Programme Division

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1. EXECUTIVE SUMMARY

Introduction and Overview
During 2013, Programme Division (PD) was crucial to an accelerated drive for results across UNICEF programme areas. The Division informed and undertook advocacy, leveraged partnerships and provided strategic and technical support to country offices in coordination with the regional offices. The Division was heavily engaged in defining programme strategies and strengthening monitoring to support application of the equity strategy and the Monitoring Results for Equity System (MoRES) in all its work, across the varied operational contexts of UNICEF country programmes. Significant contributions were made to the development of the UNICEF Strategic Plan, 2014-2017 and to the post-2015 debates. The Division completed its 2014-2017 Office Management Plan and was also heavily engaged in the organization-wide Effectiveness and Efficiency (E&E) exercise designed to improve management for results.

Technical and strategic field support, delivered in close collaboration with regional offices and other divisions including the Office of Emergency Programmes (EMOPS) and Division of Policy and Strategy (DPS), gained further momentum in 2013. The Division's technical support, with strong attention to capacity-building, focused on countries facing the most difficult problems or humanitarian situations, and those where significant adjustments were needed in programme strategy or where there were opportunities for innovative action to achieve better results for children.

PD strategic support to and accompaniment of Country Office programme reviews and development grew in 2013, particularly with support provided to Afghanistan, Azerbaijan, Bangladesh, the Democratic Republic of the Congo, Kenya, India, Malawi, Nigeria, Pakistan, Zambia and others. Through participation in regional management teams (RMTs), Deputy Representatives and Operations Officers meetings (DROPS) and other regional forums, PD engaged field colleagues in dialogue and knowledge-sharing on key global initiatives, programme direction and strategy, and in turn used these opportunities to remain informed on the regional and country perspectives on significant issues requiring global policy direction.

UNICEF’s sector programmes have been working to harness and shape field-level results of key partnerships such as ‘A Promise Renewed’ (APR); the Scaling Up Nutrition (SUN) Movement; the GAVI Alliance; the Global Polio Eradication Initiative (GPEI); Sanitation and Water for All (SWA), the Global Partnership on Education (GPE); the Inter-Agency Task Force on the Prevention and treatment of HIV/AIDS in pregnant mothers, women and children (IATT); and the #End Violence Against Children initiative. The APR secretariat, housed in PD, provided support to several countries to launch APR while the programme team helped countries to sharpen national maternal and child health plans and develop implementation and monitoring framework for SUN and GPE. With technical back-up from PD, the Executive Director chairs the SUN Lead Group, which is providing unprecedented support to combat stunting in the 50 countries that are part of SUN. New partnerships started through the Division’s leadership include the Global Partnership for Children with Disabilities and the Early Childhood and Peace Consortium. All bring together multiple stakeholders with the aim of coordinated and focused action in specific areas.

As elaborated in the body of the report, the Division has prepared and disseminated guidance and tools in all areas of work to support evidence-based programming. PD has provided leadership on improving the availability and analysis of new data on subjects including early childhood development (ECD), birth
registration and female genital mutilation/cutting (FGM/C). The generation of data and evidence, coupled with the development of new strategies, will drive the next generation of programming; examples include HIV, where work is now focusing on integrated programming across the first two decades of life; education, with a stronger focus on learning; and health, with a new focus on newborn survival. PD’s global leadership on polio eradication has resulted in adjustment of social mobilization and communication strategies and intensive support to countries, and on the introduction of security assessments to help fine-tune local programme strategies for polio immunization.

Major evaluations completed in 2013 covered child protection in emergencies, emergency cluster coordination and emergency nutrition. The evaluations are informing adjustments to programme guidance. Through the work of the interdivisional Research Task Force (RTF), which PD convenes, all programme sections have aligned research studies with the priorities of the Strategic Plan. During the annual RTF retreat, all sectors identified research priorities and common areas of research on social norms, behavioural change and scaling up community-based interventions.

All PD sections actively supported the UNICEF humanitarian response in Central African Republic, Mali, and the Philippines, South Sudan and Syrian Arab Republic and other countries either through remote technical assistance or surge support. PD also contributed significantly to the development of a corporate agenda on resilience, ensuring that it remained rooted to a large extent in programme approaches. The increased severity and intensity of violence in 2013 in larger numbers of countries will require new ways of programming in countries in fragile situations and new ways of delivering programmes in high-threat environments.

Given the global recognition of UNICEF technical expertise in several sectors, senior PD staff were successful in securing significant multi-year, multi-country funding. This growing role for the Division has several implications: the need for increased capacity for contribution management; intensive donor relationship management, which requires the time of senior staff; the need to reinforce and systematize linkages with the extended technical teams in the regional and country offices to deliver on results efficiently and to keep regular track of progress in key countries.

**Cross-sector Collaboration within the Division**

In 2013, Programme Division seized numerous opportunities for cross-sectoral collaboration to achieve enhanced results for children. This was particularly evident in joint work in addressing violence against children, child marriage, delivery of HPV vaccine, and control and prevention of cholera, pneumonia and diarrhea. Moreover, cross-sector work ensured coordinated and harmonized input to the Strategic Plan, 2014–2017, and in the application of MoRES. Strengthened collaboration across sectors enabled more efficient and coordinated technical assistance to regional and country offices.

**Humanitarian Action and Resilience**

As noted above, PD technical staff provided intensive support for a number of major emergencies through country missions and remote advice on response plans, strategies, programme implementation and advocacy. PD staff contributed to integrating resilience and humanitarian action in the new Strategic Plan. The Division also contributed to the emerging global resilience agenda and the internal process on Strengthening Humanitarian Action. Moreover, PD led the development of an interdivisional work plan on improving work conditions of staff in emergency duty stations.

PD also developed an important study on integrated programming in humanitarian situations with participation from field offices, DPS and EMOPS. The study will inform future humanitarian action and
contribute to effective and sustainable humanitarian results. A series of case studies were elaborated on best practices in integrating humanitarian and development programmes with the aim of promoting innovative programming in fragile country environments. In 2013, steps were taken to reconfigure the function of the PD humanitarian support unit (Humanitarian and Transition Support, or HATIS) from a coordinating role to a technical hub, covering a range of issues including resilience, recovery and peacebuilding.

Global Programme Partnerships
UNICEF’s investment in global programme partnerships (GPP) has continued to grow, and their potential for maximizing the organization’s reach and impact is clear. By the end of 2013, UNICEF was engaged in 80 GPPs and had a form of governance role in 50 of them. Programme Division hosts seven GPP secretariats: APR; the Better Care Network; the Donors Working Group on FGM/C; Inter-Agency Working Group on Violence Against Children; SWA; the United Nations Girls’ Education Initiative (UNGEI); and the Reproductive, Maternal, Newborn and Child Health Trust Fund/United Nations Commission on Life-Saving Commodities.

PD’s leadership and engagement has helped to leverage resources in key programmatic priorities for children and to advance the equity focus. Examples include the IATT secretariat’s use of MoRES to support scale-up for priority districts and regions; the ‘Together for Girls’ partnership’s plan to use incidence data; the Early Childhood Peace Consortium; the Out-of-School Children Initiative, with UNESCO; the Lancet Commission on adolescent health and wellbeing; and outreach to community- and faith-based organization for empowerment strategies and social accountability.

Challenges identified in 2013 include rationalizing the number of GPPs in which UNICEF is engaged. This has to be balanced with the new Strategic Plan, which recognizes GPPs as a cornerstone of UNICEF programmatic engagement, advocacy and opportunity to leverage funds. PD will have to increase capacity-building efforts needed to manage programme partnerships for children and to ensure these global efforts are delivering results in the field.

Post-2015
Several PD sections co-led thematic consultations for the post-2015 agenda. The Health, WASH and Education Sections provided technical inputs and operational know-how to a dynamic global discourse. Other sections were engaged in debates held by the Secretary-General’s High-Level Panel on early childhood, adolescents, disability, HIV AIDS and child protection, which led to a focus on equity in the Panel’s report. Inputs were also provided to global consultations on governance and rule of law. Despite these positive steps, stronger efforts are needed in 2014 to ensure that children figure more prominently in the post-2015 global agenda.

Strategic Plan
In September 2013, the Executive Board approved the new Strategic Plan, 2014-2017, after substantial PD inputs to the expected results (detailed results-matrices for five of the six outputs), sector priorities and the underlying principles of equity, gender and human rights. In close collaboration with DPS and EMOPS, PD provided an analysis and sector rationale of the ‘Theories of Change’ paper for the Executive Board. PD will complete technical guidance to accompany the plan in the first quarter of 2014.

Mainstreaming MoRES
PD helped to lead the mainstreaming of MoRES across all sectors. The Division launched the technical toolkit for MoRES, a resource for field offices in understanding and applying the approach. PD also led
follow-up capacity development work, training numerous staff at headquarters and in regional and country offices. Country-level support included training of counterparts and partners; assisting in the design and implementation of local-level, real-time monitoring; and supporting the process of analysis and use of data to improve results for disadvantaged children. In coordination with regional offices, direct support was provided to countries including Afghanistan, Bangladesh, Democratic Republic of the Congo, Egypt, Guatemala, Indonesia, Malawi, Tunisia and Zambia. With partners, sectors have developed and tested tools that support application of MoRES including the WASH Bottleneck Analysis Tool and the Simulation for Equity in Education tool. In nutrition, through sub-regional workshops organized by headquarters and regional offices, several countries joined the SUN movement and improved the design of their national nutrition plans by using the MoRES approach. PD has also led the inter-agency work with UNDP and UNFPA to support selected United Nations country teams to harmonize their programming and monitoring support to Governments. The major challenge faced was insufficient in-house capacity to meets demands for country-level support and quality assurance of applications in different sectors and contexts. To respond to these challenges, capacity development and quality assurance will be priority work streams for 2014.

