, relevant to I+, country-specific immunization coverage data. The second is more detailed information, ideally from more detailed geographies (i.e. districts and sub-districts) relevant to I+ decision-making and the measurement of many MTSP targets. On the first, UNICEF is an acknowledged global leader and the work of the Strategic Information group within DPP is widely viewed to be of high quality. However, it is in the second where performance is generally felt to be weak.
- Respondents generally acknowledged that global-level monitoring information was available, generally accurate or adjusted by internationally-agreed approaches, and that it would be useful in decisions. Passive dissemination via the Intranet was noted to have had little if any impact in terms of motivating or facilitating people to use such information to inform decisions.

THE ENABLING ENVIRONMENT #10: Information and Learning Systems									
Rating 10b: Evaluation and Research									
Potential Risk	Low Risk Norm			Medium Risk Norm			High Risk Norm		
	1	2	3	4	5	6	7	8	9
<p>i) I+ research and evaluations emerge in an ad hoc fashion due to the absence of a systematic <u>plan</u></p> <p>ii) Research and evaluations do not meet established <u>quality</u> norms.</p> <p>iii) Results remain little known due to poor dissemination, both internally and with partners.</p>	<p>i) Plan that links HQ, RO and CO research and evaluation is in place and being implemented.</p> <p>ii) At least 80% of research/ evaluations deemed to be of high quality; RO staff play a structured role in quality assessment.</p> <p>iii) dissemination plan ensures evaluation results are shared with partners and, where appropriate, published for wider audiences.</p>			<p>i) While a formal planning system is under development, there is at least an inventory and tracking of intended and actual efforts.</p> <p>ii) more than 50% but less than 80% of evaluations deemed to be of high quality; variable RO role in assessing evaluation quality.</p> <p>iii) Ad hoc sharing with partners, and irregular dissemination, even when interesting results merit it.</p>			<p>i) No evaluation plan under development; no 'one-stop' inventory for identifying HQ, RO and CO evaluation/studies</p> <p>ii) fewer than 50% of evaluations deemed to be of high quality; minimal RO office role in assessing evaluation quality</p> <p>iii) little if any dissemination to partners or wider audience.</p>		

- Evaluations are not managed through an organization-wide I+ evaluation plan. Thus, they remain within sectoral or Programme silos of health, nutrition, EPI or vitamin A supplementation.
- No quality assurance system is currently in place, although quality standards under development by the Evaluation Office may be useful to assess the quality of these evaluations.
- Dissemination of evaluation findings does occur but, from an HQ perspective tends to be opportunistic and ad hoc rather than systematic. Systematic dissemination would be a potentially valuable contribution to 'closing the loop' i.e. using evaluation findings to guide changes in implementation.

THE ENABLING ENVIRONMENT #10: Information and Learning Systems									
Rating 10c: Learning and Documentation									
Potential Risk	Low Risk Norm			Medium Risk Norm			High Risk Norm		
	1	2	3	4	5	6	7	8	9
<p>i) That best practices are frequently not identified and used to guide organizational policy and technical guidance.</p> <p>ii) That global/regional Programme reviews and funding proposals fail to consistently use the results of research/ evaluations/ best practices.</p>	<p>i) system to identify best practices and disseminate these using both intranet distribution and other, more active efforts in place and functioning well;</p> <p>ii) Programme reviews and fund raising proposals are seen to build upon good/best practices identified in evaluations from relevant settings</p>			<p>i) some effort to identify best practices, dissemination primarily passive via intranet; Programme reviews generally not aware of relevant country evaluations/studies;</p> <p>ii) respondents readily identify opportunities to use previous evaluations/studies more effectively to guide funding proposals and Programme implementation;</p>			<p>i) no particular approach or documented plan for identifying best practices and/or dissemination and learning</p> <p>ii) no apparent linkage between best practices and project proposals or Programme reviews.</p>		

