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1. OVERVIEW
Executive Summary / Highlights

The Programme Division provides technical leadership and guidance for UNICEF’s programmatic work, houses the seven outcome areas, as well as the cross-cutting areas of gender, ECD, adolescents, disabilities and communication for development. It has a unique and multi-faceted role that includes influencing global technical policy to advance child rights; producing and disseminating high quality technical guidance; fostering knowledge exchange; leveraging resources for programmatic work as well as providing technical assistance, in coordination with regional offices, to country offices in support of equity results.

In 2014, PD spearheaded global initiatives and catalyzed partnerships and momentum around key issues for children. The Division, along with WHO, was instrumental in the production of the Every Newborn Action Plan (ENAP), which was endorsed by all 193 member states at the World Health Assembly. Implementation of this plan by countries will be critical to end preventable child deaths under the banner of A Promise Renewed, and to tackling the unfinished business under MDGs 4 and 5. In the area of HIV, PD has worked with UNAIDS to conceptualize the new social movement called “All In! to #EndAdolescentAIDS” which has helped to raise the profile of adolescent death rates due to AIDS. An equally strategic outcome was achieved in Social Protection where the Division collaborated with ESARO, WCARO, MENA and the South Africa Country Office to build a regional partnership with the African Union on child sensitive social protection systems. This resulted in the 41 Member States committing to scale up national financing, including ring-fencing of the budget for social protection for children.

The Division’s leadership in the global effort to eradicate polio also continued, with UNICEF as one of spearheading organization of the Global Polio Eradication Initiative. In 2014, in addition to assisting countries in their polio vaccine applications to GAVI, PD contributed to risk assessments to help prioritize allocation of global resources for polio, as well as establishing key guidance and standards. Through a partnership with Harvard University Polling, PD also helped create new high quality social data which helped guide the social mobilization response in Nigeria, Somalia and Pakistan.

PD also convened a highly visible and successful neuroscience symposium “Missing Linkage: Understanding the Multiple Influences on Brain Development” which brought together 16 internationally renowned scholars working across specialized streams of neuroscience. Through sharing the state-of-the-art scientific knowledge on brain development, as well as insights into why ECD is so important for individual and societal development, the scientists shared evidence that is shaping UNICEF’s approaches to programming in ECD. Key advocacy messages from the symposium were consolidated in the “Building Better Brains” publication and disseminated to all field offices. Programme guidance incorporating the new science will be available in 2015.

Also in 2014, PD released ‘Ending Violence Against Children: Six Strategies for Action’ to inform stakeholders and policy-makers of evidence based programmes proven to prevent violence against children. This publication was released as an accompanying compendium to ‘Hidden in Plain Sight’, the largest global compilation of data on violence against children released by the Data and Analytics Section, which showed the devastating extent of physical, sexual and emotional violence and the underlying attitudes that justify and keep violence “hidden in sight”.

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In addition, through a consultative process, PD finalized the Gender Action Plan (GAP) which was endorsed by the Executive Board in early 2014. The Gender Action Plan guides UNICEF’s work on gender equality at different levels. At HQ, a high-level GAP Steering Committee, chaired by the DED for Programmes, was established to oversee the overall implementation of the plan and delivery of results, and significant efforts are being made to increase staff capacity for programme implementation. Based on the GAP, PD has worked to update various institutional documents to ensure strategic approaches to gender-based programming, including the PPP e-manual and related training. Support to the field has intensified over the year, particularly for the four targeted priority programmatic areas of the GAP where improved and scaled-up results are expected.

The Division was heavily engaged in the Post-2015 process with technical staff playing a key role in many of the thematic consultations, and in particular, those on Health, Education, Water and Conflict, Violence and Disasters. Working with external partners and internally with the Post-2015 Unit, PD provided substantial inputs to inform the goals and targets articulated in the Open Working Group’s November report to the Secretary General. The gains made on child protection are notable with inclusion in the Post-2015 agenda of issues on violence, including sexual violence and violence injuries, free universal birth registration, child marriage and governance. In addition, PD working with key partners, helped to place children in the Post-2015 goal on poverty and also keep “early childhood development” visible in the priorities.

PD continued to provide technical assistance to country offices in all sectors, working through joint arrangements with the regional offices to prioritize such support. The range of assistance varied from support to upstream education sector analysis to capacity building at district levels for health systems strengthening. Some results from such support include the 22 priority countries implementing the Global Plan for the Elimination of New HIV Infections among Children by 2015 and Keeping Their Mothers Alive, adopting policies promoting lifelong treatment for mothers living with HIV. In Nutrition, technical support from PD helped country offices in Bangladesh, Madagascar, DRC, Zambia, Nigeria, and Burundi to improve or define UNICEF’s strategic support for national programmes or larger projects, while in India, PD’s technical support helped strengthen collaboration with WASH to tackle stunting. The Division’s overall support to the field in applying MoRES to improve equity results is illustrated by the WASH Section, which worked with WCARO to equip staff from 18 country offices with the knowledge and skills to apply MoRES for WASH programming. Staff in the field, partners and counterparts, have also benefitted from courses and learning opportunities that PD sections have developed with a range of academic institutions (e.g. Cornell e-learning course on Infant and Young Child Feeding, and the Harvard course on Equity, Quality and Leadership in Education).

Finally, in 2014 PD contributed to the response to Level 3 emergencies with staff deployments to Syria, Iraq, CAR, South Sudan and the Ebola affected countries and programme guidance and support provided. All PD technical sectors were mobilized for the Ebola response with the Division providing a strong programmatic response lead in health, WASH and C4D – and also in nutrition, child protection and education. In particular, PD worked with WCARO, the Ebola cell and the affected countries to lead the community-based component of the response to Ebola, including the development of the “community care center” model. Both technical leadership and
coordination support was provided from PD’s C4D Unit for the critical C4D/social mobilization aspect of the response. UNICEF’s support in these areas contributed to curbing the crisis.

2. DEVELOPMENT EFFECTIVENESS

2.1. Analysis of Development Effectiveness

The Programme Division (PD) houses the technical leadership for the seven outcome areas of the Strategic Plan (2014-2017), as well as the Gender Section and Human Rights Unit. As such, the Division is instrumental in setting direction in these areas, based on global knowledge and best practice. It also supports the field, with regional offices, in programming for equity results in all the outcome areas of the SP. Technical support to country offices is provided in coordination and collaboration with regional office, mostly through joint workplans, or compacts, that define the priority support needed from PD. Working in close collaboration with other Divisions, such as Office of Emergency Programmes (EMOPS) and Division of Research and Policy (DRP), the Division’s support in 2014 concentrated on assistance to a range of countries. These countries spanned high burden, fragile and humanitarian contexts, as well as middle income countries that are undergoing specific transition periods or where there were key opportunities to leverage. Specific areas of PD’s engagement included technical support for a) the development of effective policies, strategies and plans; b) systems strengthening and improved service delivery; and c) humanitarian action, given the unprecedented number of protracted Level-3 emergencies. In addition, PD provided strategic support at key points in the country programme development process. All this work took place within PD’s continued strong leadership on the overall focus on equity and practically helping countries adopt equity-focused strategies and improved results orientation to deliver better results for children and women, especially the most disadvantaged.

a) Technical support to the development of policies, strategies and plans

In 2014, PD provided extensive support to Regional and Country Offices in their engagement in upstream level work with governments and other development partners in the analysis and development of policies, strategies and action plans that promote the rights of children and women.

