Summary of Lessons Learned in 2011

Working Paper

UNICEF
Lessons learned in 2011 and Recommendations for future

I. Introduction

1. This paper has been prepared in response to the Executive Board decision 2011/12 where the Board requested UNICEF, in future annual reports of the Executive Director, to introduce lessons learned and recommendations for future strategies of the organization, and to include descriptions of challenges and concrete steps taken to address them. The paper focuses on the lessons learned which are multi-sectoral and cross-cutting. The lessons learned on specific Focus Areas can be found in the respective annual thematic reports.

II. Studies on child poverty and budgets

2. The recent global economic and food crisis affected children and their families worldwide. UNICEF continued to be involved in poverty reduction in this context, with a focus on equity and the most deprived and vulnerable, suggesting increased emphasis on work in the area of macro-economic policies. UNICEF prepared a publication ‘Recovery for All’ that provided analyses of strategies to expand fiscal space, holding governments accountable; generating knowledge on the impact of poverty on children, outlining successes, risks and future directions, and share the lessons learned in the process.

3. Since 2008, UNICEF conducted a multi-country study on Child Poverty and Disparities. The study allowed UNICEF to refocus its work on the issue of equity and the measurement of child poverty by looking at gaps and opportunities in national poverty reduction strategies; poverty and disadvantage faced by families with children; and the way public policies could reduce child deprivation – providing better services and protection for children and the families caring for them. Over 54 countries have completed the study and the findings are used to advocate for focus on disadvantaged, poor and marginalized children and families through national programmes. The multidimensional approach to poverty used by UNICEF is linked to child rights, looks at deprivations in shelter, sanitation, safe drinking water, information, food, education and health, and combines these with an income-based approach. It analyses poverty at the child, family and national levels. It is structured in a manner designed to facilitate national ownership. Based on these studies and the experience gained, UNICEF in 2011 collaborated with the World Bank to issue a Guidance Note on how to integrate a child focus into these analyses.

4. The studies conducted by UNICEF also demonstrated that the established practices of monetary poverty measurement are limited in assessing the impact of social policy on poverty reduction, as there are multiple deprivations (health, education, nutrition, livelihood, protection, etc.) contributing to vulnerability and poverty. In Africa, and in the context of the impact of the global economic crisis, UNICEF Mali undertook in 2009 four studies on child poverty, social protection of children, cash transfers and high food prices. These were intended to provide evidence for pro-equity policy reform implemented later. In Burkina Faso, UNICEF facilitated a study on the impact of the economic crisis on children’s monetary poverty, nutrition, education, health and child labour status, as a result of which it was able to advocate with the Ministry of Finance policy option to address child poverty.
5. In middle-income countries, where children are exposed to a variety of other problems, thresholds for severe deprivations had to be adjusted in UNICEF’s poverty studies: in countries like Armenia, house ownership, family and child benefits and consumption were among the characteristics taken into account in defining child poverty.

6. As more countries adopt austerity measures and contract their social sector budgets, various studies were carried out in order to inform social safety nets programmes. In 2010, UNICEF and its national partners in Senegal conducted a study aimed at determining the impact of cash transfer programmes vis-à-vis other schemes, such as food subsidies. The study was to establish whether cash transfer programmes result in reducing child poverty, in preventing intergenerational transmission of poverty and in improving health and nutritional outcomes. It utilized simulation tools designed by the World Bank and ILO in analysing the latest poverty survey results and establishing the costs to be incurred by the different cash transfer programme options. Other studies using micro-simulation models were carried out to determine the impact of fiscal policies on vulnerable children, e.g., the analysis of proposed changes to taxation in Serbia. These studies informed the advocacy positions for addressing child poverty in these countries.

7. Child Budget Analysis, such as the one done in Jordan, is often taxing due to difficulties in identifying budget allocations to specific child-related activities. In South Africa, tracking public expenditure proved useful in determining whether public resources to support early childhood development indeed reached the intended beneficiaries – the marginalized children - and whether the quality sought of early childhood development, i.e., preparation and readiness for learning, was achieved as a result. In Trinidad and Tobago, UNICEF supported a study on child responsive budgeting intended to provide a framework for child budgeting. Despite the absence of complete national datasets, the study was used to spearhead a national debate around children’s wellbeing and equity and to influence policy.

8. In the health sector, UNICEF Benin supported in collaboration with the World Bank the implementation of the tool for Marginal Budgeting for Bottlenecks (MBB) in order to effectively plan, cost and budget health interventions to reduce child mortality. The MBB supports the formulation of expenditure plans and poverty reduction strategies, linking expenditure to health and nutrition MDGs. Further advocacy and work is needed to assure the necessary resources to the Ministry of Health and other key government departments for addressing the inequities in health goals for children.