- Respondents noted that UNICEF has no systematic approach to identifying best practices. Occasionally, evaluations were reported to be undertaken to document a 'best practice' but the sole example cited was one of programme communication.
- The technical consensus around such issues as immunization schedules means that the deficit in best practice documentation and dissemination is greatest on issues of implementation, particularly efforts to strengthen routine immunization.
- To their credit, HQ staff do not rely only on UNICEF-derived best practices; they have regular access to innovative Programme efforts from their experts networks. Global ADC partnerships are the pivotal vehicle for identifying and disseminating best practices. However, confirming that the benefits of this global fertilization reach country office staff was not possible.
- As noted with monitoring and evaluation information, passive dissemination via the Intranet has increased but remains the main channel for delivering relevant information. Some best practices identification occurs through UNICEF's input to technical guidance developed under WHO leadership.

THE ENABLING ENVIRONMENT #10: Information and Learning Systems									
Overall Rating									
Potential Risk	Low Risk Norm			Medium Risk Norm			High Risk Norm		
LEARNING OVERALL RATING	1	2	3	4	5	6	7	8	9

- Information systems to ascertain whether the targets have been achieved remain works in progress in sufficient number of countries that questions have been raised as to whether it is truly possible to assess accurately the achievement of the 80/80 goal, the reduction of measles mortality, and the increase in countries with vitamin A coverage that reaches the MTSP target. Other target areas, e.g. vaccine security, safe injection practice, appear to defy clear measurement in the available documentation. Polio eradication is a notable exception; it is the ADC with a robust monitoring system in place.
- Systems for monitoring have received increased attention in the most recent 12 months. Use of monitoring and evaluation information to develop policy and manage activities is irregular rather than systematic.
- Realizing opportunities for organizational learning would be more likely if accountability mechanisms included evidence of such learning as an expectation of staff, particularly as manifest in proposals and progress reports.
- To the extent that I+ is simply an extension of globally agreed strategies, then global partnerships and collaboration provide ready access to potential best practices. The more that it takes on an innovative or unique character, the more there is a need for organizational learning rather than reliance on external lessons. The potential is greatest in the Plus activities, and in their link with immunization. However, given that '+' activities have been largely limited to vitamin A supplementation suggests that it may be premature to identify 'best practices'.

ANNEX 1: COMPARISON OF OBJECTIVES — IMMUNIZATION PLUS AND THE WORLD FIT FOR CHILDREN

Millennium Development Goals (2001)	Medium Term Strategic Plan (2001)	World Fit For Children (2002)
<p>MDG #4 (Most relevant goal)</p> <p>Reduce by two thirds, between 1990 and 2015, the under-five mortality rate</p>	<p>66(a)...By 2005 the following goals will be achieved:</p> <ul style="list-style-type: none"> • 80 per cent immunization coverage in every district for each antigen in at least 80 per cent of countries, in a sustainable way; • global certification of polio eradication • measles mortality reduction by half • elimination of maternal and neonatal tetanus • Of those countries where vitamin A deficiency is a public health problem, increase by 100 per cent the number of countries achieving 70 per cent coverage of children under the age of 5 with vitamin A supplements twice annually 	<p>7. Ensure full immunization of children under one year of age at 90 per cent nationally, with at least 80% coverage in every district or equivalent administrative unit; reduce deaths due to measles by half by 2005; eliminate maternal and neonatal tetanus by 2005; and extend the benefits of new and improved vaccines and other preventive health interventions to children in all countries.</p> <p>8. Certify by 2005 the global eradication of poliomyelitis</p> <p>22. Achieve sustainable elimination of iodine deficiency disorders by 2005 and vitamin A deficiency by 2010 reduce by one third the prevalence of anaemia, including iron deficiency, by 2010; and accelerate progress towards reduction of other micronutrient deficiencies, through dietary diversification, food fortification and supplementation.</p>

ANNEX 2: TERMS OF REFERENCE

OUTLINE FOR EVALUATION OF IMMUNIZATION PLUS COMPONENT OF UNICEF MEDIUM TERM STRATEGIC PLAN

7 April 2004

1. Background

The MTSP Within Global Development Efforts

UNICEF is committed by several international goals agreed to in such documents as the World Fit for Children (WFFC) and the Millennium Development Goals (MDGs). UNICEF's Medium-Term Strategic Plan (MTSP) (2002-2005) is a framework to focus efforts, within UNICEF, on achievable strategic results which are linked to WFFC and MDG targets. It addresses 5 priority areas: integrated early childhood development, girls' education, fighting HIV/AIDS; immunization "plus," and improved protection of children from violence, abuse, exploitation and discrimination.