2. KEY DIVISIONAL TARGETS AND STRATEGIES

Focus area 1: Young child survival and development

UNICEF aims to improve the survival and development prospects for young children by providing global leadership and advocacy for child survival, growth and development; strengthening knowledge management and the evidence base for equity and quality; and translating new evidence around child survival and development into policy and programmatic action. Key performance indicators for the sectors included:

- High-quality technical expertise available on key issues for children at the global level;
- Technical assistance, including for data collection and analysis, and for policy influence and leveraging resources, provided to countries and regions in a timely manner and follow-up actions undertaken and monitored;
- Research agenda developed and implemented;
- Up-to-date technical guidance is available and disseminated;
- Publications, articles, position papers produced and widely disseminated;
- Key programme experiences, lessons learned inform learning and practice;
- Regular consultations held for key exchanges, sharing and strategy formulation and refinements

Key strategies used to work towards young child survival and development (YCSD) goals were as follows:

- Ensuring timely guidance and technical support to regional and country offices to help them scale up effective interventions in countries with a high burden of mortality, disease, stunting, under-nutrition and poor access to water and sanitation;
- Supporting country offices at critical points during the planning cycle;
- Monitoring the effectiveness of strategies and using data for course corrections and to improve efficiency of investments
- Engaging in global processes and leveraging partnerships to focus on the most disadvantaged;
- Implementing a field-informed research agenda
- Improving knowledge management to further the generation, dissemination and use of up-to-date technical and operational knowledge.
Focus Area 2 – Basic education and gender equality

The Education Section focused on expanding access to and completion of quality basic education for excluded and marginalized children, also focusing on the transitions from pre-primary to primary to post-primary education. Along with access and completion, the goals were improved and relevant learning outcomes in development contexts and in emergency preparedness, response and recovery. During 2012–2013 the Education Section refocused its work around three key priorities – equity, learning and innovation – which are all reflected in the new Strategic Plan and related indicators and have been promoted through internal and external communication channels.

To achieve key goals, in 2013 the Education Section used strategies, including:

- Supporting bottleneck analysis, equity-focused research, and scaling up the Out-of-School Children’s Initiative;
- Supporting national capacities to develop and implement Early Learning Development Standards;
- Developing capacity for upstream engagement in GPE, UNGEI and other key partnerships;
- Supporting the scale-up of child-friendly schools;
- Supporting education in emergencies;
- Promoting gender equity through UNGEI leadership, advocacy and supporting partnership;
- Strengthening knowledge management and education staff capacity.

The Section worked to scale up proven, equity-focused interventions and to improve monitoring and analysis of programme performance and knowledge exchange, in line with the corporate roll-out and implementation of MoRES.

Focus area 3 – HIV/AIDS and children

In 2013 UNICEF refined its work on HIV and AIDS around a new programming approach to achieve an AIDS-free generation by focusing efforts on integrated programming across the first two decades of life. The ultimate aim is to equitably and effectively prevent, treat and mitigate the impact of HIV and AIDS on children and the families and communities that care for them, to contribute to achievement of the Millennium Development Goals, especially MDG 6.

This new approach aims to deliver better results for children by strengthening the delivery of high-impact HIV-specific interventions, while working across sectors to integrate HIV responses and achieve synergies with broader development programming that affects vulnerability to HIV infection. Six implementation strategies drive forward UNICEF’s new vision and direction for this focus area:

- Monitoring results for equity;
- Integration and service delivery at decentralized levels;
- Innovation for simplified and optimized service delivery;
- Strategic partnerships and community engagement;
- Evidence utilization and promotion of South-to-South cooperation;
- Policy dialogue, advocacy and communication.

In collaboration with regional offices, the HIV/AIDS Section provided leadership, support, guidance and direction to country offices. In 2013 the Section strengthened linkages with the regional offices to optimize the support that headquarters provides for collaboration and coordination.
Focus area 4 – Child protection

The Child Protection Section continued to focus on results across four key areas: (a) strengthening child protection systems (comprising national laws, policies and services across sectors) to protect all children from violence, exploitation and abuse; (b) promoting social norms and values that protect children from harm; (c) protecting children from the immediate and long-term impact of armed conflict and humanitarian crises; and (d) strengthening country-level monitoring, research, evaluation and use of data on child protection.

Among the main strategies used to achieve results were as follows:

- Providing global leadership, partnership, advocacy and technical support for global standard setting;
- Advocacy and communication;
- Capacity development - building human resource capacities within UNICEF and the sector more broadly;
- Strengthening country office capacities to implement and monitor high-quality equity focused programming;
- Technical support, partnerships and documentation and dissemination and good practices in child protection programming (including through strengthened knowledge management more broadly);
- Strengthening internal and external knowledge management;
- Strengthening global mechanisms to support humanitarian response for children's protection from violence, exploitation and abuse across all contexts, and support to emergency preparedness and response and fulfillment of the Core Commitments for Children in Humanitarian Action (CCCs).

Performance indicators were both qualitative and quantitative and included, for example, the number of country offices provided with technical support in a particular programming area; organization and participation in key network meetings; and timeliness and quality of inputs to United Nations reports, standard-setting mechanisms, etc.

Cross-cutting functions and foundational principles

**Gender, Rights and Civil Engagement Cluster (GRACE)**

The sections within the GRACE cluster – Adolescent Development and Participation, Disability, Communication for Development, and Gender and Rights – had a common aim: outreach to and inclusion of those children and young people left on the margins in the full measure of development progress and effective integration of cross-cutting strategies to maximize the aims of equitable results. While each of the four sections had specific ways of accomplishing this goal, they shared common strategic approaches:

- Driving intra-UNICEF collaboration and education to mainstream these cross-cutting issues across UNICEF policies and programming;
- Investment in global forums and advocating for inclusion in these forums;
- Consolidating existing evidence and calling for or leading the development of new evidence and insights;
- Leading global partnerships.

**Civil society partnerships**

In 2013 the Civil Society Partnership (CSP) unit focused on helping global, regional and country offices increase their capacities to harness the power and reach of civil society in efforts to achieve the MDGs with equity. The unit used the following key strategies:
Employing the proven ability of UNICEF to mobilize, lead, convene and coordinate broad coalitions of civil society actors to catalyze a global movement that actively supports and promotes achievement of the MDGs with equity;

- Strengthening the knowledge base of UNICEF collaboration with civil society, parliaments and other elected officials to achieve the MDGs with equity;

- Providing technical support to country offices on effective strategies for collaborating with civil society organizations (CSOs), parliaments and other elected officials to achieve the MDGs with equity.

**Humanitarian and transition support**

Within the divisional aim to provide support for sector-specific emergency programming, a permanent function of HATIS is to strengthen coherence and synergy of Programme Division’s contribution to emergency preparedness, response and post-crisis recovery. A key focus in 2013 was scaling up coordinated programmatic support to countries facing emergencies to enhance their capacities in emergency response as well as recovery and transition programming. In addition, the unit also worked to scale up risk-informed, equity-focused programming by integrating disaster risk and vulnerability reduction into development programme policy, guidance and tools; and to enhance knowledge management.

HATIS used the following strategies:

- Ensuring the coordinated engagement of PD in intra-organizational humanitarian policy, guidance, capacity-building and particularly its link to direct support to countries in emergencies

- Utilizing the emergency focal point group in its support of integrated, intersectoral and resilience programming in emergencies and fragile settings through development of appropriate tools, building the evidence base and field support through case studies

- Ensuring information and knowledge was captured, documented and shared at critical moments to ensure appropriate action.

To track performance, the EMOPS ‘action tracker’ system was used to follow up and ensure PD support and follow-up to major emergency responses.

**3. ANALYSIS OF STRATEGIES AND RESULTS**

This section presents an analysis of:

(a) the main results achieved by PD in each focus area and cross-cutting area in 2013;

(b) areas of current or persistent shortfall in the expected results;

(c) areas of exceptional achievement; and

(d) supporting and constraining factors.

**Focus Area 1 – Young child survival and development**

**Analysis of results achieved in 2013**

UNICEF achieved notable results in the area of YCSD in 2013 by focusing on core strategies to address the key causes of child mortality and by maintaining its global leadership role in such areas as reproductive, maternal, newborn and child health; newborn survival; immunization; water, sanitation and hygiene (WASH); and the response to under-nutrition. Across sectors within the YCSD area, Programme Division’s support to and leadership roles within key global partnerships were crucial to advancing the organization’s goals of delivering results for children – improved survival rates and healthy and optimal growth and development. An example of the result of advocacy is the greater recognition of the sanitation crisis at the highest levels. The United Nations Deputy Secretary-General announced his Call to Action on
Sanitation, which is based on the UNICEF strategy for the elimination of open defecation. In the area of data and evidence area, the ECD Index was a breakthrough that enables an assessment of equity in attaining early 'developmental potential' as part of the core ECD indicators measured through multiple indicator cluster surveys (MICS) (www.childinfo.org). This will allow an objective assessment of and global discourse on the status of ECD and the imperative to invest more in this area.

With evidence pointing to the newborn period as a key period for child deaths, UNICEF, through PD leadership, expanded its focus on newborn health in 2013. The Health Section is playing a key role in the development of the ‘Every Newborn Action Plan’, which builds on the momentum of ‘A Promise Renewed’. This multi-agency effort will develop a blueprint for tackling the disproportionate increase of child deaths in the first month of life.

In multiple ways UNICEF succeeded in bringing further advances and innovation to achieve real impact at the level of communities. The year 2013 saw the culmination of the five-year Integrated Health System Strengthening project, part of the Catalytic Initiative funded by CIDA. In six high-need countries, the project scaled up a package of interventions crucial to child survival, including delivery of community case management. PD provided overall technical guidance and extensive field support for the duration of this initiative. The Division supported countries to identify and tackle key barriers to results including weaknesses in functioning of systems for essential health interventions, e.g., supply chain management, supervision and monitoring. Global support in this area in 2013 is exemplified by the procurement/delivery of 23.8 million long-lasting insecticidal nets; 46.9 million sachets of oral rehydration salts; 39.4 million zinc tablets; 15.1 million amoxicillin tablets; 688,000 amoxicillin syrup doses; 89 million co-trimoxazole tablets; 21.6 million artemisinin-based combination therapy (ACT) blister packs; 11 million sulfadoxine/pyrimethamine (SP) tablets; and 3.8 million rapid diagnostic tests (RDTs). The number of countries in sub-Saharan Africa allowing community health workers to deliver antibiotics for pneumonia treatment reached 29 (out of 40) – an effort that has engaged PD in evidence-based advocacy, documentation and sharing of global experiences. This policy shift and accompanying implementation have been critical in averting pneumonia-related deaths and illness.