In Health, technical assistance to countries focused on sharpening national plans that aim to strengthen health systems and accelerate reduction in maternal and child mortality. With support from PD, Ghana, India, Indonesia and Pakistan finalized their national Every Newborn Action Plan, and Namibia and Rwanda sharpened their Reproductive, Maternal, Newborn and Child Health (RMNCH) plans as part of the A Promise Renewed process. Working jointly with WHO, PD also supported the development of Effective Vaccine Management plans in 15 countries, as well as the implementation of the plans in 20 countries, resulting in the updating of cold chain equipment inventories, improved capacity of national staff and the implementation of temperature monitoring systems, amongst others. Communication plans, supported jointly by Health and Communication for Development (C4D), also supported the introduction of new vaccines in 19 countries.
In HIV, PD provided technical assistance to 22 priority countries implementing the Global Plan for the Elimination of New HIV Infections among Children by 2015 and Keeping Their Mothers Alive, leading to the adoption of policies promoting lifelong treatment for mothers living with HIV. With these policy adoptions in the priority countries, a significant step was taken for the provision of lifelong treatment of mothers living with HIV - the most efficacious means of preventing HIV transmission from mother to child - as well as preventing maternal deaths due to HIV and orphaning. Additionally, in partnership with Regional Offices (ROs) and the Global Fund for AIDS, TB and Malaria, PD provided technical trainings in Mali and South Africa that have resulted in eight of 12 countries integrating maternal and child health into their Concept Notes for Global Fund HIV and TB, providing the necessary mechanism to leverage funding for the integration of maternal and HIV services.

The Division’s technical assistance in Child Protection focused on the development of evidence-based strategies to prevent and respond to sexual abuse and exploitation of children in more than 70 countries worldwide in all regions. In Education, PD provided technical support to Lao PDR, Central African Republic, Nigeria, Pakistan, Uzbekistan, and Togo in the preparation for Global Partnerships for Education (GPE) proposals, which resulted in the approval of new GPE funding for those countries. The new funding is expected to not only address critical funding gaps for the sector but will also create a platform for a wide range of partners to participate in sector planning and service delivery and incentivize actions to strengthen systems for improved equity and learning in countries. In the area of Social Protection, the Division collaborated with ESARO, WCARO, MENA and South Africa Country Office to build a regional partnership with the African Union on child sensitive social protection systems, which resulted in the 41 Member States committing to scale up and national financing, including ring-fencing of budget for social protection for children. This kind of strategic policy partnership and political commitment is key for further action, implementation and results.

In Nutrition, technical support from PD helped country offices from Bangladesh, Madagascar, DRC, Zambia, Nigeria, and Burundi to improve or define UNICEF’s strategic support for national programmes or larger projects, while in India, PD’s technical support helped strengthen collaboration with WASH to tackle stunting. In the area of infant and young child feeding, where accelerated progress is critical for the child survival and development agenda, PD facilitated preparation of proposals for the Bill and Melinda Gates Foundation for breastfeeding/MNCH in Ghana, Kenya and Bangladesh, organized policy-improvement workshops for seven ASEAN countries, and worked with the Inter-Parliamentary Union to hold a similar workshop for 10 countries in South and East Asia. These are resulting in policy makers and legislators understanding their pivotal role in combating stunting promoting infant and young child nutrition.

Through a cross-sectoral effort bringing together Gender, Child Protection, Education, Adolescent Development & Participation (ADAP) and Communication for Development (C4D), PD assisted 14 countries in South Asia, ESAR and MENA in the development of evidence-based national strategies and plans to prevent child marriage. This helped to bring a broader and more comprehensive approach to the issue that links different sectors. PD’s assistance was instrumental also in the development of regional strategies in ADAP, adoption of ADAP strategy in LACRO and ROSA and in the preparation of the investment framework on the ‘demographic dividend’ for investing in the adolescent population in WCAR. In C4D, PD supported the development of a C4D programmatic framework in the ESAR region, which provides useful guidance for support to COs in the implementation of key interventions across sectoral priorities. Taking this work further, PD
provided technical support to Kenya, Uganda, Zambia, Tanzania, and Ethiopia for their national integrated communication plans for maternal, newborn and child health which aims to guide interventions to accelerate gains in child survival and development.

Through HATIS, PD provided direct or indirect support to over 20 COs in integrating peacebuilding, DRR and resilience into their programme strategies and plans. The extent of support in this regard varied from remote desk support (e.g. Guinea Bissau, Sudan, Indonesia) to extended in-country missions (e.g. Ukraine, Malawi, Philippines).

A final significant area of work was the support to Strategic Moments of Reflection, Mid-term Reviews and CPD development processes where the senior team in PD led strategic support from the Division to shape strategies and adjustments in selected country programmes of cooperation. Examples of such engagement include country programmes for Kenya, Mali, Madagascar, Nigeria, Indonesia, Sudan, Colombia and Azerbaijan.

b) Technical support to systems strengthening improved service delivery

The Division’s technical support to Regional and Country offices also extended to efforts to strengthen systems and improve service delivery. In 2014, this included assistance in the improved collection, analysis and use of data, piloting of innovative models, and, in the context of weak institutional capacity, augmenting delivery of essential services. Capacity development and training opportunities were integral to this effort, including supporting the use of guidance and tools for programming.

With continued emphasis on the equity agenda, support for the application of Monitoring Results for Equity System (MoRES) remained a primary area of support throughout PD. At the macro-level, PD facilitated MoRES trainings at the Deputy Representatives, Planning, Monitoring and Evaluation network meeting in ESARO and a multi-country workshop in MENARO focusing on Health and Child Protection. With the methodologies and tools provided at these workshops, participants are able to apply support MoRES application in their countries. In WASH, PD with WCARO held a regional workshop for 18 COs which resulted in concrete country action plans to apply MoRES for WASH programming. In Education, PD supported the strengthened application of the MoRES approach in 10 countries, specifically through technical trainings that helped country offices make effective use of related tools such as the Simulation for Equity (SEE) model- a user-friendly modelling tool that projects costs of interventions to reach different groups of excluded children and improvements in school outcomes resulting from those interventions- and the District/School Profile Cards- an information feedback/monitoring system and tool providing a comparative snapshot of school-related information. In Togo and Madagascar, for instance, trainings were provided to COs in the development and use of District/School Profile Cards, which is expected to stimulate greater demand for quality education and improve accountability for equitable results, by improving local level capacity to monitor and communicate the quality and performance levels of districts and schools.