Immunization Plus (+) in the MTSP

UNICEF plays a leading role in global immunization and vitamin A supplementation. Note: Annex 1 to the evaluation report on page 55 shows the link between MTSP immunization plus targets and the long term international goals as well as the definition of Immunization Plus.

During 2002-2005, UNICEF, together with its partners, is supporting the strengthening of national immunization Programmes to establish sustained, routine immunization for all children. Concurrently, support will be given to promote successful implementation of supplemental activities required to achieve specific disease control/elimination targets. The routine system offering five contacts between child and the health system during the first year of life should serve as a platform for delivery of other critical interventions such as vitamin A supplementation.

Major strategies for pursuing the immunization plus goals identified by the I+ team for this MTSP period are:

- strengthening service delivery, developing capacity for planning, resource mobilization and monitoring
- ensuring uninterrupted supplies
- building communication support
- developing capacity for reaching hard-to-reach child populations

More detailed information about the targets and the strategies are available if needed.

Justification of the I+ Evaluation

The Executive Board of UNICEF in June 2002 authorized an evaluation plan that included a schedule of MTSP evaluations. Immunization Plus was targeted for 2003.

2003 is year 2 of the MTSP. It is not expected that the objectives established for 2005 will be met by end 2003-early 2004. Consequently, it is not realistic in 2004 to aim for a full scale impact evaluation that measures if the MTSP objectives are met. Instead, it is appropriate to conduct a formative evaluation to measure if implementation is on track and to assist in making needed adjustments that will more quickly and efficiently reach the 2005 goals.

The results will also serve related medium-term objectives. The Board has asked for a report on the Mid-Term Review of the MTSP to be presented at the September 2004 session. Beyond that, reflection and

design of the 2006-2009/10 MTSP will begin in late 2004, and will draw on the I+ and other MTSP evaluations.

2. Purpose of evaluation

1. To allow I+ decision takers to decide if UNICEF has been able to establish I+ targets (i.e. goals) that are considered feasible given the combined UNICEF-partner resources brought to bear through the Country Programme, and to make adjustments in the targets and/or strategies for the periods 2004-05 and 2006-2009.
2. To identify which particular parts of the I+ system are working well or need adjustment, and to be specific enough that areas of change can be precisely identified. This to be done through an assessment of the adequacy of policy development, planning systems, partnerships, technical components, funding, human resources, and implementation at global, regional, and country levels.
3. To meet an agreed accountability with the Executive Board to conduct periodic evaluations of the MTSP components according to the schedule approved at the June 2002 session.

3. Strategic Objectives

a. The I+ Policy Environment

This will describe the mandate for the Immunization Plus priority as approved by the Executive Board. The evaluation will analyze how this mandate has been translated into clear guidelines for the entire organization, and will focus on 5 strategic questions:

1. Are the UNICEF strategies and objectives designed to reach the I+ targets sufficiently specific and inter-linked for the variety of I+ programming environments within which UNICEF works (e.g. emergencies; reaching the unreached)? Are they consistent with overarching policy frameworks like the MDGs and Human Rights Based Programming?
2. Are UNICEF's I+ strategies correctly attuned to sustainability issues?
3. Are the UNICEF I+ strategies adequately linked to other UNICEF priorities, both conceptually and in actual programmatic guidance?
4. Are UNICEF's I+ strategies properly coordinated with external partners?
5. How effective is the system of policy review and revision?

b. The I+ Enabling Environment:

This will examine how successfully UNICEF has been in the actual implementation. In particular, it will look at the work within 5 critical strategies that must be independently strong and must also function as a connected network. These strategies collectively create the enabling environment within which country level activities will reach maximum success.