In 2013, in line with the GPEI strategic plan for 2013-2018 and the corporate priority given to polio by UNICEF, PD scaled up its contributions to programmes in Afghanistan, Nigeria and Pakistan - the three remaining polio-endemic countries. At the global level, the PD polio team was expanded to ensure sufficient capacity to engage in the partnership, provide country support, monitor programme strategy implementation and maintain high-quality budget tracking. In addition to innovations in social mobilization strategies that respond to localized contexts and cultures, PD has increased its dedicated capacity for security analysis in Pakistan and at headquarters, and plans a similar expansion in Nigeria. These analysts were needed because of continued attacks against polio vaccinators and others who support the health workers, which resulted in the reported loss of approximately 33 lives in 2013. Security analyses helped to identify the underlying causes of inaccessibility and associated local dynamics, and the resultant planning and implementation of mitigation measures to ensure acceptance of the programme by local populations. Security and accessibility are serious challenges that are impeding the programme’s ability to conduct immunization campaigns in ‘reservoir’ areas such as North Waziristan, Pakistan and some areas in Borno, Nigeria. In Pakistan the 'Brain Trust' think tank was founded to focus on the root causes of refusal, building community trust and ownership in polio eradication. These programme innovations, supported by PD as part of an extended polio team spanning headquarters and regional and country offices, meant that in 2013 refusals were reduced by 40 per cent globally, with a particularly
marked decrease in Nigeria which had accounted for the highest number of refusals during 2012. UNICEF work contributed to a 60-per-cent reduction in polio cases in Afghanistan and Nigeria in 2013 compared to 2012. Additionally, no wild poliovirus type 3 (WPV3) cases were reported anywhere in the world in 2013, meaning that for the first time in the history of the eradication initiative, all cases of poliomyelitis caused by a wild virus were due to just a single serotype, type 1. During the year, UNICEF Supply Division distributed 1.58 billion doses of oral polio vaccine to 76 countries worldwide.

The GAVI Alliance partnership enhanced the UNICEF capacity to support the introduction of new vaccines with communications and advocacy, strengthened comprehensive vaccine management, and monitoring and tracking of financial inputs for routine immunization in at least 10 priority countries. PD Health Section, working with regional and country teams, facilitated the development and implementation of coordinated communication plans to support the introduction of new vaccines in 19 countries in 2013. To accelerate progress in addressing national vaccine delivery gaps, UNICEF and WHO launched an immunization supply chain and logistics technical hub. The hub, which coordinates work to strengthen underperforming supply chains, already has provided support to over 30 countries.

Programme Division also helped UNICEF solidify its role as a key agenda-setter in the area of nutrition. This resulted in stronger leadership around nutrition, improved visibility for UNICEF work in nutrition, additional funding and strengthened capacity to scale up nutrition programmes. Examples of advocacy include PD’s organization of an international meeting on nutrition in Africa together with the French Committee for UNICEF, and the launch of the global breastfeeding advocacy initiative with key external partners. UNICEF received significant grants for nutrition-related work in 2013, including $39 million from the Netherlands; $41 million from CIDA; and $8.62 million plus an in-kind donation of 3,200 metric tons of ready-to-use therapeutic food from the United States Food for Peace Program.

The PD Nutrition Section developed and disseminated a number of programme guidance documents and learning programmes on comprehensive equity-focused nutrition strategies. All of these initiatives are strengthening the capacities of UNICEF staff, national counterparts and partners at country level. The UNICEF/Cornell University e-learning course on IYCF enrolled over 6,400 people from 167 countries since July 2013. The Community IYCF Counselling Package was introduced and used in total of 30 countries. 'ProPAN', a tool to improve complementary feeding, was launched and made available online in English, French, Spanish, and implemented in United Republic of Tanzania. Local institutions in five countries in Eastern and Southern Africa were trained on how to use ProPAN. Guidance on revised programme monitoring on severe acute malnutrition (SAM) was disseminated, and technical support for designing or improving micronutrient programmes was provided to several countries. Based on the global evaluation of the Community-Based Management of Acute Malnutrition, the section is leading adjustments to the programme.

PD provided technical support to country and regional offices through missions to high-burden and emergency countries; these missions covered general nutrition policy and strategy as well as specific technical areas and emergencies, for example in Angola, Central African Republic, Democratic Republic of the Congo, India, Indonesia, Nigeria and Syrian Arab Republic. Other examples include a Nutrition Forum with a strong IYCF focus that supported 15 countries in Eastern and Southern Africa, and six missions to countries requiring support for implementation of the International Code on Marketing of Breast-milk Substitutes. Technical support was provided to countries to apply the MoRES approach to address priority bottlenecks to nutrition results. For scale of action, MoRES concepts were also built into a new CIDA Child Health Days grant. 'Nutridash' – an online programme monitoring and planning tool – was developed,
piloted and launched to improve nutrition programme monitoring and support. All these efforts are resulting in improved in-country capacity to improve nutrition programming and results focus.

In WASH, building new partnerships and engaging with current partners was a key component of strategic support to country offices and efforts to improve knowledge management. For example, partnerships were established with Stockholm International Water Institute/UNDP to build capacity on water governance; with the Rural Water Supply Network to support a South-South network on manual drilling for more cost-effective water supply; and with Tufts University for operational research on water safety planning. The latter contributes to efforts to develop a new framework for water safety and sustainability of water services.

The SWA secretariat, hosted by PD, facilitated contributions by partners to the post-2015 dialogue and to moving forward the aid-effectiveness debate in the WASH sector. The secretariat played a key role in facilitating the alignment of SWA with regional and initiatives, such as AfricaSAN (an initiative of the African Ministers' Council on Water) and the South Asian Conference on Sanitation; and global monitoring initiatives such as the Global Assessment and Analysis of Sanitation and Water. In line with the strategic aim to strengthen capacities in the area of research and impact evaluation, SWA reached an agreement with the SHARE (Sanitation and Hygiene Applied Research for Equity) Consortium at the London School of Hygiene and Tropical Medicine to develop and deliver a webinar series on research management.

On knowledge and research, agreement was reached with DFID on a grant to undertake research on three operational priority areas in conjunction with new thematic funding: (1) Social norms – How does a focus on social norms influence programme outcomes?” (2) Hygiene promotion – “How do we strengthen HWWS before eating/preparing food?” (3) Sustainability of water services improved as a result of the implementation of the Sustainability Compacts and related sustainability checks. The research and analysis of new data from MICS and Demographic and Health Surveys on hand-washing with soap is complete, and a monitoring and evaluation toolkit for was disseminated and webinars undertaken on its use for country offices. Through PD support, menstrual hygiene management has been widely incorporated into WASH in Schools programmes and a number of country offices have undertaken quality research and advocacy activities.

Substantial effort was made to support regional and country offices through online training and support, field missions and face-to-face training. Examples include missions to support three countries being certified as free of dracunculiasis (Guinea worm disease); capacity-building workshops on household water treatment; and in-person support to regional WASH network meetings in Eastern and Southern and West and Central Africa. Support was also provided for new initiatives. For example, the SWA National Planning for Results Initiative was started in six countries; and the WASH Bottleneck Analysis Tool was used to develop investment plans to address bottlenecks in the enabling environment. The ‘Three Star Approach’ (simple, scalable, sustainable) to WASH in Schools was developed and training undertaken for key country offices. Progress on the use of a ‘step wise’ approach using the Three Star Approach has been very positive, as exemplified by Government of India’s committed to introducing nationwide hand-washing with soap before midday meals. Monthly webinar learning events, managed by the WASH Section, continue to attract significant participation by country offices and partners. Examples of trainings that continue to have wide outreach are sanitation marketing (English and French); the ‘WASH in Schools 'WinS 101’ course (fourth cohort completed); and WASH in emergencies (completed by two thirds of WASH staff).
Knowledge products from the section included: the 2013 update report for the WHO-UNICEF Joint Monitoring Programme (JMP) for Water Supply and Sanitation, giving the latest estimates of progress towards the MDG target for water and sanitation; a policy paper on the human right to water and sanitation; a state-of-the-art review of climate change literature; a technical brief on mapping of water points using mobile phones; a monitoring and evaluation toolkit for hand washing with soap; and case studies on MoRES and bottleneck analysis. For the first time, an annual 'WASH in Humanitarian Action' report was prepared to document and disseminate in-depth information and case studies on WASH in emergencies. The report included case studies on intervention and coordination and a detailed explanation of the role and responsibilities of UNICEF in this area.

The WASH humanitarian response in 2013 was strengthened as a result of a series of factors: close collaboration with the Global WASH Cluster and with the UNICEF Division of Human Resources (DHR), EMOPS and Supply Division; the deployment of internal capacity, standby partners, and humanitarian support professionals; provision of technical guidance on the CCCs; and the Corporate Emergency Activation Procedure and Simplified Standard Operating Procedures. WASH worked with DPS and EMOPS to institutionalize the use of pre-certified agreements and Partnership Cooperation Agreements (PCAs) as contingency mechanisms for emergency preparedness and response, which enable faster response on the ground. However, a long-standing challenge remains the lack of sufficient funding to invest in human capacity and emergency preparedness.

Programme Division continued to promote – and exemplify in its own processes – integrated solutions to the challenges to child survival and development. Recognizing the vital importance of integrated strategies to save lives, the Division fostered cross-sectoral partnerships and advocacy to secure investments in multi-sector programme strategies, technology/innovation to expedite the scale-up of equity-focused interventions. These include high-profile advocacy efforts between actors in the nutrition and water sector at a high-level meeting held during the United Nations General Assembly session; work between WASH and Education to accelerate positive healthy behaviour changes through the roll-out of the Three-Star Approach to hand washing in schools, which the Government of India immediately committed to enacting in the country’s schools; and the internal collaboration between the YSCD sectors and the Disability Unit to develop a guidance note and advocacy materials for inclusive programming in the different sectors. A notable achievement was the expansion to 14 countries of the Care for Child Development package that links nutrition, health interventions and parenting skills at the community level; this is done in collaboration with WHO and World Bank. Through the ECD Unit’s outreach, the International Pediatric Association has passed a resolution endorsing this model to make it central to paediatric training.