9. Moving from data analysis to actual policy changes is often found challenging for many governments. These are particularly so, at times of austerity budgets, limited understanding of social safety nets and inadequate inter-ministerial collaboration. This does indicate the need for an approach that links studies and actual budgetary allocations and defines an area for further advocacy and capacity building work for UNICEF, in partnership with others.
III. Data Collection and Analysis

10. Investment on data collection continues to generate the evidence required to influence budgets and policy, maximizing resources and results for children and their families. Countries such as Turkey and Georgia carried out sample surveys (known as the Welfare Monitoring Survey in Georgia) to determine the impact of the global economic crisis on children and their families. Real time data collection for policy formulation is not always possible or cost effective. Hence, in countries such as Iraq, 2006 MICS data was used to measure child deprivations and the 2011 MICS data will have to be further analysed to update the information.

11. Data management models used need to be owned by governments – so that utilization of data in local planning is ensured, replicable - so they are not used in only few districts, and inexpensive - so that local governments can cover the costs out of their own budgets, ensuring sustainability, as was done in Indonesia. Concurrently, national capacity for data analysis for children must be reinforced as was done in Iraq with training provided to government analysts. As part of its organization-wide equity approach, UNICEF is working to strengthen data collection to better identify and analyse the needs of the most vulnerable crisis-affected populations more frequently and with greater geographic reach. Lessons learned in Indonesia, Mexico and former Yugoslavia clearly suggest that investments on developing capacity of national systems for data collection and analysis provide a strong basis to generate evidence that can be used effectively for advocacy, policy dialogue around strengthening equity focus of programmes for children, initiating social safety nets for marginalized and poor.

IV. Monitoring and Evaluation

12. Monitoring and evaluation enable UNICEF to assess the quality and impact of the organization’s work, against action plans and strategic plans. It allows the organization to determine whether the available resources are sufficient and are being well used, whether the capacity it has is sufficient and appropriate, and whether programmatic interventions follow plans and achieve targets.

13. As we look at the results attained in achieving the Millennium Development Goals’ (MDGs) targets, it is sometimes easy to lose sight of the fact that results may mask regional and in-country disparities. We cannot be sure when achieving MDG targets that we indeed reached the most deprived and underserved. Hence the programmatic shift to identifying inequities and resolving them.

14. Real-time monitoring to inform social policy was supported in the Pacific Island countries, tracking multidimensional indicators using sentinel sites. It has been carried out in a number of other countries. In the Middle East and North Africa region, country equity profiles were produced based on the analysis of socio-economic disparities. However, additional progress can be achieved through the use of advanced technologies in monitoring social vulnerability, being done in partnership with the Institute of Development Studies (IDS).

15. Building on experience from pilot programmes in 2010, UNICEF has also refined a more systematic approach to humanitarian performance monitoring. The system, aimed at improving UNICEF’s effectiveness in humanitarian contexts by providing
high frequency performance information and results for affected populations, was implemented in the emergencies in Cote d’Ivoire, the Horn of Africa, and Pakistan in 2011.

16. In line with UNICEF’s current approach, evaluations have also changed. A series of Equity-Focused Evaluation webinars organized by UNICEF, UN WOMEN, The Rockefeller Foundation, Claremont Graduate University and IOCE, in partnership with IDEAS, OHCHR, UNEG Task Force on National Evaluation Capacities, UNDP, ILO, IDRC and PAHO began in 2011. These webinars address the challenges in evaluating the effects of policies, programmes and projects to enhance equitable development results, with a special focus on the effects to the most excluded, marginalized and deprived groups.

V. Policy and Advocacy

17. Since poverty is multidimensional and touches upon health, education, protection and more, comprehensive Situation Analyses to inform CPDs and UNDAFs as well as to influence policies were carried out with UNICEF support in 52 countries in 2011. Several initiatives in recent years clearly demonstrate the value of upstream work for influencing policies, budgets in times of economic downturn.

18. UNICEF Iraq constituted an Equity-Analysis for Children Team (Equity-ACT) with the Government to focus on analysis to identify areas requiring attention from an equity perspective. In Morocco, UNICEF supported child-focused local situation analysis and planning which by now expanded to 106 municipalities.

19. UNICEF Brazil helped shape public policies to promote literacy among impoverished children. Its literacy programme in the semi-arid region of Brazil served as a model for the government’s national literacy programme for children, to be implemented in 2013. In countries such as Georgia, UNICEF used the Welfare Monitoring Survey tool to focus on directing public finance to families with children.

20. At a macro level, UNICEF Mozambique has been engaged in Public Finance Management, allowing it to go beyond simply increased allocations in the budget to children or women to influencing the processes of decision-making that determine how scarce resources are allocated – i.e., helping ensure that scarce financial resources are used efficiently. It further supported the Government in developing a multidimensional index to help allocate the funds in an equitable manner. The approach is grounded in child rights and results in the implementation of equitable, sustainable, and pro-poor policies and interventions that support UNICEF’s work in the sectoral areas.