More broadly, PD provided technical assistance in the collection, analysis and use of data and information for improved programme and results monitoring on the ground. In Disabilities, for instance, PD assisted with the collection of baseline data for disabilities programming in 20 country offices – this is being used to inform the scope of interventions needed and programme design. PD also provided technical assistance for strengthening of district health systems in Malawi, DRC,
Zambia, Sudan, and Kyrgyzstan and orientated internal staff and partners in Egypt, Yemen, and Djibouti on DHSS. The methodology is compatible with the MoRES approach and aims to strengthen local level capacity to utilize data and information for improved management of programmes. PD-supported regional nutrition workshops in ESAR and WCAR brought together government partners and regional nutritionists from partner agencies from 35 countries for technical updates and guidance on management of nutrition information (including routine, survey and bottleneck analysis information). This is helping to improve country office capacity to manage severe acute malnutrition (SAM) programmes. Similarly, the HIV section provided technical support to ROSA and WCAR countries to undertake data-driven planning processes that helped improve the evidence-based approach to programming in the areas of HIV and adolescents.

PD also supported country offices in improving service delivery through identification of promising programmatic and technical innovations and supporting the adoption, adaptation and scale up of the most useful and promising approaches in countries. An example was the launch of the Education Innovation Challenge Fund, which aims to highlight and foster the ongoing innovations led by COs to generate evidence on what works at scale. Working closely with a panel of external experts, 5 programmes (from Ethiopia, Ghana, Sudan, Brazil and Peru) covering a range from school readiness to e-learning programmes, were selected from a pool of over 160 proposals to receive funding and programmatic assistance support. Through the MAC AIDS Foundation, PD also provided support to, among others, the Pediatric Telemedicine Initiative in India, the m-health MOM Connect project in South Africa (an innovative pilot project that aims to close the gaps in the continuum of care, using mobile technology linked with patient electronic medical records to support Prevention of Mother to Child Transmission (PMTCT) programming), and the deployment of a mobile health van to reach adolescents in Brazil. In Nutrition, the implementation of mobile technologies in Burundi, Mauritania, Niger and DRC were supported with the aim of improving programming and supply management to treat SAM. PD also worked with the Indonesia and South Sudan country offices to develop and use a prototype “adolescent kit for expression and innovation,” which is a package of guidance, tools and materials that aims to catalyze and strengthen programmes to engage adolescents in developing and using competencies as peace builders. These innovations will be monitored for their value-addition to deliver better results for children.

Improving effective management of supplies, especially in the countries where institutional capacity is weak, is key to equity results. PD’s support in this area is exemplified through the Health Section, where technical assistance was provided to reduce the vast inequities in vaccination coverage rates including for improving supply chain management. Together with WHO, expert assistance was provided for 66 polio vaccine (IPV) applications to GAVI, seven IPV introductions and for measles elimination and rubella control in 15 countries which benefited more than 160 million children.

c) Technical support to humanitarian action

2014 was a year of unprecedented level of humanitarian needs, with a number of protracted and complex Level 3 emergencies requiring intensive support from PD. All sections of PD were mobilized to support Regional and Country Offices in responding to humanitarian crisis, as well as working with countries on resilience building. The support included direct IRT deployments, in particular for Iraq, Syria, South Sudan, and Ebola affected countries. The role of HATIS was critical in strengthening the coherence and synergy of PD’S contribution to responses, as well as for
preparedness activities and post-crisis recovery through the coordinated engagement of PD in inter-agency and organizational humanitarian policy development, programme guidance and knowledge management.

In addition to close collaboration with the Global Cluster Leads in EMOPS GVA (WASH, Nutrition, Education, Child Protection), PD contributed to technical guidance for the field and in the engagements with key partner organizations. In Health, for instance, PD worked with WCARO, the Ebola cell and the affected countries to lead the community-based component of the response to Ebola, including the development of the “community care center” model, developed and disseminated the Maternal Newborn Health and integrated community case management (iCCM) “no touch” guidelines for Ebola-affected countries, and contributed to the development of field guidelines for Newborn Health in emergencies. These guidelines were widely disseminated in the three most affected nations, protecting both health workers and their clients from the risks of transmission of infectious diseases, including EVD. In Sierra Leone, for instance, they were adapted to short training modules, with more than 5,700 community health workers who deliver iCCM trained in the “no-touch” policies. In close collaboration with WCARO, PD also provided expertise, coordination support and engagement in C4D efforts in Guinea, Sierra Leone and Liberia, supporting UNICEF’s coordination of social mobilization pillars, promoting positive behavioral changes and tackling of deep-rooted harmful cultural practices. While the epidemic has not been fully contained, worse case scenarios were averted and significant progress has been made, in part due to these efforts.

In the context of growing frequency and scale of emergencies, steps were also taken to better equip PD to provide timely, quality humanitarian response support to field offices, with agreements reached to expand surge capacity in all sections. In Child Protection, additional efforts were made, including the mapping of existing capacity and development of a talent pool, to improve UNICEF’s capacity to address gender-based violence in emergencies. In 2014, members of the talent pool were deployed to CAR, Chad and South Sudan.

To better position work on bridging the humanitarian/development spectrum, HATIS commissioned a study to explore the cost effectiveness of linking development and humanitarian programming to achieve sustainable results in protracted or recurrent crisis. The findings of the study will inform PD’s future efforts work on programming for the humanitarian-development continuum and also contribute to learning across the organization.

2.2. Lessons Learned

Greater investments needed in data, monitoring and reporting. As the main technical division of the organization, a common lesson learned across sections related to the critical need for strengthening the organization-wide capacity to monitor, measure and report on results and evidence from programmes. There are gaps not only in technical capacity to undertake data collection and analysis, oversight of high quality evaluations, but also in the levels of financial resources allocated to support results monitoring and reporting. The challenge is particularly acute in humanitarian and crisis settings. In Child Protection, for instance, there is recognition of increased demands for enhanced results reporting as resources for a number of thematic areas are growing. Limited capacity in these areas could ultimately impact UNICEF’s overall capacity to deliver quality programming and policy advocacy, as well as our accountability to deliver best
results for children. As such, sections are increasing their focus on measures to support programme
design and accompanying monitoring and evaluation capacity in field offices. In Education, for
instance, a set of Strategic Plan Indicators, a Guidance Note, and the Global, Regional and Country
Profiles, based on the Strategic Plan Indicators, were developed, in consultation with ROs. These
resources have resulted in the improved alignment of key results of the sector across all levels of
the organization, as well as providing basic knowledge on how to monitor, interpret and report
against the core indicators.

**Readiness for emerging areas and contexts.** In a number of outcome areas, new areas of
programming are emerging, which requires development of programmatic and operational
strategies to guide country programmes. Many of these areas are emerging in the post-2015
agenda. In Nutrition, the ever-growing epidemic of obesity has to be addressed with appropriate
guidance and technical assistance, while in Child Protection, the universal dimension to aspects of
violence, exploitation, abuse and neglect requires the sector to be able to provide technical
assistance in high and middle-income contexts. In Social Inclusion and Policy, child poverty and
public finance issues also continue to demand increasing engagement from PD to high and middle-
income countries.