In addition to the sector-specific tools noted above, the YSCD cluster helped to expand the application of the MoRES approach. Through the District Health Systems Strengthening initiative (managed by the Health Section) that integrates MoRES and works with countries to improve decentralized planning, tracking and action on bottlenecks, countries such as Democratic Republic of the Congo, Malawi and Zambia have improved their results focus in maternal and child health. The WASH Bottleneck Analysis tool, developed through the WASH Section and the World Bank, was tested in three countries to sharpen focus of water supply programmes. Similar efforts were supported in Nutrition and ECD with a view to accelerate and improve results. Evidence was generated on 'what works' through the Pakistan Early Development and Stimulation trial and a meta-review of parenting programmes and community-based childcare centers.
Areas of current or persistent shortfalls in expected results in 2013

The position of UNICEF as a global leader in YCSD, while enabling many of the results and achievements described above, continues put pressure on staff at all levels. A shortage of qualified staff, coupled in some sectors with high emergency-related demands, affected a number of efforts in 2013. These included difficulties in filling key nutrition posts in such key places as India and West Africa. Areas such as district health systems strengthening, ECD and maternal and newborn health continued to have capacity gaps at all levels.

There were key shortfalls in results in immunization in 2013 because of pressure on vaccine stocks resulting from high demand and emergency needs (polio, measles/mumps/rubella); delays in staff recruitment in country and regional offices (routine immunization); and decreasing supply coupled with increasing cost (yellow fever vaccine).

Areas of exceptional achievement

- The increase in the number of countries (now 29 of 40) in sub-Saharan Africa with policies to allow community-based delivery of antibiotics for pneumonia treatment as part of integrated community case management programmes;
- PD was a major contributor to development of the ‘Every Newborn Action Plan’, in line with ‘A Promise Renewed’;
- There are now 45 SUN countries, and at the global and country level, UNICEF continues to provide technical leadership and guidance for meeting these commitments to scale up nutrition;
- The Cholera Toolkit, a collaborative initiative between the WASH and Health Sections, was launched and is in considerable demand. For example, the International Federation of Red Cross and Red Crescent Societies has requested copies for distribution to all WASH staff and their national societies.
- The launch of the Early Childhood Peace Consortium brought together over 140 partners from multiple sectors, agencies and countries who shared the results of scientific research and practical programming experiences in the field of ECD and peacebuilding;
- Analysis of the ECD MICS 4 technical report, including publication of two ECD indicator snapshots on early childhood education and ECD index, on the situation of young children in low- and middle-income countries, the result of collaboration between the ECD and Data and Analytics Sections.

Supporting and constraining factors

In health, continued strong support from donors including CIDA, the Government of Norway, the GAVI Alliance and the Bill and Melinda Gates Foundation allowed PD to focus on results and technical excellence. There was an increasingly effective collaboration within the United Nations system and with the World Bank through the ‘H4+’ mechanism, the RMNCH (Reproductive, Maternal, Newborn and Child Health) Steering Committee, and the International Health partnership (IHP+).

Securing staff of the caliber required for complex country offices and emergency operations remains a challenge. There is inadequate funding for cross-cutting monitoring, evaluation and research, and for health systems strengthening. The lack of predictable funding, including for salaries for key posts in areas such as emergency response and newborn health remains a constraint.

Nutrition: Close working collaboration between PD units around the support of priority countries was a major contributing factor to efficiency, as was the use of mechanisms to support multiple countries

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1 A joint effort by UNAIDS, UNFPA, UNICEF, UN-Women, WHO, and the World Bank to improve the health of women and children and accelerate progress towards achieving MDGs 4 and 5.
through one travel or communication mode. One constraint was managing overstretched staff capacities to respond to the increasing demand for technical support, partnerships and fundraising.

**WASH:** Key factors underpinning WASH achievements included continued support by the Executive Director for advocacy efforts on the elimination of open defecation, engagement in the post-2015 dialogue, and the SWA Partnership. The WASH Section was also very successful in securing several major longer-term grants which brings stability to the programming and results focus. There is a stronger extended WASH team management model (involving headquarters/regional offices/selected country offices) which has helped WASH to prioritize and deliver as a team.

**Early Childhood Development:** The increasing global recognition of the critical importance of optimal ECD as an equalizer and strategy for poverty reduction and supporting social cohesion and peace. This has bolstered the visibility and profile of the Unit’s work. The main management challenge was related to staff turnover (the previous Chief of Unit retired in 2012 and the post remained vacant until May 2013) and key vacancies throughout the second half of 2013. Temporary support was brought in to fill some gaps but some planned activities had to be postponed. Lack of reliable multi-year funding was another challenge for the Unit.

**Focus Area 2 – Basic education and gender equality**

**Analysis of main results achieved in 2013**

During 2012–2013, the Education Section refocused its work around the three key priorities of equity, learning and innovation, all of which are reflected in the new Strategic Plan and have been promoted through internal and external communication channels.

A number of achievements during the year fed into the organization’s equity priority:

- To coincide with the opening of the 68th session of the General Assembly, the Section promoted the equity agenda through a number of key events including ‘Education Cannot Wait’, International Youth Voices on Post-2015, the one-year anniversary of the Global Education First Initiative, the ‘Learning for All’ Ministerial meeting and the launch of a special excerpt of the EFA Global Monitoring Report, ‘Education Transforms’;
- The Out-Of-School Children Initiative vastly expanded the evidence base around children who are out of school, publication 14 country and three regional studies, laying a necessary foundation for more equitable education policies in partner countries;
- Peer review was completed and a user guide developed for the Simulations in Education Equity model, which moved forward in Ghana and started in Bolivia and Pakistan.

UNICEF co-chaired the Learning Metrics Taskforce and was a co-leader of the post-2015 processes to advocate for education metrics that capture access plus learning. Through PD leadership, UNICEF developed an approach to innovation in education and advanced the application of rapid SMS technology in family tracing during emergencies.

In order to strengthen the evidence base in education, the Section finalized the ‘Teachers for the Marginalized’ study which informed the 2012 EFA Global Monitoring Report; launched the evaluation of upstream work in education with the Evaluation Office; and gained the Executive Board’s endorsement of the management response to the ‘Global Evaluation of Life Skills Education Programmes’. The Section established and implemented a peacebuilding education and advocacy (PBEA) research strategy in the areas of transitional justice, gender-based violence and social norms, and community-based strategies for
social cohesion; completed a multi-country case study on best practice in child friendly schools; and established a knowledge community on inclusive education through the Education Taskforce of the Global Partnership on Children with Disabilities, which UNICEF co-leads with UNESCO.

Capacity-building for education staff included the launch of the Harvard Course of Leadership in Equity in Education and the launch of the e-learning package on child-friendly spaces. Through EiE and PBEA programmes, the capacities of country offices were improved in the areas of risk-informed midterm reviews; conflict-sensitive programming and resilience; and EiE, including coordination, contingency planning, needs assessment, policy advocacy and cross-cutting issues. A number of key knowledge management systems for education have been established, including the bimonthly electronic global newsletter and the launch of a global education team’s website that serves as a one-stop source for UNICEF education programmes and partnerships.

UNICEF continued to leverage its global education-related partnerships to compound benefits at the country level. For example, with board and governance responsibilities in GPE (and a managing, supervising or coordinating function for GPE in more than 35 countries), and a strong connection to UNGEI as secretariat host, UNICEF has been a strong liaison between the two partnerships. More than half of all GPE countries now have their own UNGEI partnership to catalyze action around girls’ education.

Areas of current or persistent shortfalls in expected results in 2013
Despite the notable successes in education, progress continues to be hampered by a paucity of (mainly qualitative) data and particularly data on learning, which are not being captured in data collection instruments such as MICS. The Section is working with global partners to advance this issue and looking internally for opportunities to help the organization advance evidence-based policy. It continues to be difficult to directly correlate progress around a specific result to UNICEF actions within existing UNICEF reporting systems and indicators. This was a particular problem in relation to the 2012 thematic report which will be addressed in the 2013 report.

Shortfalls in achievement were found in the development of strategies for post-primary and learning achievement, where the proposed targets were unrealistic. Progress was slower than planned on early learning work, mainly as a result of prioritizing corporate management tasks. Particular constraints identified within the section are: (a) the availability of trained personal willing to be deployed to emergency contexts, although the Section did provide surge capacity throughout the year; and (b) the need to strengthen skill sets of staff in the areas of learning metrics and assessment, data analysis, education economics and statistics, and MoRES.

Areas of exceptional achievements in 2013
- UNICEF co-led, with UNESCO, the post-2015 thematic consultation on education, which engaged over 25,000 people from 100 countries. The consultation’s findings were included in the report of the High-level Panel, and the Secretary-General’s report on the Millennium Development Goals and the post-2015 period. UNICEF also facilitated substantial engagement of youth in the consultations on education and inequalities around the post-2015 agenda;
- The Section developed a conceptual framework on innovations in education, and established a headquarters team and partnership cooperation agreement with the Centre for Education Innovation;
- Methodological guidelines for education systems analysis, finalized with the World Bank, UNESCO and the GPE secretariat, will be used to strengthen capacities in sector analysis and planning. Seventy-three countries adopted national policies on school readiness, up from 71 in 2011.
The EiE team provided six surge responders to the Level 3 emergencies in Syrian Arab Republic and the Philippines. Myanmar and Ethiopia have been integrated into the PBEA programme, which is now moving forward with implementation and documenting results in 14 countries.

Supporting and constraining factors
More systematic monitoring of key management indicators on funding utilization, has helped to identify challenges early and weekly section and hub leader meetings have improved team work to resolve them. These meetings also provide a foundation for staff to collaborate and share knowledge to address risks. The global meeting of the regional education advisors early in the year also helped establish directions and priorities for the sector and foster team spirit in the extended education team. Constraints include the fact that salaries of staff on posts funded by thematic other resources must be renewed almost yearly, creating additional transaction costs and causing uncertainty among staff.