1. Have the global policies been converted in conceptually clear, comprehensive, and focused guidance?
2. Is the supply component working as it should at international levels, and is it pro-actively preparing for the future?
3. Has UNICEF adequately mobilized and strategically distributed resources for the implementation of I+ policies?
4. How well has UNICEF created the human capacity needed to reach its goals?
5. Are adequate information, monitoring and learning systems in place to guide I+ programming?

c. The National Implementation Environment:

Based on a series of case studies, this will examine the implementation of I+ strategies on-the-ground. The strategic questions will resemble the global ones above, asking how well they have been developed at Country Office/Country Programme/National level, and how well the CO and higher levels of UNICEF are articulated.

1. Is the national level I+ policy adequate, and is the I+ vision of the CO that guides its advice in national policy discussions consistent with the global I+ vision?
2. Are the planning and M&E mechanisms sufficient to develop, implement, review, and analyze I+ plans with the sophistication required to achieve corporate goals.
3. Is the national level supply component capable of delivering a sustainable set of inputs throughout the I+ delivery systems at an affordable cost?
4. Do the systems for Quality Assurance and Learning (including oversight from higher levels) assure that the CO stays aligned with global best practices, contributes to corporate learning, and identifies and corrects problems?
5. Have national level funding efforts been adequate to support I+ system development and, ultimately, guarantee financial sustainability and the sustainability of results?
6. Is national level human capacity being developed to ensure a sustainable supply of sufficiently skilled workers?

4. Methodological Issues

Processes

Coherence with other evaluations: This evaluation and its related activities should link closely with other on-going evaluations – such as the one currently being undertaken by GAVI, the Vaccine Independent Initiative Scheme evaluation (listed in EDAR), evaluation of UNICEF's Supply Division, and the impact evaluation of communications for immunization in Nigeria and Pakistan.

The global advance toward I+ targets (goals) will be summarized and presented in the 2004 Executive Directors Annual Report to the Executive Board. Consequently, measuring progress toward targets is not a specific objective of this evaluation.

Commitment to participatory methods: The aim of the evaluation is to learn in order to improve programming. Therefore, to the extent possible, all phases from design to validation of finding and drawing of lessons learned shall be participatory, involving key decisions-makers.

Guidance: To oversee the effort and ensure quality control, a steering committee of relevant actors (including, potentially, non-UNICEF members) will guide the evaluation. Evaluation Office will chair this process.

Norms

There already exist norms for good performance in some aspects of I+: for example, in supply issues such as timeliness of delivery, or that the ongoing coverage of 80% of the target group reliably indicates sustainability is properly managed.

However, for many areas there may not be norms. Where this is the case, norms must be generated or there will be difficulty in analyzing if the results are good or poor. Furthermore, they should be generated prior to the evaluation in order that all stakeholders agree on what will justify positive or negative findings.

The proposal is to develop a methodology similar to that used by the Office of Internal Audit. The objective will be to identify what actions or levels of accomplishment mean that UNICEF (and partners) are presently in a situation of low/no risk, medium risk, or high risk. By identifying where there are

remaining risks toward realizing the MTSP objectives, it is judged that both the learning function (to permit adjustments) and the accountability function (to transparently assess progress) can be met.

Creating the norms will be a participatory process, and will form part of the inception report work (see below)

Methods to Be Employed

A combination of data collection method will be needed to collect the data from all the different sources that must be tapped. In addition, a combination will help ensure that findings will have the maximum credibility (if appearing within diverse methods) or that their potential weakness is evident (if not confirmed from what should be complementary methods).

The major methods noted as follows.

Desk reviews: Key documents and data are to be examined, with different objectives in view, including: assessing if the contents (e.g. decisions taken; technical guidance) meet norms; and establishing a coherent historical record. In addition to documents found from HQ contacts, the CO Annual reports and the Regional Analysis Reviews will be used.