**Strengthening PD’s capacity to support humanitarian situations and resilience building is required to
respond to ever-growing crises.** To provide coordinated technical support in DRR, peacebuilding
and humanitarian issues for PD, HATIS leveraged the PD emergency focal point (EFP) network,
which proved effective in deepening the engagement of PD across humanitarian assistance policy
work via the SHA processes and peacebuilding work. For the Ebola response in particular, PD
mobilized staff beyond the EFPS. This has emphasized the need for more technical staff to have the
basic knowledge of humanitarian situations and, if possible, get some on-the-ground experience.
In addition, the heavy deployment from PD has meant that “planned activities” had to be
postponed or re-prioritized – it has not been feasible to do gap-fills for the long-term deployments.
Options for this need to be explored, if planned work is to stay on track.

In 2014, there was increased demand from regional and country offices for technical guidance and
support to strengthen resilience in country programmes. This points to the need for a coherent
guidance on the subject and for mainstreaming resilience building into sector guidance so that all
technical sector staff can support COs on this issue.

**Need to boost UNICEF’s overall capacity and investments in C4D.** While many staff were deployed
to support the C4D pillar of the Ebola response, globally there was a shortage of appropriate C4D
capacity to respond to the Ebola crisis. This meant that the already small C4D Unit in PD was over-
stretched with multiple and long deployments of staff. PD will need to advocate and re-profile the
critical importance of C4D for the organization so that greater organizational investments are made
in this area.

**Working closely with regional offices on technical assistance for country offices is proving to be
effective.** The Division’s capacity to provide coordinated and timely technical assistance was
strengthened by increased levels of consultations and information sharing with Regional Offices. In
collaboration with the Regional Offices, and through the annual HQ/Deputy Regional Director’s
consultation, PD revitalized the HQ-RO compacts that define the key collaboration areas and roles
and responsibilities between PD, RO and related COs. These efforts are already reaping dividends,
with notable improvements in PD’s coordinated engagement with the field.
**Different modalities of technical assistance are showing results.** The Division is exploring different modalities to better support the development effectiveness agenda, such as the out-posting of PD staff with global functions in geographic locations where specific issues predominate. An example is the posting of the HQ-based Health Advisor for Malaria in Nairobi, which has helped improve the quality and timeliness of technical assistance on malaria. To address the challenges in procuring timely and high quality technical expertise for C4D, PD signed Long Term Agreements (LTAs) with 27 C4D institutions. This facilitates access to highly skilled technical support in a range of areas across C4D research, planning, and monitoring and evaluation. In 2014, more than 10 country offices have used the LTAs, including polio and Ebola-affected countries.

### 3. GLOBAL AND REGIONAL PROGRAMME

#### 3.1. Analysis of Global and Regional Programme

One of the key mandates of PD is to complement country level programmes by supporting results through global and regional public goods. In 2014, PD made substantial contributions in this area through: a) strengthening the generation of global evidence; b) influencing global policy in technical areas and production of guidance; c) facilitating learning through knowledge exchange and horizontal cooperation; and d) supporting other multi-region and global programmes. PD’s work to influence and leverage relevant global programme partnerships continued with a thrust on equity and also putting a child lens on post-2015 related discussions.

a) **Generation of Evidence: Research, Data, and Evaluations**

PD supported the generation of quality evidence through operational research, data collection and analysis and using evaluations data, all of which serve as credible bases for policy advocacy and continued improvements in UNICEF programmes.

In 2014, one of the major efforts in PD focused on identifying the current gaps in evidence that UNICEF is well positioned to address over the course of the new SP. This resulted in the production of the first-ever “Framework for Research” for the Division that summarizes a set of key research questions for UNICEF’s outcomes areas, based on key organization-wide themes such as equity, gender, and humanitarian context. By articulating the priority and/or indicative areas of research, as well as status of funding, the framework serves as a guide for UNICEF’s research investments in the coming years as well as providing ways to identify potential areas of overlaps or synergies.

PD also continued its leadership and investments toward strengthening the evidence base on children’s issues. A highlight in 2014 was the Neuroscience Symposium- “Missing Linkage: Understanding the Multiple Influences on Brain Development,” which was organized by the ECD Section. Bringing together 16 internationally renowned scholars working across specialized streams of neuroscience, the Symposium highlighted key insights into why ECD is so important for individual and societal development, as well as explaining the science that could influence UNICEF’s approaches to programming in ECD. Key advocacy messages from the symposium were consolidated in “Building Better Brains” publication and disseminated to all field offices. In addition, the new science is shaping programming guidance that will inform the new generation of ECD
programmes and bring together multiple sectors including nutrition, education and child protection. This guidance will be finalized for use in the field in 2015.

In HIV/AIDS, PD co-led the development and publication of a special Journal of AIDS supplement comprising of 11 peer-reviewed articles on adolescents and HIV, as well as the “Call to Action for Children Affected by AIDS” publication which played a catalytic role in shaping the global thinking and strategies around social protection as a key component in the joint response to HIV. In Nutrition, the Division contributed to the first ever Global Nutrition Report, which was co-launched with IFPRI and Columbia University and provided a comprehensive analysis of the state of world’s nutrition. This report was timely to raise the attention to nutrition, particularly given competing priorities in the post-2015 consultations. PD also produced peer-reviewed articles on nutrition and disabilities, IYCF in the context of HIV/AIDS, and measurement of political commitment for nutrition. These products help both raise the profile of UNICEF in the sector and also of the specific issues. In collaboration with USAID, PD led in the development of a special issue of the Journal of Health Communication, which included seven peer-reviewed articles that summarized the results of systematic reviews on social and behavior change interventions for child survival. This evidence is being used to inform programming and advocacy in countries.

In Health, a specific investment from PD has been on building a strong evidence base on community-based systems for delivery of care. The work has involved specialized studies and a multi-country evaluation of integrated community case management (iCCM). Many countries have now used this body of evidence to improve plans and strategies to improve efficiency and effectiveness of community based health programmes. The impact of this rigorous review and evaluation is potentially enormous, as iCCM is a key strategy that is being pursued by several high-burden countries to reduce child mortality.

PD, often in collaboration with DRP, boosted efforts in the collection and analysis of data in all sectors adding to the body of global information and knowledge. In WASH, the 2014 JMP Update report presented new global data and analysis on disparities, water quality and hand-washing practices, and the increased number of data on water quality and hand-washing collected through household surveys, such as MICS, will be incorporated into post-2015 global monitoring efforts. In Education, significant progress was made in the drafting of the “Out of School Children’s Initiative Global Report” that provides critical evidence on the scale and profile of children out of school, which are expected to inform the development of strategies and actions needed to close the access and learning gap. PD also improved efforts to strengthen the quality of data and monitoring systems. An example is the piloting of NutriDash, which provides information on global progress in providing treatment of severe acute malnutrition, use of micronutrient powders and infant and young child feeding. Lessons from the pilot year will inform improvements of the tool which is also aimed at supporting country offices in programme management, supply forecasting and resource mobilization.