21. Policies and legislation are not sufficient by themselves in ensuring the prevention of child deprivation. UNICEF in Tanzania has been advocating for a comprehensive children’s code to reduce violence against children and to strengthen social protection systems. The code is based on the existing legal framework (the Law of the child Act of 2009 and the Children’s Act in Zanzibar of 2011) in order to tackle inequities faced by many Tanzanian children. UNICEF’s approach was to generate evidence through research and studies to inform decision-makers, promote dialogue with parliamentarians and advocacy for legal reform and policy change, and strengthen
systems’ capacity through training to respond to the need of the most deprived and vulnerable children.

22. In encouraging policy recommendations aimed at tackling child poverty, sensitivities of governments regarding the sharing of information regarding poverty levels in the public domain have to be taken into account as well. Lessons learned so far suggest that advocacy for policy change is effective when done in partnerships and coalitions with other actors and groups who share the same sets of basic beliefs and policy goals, presenting a strong united voice for children.

VI. Sectoral Programmatic Interventions

23. The MDG review in 2010 and other analyses in 2009 and 2010 have clearly pointed to the need for a refocus on equity. The ‘RED Micro-planning’ became a powerful tool for the EPI in Bangladesh to achieve the MDGs with equity, reducing the unevenness of vaccination coverage in the country. Reaching the most vulnerable often calls for a community approach. This approach was implemented in a number of areas and its success demonstrated through the expansion of the capacity of community workers to treat acute malnutrition and improve infant feeding in the Horn of Africa and the Sudan emergency, as well as the successful implementation of the community case management strategy for pneumonia, diarrhoea and malaria in 29 sub-Saharan countries, and the gains demonstrated through UNICEF’s Community Approaches to Total Sanitation (CATS).

24. India achieved a major milestone of polio eradication in January, 2012. To achieve polio eradication it had to overcome mass resistance to the programme and engage the often-isolated and socially marginalized populations of Bihar and western Uttar Pradesh. As mass media was usually the only vehicle to communicate the importance of oral polio vaccine (OPV), the Indian Government began to realize that a much more personal approach was needed to help motivate reluctant parents and increase demand. The Social Mobilization Network (SMNet), initially a network of 200 frontline workers in high-risk areas of Uttar Pradesh, was born later that year with the help of UNICEF.

25. In spite of an overall decrease in the number of polio cases in 2011, incidents of poliovirus transmission are still on the rise in Nigeria and Pakistan, putting the end-2012 target of eliminating global polio transmission at significant risk. The challenge for polio eradication requires putting the lessons learned into global practice. Communication efforts in the coming year will focus on building social mobilization networks similar to those used in India to build trust and demand among local populations in the six priority countries: Afghanistan, Angola, Chad, the Democratic Republic of the Congo, Nigeria and Pakistan. Emerging social networks are already applying lessons from the India model by adapting its communications tools, management approaches and monitoring methods. In Afghanistan, where awareness levels of the campaign to eradicate polio are the lowest in the world, the Polio Communication Network is being overhauled to improve data collection and staff skills and to engage women and youth in awareness-building and mobilization efforts.

26. In Djibouti, communication for behaviour change at family and community level brought positive social changes in breastfeeding practices. In Gujarat, India, local skilled health providers in the private sector were enlisted in order to cater to the
needs of poor women. In Armenia, it became clear that advocacy for inclusive education must be done at grassroots level and requires an involvement and a buy-in from the community.

27. An external evaluation of the UNICEF supported ECD programmes revealed that the multi-year funding from a donor enabled UNICEF to mobilize partners and leverage resources over a medium-term range of time, leading to significant programme breakthroughs. At a global level, UNICEF assumed a leadership role in not only building the evidence base for ECD and disseminating knowledge for use in policy advocacy, but also in improving the monitoring framework for ECD to better measure the impact of integrated ECD interventions on the most disadvantaged families.

28. In recognition of the importance of early childhood development (ECD) to the survival of the child, UNICEF worldwide has supported successful programmes such as community-based childcare centres, parenting education and pre-school programmes. The Early Learning and Development Standards (ELDS) approach was utilized in developing new curricula in South Africa, Tajikistan and Uganda, contributing to a holistic approach to child development. In Pakistan, an evaluation of the Pakistan Early Child Development Scale-up (PEDS) found that group meetings enabled women to solve problems together and share success stories around caregiving. There was overwhelming evidence that, as a result of PEDS, families were not only practicing child development activities, but also perceived these interventions to be benefitting their children.