E-mail surveys: Key informants are interviewed by e-mail. Multiple rounds may occur to compensate for the disadvantage of not having face to face contact. Objectives include gathering both details on what has been done, and respondent opinions on what is working well or not. Normal targets for e-mail surveys are persons who are too numerous and distant to effectively meet in person. In this case, regional and country office staff, and perhaps some of UNICEF's Programme partners will be contacted.

Key informant interviews: These are semi-structured person-to-person or group interviews that permit an in-depth exploration of themes. Normal targets are easily accessible or critical actors whose in-depth views are crucial to understanding the I+ effort. Key Programme partners and senior UNICEF I+ staff will be key informants.

Case studies: These are specially commissioned efforts to gather information in critical areas where there is too little available. Multiple methods might be used. Targets are selected for their ability to illuminate themes and offer generalizable lessons. Likely efforts concern I+ in emergency situations, and a Quality Assurance review of I+ donor reports and evaluations. More substantially, a set of multi-themed country case studies may be commissioned.

Technical reviews: These are in-depth reviews of entire technical processes. While a documentary record may exist, it is critical to review actual technologies, standards, and participants' behaviour including their skills and applied judgments. Likely efforts may occur in the MTSP tracking system under construction in PD; the I+ data reporting efforts via CRING, WHO, and other formats; and especially aspects of the supply system including those dealing with supply safety, stability, and flexibility.

5. Development and Implementation of the Evaluation Design

It is planned that this evaluation will be done in four parts, excluding the multiple processes of use and dissemination.

Stage 1: Inception Report

This is a significant phase to determine the potential scope of the work. It concludes with a decision on exactly what to focus on in the actual evaluation.

Based on a comprehensive desk review and consultations with main actors, the Inception Report which will have 3 main objectives:

- Create a narrative history of UNICEF's policies, efforts, and results in the field of I+ from the James Grant era to the present.
- Determine what documentation and data are available, and consequently what effort would be required to answer particular questions.

- Develop the analytic risk norms for the questions contained in the annex. It is important that the norms be completed before the actual data collection starts.

With this information, the steering committee will determine which issues and methods to employ.

At this point also, a decision will be taken on what part of the overall effort, if any, to assign to external-to-UNICEF evaluators. Considerations of independence, technical skills, and programmatic knowledge will be criteria used.

Stage 2: Development of the Study Instruments

This will include the questionnaires, case study designs etc. It will cover both their administration in the field and preparations for analysis.

Stage 3: Field Work

This will include all the data collection activities of all the methodologies, the data organization, and it's 'cleaning' and entry in data bases or other analytic formats.

Stage 4: Analysis and Writing

This is the culminating phase where the information is processed and the results compared to the norms established. From this, the steering committee and others will draw their conclusions. Note that the consultants or others that have led the process in stages 2 and 3 will not be responsible for drawing the conclusions and making recommendations. That will be a more widely shared responsibility. It is expected that there will be one or more stakeholder workshops to provide input for the report.

6. Timeline to final product

1. Finalization of TOR: December 2003
2. Selection of Consultant for the inception phase: December 2003
3. Inception report (including history, data availability, and norms as discussed above): Mid-January 2004
4. Completion of instrument design: mid February 2004
5. Data collection: February-end April 2004
6. Analysis: February-mid May 2004
7. First draft and stakeholder workshop: Mid-May 2004
8. Final Draft and completion of all deliverables: end June 2004

7. Deliverables

1. A report, in English, of not more than 70 pages with a self standing Executive summary not exceeding 4 pages. The themes to be covered in the report and the annexes and other supporting material will be specified at the end of stage 1. Copies to be delivered in Microsoft Word format and hard copies.
2. The Executive Summary translated into at least French and Spanish.
3. A 20-25 minute PowerPoint presentation giving the main findings and a resume of the methodology.
4. Completed case studies and technical reviews, with their specific TORs to be determined.

5. All relevant notes, documents reviewed, interview reports etc. These are to be accompanied by an index to facilitate later retrieval and use.
6. Any data files in Excel or other formats to be delivered in electronic format and (if judged necessary) hard copy. To include an index and users guide to facilitate later use.
7. A completed Evaluation Data Base report