In 2014, “Ending Child Marriage: Progress and Prospects,” was released, documenting the enormity of the problem (with 700 million women currently alive having been married as children) and underlining the importance of systematic and accelerated investments and actions if current patterns are to be changed. Generating massive political and media interest, UNICEF also released ‘Hidden in Plain Sight’, the largest global compilation of data on violence against children, which showed the devastating extent to which physical, sexual and emotional abuse is perpetrated, as well as revealing the underlying attitudes that justify and keep violence “hidden in sight” around
the world. PD supported the articulation of ‘Six Strategies for Action,’ which would enable society, as a whole, to prevent violence against children - from supporting families and enabling environments, to generating more evidence about the cost of human and socio-economic costs of violence in order to change norms and attitudes. These efforts marked the second phase of the #End Violence Against Children Initiative campaign, which included support to 32 COs in their efforts to improve data, advocacy and service delivery mechanism for violence prevention and response.

Evaluations are an important source of evidence for the Division. Findings from evaluations and their management responses are important means to decision-making around strategic choices for UNICEF’s global programme and advocacy. In Education, the findings and subsequent management responses from the Evaluation of UNICEF’s Upstream Work in Basic Education & Gender Equality 2003-2012 produced valuable lessons for not only the Education Section but across all outcome areas of UNICEF. The evaluation showed that, while UNICEF’s strengths lie in the capacity to link downstream and upstream efforts, there is a need to enhance our capacity to better monitor programme results and manage pooled funding mechanisms, in order to deliver sustained results for children.

In WASH, PD worked with the Evaluation Office on the evaluation of Community Approaches to Total Sanitation (CATS). The evaluation was disseminated in 2014 - it confirmed that the CATS was fast at achieving results, good value-for-money and successful at leveraging investments. The shift from construction-focused sanitation programs to demand-led approaches was found to have contributed to the rapid reduction of open defecation in over 50 countries, some 37,000 villages, and impacting approximately 24,000,000 people. Specific constraints in human resource capacity and challenges in monitoring were identified, and these issues are now being integrated for programme strengthening. PD disseminated the lessons from the evaluation internally and also to partners, including through presentations at the World Water Week. The growing uptake of the approach by the global community meant that the evaluation findings are being used widely by other partners to strengthen sanitation programming.

b) Influencing global policy and production of global public goods

In 2014, PD continued its substantial efforts to influence global policy in technical areas, frameworks of action, and guidelines for global programmes.

With the MDGs era coming to a close, PD intensified its engagement in the Post-2015 development agenda discussions with the aim of keeping children at the center and promoting an equity-based approach. In 2014, several PD sections continued to co-lead thematic consultations on: Health; Education; Water and Conflict; Violence and Disasters; and substantial inputs were made to informing the goals, targets and indicators by working with key partners. A notable example is Child Protection where the global advocacy efforts of PD and strong engagement with the SRSG on Violence Against Children has led to the inclusion in the Post-2015 agenda of issues around violence, including sexual violence and violence injuries, free universal birth registration, child marriage and governance. In addition, PD working with key partners, helped to place children in the post-2015 goal on poverty and keep “early childhood development” visible in the priorities. Overall, UNICEF and child-focused agencies welcomed the Open Working Group’s report that came out in November and which included many child related goals and targets.
There are several notable examples of PD’s continued engagement in global platforms. PD plays a very active role in the Global Partnership for Education and has contributed in securing increased domestic and external financing for education at the Second Pleading Replenishment Meeting of GPE. In partnership with the UK government, UNICEF hosted the “Girl Summit” to focus on ending the harmful practices of female genital mutilation/cutting and child marriage. The Girl Summit strengthened the “girl movement” by bringing together an unprecedented mix of grassroots, civil society, governments, private sector, and multilaterals partners, galvanizing the participants to articulate measurable commitments in terms of results and financial resources. The Girl Summit and UN resolutions in 2014 on child marriage have been critical in integrating child marriage into the OWG and SG documents on the Post 2015 agenda. PD also supported the Online Summit on child sexual exploitation as well as roundtable discussions on child protection and the post-2015 framework, all of which affirmed broad support among UN member states and civil society for a global funding mechanism for child protection. In HIV, PD launched the new social movement called All In! to #EndAdolescentAIDS, and together with UNAIDS, the Division convened partners and raised the profile of the actions needed to reduce adolescent death rates due to AIDS, currently the leading killer of children in Africa.

As a member of the Steering Committee in the Sanitation and Water for All High Level Meeting, PD was instrumental in the convening of the UN Secretary General, the President of World Bank, 20 of the world’s financial ministers and 42 sanitation ministers which led to tangible commitments related to equity, universality and sustainability. This included practical commitments from: 26 countries to increase the capacity of sector institutions; 29 countries to improve coordination between sectors; and 17 countries to increase decentralization, among others. These efforts are expected to strengthen local level delivery of reliable services over time to improve sustained results. Universalizing access to sanitation was also an important priority, and building on regional fora, such as commitments made at AfricaSan and SACOSAN, 18 countries stated in their vision that they aim at eliminating open defecation by or earlier than 2030, and 4 countries stated that they aim to considerably reduce it.

Significant achievements were also made to develop and roll out of a global action plan for survival of Every Mother and Every Newborn. Together with WHO, UNICEF, led by PD, convened global partners to develop an Every Newborn Action Plan (ENAP), subsequently endorsed unanimously by all 193 member states at the World Health Assembly. Recognizing that newborn deaths account for nearly half of all under five mortality, this broad support for the plan and its implementation represents a critical step in the movement to end preventable child deaths under the banner of A Promise Renewed, and to tackle the unfinished business under MDGs 4 and 5.

UNICEF, as a co-lead of the Global Polio Eradication Initiative, continued its leadership in the global effort to eradicate polio linked to and in support of routine immunization. In 2014, PD contributed to risk assessments that helped prioritize allocation of global polio resources, in addition to establishing key guidance and standards to support polio eradication in countries. Through a partnership with Harvard University Polling, PD also helped create new high quality social data which helped guide the C4D response in Nigeria, Somalia and Pakistan. Through PD’s stewardship, UNICEF also continued to be a lead partner in the Scaling Up Nutrition (SUN) Movement, which has growing numbers of stakeholders and countries committing to tackle stunting and other forms of malnutrition.
In an effort to strengthen results, PD prepared and disseminated a range of guidance materials and tools to support evidence based programming and advocacy at all levels. A few examples include: the guidance on scaling up nutrition programme and the global breastfeeding advocacy strategy (jointly with WHO and partners); the guidance on financing options for social protection and integrated approaches; and the Methodological Guidelines for Sector Analysis in Education. These guidelines helped the operationalization of strategic goals across sectors by articulating evidence-based strategies and approaches that can guide the design and implementation of interventions on the ground.