29. In Ghana, which has started the process to become certified as Guineaworm free, an international evaluation was carried out by WHO, UNICEF and the International Certification Commission in 2011. As a result of the Global Guinea Worm Eradication Programme, a partnership in which UNICEF assumes the lead on safe water supply and behaviour change, the global number of cases reported in 2011 decreased by 42 per cent (from 1,797 to 1,037 cases) compared to 2010; the number of communities with more than one reported case decreased from 777 in 2010 to 462 in 2011. This is promising not only for the eradication of Guinea worm disease, but it also reflects the vast potential that combined resources, expertise and commitment can have in the fight against waterborne diseases.

30. The most resource-demanding programmatic interventions occur of course in countries affected by humanitarian crisis. During the year, UNICEF responded to 292 humanitarian situations in a total of 80 countries. Learning from past experience in Haiti earthquake and Pakistan floods, UNICEF clarified internal accountabilities and streamlined operational protocols for large-scale emergencies requiring organization-wide mobilization, with the Executive Director issuing the Corporate Emergency Activation Procedure, and Simplified Standard Operating Procedures (SSOPs) for Level 3 emergencies were developed. In fact, UNICEF’s Corporate Emergency Activation Procedure adopted as a model by the Inter-Agency Standing Committee as part of the humanitarian reform process, as well as by other agencies who have either revised their existing procedures or institutes new ones. In addition, the organization invested in training over 30 staff members as part of Immediate Response Teams ready for deployment to designated Level 3 emergencies within 48 hours.

31. The development of these corporate procedures and tools was directly informed by the findings of the Independent Review of UNICEF’s response to the Haiti
earthquake, the internal lessons learnt and timeline exercises conducted in Pakistan, various recent IASC real-time evaluations. Moreover, the more detailed simplified standardized operating procedures for Level 3 emergencies, adopted in March 2012, was also informed throughout the second half of 2011 by the experience of UNICEF in its first application of the Corporate emergency Activation procedure.

32. In 2011, flooding and drought were widespread across Asia and Africa, and both cholera and conflict demanded significant WASH response, especially within the emergency in the Horn of Africa. WASH is expected to be a critical component of UNICEF’s widening Sahel drought response, underlining the need to better incorporate risk reduction and climate change measures into ongoing country and regional efforts. The heavy investment in contingency planning and action within southern Sudan during 2010 was a valuable lesson in the strategic role UNICEF can play within the WASH sector, procuring and pre-positioning WASH materials across the southern region. Indeed, the investments UNICEF made during contingency planning for the area’s potentially volatile emergence as a new state reinforced the agency’s lead role within the WASH sector and ensured close partnership and cooperation with sectoral stakeholders.

33. According to a World Bank estimate, 50 per cent of the world’s out-of-school children live in communities where the language of instruction in school is rarely, if ever, used at home. A 2008 UNESCO study revealed that across 22 developing countries and 160 language groups, children with access to educational instruction in their mother tongue were significantly more likely to be enrolled and attending school. Evaluations of bilingual schools in the Niger in 2007 demonstrated dropout rates as low as 1 per cent, compared with a national average of 33 per cent.27 Despite increasing evidence that providing mother-tongue instruction in early primary grades can help improve learning outcomes, reduce repetition and dropout rates and increase completion rates, the development and implementation of mother-tongue-based multilingual education is used sparingly in national policies.

34. An evaluation of the second year of the “Getting Ready for Schools: A Child-to-Child Approach,” assessed the impact of the programme on the first grade in Bangladesh, the Democratic Republic of the Congo, Tajikistan and Yemen. Results revealed a highly successful and well received pilot implementation in most countries, and recommendations were made for the continued development and sustainable expansion of the programme. This will further strengthen the Getting Ready for School approach as a cost-effective supplemental resource for countries and communities seeking to increase opportunities for young children to achieve better educational outcomes. Evidence suggests that such a programme flourishes best in communities that naturally rely on older children to look after their younger siblings and neighbours. In Bangladesh, the Child-to-Child approach is expanding to registered nongovernmental primary schools, and in Ethiopia, the approach is being implemented in six regions and expanding to cover all other regions.

35. In 2011, UNICEF provided technical support to 22 PMTCT priority countries to draft their eMTCT plans and played a key role in the procurement of HIV commodities. Programmatic interventions in a number of countries were innovative pilots, which are evaluated and can be scaled up to meet the target of elimination of HIV infections among children, e.g., a mobile health initiative project in the Zambia.
36. UNICEF supported operational reviews of PMTCT programmes in Armenia, Kyrgyzstan and Ukraine. The Ukraine evaluation assessed costs of PMTCT programming and was used to help decision makers find ways to optimize programme expenditures. The Armenia and Kyrgyzstan assessments resulted in the revision of national PMTCT strategies in both countries; they also served to reemphasize the need to provide universal coverage of antenatal HIV testing and refocus prevention interventions to prioritize services for most-at-risk pregnant women, including women using drugs, women who have partners who inject drugs, women selling sex, illegal migrants, homeless women and women in prisons.