Focus Area 3 – HIV/AIDS and children

Analysis of main results achieved in 2013
During 2013, HIV Section placed important emphasis on the technical support to priority countries as well as on knowledge-generation and dissemination. The Section conducted an analysis that contributed to the development of new cost estimates for responding to the needs of children affected by AIDS, including an updated set of evidence-based interventions for strengthening HIV results in prevention, treatment and care. The section also continued operational research on HIV-sensitive social protection for improved prevention, treatment and care outcomes in five countries in sub-Saharan Africa, in collaboration with the Economic Policy Research Institute. Initial analyses from Kenya and South Africa are demonstrating the positive impact of cash transfers on HIV prevention among adolescent girls.

Several important reports were launched in 2013, most notably the Children and AIDS Sixth Stocktaking Report. For the first time, this report was published digitally using a downloadable interactive format, with an accompanying website (www.childrenandaids.org) housing data visualization tools, info-graphics and multimedia stories. Structured around the first and second decades of a child’s life, this global report reviews the HIV burden among children and adolescents, progress made and strategies to accelerate access to services. It summarizes opportunities introduced by innovations, scientific advances and technologies, and aims to mobilize national and international efforts to achieve an AIDS-free generation. The website received 8,000 visits in the first month of launch, with visits peaking in relation to HIV and AIDS-related events throughout December.

Another important report, published in collaboration with the International Children's Palliative Care Network and national palliative care associations, dealt with estimating of the number of children in need of palliative care at the global and country levels. In addition, the report Strengthening National Responses to HIV and Adolescents in Emergency Situations: Lessons Learned from Côte d'Ivoire and Haiti, was elaborated in collaboration with UNAIDS, Webinar and e-discussions on adolescents and HIV in emergencies focused on key recommendations from the paper and experiences on programming for adolescents.

In the area of humanitarian action and protection of rights, the HIV Section supported the Child Protection Section and the Women’s Refugee Commission to develop a training tool for community health workers on social norms and community-based care for survivors of sexual violence in conflict settings. Training is scheduled to begin in 2014.
Operational research was initiated in Kenya on prevention of mother-to-child transmission of HIV in emergency and humanitarian situations. The results will be used to inform the Basic Package for Risk-Informed Programming as well as guidance to other countries to ensure that programming takes potential risks into account.

**Key areas of success**

In terms of technical advancements for better results, the Section launched a major three-year initiative to accelerate access to a simplified, lifelong treatment regimen of one pill per day (also known as 'Option B+') for pregnant and breastfeeding women living with HIV in Côte d'Ivoire, Democratic Republic of the Congo, Malawi and Uganda. Among the key results for 2013 were the introduction of the MoRES decentralized determinant analysis approach for planning and monitoring in project countries, and support to Democratic Republic of the Congo to transition to Option B+, with the roll-out launched in Katanga. Similarly, a multi-country initiative (Brazil, Central and Eastern Europe and Commonwealth of Independent States (CEE/CIS), India, and South Africa) was promoted, supported by the MAC AIDS Fund, to address the unmet needs for HIV testing, treatment and care among children and adolescents in middle-income countries. In the same vein, an initiative was conducted to accelerate access to market entry point of care HIV diagnostic technologies (CD4, early infant diagnosis and viral load). This joint initiative of Clinton Health Access Initiative and UNICEF, funded by UNITAID, aims to shape markets for new point of care (POC) HIV diagnostics and accelerate scale up in seven focus countries: Ethiopia, Kenya, Malawi, Mozambique, United Republic of Tanzania, Uganda and Zimbabwe. The project will be implemented together with the respective Ministries of Health and existing partnerships and initiatives, within the context of strengthening laboratory systems and implementing treatment guidelines within countries.

Technical support was provided to the development of 'HIV and adolescents: Guidance for HIV testing and counselling and care for adolescents living with HIV', developed by WHO in collaboration with UNICEF, UNFPA, UNESCO and the Global Network of People Living with HIV (GNP+). Launched in December 2013, the guidelines provide specific guidance on prioritizing, planning and providing HIV testing, counselling, treatment and care services for adolescents. The Section also provided leadership to strengthen the agenda around early infant male circumcision (EIMC) and voluntary medical male circumcision, in collaboration with USAID and supported country-level implementation. Initial achievements include the completion of a rapid assessment of current status of EIMC in 14 priority countries to inform policy decisions, advocacy and programming in the broader context of MNCH.

UNICEF also sponsored a series of high-level advocacy events around HIV which helped to keep policymakers engaged with the fight against HIV. UNICEF mobilized leadership around improving the survival of children who have been exposed to HIV at a high-level meeting at the International Conference on AIDS and Sexually Transmitted Infections (STIs) in Africa (ICASA) in Cape Town, South Africa. Another high-level meeting at ICASA was initiated the 'Double Dividend', a call to action to accelerate the integration of paediatric HIV and child survival efforts. Both these meetings had wide and high-level participation and the latter was streamed live on the Internet, allowing remote viewers to participate virtually in the interactive discussion.

Also in 2013, the 'Young People and HIV' web portal (www.youngpeopleandhiv.org) and community of practice were established as part of the Inter-Agency Task Team for HIV Prevention and Young People. Over 300 participants from 56 countries take part in the community of practice, which provides a forum for collaboration, networking and sharing knowledge and resources. The Section worked with the United States National Institutes of Health to prepare a special supplement on adolescents and HIV in the Journal
of Acquired Immune Deficiency Syndromes (JAIDS) to be released in conjunction with the International AIDS Conference in Melbourne, Australia in 2014. The Section is also negotiating a partnership on multi-year operational research on HIV testing and counselling and linkages to care for adolescents in selected countries.

UNICEF continued to house the secretariat and provide global leadership as co-convener of the IATT for prevention and treatment of HIV in pregnant women, mothers and children. Key results for 2013 included the development and dissemination of a toolkit to increase access of pregnant and breastfeeding women living with HIV to antiretroviral therapy. The IATT also developed tools and resources to support the release of the 2013 WHO treatment guidelines, as well as a series of webinars and e-discussions.

**Areas of current or persistent shortfalls in expected results in 2013**

The Section’s new programming approach focusing on the first and second decades of life has brought a new set of challenges. For example, applying the ‘two decades approach’ to the protection, care and support agenda has required a shift in strategic thinking. Similarly, the complexity of programming, and lack of simple, concise areas of action required to achieve results for adolescents pose ongoing challenges.

**Areas of exceptional achievements in 2013**

Among the exceptional achievements of 2013 was the effort to examine the impact and cost of implementing HIV investment approaches in adolescents, in collaboration with the Futures Institute. The analysis highlights that an ideal investment approach could avert 2 million new infections among adolescents (age 10-19 years) by 2020. Findings were reviewed at a global validation meeting and featured in the *Children and AIDS Sixth Stocktaking Report*.

The HIV Section also undertook a systematic review of evidence related to the effectiveness of interventions for HIV prevention, treatment and care in adolescents, in collaboration with the London School of Hygiene and Tropical Medicine. The review presents effective approaches for delivery of interventions to adolescents and offers recommendations for scale-up of interventions.

**Supporting and constraining factors**

To facilitate the roll-out of the new strategic vision of achieving an AIDS-free generation, the Section adopted a cluster approach to strengthen integrated programming and enhance efficiency and effectiveness around the first and second decades. The Section now operates under three clusters: (a) programming and technical assistance; (b) strategic information, research, knowledge management and advocacy; and (c) planning, operations and finance. The Section has also improved and aligned its work streams to ensure better coordination during planning and development of reporting formats and tools. In addition, the Section took measures to ensure regular monitoring of work plan implementation. A number of strategies to strengthen communication and increase South-South collaboration were implemented in 2013, for example greater use of webinars, e-discussions and use of social media to communicate messages with audiences.

The Section experienced several constraints in 2013 related to staffing and funding, in particular for adolescent programming. Staff turnover required the Section to fill human resource gaps with short-term consultancies. Diminishing capacity for HIV programming at the country level is also a challenge to delivering results, and continued and intense technical follow-up is required.
In terms of support to emergency preparedness and response, HIV is often overlooked and not included in appeals and programming. The Section has been addressing this issue by providing technical support to affected countries.

Focus Area 4 – Child protection

Analysis of main results achieved in 2013

PD led work on quantitative and qualitative data on birth registration and FGM/C, which provides the latest global baseline for the work and has informed the steps to be taken at programme level to achieve both free and universal birth registration and abandonment of FGM/C. The #EndViolence against Children initiative was developed and launched globally in over 65 countries, and 7% Set-Aside regular resources were secured to support programme and communication results for 32 country offices in all regions with a potential impact on over 700 million children. The Child Protection Section consolidated evidence of effective programme responses to prevent and respond to violence in early childhood, violence in schools and sexual violence provided support directly to country offices as well as through regional and global partnerships. A global learning initiative to stop violence against children is being established to review the evidence and formulate evidence-based conclusions to inform recommendations for key stakeholders.

With the support of the Evaluation Office, an evaluation of the UNFPA-UNICEF Joint Programme on FGM/C was completed, as was the first global evaluation of UNICEF child protection work in pre-crisis, crisis and post-crisis settings. In addition, first global evaluation of UNICEF effort to address violence is underway. These evaluations represent a growing priority of the sector to use evaluation and other evidence-based tools to build a documented body of evidence of ‘what works’ and under what conditions.

Direct technical support (remotely and in-country) was provided to over 80 countries in a variety of contexts (including two Level 3 emergencies and various Level 2 emergencies) and a number of National Committees. To bolster child protection capacities overall, including beyond UNICEF, the Section is working with partners to develop a post-graduate child protection programme (in partnership with Harvard University and a steering group comprising senior academics from across the globe); and a child protection in emergencies (CpiE) diploma (through the Child Protection Working Group (CPWG), Save the Children, senior academics and the University of KwaZulu-Natal).