PD also produced guidance and tools to support programmes addressing humanitarian and post-conflict situations. These included the guidelines for infant feeding and treatment of SAM in the context of Ebola (jointly with WHO, WFP and partners), the guidance on the contribution of social services and peacebuilding to resilience, as well as the guidance note on peacebuilding through ECD (aimed to support the 13 PBEA countries) and a community-based child center (CBCC) toolkit that aims to support countries with predominantly community based approaches to ECD. In C4D, the Communication in Humanitarian Action Toolkit, developed in collaboration with EMOPS and with external partners including IFRC, WHO, CDC and the CDAC Network, was finalized and has been used by COs and partners in capacity strengthening and in response efforts in Ebola-affected countries.

c) Facilitation of learning through knowledge exchange and horizontal cooperation

One of the key roles of PD is to facilitate learning across regions through knowledge exchange and horizontal cooperation. In 2014, diverse channels and modalities were used to facilitate this learning process. In HIV, PD leveraged its convening role and programme leadership at the 2014 International AIDS Conference, as well as the annual meeting of the EMTCT IATT Partnerships to share progress on work related to children and HIV across countries, review lessons, and identify next steps to accelerate results. In partnership with other agencies, UNICEF Nutrition and Health co-organized the first Integrated Community Case Management & Nutrition Meeting, through which lessons from current programmes were mapped and areas for further research and partnerships identified. In Education, facilitation of knowledge exchange around UNICEF’s engagement with the Global Partnership for Education resulted in improved knowledge and capacity of staff to engage in and contribute to enhancing results through the partnership.

Together with UNICEF Swaziland, ESARO, the Government of Swaziland and Together for Girls, PD also convened a meeting gathering 20 governments and over 180 participants from Africa, Asia and Latin America to review the current state of evidence on violence against children, including sexual violence. Participating countries were able to take stock of actions to date, improve knowledge of evidence on effective programmes to prevent and respond to violence and, based on their learning, define concrete actions plans.

PD continued to utilize diverse channels and tools to disseminate knowledge, including convening technical network meetings, newsletters, Communities of Practices, and virtual webinar series. Almost all the PD sectors held network meetings which brought together the regional advisors and selected country office participants for knowledge exchange and updates as well as defining priorities and strategies to work together in an optimal way. For broader knowledge exchange and learning, sectors employed a variety of methods. In Social Inclusion and Policy, a webinar series on PF4C helped improve staff knowledge on key issues related to leveraging government resources
through budgets and public financial management. In WASH, a bilingual webinar series on a manual drilling experience brought together over 30 Country Offices to exchange lessons learned and learn from the case studies developed in Chad and Nigeria. These efforts informed the development of a manual drilling compendium that provides useful lessons for improved practices on the ground.

In 2014, the Harvard course on Equity, Quality and Leadership in Education benefited more than 50 staff, while over 70 staff participated in the C4D course held in collaboration with DHR, Ohio University and the University of Witwatersrand in South Africa. The nutrition e-learning course (with Cornell University) on Infant and Young Child Feeding has been taken by over 7,700 stakeholders from 169 countries with the aim of strengthening programmes in countries. Experiences from two pilot trainings on conflict sensitivity and peacebuilding that reached 100 staff are helping to refine the content and methodology of the package.

d) Other: Multi-region and Global Programming and Global Programme Partnerships

PD’s role in Global and Regional Programmes also involves leveraging technical and financial resources of Global Programme Partnerships to maximize results.

Additional resources were secured in almost all sectors through PD’s strategic engagement with partners and donors. A few examples are given here. In Education, through the GPE, PD secured 4.9 million USD to support research and analysis that will produce critical knowledge around development challenges related to school-related gender based violence, information feedback processes and tools for increased accountability in education, and reductions in the number of out of school children. In Health, the formal partnership established with the Global Fund for AIDs, Tuberculosis and Malaria is expected to unlock additional resources needed for scaling up integrated community case management. Over 1 billion USD in funding is expected to be leveraged for over 20 countries in Africa to reduce child and maternal mortality due to non-HIV and malaria causes. In ECD, the first-ever agreement with H&M Consciousness Foundation was signed for USD 9 million for accelerating country level results and global work. In WASH, the WinS4Girls project was launched through the support of the Canadian government and created fertile grounds for cross-sectoral collaboration and enhanced results in education, gender and ADAP. The negotiations of these funds engaged regional and relevant country offices and was done with PPD and PFP.

Work on gender accelerated in 2014. Significant resources were mobilized in support of some of the Targeted Gender Priorities of the Gender Action Plan. The Gender and Child Protection sections collaborated to secure almost 45 million USD in new funding from the Canadian and Dutch governments to address child marriage in 12 countries. Additional funds from the UK government were committed at the Girl Summit along with the formalization of a Global Programme on child marriage in partnership with UNFPA. These examples illustrate PD’s technical input and advocacy for mobilizing resources for the organization.

3.2. Normative principles

The normative mandate of UNICEF is founded on the Convention on the Rights of the Child. In 2014, the most notable achievements in PD in operationalizing the normative principles of programming were the completion of the Gender Action Plan 2014-2017, the stronger integration
of rights into sectoral programmes, as per the Strategic Plan, and progress in the articulation of the resilience agenda.

Developed in alignment with the Strategic Plan, the Gender Action Plan (GAP) was approved by the Executive Director and endorsed by the Executive Board in early 2014. At HQ, a high-level GAP Steering Committee, chaired by the DED for Programmes, was established to oversee the overall implementation of the plan and delivery of results, and significant efforts are being made to increase staff capacity for programme implementation. Based on the GAP, various institutional documents have been updated to ensure strategic approaches to gender-based programming, including the PPP e-manual and related training. There has also been strong cross-sectoral collaboration on the GAP’s targeted priorities and mainstreaming approaches, all of which are expected to yield significant results for gender equality throughout all outcome areas.

In the area of ADAP, PD’s efforts focused on defining a positive adolescent development approach that is guided by the CRC and the human rights-based approach emphasizing accountability, participation, and empowerment. Recognizing the multi-dimensional nature of adolescent lives and the need to invest across all sectors, PD worked on formulating core programme commitments that would see work on adolescent development come together in a more coherent manner.

With inputs from the Human Rights Unit, WASH Section provided technical support to the development of a Handbook by the UN Special Rapporteur on the Human Rights to Water and Sanitation. By providing recommendations and emphasis on greater investment and efforts to realize the rights of the most disadvantaged and marginalized groups who face particular barriers to accessing safe water and sanitation (e.g., children with disabilities, girls), the Handbook will support governments to strengthen their efforts to translate these rights into law, policy, budgets, and service provision. As a first step, the WASH Section is working with regional and country offices to disseminate the Handbook and ensure its uptake into national sector policy guidelines.