37. Operations research on the impact of stigma on women’s access to PMTCT programmes was conducted in Accham District in Far Western Nepal in 2011. The study revealed significant evidence of the links between HIV and inequities related to geography and wealth, and will be used to develop equity-based programming and human resources development for PMTCT in communities.

38. In 2011 UNICEF undertook a statistical analysis of DHS and MICS household data to identify key factors affecting child vulnerability in the context of HIV and AIDS. Global analysis showed that being a single or double orphan is not consistently a useful predictor of child vulnerability and that poverty intensifies the impact of HIV and AIDS on children’s lives. Identifying vulnerable children requires assessing multiple variables, including household wealth, orphan status and residency patterns. The results of this process will help redefine AIDS-related vulnerability and guide the development of a standard measure of child vulnerability that is AIDS-sensitive and can be used globally in different contexts. The analysis will also be used to facilitate monitoring of programme coverage and to inform estimates of vulnerable children at the global level.

39. The East and Southern African Children and AIDS Regional Initiative (CARI), under the leadership of UNICEF, was evaluated in 2011 and was found to add momentum and evidence to national debates on social protection and the development of national structures and systems. UNICEF has actively used CARI funding, as well as other funding mechanisms, to remain at the centre of on-going policy debates and to respond promptly to external changes in the environment in several fields. In 2005/6, many countries had weak policy environments for vulnerable children. By 2011, all countries had begun evaluations of their national plans for vulnerable children or strengthened their national plans to make them more sustainable.

40. UNICEF supported a Johns Hopkins University-led evaluation of ‘Tribes’ in 2010-2011. ‘Tribes’ is an episodic drama produced by MTV and shot on location and aired in Trinidad and Tobago. Findings showed that the majority of those surveyed knew the main messages of the programme, and that the programme had an impact on their views on HIV testing, concurrent relationships and stigma. Despite these positive results, however, viewership of Tribes was limited. UNICEF and key partners are looking at ways to improve young people’s exposure to the show.

41. In several countries in Eastern Europe and Central Asia UNICEF supported evaluations of the effectiveness of youth-friendly services in reaching and providing HIV prevention and care for adolescents, particularly those at highest risk of HIV. Results indicate that there is high demand among adolescents engaged in risky
behaviour for friendly, tailored, low-threshold services that use multi-disciplinary approaches, along with case management to meet the wide range of needs of these target groups. A UNICEF-supported study in Tajikistan looked at the cost effectiveness of these services and concluded that they represented an effective investment.

42. In Burkina Faso, UNICEF supported an analysis of the contribution of 900 youth to the Millennium Development Goals. Findings revealed that 40 per cent of young people were engaged in HIV-related interventions. A key outcome of this analysis was the identification of specific groups of young people at risk who could benefit from specific interventions (young and ‘undeclared’ female sex workers, adolescent girls and boys in the mining sector, mobile vendors, and young people in bars, kiosks and clubs). Meeting the needs of these groups can help facilitate progress towards the MDGs.

43. Evidence presented by the PAHO-UNICEF joint publication Girls and Female Adolescents Health Blueprint highlights the HIV and sexual and reproductive health needs of women and girls in Latin America and the Caribbean. This work informed a UNICEF project in Trinidad and Tobago, Breaking the Silence, which documented links between child sexual abuse, incest and the spread of HIV. Findings are being used for programming and advocacy and to inform UN joint initiatives on children, HIV and violence.

44. Operational research was also undertaken to better understand the situation of young people who inject drugs in Bosnia and Herzegovina, Moldova, Serbia and Ukraine. One result was a better understanding of the age and circumstances surrounding initiation into drug injection, which tends to occur during adolescence. Programmes were subsequently designed to reduce initiation into injection and risky injection practices. Data from this work has contributed to the international scientific literature.

45. In Child Protection, the shift towards the equity re-focus is driving UNICEF to provide even more compelling evidence on the situation of the most vulnerable. As a result, in 2011 UNICEF took steps to strengthen quality and timely monitoring, research, evaluation and use of data, as well as to advance sector and cross-sector wide evidence building through external partnerships. UNICEF-sponsored studies and evaluations took place in all key aspects of child protection. Systems mapping exercises occurred in a number of programme countries, bringing the total to over 100 since 2005. Over 40 countries specifically generated data and evidence for their programmes related to system strengthening, while others applied already gained knowledge.