Collaboration across all technical sectors and the ‘cross-cutting’ sectors in the Division focused on the following area and sections: addressing violence (with Education, Communication for Development (C4D), HIV/AIDS); gender-based violence (GBV) (with Health, HIV and the Office of Research), peacebuilding (with Education); child marriage (with GRACE); birth registration (involving Health); and integrated programming (with HATIS and other technical areas). Close collaboration with the Disability Section resulted in the inclusion in the 2013 State of the World’s Children report of a data-driven 'In-Focus' panel on the impact of landmines and explosive remnants of war on children; and the continued promotion in the field of 'It’s About Ability', a child-friendly version of the Convention on the Rights of Persons with Disabilities and a corresponding learning guide.

Concerning humanitarian response, despite being considerably overstretched, the sector responded to two Level 3 emergencies, Level 2 emergencies ('Mali+3') and other countries affected by emergencies through programme support for unaccompanied and separated children, psychosocial support, release and reintegration, GBV and the monitoring and reporting mechanism on children and armed conflict (MRM).
On the innovations front, the Section worked with the Innovation Unit and the Uganda and South Sudan country offices to pilot test the “RapidFTR” application. This includes a mobile phone application and data storage system to streamline and speed up family tracing and reunification efforts both in the immediate aftermath of a crisis and during ongoing recovery efforts. In December, it was deployed in the Philippines in the wake of Typhoon Haiyan/Yolanda.

Areas of current or persistent shortfalls in expected results in 2013

The most significant shortfalls in achievement concern the dearth of funding for UNICEF child protection programmes, which remains insufficient relevant to demand and is consistently uncertain and unpredictable. Headquarters and regional office caps on global thematic funding challenge the organization’s capacity to be strategic with limited resources. Second, there are too few staff with a full breadth of child protection skills relevant in both emergency and development contexts to effectively reach the demand of the organization. While noting the key developments in data collection and analysis (notably for birth registration and FGM/C) that took place in 2013, progress in child protection continues to be hampered by a lack of data in many areas and of robust evidence of ‘what works’ and under what conditions to prevent and respond to violence, exploitation and abuse. In coming years, the Section will work with partners (including the UNICEF Data and Analytics Section) to prioritize investments and efforts related to situation monitoring and evidence-based programming and policy.

Areas of exceptional achievements in 2013

- The #EndViolence against Children initiative, which was launched globally on 31 July, exceeded expectations in terms of support and encouragement. The positive response has further propelled already ongoing efforts – including with the Special Representatives of the Secretary-General on Children and Armed Conflict and Violence against Children, international NGOs, other networks and academics and regional and country offices – to strengthen the evidence base of what works to prevent and respond to violence.
- The availability of quantitative and qualitative findings of birth registration and FGM/C provide the latest global baseline and will guide programming in these areas
- The first-ever capacity mapping of staff and long-term consultants will inform a comprehensive capacity-building strategy for UNICEF staff
- The Child Protection Planning, Monitoring and Evaluation Resource Pack was finalized with involvement of the Evaluation Office, Data and Analytics Section and DPS to ensure alignment with global guidance and MoRES.

Supporting and constraining factors

Effective mechanisms to share knowledge, inform decision-making and avoid duplication include the weekly meetings of team leads, monthly calls and ongoing work with the extended team (Regional Advisers and the Chief, Child Protection at the Office of Research). MoRES continues to provide an opportunity to work across the section along with regional and country offices to strengthen evidence-based programming and monitoring, although collaboration in this area, including with the regional MoRES focal points, needs to be strengthened.

Concerning constraints, there are too few human resources with a full breadth of child protection skills to effectively meets the demands placed on the organization (including country offices) that are relevant in both emergency and development contexts. The child protection capacity-building strategy, to be developed in 2014, will need to address this shortcoming. Second, funding remains insufficient relevant to demand, impeding full roll-out of the child protection strategy approved by the Executive Board.
funds are more likely to be secured for emergency-related work, they remain insufficient and funding gaps are more acute in the other areas of child protection programming.

Cross-cutting functions and foundational principles

Gender, rights, communication for development, disabilities and adolescents

Analysis of main results achieved in 2013
Over the course of 2013, the GRACE cluster seized numerous opportunities to deepen technical engagement both with PD sections and with extended technical networks through a focus on their contribution to equity-sensitive programme results, most notably by ensuring that cross-cutting issues were specifically addressed in several outcome areas of the new Strategic Plan, 2014-2017. Each section (Adolescent Development and Participation (ADAP), Gender and Rights, Disabilities, and Communication for Development) focused on areas where the evidence and expertise on cross-cutting programming brings an added advantage.

With adolescents’ rights often invisible in global advocacy and programming, falling in a gap between ‘child rights’ and the ‘youth’ agenda, over the past year, ADAP succeeded in ensuring greater visibility of adolescents. Key results included successfully lobbying for recognition of 10-14-year-olds as a youth subgroup in the new United Nations System-wide Action Plan on Youth (Youth-SWAP). The Chief of ADAP Unit was appointed by Lancet as an independent active member (with UNICEF consent) at the also became of the Lancet Commission on Adolescent Health and Wellbeing, launched in 2013 by the leading medical journal, allowing UNICEF to channel child equity issues in its upcoming final report and call to action. Membership on the Commission will significantly enhance UNICEF advocacy for adolescents in the global development agenda.

In 2013, the Disability Section worked internally and externally to advance the agenda addressing the needs of children with disabilities. UNICEF helped to ensure that children with disabilities were included in the outcome document of the High-level meeting of the General Assembly on disability and development, and that children with disabilities were prominently featured in at least two of the post-2015 thematic consultations. The launch of the 2013 State of the World’s Children report on children with disabilities not only brought key advocacy messages to a global audience but also was used to expand the number of country offices willing to engage in programme interventions in this area. The Disability Section also developed and gained agreement on a governance and results framework to guide the work of the Global Partnership on Children with Disabilities.

In 2013, the C4D Section continued to focus on strengthening the evidence base of social and behaviour change communication through systematic reviews on C4D interventions on child survival, development and protection. On the basis of an improved understanding of what works for achieving better results, the Section engaged with an increasing number of country offices working on the design of C4D interventions in such areas as birth registration, cholera vaccination and control and the prevention and control of pneumonia and diarrhea. In collaboration with DHR, the C4D Section continued to strengthen UNICEF capacity in C4D by training 200 staff members via the C4D Global Learning Course.

The overarching strategy of the Gender and Rights Section in 2013 was to seize specific programming opportunities where gender-equitable and rights-based results for children are especially critical and where is an advantage in bringing sectors together to collaborate on child marriage, girls’ education, and the human papilloma virus (HPV) vaccine and adolescent health. Other major achievements included
defining the substantive focus of the Gender Action Plan through consultative processes and review; preparation of the system-wide-management response to the 2012 'Global Evaluation of the Application of a Human Rights-Based Approach to UNICEF Programming' in concrete, actionable, and measurable terms; and supporting UNICEF representation on human rights bodies externally and in inter-agency mechanisms, including by developing action points for strengthened engagement between UNICEF and the Committee on the Rights of the Child.

Areas of current or persistent shortfalls in expected results in 2013
Main shortfalls in 2013 included limited capacity to advance programming work on children’s participation; the delay in completion of a stocktaking on disability-inclusive programming at the country level, due to advice from the UNICEF Office of the Executive Director, Field Engagement unit, to postpone the initiative; limited progress on the role of the C4D Working Group due to rotation of several staff; challenges in implementing external advocacy at a faster pace due to limited staff capacity; and postponement of a study of the effectiveness of C4D interventions, to be done in collaboration with the Evaluation Office due to budget limitations and priorities.

Areas of exceptional achievement
- Contribution to the global adolescent agenda: The active membership of ADAP in the Lancet Commission on Adolescent Health and Wellbeing contributes to positioning adolescent development more prominently on the global agenda.
- In close collaboration with technical teams in PD and field offices, the C4D Section developed a wide range of standards and tools and used them to support social and behavioural change interventions. These included (1) a C4D chapter in the UNICEF handbook “A Passport to Protection: a guide to birth registration programming and Pan-African Civil Registration and Vital Statistics Initiative;” (2) a C4D chapter in the Cholera Toolkit and the communication framework for the introduction of cholera vaccine in emergency contexts; (3) a guide for design and implementation of C4D strategies for prevention and control of pneumonia and diarrhea as part of ongoing work with ministries of health in East Asia and the Pacific; (4) global mapping of interventions on C4D and peacebuilding; and (5) mapping of C4D programming practices to address violence against children.
- In 2013, UNICEF leadership and action on child marriage were taken to a new level. Building on the momentum generated by the International Day of the Girl Child 2012, the Gender and Rights Section, in collaboration with colleagues in Child Protection, ADAP, C4D and Education, secured $2 million in UNICEF set-aside funds as seed funding that will allow five or six countries to build and enhance highly strategic, country-specific programmatic plans to prevent child marriage. The Gender and Rights and Child Protection Sections also collaborated to secure a 20 million Euro commitment over four years from the Government of the Netherlands for work on preventing child marriage, which will be a priority effort in 2014.
- With support from colleagues in Health, HIV/AIDS, ADAP, C4D and Education, the Gender and Rights Section is leading UNICEF engagement on delivery of the HPV vaccine through partnership with the GAVI Alliance, and has successfully collaborated with the immunization team to integrate this work into the GAVI 2014 Business Plan. Together with consortium partners, the Section developed a toolkit that has been integrated into the GAVI HPV Demonstration Programme.
In collaboration with the European Union (EU), a comprehensive child rights toolkit and supporting web portal were completed. The toolkit seeks to integrate the various dimensions of child rights and equity in the practice of development cooperation and will be used to inform training among a wide range of key partners such as the EU, country and regional offices, National Committees for UNICEF and external partners through workshops, e-learning and various outreach activities.