The recent years have seen an increasing trend in the scale and frequency of emergencies related to disasters, violent conflict and climate change. In line with UNICEF’s commitment in the new Strategic Plan to reduce vulnerabilities and strengthen resilience, PD focused on orienting UNICEF’s programmes towards strengthening the resilience of individuals, communities and systems to meet these challenges. Efforts in 2014 include the completion of a study on the links between social services, peacebuilding and resilience; development of an overall framework for risk-informed programming with related sectorial guidance; inputs to the development of SDGs and the post 2015 DRR framework; and technical support to the Strengthening Humanitarian Action (SHA) initiative.

3.3. Lessons Learned

The ongoing developments related to the Post-2015 agenda setting, as well as positioning PD’s GRP work in support of the new SP, resulted in some key reflections for PD.

**Strategic engagement in diverse and complex partnerships requires heavy investments.** The engagement in global partnerships and policy dialogue, coupled with intensive Post-2015 processes, often exert tremendous pressures on staff time and resources, which needs to be balanced with concurrent donor expectations for enhanced monitoring and reporting of results.
that also require PD support. In some cases, specific skillsets to manage partnerships and resources were recognized as a gap. In HIV, for example, despite having a significant level of funding available for the sector, the fact that the majority of the resources were allocated to drugs, diagnostics and other commodities has meant that PD needs to find the necessary capacity to engage with and leverage resources from highly specialized donors. More generally, the fact that many PD staff are supported by OR resources means their work is tied to specific outputs and the division has fewer flexible options to support emerging work or respond to requests for assistance.

**Strong cross-sectoral collaboration is required for growing agenda areas such as adolescents.** Increased attention for the adolescent agenda created the need for cross-sectoral collaboration and synergy. In addition to the previously mentioned links being made between Gender and ADAP, the focus of the Education section in improving the transition to, and completion of, secondary education provides a significant lever to support a comprehensive agenda for adolescent girls. This includes addressing the protection components in school-related gender violence and HIV programming around prevention and social change. Introduction of the human papilloma virus (HPV) vaccine provides another opportunity for engagement with adolescent girls with a focus on their health. At the same time, careful attention is needed to ensure continued visibility of the rights of younger adolescents.

**The absence of a global architecture for C4D came to light during the Ebola response.** Despite the significant leadership and contributions made by UNICEF, coordination of the C4D component of the Ebola response was challenging. Investments in the organizations’ C4D capacity, including in PD, will be key to both playing the need external role and to provide sustained support to programmes at regional and country level.

4. **ORGANIZATIONAL EFFECTIVENESS AND EFFICIENCY RESULTS**

4.1. **External Relations and Partnerships**

The growing importance of multi-stakeholders partnerships and its strategic value to UNICEF cannot be highlighted enough. The trend of increasing programme partnerships connecting governments, civil society, and private sector will continue, especially in the context of post-2015. Programme Division is in a unique position to leverage these partnerships with concrete programme evidence and interventions from global experience.

In 2014, PD’s engagement in new partnerships was strengthened and rationalized through streamlined process guidance. For instance, the Global Programme Partnerships (GPP) Review Note (check-list for establishment of GPPs) was revised and a Toolkit drafted to assist PD sections and other Divisions in the process for engaging UNICEF in new or existing GPPs. These instruments outline the preparatory steps that should be considered before engaging in a new partnership to ensure that UNICEF’s participation is justified and adds value to existing efforts. Additionally, UNICEF’s Portfolio of GPPs was reviewed and updated to rationalize the number of GPPs in which UNICEF is engaged. While the number of programme partnerships decreased from 80 in December 2013 to 71 in December 2014, 19 new programme partnerships are under discussion. This calls for a more deliberate prioritization of global programme partnerships that have the greatest potential to deliver measurable equity results for children.
PD contributed to UNICEF’s overall engagement with key stakeholders such as UN agencies, the
trenton Woods Institutions, private sector, and civil society. Increasing awareness of the global
nature of child protection and, in particular, violence across contexts was one of the key enabling
factors for UNICEF to position and collaborate with UNFPA, UNHCR and UN Women over the past
few years. In contributing to the global joint HIV/AIDS response, UNICEF has worked closely with
UNAIDS, WHO, UNFPA and the World Bank by co-convening on three goals. Through this
collaboration, UNICEF plays a critical role in the design, implementation and evaluation of the
global initiative specifically on eliminating new infections among children, reducing new infections
among youth, and scaling up HIV sensitive social protection. In the context of some of the L3
emergencies (e.g. South Sudan) collaboration with WFP was strengthened resulting in increased
numbers of children being treated for severe acute malnutrition. Engagement with the World Bank
includes work on social protection, programming in fragile contexts, health and performance based
financing.

The past decade has seen the emergence of many new actors and new sources of funding for
development. In 2014, UNICEF engaged in Innovative Development Financing (IDF) and exploring
its potential for additional resources for children’s work - particularly in the sectors of WASH,
Nutrition, and the post-2015 Agenda (including on Climate Change/Resilience) - through the
UNICEF Inter-divisional Network Group on IDF and in collaboration with the Leading Group on
Innovative Financing led by the USG on IDF. In 2014, consultations were conducted on a possible
new partnership (UNITLIFE) to address malnutrition following the UNITAID model, as well as with
CIFF to initiate a Catalytic Financing for Nutrition. PD, through the Global Programme Partnerships
Unit, has been central to many of these negotiations.

In 2014 it was notable that key traditional donors have become important technical partners and
allies on issues such as civil registration, child marriage, armed violence, FGM/C, and violence
against children. Key partners that UNICEF worked with on these issues include the governments
of Canada, Netherlands, Norway, Sweden, UK and US.

Partnerships with academic institutions at global level continued. Examples include the partnership
agreement between Child Protection/ C4D and Drexel University which will provide country
support and develop global guidance for evidence-based C4D strategies and Monitoring and
Evaluation Frameworks addressing Violence Against Children (VAC). The C4D Section signed six
partnership agreements - including with Ohio University, the University of Witwatersrand, the
Royal Melbourne Institute of Technology (RMIT), and the University of California-San Diego, the
Communication Initiative, and BRAC International - to provide support in a range of areas, including
advocacy, professional exchange, capacity development, research and long term technical and
strategic collaboration for C4D work.

4.2. Communication

In the digital era, creative and inclusive ways are increasingly needed for communicating on
programme results for children, reaching out to communities, and advocating on key issues.
Working hand-in-hand with the Division of Communication (DOC) becomes paramount in
maximizing reach and results for Programme Division (PD). An example of this collaboration, at the
sector level, is Child Protection’s work with DOC that has led to the ‘global’ and ‘local’ (glocal)
aspect of the #End Violence Against Children Initiative. Over 70 Country Offices participated in this
initiative through media campaign highlighting programme actions to prevent and end violence. In June, both the Child Protection Section and Division of Communication received the 2013 UNICEF Staff Award for this initiative.