46. In 2011 the UNICEF initiated a comprehensive meta-analysis of 52 evaluations to assess UNICEF programming that addresses violence against children (VAC) in development and transition contexts. By synthesizing the findings, the meta-analysis will contribute much needed qualitative and quantitative ‘stocktaking’ to guide future advocacy, planning and programme support addressing VAC. The work will inform a global evaluation of UNICEF-supported interventions to address VAC in non-emergency settings and will aid UNICEF’s continued efforts to build a comprehensive evidence base on the effectiveness of existing strategies and interventions, and the gaps and challenges that need to be addressed at the country, regional and global level.
47. 2011 was also the first full year the Child Protection Monitoring and Evaluation Reference Group (CP MERG) was operational. While challenges were encountered, including the establishment of some of the technical working groups due to competing member priorities, a number of achievements were made. To better inform partners working on monitoring and evaluation and child protection, CP MERG established a quarterly newsletter. The Technical Working Group (TWG) on data collection on VAC prepared two draft reports: a literature review on ethics in collecting data on VAC and an inventory and assessment of surveys on VAC. Both will contribute to the broader objectives of the TWG in developing ethical and methodological guidelines on VAC.

48. There has been an increased effort to strengthen the evidence base for policy and programme response on VAC. During 2011 UNICEF supported over 25 studies on different forms of violence and exploitation of children, and the results were used for advocacy purposes and to enhance programme development. At least ten countries undertook studies on the nature and magnitude of sexual violence, either as part of national level studies on VAC (as part of the Together for Girls initiative), or as specific studies on different forms of sexual violence. The Together for Girls initiative aims to link data collection with concrete programme response on the ground and global advocacy to raise awareness on the issue of VAC. Inspired by the national survey on violence against women and girls undertaken with support of UNICEF and CDC in Swaziland in 2007, Together for Girls has supported similar efforts in Kenya, the United Republic of Tanzania and Zimbabwe, and additional surveys are under way in Cambodia, Haiti, Malawi and the Philippines. In 2011, this work was supported at global level through a compilation of lessons learned by countries undertaking VAC studies for wider dissemination and use.

49. In terms of systems strengthening, UNICEF supported numerous important studies that informed action and results for children in 2011. Approximately 46 countries specifically generated data and evidence for their programmes related to system strengthening, while others applied already gained knowledge. All 46 countries carried out studies or assessments in relation to alternative care topics. Examples include Cambodia (residential care); China (national cash transfer scheme); Gabon (street children, orphans and vulnerable children); Liberia (policy analysis and budgeting for alternative care); and Rwanda (children who work and who live on the street). Furthermore, UNICEF supported disability surveys and research in many countries.

50. A number of countries have continued efforts to address the most marginalized groups of children both by identifying gaps through specific evaluation and monitoring or specifically targeting excluded population groups with service outreach. A study in Jordan on the Better Parenting Initiative led four ministries to support the initiative. UNICEF Belarus carried out a study on children aged 0-3 in infant homes; the presentation of the results at the national round table led to a recommendation to unite efforts of the multidisciplinary stakeholders on deinstitutionalization of children. In Cameroon, an evaluation of UNICEF’s support for civil registration between 2002 and 2011 led to receptivity to conduct comprehensive civil status reform. In the Democratic Republic of the Congo, upstream efforts in birth registration have focused on shortcomings identified by MICS in 2010, and a ministerial decree has included birth registration as a compulsory element in pre- and post-natal follow-ups. In Kenya,
the assessment of the child protection system identified the need for more social service workers. In 2011, the government increased the number of government staff in response and incorporated within the financial strategic plan the resources to improve the system fully in line with the assessment.

51. Evidence is emerging of the value of Gender-based Violence Information Management System (GBVIMS) data. For example, in Northern Uganda, data was used to dispel the myth that primarily strangers commit sexual violence when evidence indicated that over 60 per cent of survivors reported knowing the alleged perpetrator. This helped promote stronger and more specific advocacy and coordination with key stakeholders. The data also showed the frequency of reported sexual violence incidents committed in the school environment, enabling service providers to gain access to local schools to raise awareness and also advocate for the creation and implementation of GBV codes of conduct for teachers and administrators.

52. In Bosnia and Herzegovina, a situation analysis confirmed that children and their families face economic, ethnic, racial and disability exclusions. As a result, children may be separated from their families, institutionalized, or exposed to violence. Therefore, UNICEF supported the government in implementing inter-sectoral integrated interventions in the area of social protection. In doing so, UNICEF collaborated with various civil society partners, as well as engaged in the capacity development of policy makers and service providers, including through the establishment of demonstration sites. These partnerships and capacity building efforts contribute to the sustainability of the programmatic interventions, despite the acknowledged political complexity and institutional framework in the country.