Supportive and constraining factors
The greater recognition of cross-cutting areas as critical to the equity strategy has provided a strong platform for the GRACE sections to engage with other sectors in the Division as well as with regional and country offices. This is exemplified in the greater demand for engagement of the cross-cutting sectors in different programme areas, strategy formation and provision of technical support. The commitment to gender is visible with the development of the Gender Action Plan which will be resourced; and the evaluation of the human rights-based approach to programming has given renewed impetus to the child rights framework that underpins the work of UNICEF.

On the other hand, with the increasing role of and demand for cross-cutting areas, several units have been overstretched in terms of staff capacity. Many of the staffing constraints are addressed in the new office management plan (OMP). Innovative ways to maintain the quality and sustainability of technical support are also being implemented. For example, the Disability Section has worked with the regional offices to establish expertise by thematic areas, e.g., on inclusive education in CEE/CIS. The C4D Section has developed creative ways to address capacity gaps including work with clusters of countries within Regions, as in East Asia and the Pacific; collaboration with regionally based institutions for capacity development; engagement in global initiatives with multiple partners and stakeholders; and engagement of interns to support specific tasks and activities.

Civil society partnerships
Analysis of main results achieved in 2013
In 2013, the CSP Unit advanced ongoing efforts to strengthen UNICEF representation, participation and engagement with a wide range of CSOs in support of UNICEF organizational priorities. Under the guidance and leadership of the Public-Sector Alliances and Resource Mobilization Office (PARMO), in 2013 CSP led research and drafted the practical thought piece to define the contours of UNICEF’s operating model by 2017, referred as “UNICEF 3.0”. To help UNICEF country offices more quickly establish partnership arrangements with international CSOs in emergency contexts, CSP developed a list of pre-screened and approved international CSO partners in relation to reputational and administrative and/or programmatic risks to UNICEF in emergencies.

The CSP Unit has played a major role in building a coalition of the leading, global child-focused agencies to promote the centrality of children in the post-2015 development agenda and further the engagement of CSOs in ‘A Promise Renewed’. As part of its engagement with parliamentarians and in connection with the Inter-Parliamentary Union, the Unit organized a workshop in Peru around birth registration and the right to identity, and worked with several countries to craft parliamentary engagement strategies. Sports partnerships continued to receive attention, with CSP providing guidance to regional and country offices on completing and distributing the ‘UNICEF Guide to Sport for Development’ and continuing its effective management of partnerships with Special Olympics and the International Cricket Council.
**Shortfalls in achievement**
While UNICEF led a strong launch of the Global Interfaith WASH Alliance during the General Assembly session, the lack of funding for follow-up work caused numerous missed opportunities to maximize the benefits of this new partnership.

**Humanitarian and Transition Support**

*Analysis of main results achieved in 2013*

In 2013, HATIS facilitated the coordination between EMOPS and PD sector focal points to ensure that consistent technical assistance and programmatic support were provided to country offices in emergencies. The Unit provided feedback and guidance on UNICEF programme inputs in needs assessments, flash appeals, inter-agency strategic response plans, UNICEF integrated response plans, post-crisis recovery plans, evaluation plans and progress reports. The work of the Unit extended to encompass such as areas as resilience and climate change. With a more technical role, HATIS facilitated a study on lessons learned in integrated programming which drew on global experiences and documented five country case studies. The study, to be finalized in January 2014, will inform future humanitarian programming.

**Areas of exceptional achievement**

- HATIS played a key role in pushing forward the resilience agenda in 2013, including supporting the organization of the Nairobi Resilience Meeting and ensuring follow-up, playing a critical role in the resilience working level task force, and drafting a good practices document on flexible humanitarian-development programming.
- The Unit organized a study on integrated programming, which is an important step in systematizing and universalizing an integrated programming approach in emergencies but also in development, a crucial component of the new Strategic Plan.

**Shortfalls in achievement**

A shortage of staff hampered the Unit’s ability to help countries apply risk-informed, equity-focused situation analyses and programme tools and to inform in relevant guidance led by other technical sectors.

**Interdivisional collaboration**

PD, due to the nature of its function, works extensively and consistently with many other divisions. In 2013, PD worked very closely with DPS in preparing the new Strategic Plan, providing programme analysis and sector content and focus, and engaging with field colleagues and external partners in consultations to review and validate different drafts of the plan. The two divisions collaborated on policy briefs, data analysis and preparation of major reports/flagship publications, social protection, development of programme guidance and capacity-building for application and reporting on MoRES.

In 2013, the PD Knowledge Working Group (KWG) met quarterly, developed its first annual work plan and focused on improving generation, dissemination and utilization of knowledge in support of country programme results. The KWG worked closely with DPP, Office of Research, Evaluation Office, Supply Division, EMOPS, DHR and others. To support programme results in 2013, KWG:

- Drafted guidance on document classification and processes to solicit better knowledge products, management and programming in UNICEF;
- Supported West and Central Africa Regional Office Knowledge Management Workshop; coordinated input to the Private Sector Division’s new knowledge exchange platform for National Committees;
- Worked with Office of Research in preparing the Knowledge Management Roadmap;
- Worked with Information and Communication Technology (ICT) and Division of Communication (DOC) to transition the PD intranet and internet sites to Microsoft SharePoint;
- Streamlined webinar coordination;
- Contributed to the work of E&E committees related to knowledge management.
- Worked closely with the PD Director’s office to collect good practices related to ‘A Promise Renewed’ and MoRES to share with the Executive Board in 2014.

Collaboration with EMOPS has been particularly important, especially the technical support for Level 3 emergencies and the development of an interdivisional technical hub for resilience. PD and EMOPS together supported two global workshops on resilience, prepared a global position paper on the same subject as well as a series of case studies and papers on lessons learned. PD also contributed to the E&E SHA process led by EMOPS. The interdivisional cooperation has been particularly close in the field of children affected by armed conflict. Teams from both divisions jointly worked with the Special Representative of the Secretary-General on Children and Armed Conflict and supported the Security Council Working Group on Children and Armed Conflict.

Critical work with Supply Division continued, focusing on support to country offices for the response to Level 3 emergencies; supply chain management; assessment and pricing of key essential commodities for children; and innovations to support programme delivery and effectiveness, e.g., developing essential family kits in Democratic Republic of the Congo and planning for introduction of inactivated polio vaccine.

During 2013, PD collaborated regularly with Office of Research and Evaluation Office. An important part of this work focused on PD providing inputs to the priorities for the global thematic evaluation 2014-2017 and the joint work on global research priorities for the Strategic Plan. Other examples of collaboration include technical inputs and feedback into products and guidelines led by Office of Research on the global research taxonomy, guidelines for research ethics or impact research. PD also provided technical expertise for a number of global evaluations, assessments and management responses, for example in education, child protection and nutrition.

PD and DOC established new parameters of collaboration that included regular coordination meetings, an agreed mechanism for processing communication demands for support from PD sectors, extensive engagement by PD in the E&E working group on strengthening communication processes and technical inputs to the development of the new corporate communication strategy.

Collaboration between PD, PARMO and the Private Fundraising and Partnerships Division (PFP) related to improved alignment between programmatic priorities and fundraising/advocacy efforts, and to improved donor matching/identification for specific areas of work. PD provided technical inputs and feedback from a programmatic perspective into various products and guidelines led by PFP, most notably to the Integrated Corporate Engagement Strategy and the Global Resource Mobilization Strategy.

Working across divisions, the Global Programme Partnership unit at PD continued to serve as convener of the Innovative Development Financing Task Group, working with PARMO, Supply Division, PFP, DPS and Governance, United Nations and Multilateral Affairs (GMA) to advance the recommendations on innovative financing for children in the UNICEF resource mobilization strategy that is currently under development.
4. MANAGEMENT AND OPERATIONS

Management
During 2013, PD contributed substantially to several organization-wide processes and initiatives including the E&E initiative, the quadrennial comprehensive policy review of operational activities for development, preparation of the OMP and budget for the 2014-2017 cycle and finalization of the Strategic Plan and results matrix. Several of these initiatives took place simultaneously, rather than the ideal sequential manner where one process would have informed the other. Overall concurrent engagement in all these initiatives posed significant additional workload demands and pressure on the PD team. Several sections did not have the full complement of staff during the year or were overstretched given the many emergencies where the Division deployed surge capacity.

For effective internal management, PD held regular 'No-Travel Weeks' that covered management and cross-cutting technical issues, undertook mid-year and annual reviews of work plans and adjusted direction as needed; and, had functional cross-sector teams cover areas such as research, knowledge management and mainstreaming of MoRES. During the 'No Travel Weeks', the PD Management Team systematically reviewed its Management Dashboard and took corrective actions such as enforcing a more disciplined approach towards competitive bidding in all contracts, more efficient travel to implement PD technical support to country offices, improved use of resources, and more balanced recruitment. A PD-wide learning initiative was organized responding to key topics requested by staff in support of professional growth.

During 2013, PD consolidated its field engagement strategy through the three field support clusters ("high burden", middle income and fragile countries); organization of the annual Deputy Regional Directors’ consultation; joint capacity-building with regional offices on specific technical topics; strategic support to several country programme milestone processes; and undertaking missions to select country offices. Judging from travel coded as technical support, professional staff in PD provided even more support to country offices in 2013, with an increase of 37 per cent over 2012. A significant proportion of missions were to Eastern and Southern and West and Central Africa and related to the YCSD agenda. A website was developed using the Team Sites platform for the high-burden and middle-income clusters, with the purpose of improving information-sharing, planning and coherence in PD support.

Through the E&EE initiative, PD made six proposals for global and headquarters review that required joint work with other divisions, and four proposals for internal action to enhance the management of the division. The broader proposals from PD were consolidated into 19 common proposals that, through interdivisional working groups, are being translated into monetized options for deliberation by the Global management Team and the Executive Director. In general, the work on these common proposals continued throughout 2013 with expectation of decisions in early 2014.

The four internal proposals related to: (a) streamlining management roles and processes; (b) improving inter-sector collaboration and avoiding fragmentation; (c) establishing predictable practices around allocation of core resources; and (d) improving PD’s internal and external information about its work. Several of these were reviewed during the OMP formulation.