2014 marked the 25th anniversary of the Convention on the Rights of the Child (CRC). The massive communications campaign ‘CRC@25,’ led by DOC, was supported by PD sectors under the overall leadership of the Cross Cutting Cluster. PD engaged and supported Country Offices in using the anniversary as an entry-point – through various means (such as Activate Talks, publications etc.) – to move programme and advocacy agendas at national level with a view to addressing the implementation gap between universal children’s rights and thus far inequitable results. Further, with the support of the Disability Section, UNICEF events (CRC@25 celebration) and publications (UNICEF Annual Digital report 2013 and Social Media Children’s Rights in the Digital Age) were made inclusive and accessible.

4.3. Evaluation

Evaluations continue to be an important source of evidence for PD’s work in updating and providing technical guidance and also in being a sector lead. In 2014, a total of six evaluations were completed in PD (excluding those conducted by the Office of Evaluation). Those¹ are:

- Education: A meta-analysis of 133 evaluations of UNICEF’s basic education and gender equality interventions between 2009 and 2013
- Health: External Evaluation of the Investment Case Programme in Asia (funded by DFAT Australia, completed Sept 2014)
- Health: External Evaluation of the Catalytic Initiative, Integrated Health Systems Strengthening Program (CI/IHSS; Funded by Canada's Department of Foreign Affairs, Trade and Development; external evaluation completed December 2015)
- WASH: Evaluation of the WASH Sector Strategy “Community Approaches to Total Sanitation (CATS)”
- Formative Evaluation of UNICEF Monitoring Results for Equity System (MoRES)

Ongoing evaluations include a Global Evaluation on ECD kit and an Evaluation of the Early Learning and Development Standards jointly conducted with Education section.

In 2014, PD made efforts to strengthen the functions related to evaluation and learning. Overall, good progress was made in PD’s research planning with an increased focus and better relevance of research for programme results as defined in the Strategic Plan. The Interdivisional research TF, chaired by PD, met several times during the year to exchange information about ongoing research projects. Inputs were provided into global research tools and policies such as the global standards on research ethics, the global standards for quality assurance and an orientation for research managers on intellectual property rights, elaborated together with UNICEF’s Legal advisor. Additionally, inputs were provided to the Office of Evaluations on the global evaluation plan, and

¹ The full list publications including research, studies, and evaluation is reported under GRP section separately.
the establishment of a Global Research Ethics Board was proposed to the OED. Important research partnerships were developed - such as the one with the University of Zürich on child wellbeing and economics – and with Sick Kids in Toronto, which with an international coalition of academic institutions in the North and South on child health will provide technical backstopping on health research and evaluation across the globe.

A PD Knowledge Management Task Force was formed in 2014 and includes other Divisions, such as Data, Research and Policy (DRP). Particularly, in the Health Section, a dedicated unit on knowledge management and implementation research expanded to include professionals with expertise in epidemiology, data management, implementation research, health systems and monitoring and evaluation. This unit has provided oversight and technical assistance to ROs, COs, other units in the health section as well as Child Protection, Nutrition and HIV/AIDS sections to conduct research, write up analysis, working papers and publications. It is also responsible for developing monitoring and evaluation frameworks for large multi-country grants, as well as the oversight of large multi-grant evaluations conducted by contracted organizations. In addition, the unit coordinates technical updates to provide staff with the newest information in some key areas.

However, there are still weaknesses and challenges to conducting high quality evaluations. The in-country capacity to conduct and/or oversee evaluations is limited. Regional Offices also have limited staff to oversee such evaluations, creating great demands in HQ. UNICEF lacks a data security policy, resulting in many staff keeping confidential data on their laptops, which are not well protected. This also makes it difficult to have a central repository to review data quality, as well as allow open access to data.

4.4. Management and Operations

2014 was a transitional year for the Programme Division. The new Director of the Division was appointed, as of August 2014. Reorganization of HQ divisions resulted in structural changes, including moving EMOPS into the Programme Con, which includes PD and Supply Division with the aim of bringing development and emergency work closer together. The Social Inclusion and Policy Unit moved from Data Research Policy (DRP) Division to consolidate all outcome areas in the Programme Division. The Civil Society Partnership (CSP) section was moved from the Programme Division to Data, Research and Policy (DRP).

The PD Review process commenced in September 2014, with a plan to identify specific issues that needed to be improved/adjusted, as well as create solutions for these. Through a participatory process, which engaged a cross-sector Divisional staff and staff association representatives, the Review crystalized 5 major areas: (a) PD vision and core functions were clarified and some adjustments made vis-a-vis the approved OMP; (b) ways to improve engagement with the field were identified including optimal ways to provide/source technical assistance, articulation of standard operating procedures, use of compacts for RO/PD collaboration; (c) strengthening the development / humanitarian continuum in programming and staff capacities to work across these contexts; (d) improving internal coordination, working culture and efficiencies including strengthening Programme Support Unit and simplifying work processes; and (e) ways to enhance staff well-being. Recommendations from the process are being reviewed by senior management.

In particular, for operational efficiencies, the PD Review confirmed that PSU capacity is strained. PSU, in 2014, processed a total of 650 contracts and PCAs valued at almost 32 million USD, serving
both PD and DRP. Through the PD Review, simplified Standard Operating Procedures on operational issues were finalized. All staff will undertake training on work processes during the first half of 2015. Additional capacity to support PSU has also been proposed.

For effective internal management, PD held regular no-travel weeks, covering management and cross-cutting technical issues; undertook mid-year and annual reviews of workplans, and adjusted direction, as needed; and had functional cross-sectoral teams cover areas such as research, knowledge management, mainstreaming of MoRES and others. The new results framework with classification of Development Effectiveness (DE) and Global Regional Programme (GRP) outputs was applied to the OMP and sections’ biennial workplans. PD continues to heavily rely on OR funding (74% of total budget), which is challenging in terms of securing core positions on a long-term basis, having reliable funding of longer-term initiatives, and fostering cohesion within and across sectors. In 2014, travel of PD staff increased significantly, compared to 2013, mainly due to deployments for the Ebola emergency. Country level travel was generally done in coordination with regional office to provide value-added TA on both strategic and technical issues.

4.5. Lessons Learned

**Building on the OMP, previous analyses and E and E work helped to focus the scope of the PD review.** The PD Review process provided a strategic opportunity for the Division to examine and improve its effectiveness and efficiency functions. It was important to build on processes that have been taking place since 2013, both for efficiency and to ensure that staff can see completion of processes and their outcomes. An inclusive process, and regular all-staff meetings to ensure open communication, was key for transparency and ownership of recommendations from the process.

**Continuity of regular coordination and management arrangements in the Division allowed for a smooth transition of leadership of the Division.** The transition period was smooth, as there was a well-thought out and phased hand-over with minimal disruptions to the Division’s functioning.

**A variety of strategies were used to address operational bottlenecks.** Sections have employed a variety of methods to support appropriate staffing at the field level. In Nutrition, there was the establishment of a P4/P5 talent pool to address HR gaps. A human resource task team, consisting of global, regional and country office staff, has also been created to strategize on recruitment and professional development. Another positive trend was that of developing Long Term Agreements in some of the sections, which allowed for greater predictability in terms of service provision and also reduced transactions.