53. A number of programmatic interventions, in particular capacity building through training, focused on the participation of children and young people. In this setting, child rights committees flourish, as do other structures encouraging child friendly governance, such as the Children Municipal Council at Greater Amman, Jordan or the child parliament in Morocco and the youth councils in Belize. Social media networks are increasingly used in making the voice of children heard, for example the use of Facebook in Timor Leste and the Pacific Island countries. New technologies using cell phones and SMS are increasingly popular, e.g., mapping areas exposed to socio-environmental risks in Brazil.

54. The poverty of families has a direct impact on children and cash transfer programmes are gaining ground to mitigate poverty, such as in the Child grants programme for orphans and vulnerable children (OVC) in Lesotho. In Myanmar, UNICEF implemented a cash transfer project following the devastation of Cyclone Nargis. In Bangladesh, a cash transfer project for OVCs following Cyclone Sidr was used as an instrument to modify household behaviour around social norms concerning children. The project, providing economic resilience to families and implemented as a pilot, demonstrated a reduction in child labour and in early marriage practices and was used as evidence in advocacy against the institutionalization of orphans and vulnerable children (OVCs). It was accompanied by a comprehensive child protection communication strategy involving provision of information on child labour, early marriage and more, sub-national and national dialogues on the issue, and the promotion of alternatives. It was thus a part of a much broader programme to create a protective environment for children in Bangladesh. In Kyrgyz Republic UNICEF has been engaged in supporting the effectiveness of cash transfer programmes, in
collaboration with the World Bank and the EU. This involved assessments of bottlenecks in access to social services and cash transfers in the most deprived regions, capacity development through training and support to the development of a national strategy on social protection development, which focuses on vulnerable children.

55. The success of cash transfer projects often hinges upon existing capacity and knowledge. The selection of households eligible for cash transfers can be subject to political manipulations and requires labour intensive research and assessment, translated in Lesotho to high costs and relatively few beneficiaries. A cash transfer programme necessitates good baseline data, as well as good level of birth registration. Monitoring may prove difficult. Even in the context of emergency, such as in Niger, cash transfers have been successful in improving the child nutrition by reducing the likelihood that blanket supplementary feeding portions intended for malnourished children are shared with the larger family. Cash assistance was shown to improve overall child health, greater use of health services and increased school attendance among participating households. Unconditional cash transfers in Somalia during the Horn of Africa response were deemed to have been a valuable alternative to general food distributions and have played a viable role in providing assistance to the hardest to reach populations. An independent evaluation of this initiative is underway. Nevertheless, cash programmes are frequently hindered by limited national capacity and the unavailability of experienced NGOs as implementers.

56. Nevertheless, where these projects were accompanied by a broader set of activities, in particular in advocacy for behaviour and policy change, their merit is quite clear. Where cash transfers are adopted and implemented by government as part of its action plan for poverty reduction, they represent of course an excellent safety net for the poorest and most deprived segments of the population.

57. The lessons learned emerging out of the experience of sectoral programme interventions have a number of common denominators. These include the importance of ‘bottom up’ approaches involving local level planning and local ownership, as well as flexibility in funding allowing local managers to address gaps. For example, the use of local, untapped, private human resources instead of investing in the creation of new cadres proved effective in health interventions in India. However, not all districts will have the required local private health personnel. This demonstrates the need to study local capacity and limitations prior to the design of the programme as well as the need to carry out cost analysis and to provide where necessary technical assistance to utilize public funds. In Indonesia, it was realized that there are supply chain and logistics challenges in many remote islands, affecting programme implementation, calling for increasing local political support. In Myanmar advocacy with local authorities in implementing WASH and health education proved invaluable.

VII. Partnerships

58. Partnerships have proved to be critical for real-time monitoring (e.g., the impact of the food crisis) to feed into regional alert systems, for example in the Pacific Island countries. Partnerships also facilitate the implementation of public finance management approaches through support to donor coordination, as is the case in Mozambique.
Partnerships with other relevant UN agencies, as well as the International Financial Institutions and donors, are essential and through the UN Reform have increasingly become UNICEF’s ‘modus operandi’. An example is the joint partners group established in Burkina Faso in the area of social protection. In Mozambique, UNICEF mobilized political buy-in among key ministries around social protection by actively participating in the UN joint technical support to the Ministry of Women and Social action, facilitating economic modelling on the costs of various social policy options. In Cambodia, advocacy, analysis, and formulation of policies and strategies for the National Social Protection Strategy was done as a partnership between Government, UNICEF, WFO, UNDP, AusAID, GIZ, the World Bank and the Asian Development Bank. In this partnership, and through the role it played in the UN Country Team, UNICEF played a key role in providing equity-focused statistics and analysis.