PD continued to work on the recommendations of the 2012 audit; nine agreed actions were central to the common proposals described above and hence the timeline for delivery on actions has had to be adjusted. Effective action on some of the observations will require joint agreements between headquarters and
regional offices, as will formalization of a process for production of guidance, dissemination and monitoring their application.

The process of OMP formulation presented opportunities to the Division to review its management arrangements. A consolidated, top-level horizontal management structure, with a 360 degree approach to peer review of performance and shared accountability for common results, was instituted for the 2012-2013 biennium. This was done in recognition of the fact that traditional vertical supervisory systems for the senior PD technical team leads were not maximizing strategic linkages and providing the level of programme coherence that is required of a technical Division at the helm of the organization. The Director retained overall responsibility for ensuring that the Division fully delivers on its accountabilities and supervises all Associate Directors and Deputy Directors. The Deputy Directors each held thematic portfolios and provided guidance and oversight on management issues on groups our sections. The core management team of PD consisted of: (a) the Director; (b) Deputy Directors; (c) Chief of Operations – programme Support Unit; (d) Associate Director, Cross-Cutting Areas; and (e) Associate Director, Partnerships. The Division’s senior team which included the core team, and Associate Directors and section chiefs, defined areas of collaboration and joint accountabilities and served as an advisory body to the Director for decision-making. The Programme Division Management Team, including staff association and General Service (GS) staff representatives, met at least four times per year and provided an effective forum for steering significant strategic and management issues.

The overall principles of the ‘flat’ arrangement were re-affirmed in the 2014-2017 OMP. Improvements in operational processes will be made based on lessons learned in 2012-2013. Based on the Division’s evolving needs, the portfolios of the two Deputy Directors were redefined for 2014-2017 to: (a) support the Director with strategic planning, internal management, monitoring and managing for results including field outreach and related cross-cutting capacity-building such as on MoRES; and (b) complement the work of the technical section chiefs with global evidence, advocacy and outreach including coordinating PD’s input in the areas of innovation, knowledge management and research. The latter position will also oversee the reconfigured HATIS Unit.

The year 2013 was the second since the move of the cross-cutting areas to PD from DPS. This shift has had positive results, exemplified by closer programmatic links between cross-cutting areas and technical sectors in developing technical guidance; supporting regional and country offices; formulating strategy and planning action in such areas as girls’ education, the #EndViolence initiative, the introduction of HPV vaccines and expanding programmes to provide inclusive basic services to children. Integration of the cross-cutting areas, the hosting of new secretariats during the biennium (such as A Promise Renewed, RMNCH, SWA) and the elevation of polio to a global priority are among the factors that contributed to the expansion of staff to 288 positions (228 International Professional and 60 GS) approved by the Programme and Budget Review. Compared to the previous cycle, this represents an increase of 39 percent, and has management implications for the Division in terms of prioritization of results, internal coordination, harmonized approaches to the field and continued focus on fostering linkages and efficiencies in use of resources.

One factor that has limited the provision necessary operations support, as is the case for the programmatic sections, has been the insufficient number of staff in the Programme Support Unit, a service shared between PD and DPS. The recommended commensurate increased level of operations and planning support for the division was not approved for the new OMP, hence there are risks that will need to be managed carefully in the future.
For the new OMP, there was a transition to a two-type programme results classification, ‘Development Effectiveness’ and ‘Global Regional Programme’. This proved to be challenging for all technical staff as clarifying distinctions between the two and ensuring the right level of results formulation is taking time. Improved understanding is expected through experience of working within the framework in the new cycle.

**Funding**

At the end of the 2012-2013 cycle, PD reported expenditures of $121 million. The donor base in early 2012 consisted of some 40 donors and six thematic pools which provided about $70 million. Of the non-thematic donors, 13 contributed 80 per cent of the funding received. The Bill and Melinda Gates Foundation was the largest single contributor that was not a Governments or National Committee for UNICEF. Globally managed programmes for which donors have demanded oversight of central management and programme quality, have proven to be challenging in some instances as lines of accountabilities and responsibilities between country and regional offices and headquarters require better definition. This issue is being addressed through a common proposal in the E&E exercise.

**Operations**

Several operational processes have become customary in PD, thus allowing a more fluid review, approval and processing of transactions. For example, advertising for contracting of external expertise (institutional and individual) is now done through the United Nations Global Marketplace (www.ungm.org) or other well-known public websites. The result is more transparent and inclusive contracting, which affords the Division a better selection of sources at best prices.

The Division's office space has been insufficient given its growth, resulting in suboptimal physical working conditions for staff. An office space ‘restacking’ exercise now underway is aiming for standards closer to the Joint Inspection Unit Office Space Standards.

**Global Programme Partnerships**

In 2013, partnerships have taken up a significant amount of staff time because of PD's leadership role in numerous GPPs. By the end of 2013, UNICEF was engaged in 80 GPPs and had a form of governance role in 50 of them. Programme Division hosts seven GPP secretariats: APR; the Better Care Network; the Donors Working Group on FGM/C; Inter-Agency Working Group on Violence Against Children; SWA; the United Nations Girls' Education Initiative (UNGEI); and the Reproductive, Maternal, Newborn and Child Health Trust Fund/United Nations Commission on Life-Saving Commodities.

As one of the world’s leading health agencies, UNICEF plays a critical role in global health and key nutrition partnerships through programme collaboration and advocacy, both globally and nationally, with United Nations agencies, national Governments, CSOs, donors and the private sector. Other sector programme partnerships focusing on HIV/AIDS, education, WASH, child protection or cross-sector areas (children with disabilities, gender, human rights, etc.) have been able to support scaling up of interventions, leverage resources and advocate for priority areas or innovations.

One of the management challenges that PD faced in 2013 was the need to rationalize the number of GPPs in which UNICEF is engaged, giving priority to those with the greatest potential to deliver measurable results. The review of education GPPs undertaken in mid-July 2013 was a useful exercise that examined definitions of priorities and responsibilities with a view to maximizing resources. WASH has adopted a measured approach, with engagement based on the extent to which these partnerships have potential to bring about transformational change that delivers real results for children.
Other challenges and lessons learned from partnerships are: the need for funding for technical assistance to countries; the long process required to set up new GPPs, and slow decision-making by steering committees; increasing costs and workloads of the secretariats hosted by UNICEF; and the capacity to manage requests from partnerships while ensuring that UNICEF involvement directly relates to the achievement of results by UNICEF.

The GPP Guidance Notes, which define the engagement of UNICEF in GPPs and systems needed to support them, are used and applied by UNICEF staff on a voluntary basis and are not strictly enforced. The revision of the Guidance Notes, which was postponed pending finalization of the Strategic Plan and the E&E exercise, will be prioritized in 2014 with a view to its simplification. The implementation of the information management and knowledge management strategy in 2013 will also enable communication of guidance to staff across the organization.

Multi-stakeholder partnerships are becoming more influential for children’s issues and the post-2015 agenda is expected to pay greater attention to partnerships, particularly regarding the strategic role of new development partners such as the private sector or civil society. This will require PD to accelerate the capacity-building efforts needed to manage programme partnerships for children and deliver results in the field.

**United Nations Coherence**

The Division has maintained strong relationships with counterparts of other United Nations agencies for technical and strategic areas of work. For example, at the strategic management level, PD has led coordination of technical discussions with UNDP and UNFPA on the results focus and real-time monitoring of bottlenecks.

The Global Strategy for Women’s and Children’s Health has strengthened inter-agency collaboration globally and at country level, principally through the H4+ mechanism (see page 13). UNICEF acted as coordinator of H4+ from 2012 to 2013, when that role was assumed by UNFPA.

In nutrition, UNICEF contributes to increasing United Nations coherence through (a) the SUN United Nations System Network, (b) REACH and (c) the UN Standing Committee on Nutrition. Also in 2013, UNICEF worked with WFP to align home fortification and nutrition programmes in general; and with UNHCR on sector guidance. In terms of programming, a grant from the MDG Achievement Fund, which was completed in 2013, funded joint United Nations programmes. UNICEF was the lead agency for the Children, Food Security and Nutrition thematic window, part of the MDG Fund.

UNICEF and WHO are in a formal partnership to implement the Joint Monitoring Programme (JMP) report and the International Network to promote Household Water Treatment and Safe Storage Network. They have also initiated discussions to explore opportunities for new collaboration on WASH in health care facilities and mainstreaming water safety plans. WASH is also an active partner in UN-Water and during 2013 the focus of activities was on the post-2015 agenda.

The UNAIDS accountability and budget matrix (known as the UBRAF) was developed to improve the accountability of the joint programme and strengthen monitoring for results. The UBRAF provides outcomes, outputs and deliverables for the UNAIDS family as well as a set of indicators to monitor progress. The accountabilities of UNICEF under the UBRAF and the UNAIDS Division of Labour are aligned with the priorities of the UNICEF HIV programme.
In 2013, the Child Protection Section worked closely with GMA concerning strengthening the coordination of the United Nations system on child protection, and more specifically, through the report to the Third Committee of the General Assembly and report on “Strengthening Collaboration on Child Protection within the UN System” (A/c.3/68/L.26/REV). The partnership with UNFPA through the Joint Programme on FGM/C remains vital, and in 2014, its work will be extended to 17 countries targeting the 30 million girls at risk of undergoing FGM/C in the next 10 years. UNICEF co-leads with UNFPA the global GBV Area of Responsibility and serves as the lead and coordinating agency for mine-risk education. The section works closely with the Special Representatives of the Secretary-General on Children and Armed Conflict, Violence against Children, and Sexual Violence in Conflict, whose mandates and work provide a global boost to efforts to prevent and address violence across a range of settings. Starting in 2014, Special Representatives of the Secretary-General on Children and Armed Conflict and UNICEF will support a joint campaign to end all recruitment and use of children by state armed forces by 2016.

PD also plays a key role in the Secretary-General’s Global Education First Initiative, the Inter-agency Task Force on the Prevention and Control of Non-Communicable Diseases, and the United Nations system-wide action plan on gender equality and empowerment of women. Also notable is also the growing engagement of PD with the World Bank, as exemplified by work in ECD (on scaling up use of Care for Child Development) and health that links results-based financing and equity outcomes and social accountability initiatives.