In Tanzania, UNICEF secured a place in the discussions on the design of a national safety net programme (2012-2022) supported by the World Bank and DFID, aimed at providing wage income and cash transfers to poor households in return for investments in nutrition, health and education. In the Republic of Congo, a partnership with the IMF and the World Bank allowed UNICEF to be involved in discussions around budgeting for children, hence influencing social and economic policies with the aim of increasing budgets for the social sectors. In this context, UNICEF assisted the ministries of health, primary education, social affairs and women affairs in the development of their Medium Term Expenditure Frameworks (MTEFs), contributed to the development of Public Expenditure Tracking Surveys for the health sector, did costing analysis of high-impact interventions in health, and supported the ministry of social affairs in the development of a National Social Action Policy.

A number of partnerships were established around issues, most notably that of migration, where UNICEF works with the ILO, IOM, WHO, UNDP, UNFPA, UNESCO and UN Women. In this context, UNICEF served for six month as the chair of the Global Migration Group, and thus had the opportunity to impact the debate in the UN General Assembly on international migration and development. It was able to feed into and influence other policy recommendations in a number of countries, including Jamaica, Moldova, Morocco and Bolivia. The Scaling up Nutrition (SUN) movement is another example of a partnership around an issue, nutrition in this case.

Partnerships facilitate coherence in human rights mainstreaming in policy, advocacy and practice. To that end, UNICEF has worked with the UN Development Group in a number of task forces and human rights commissions. These partnerships complement UNICEF’s work in a various countries in supporting legislation and capacity development through training in human rights-based approach to programming. Strategic partnerships are also key in UNICEF’s work on gender equality and the empowerment of girls.

UNICEF is also working in partnership with Harvard University’s Program on Humanitarian Policy and Conflict Research (HPCR) to navigate issues of international humanitarian law in advocating for the protection of children and women’s rights in complex humanitarian situations. By drawing on HPCR’s expert analysis in IHL, UNICEF has been able to fine tune its strategies for advocacy for
humanitarian access in Cote d’Ivoire during the country’s early-2011 election crisis, inform the organization’s response to violence in Syria ongoing throughout 2011, and shape the dialogue within the UN community on the implications of United Nations Security Council Resolution 1916 on humanitarian access in Somalia.

64. The HIV and AIDS partnership through the ‘Unite for Children, Unite Against AIDS’ campaign achieved tangible results, as well as UNICEF’s leadership in implementing the UN SG’s strategy for Women and Children’s Health. The Global Partners Forum on Children affected by HIV and AIDS, a collaboration between UNICEF, UNAIDS and PEPFAR, was hosted by UNICEF and helped galvanize support of policy leaders around evidence published by UNICEF.

65. Emergency response saw an effective involvement of UNICEF in child protection in a number of partnerships, including the multi-sectoral programme in the Horn of Africa and the inter-agency Steering Committee for gender-based violence. In doing so, UNICEF was able to draw on data from sources such as the Inter-Agency Child Protection Information Management System and the Gender-Based Violence Information Management System. The continued commitment of UNICEF to the cluster approach benefitted from the 2012 decision (implemented from 1 January 2012) to move of all global cluster coordinators into one dedicated unit in Geneva and to fund several of these key positions from regular resources. The work carried out in various countries profited from UNICEF’s involvement in the development of standards in the area of child protection, including the minimum standards on Child Protection for Humanitarian Response, and in the Monitoring and Reporting Mechanisms on Grave Violations against children in situations of armed conflict, currently being implemented in 15 countries.

66. At the regional level, UNICEF East Asia and Pacific Regional Office (EAPRO) established a strong partnership with the Asian Development Bank (ADB) in engaging non-state providers giving access to key services to the poorest households. The severe budget constraints many governments in the region have been facing as a result of the global economic crisis gave non-state providers the opportunity to play an important role in service provision, yet they may not be subjected to government regulation and the assurance of quality.

67. In particular, partnerships in the context of south-south collaboration were found useful, with the example of the involvement of the Poverty and Economic Policy Research Network, advanced by Burkina Faso, as well as partnerships with academic institutions, such as the diploma course on public policy and child rights guided by a consortium of eight universities and higher education institutes in the Middle East and North Africa region, MENA, or the training offered through the University of Delhi on “Socioeconomic policies for child rights with equity”.

VIII. Knowledge Sharing

68. Sharing knowledge is not synonymous with information sharing. Knowledge sharing, which is the means by which an organization obtains access to its own and other organizations’ knowledge, is firmly embedded in organizational learning. Successful knowledge sharing involves learning processes, not just communication processes, as ideas related to development and innovation need to be made locally applicable for them to be successfully adapted and implemented.
69. UNICEF has established within its intranet a dedicated “In Practice site” to share experiences, innovations, lessons learned and good practices from UNICEF supported programmes at country, regional and global levels. These cover all aspects of UNICEF work including programmes in all context (including humanitarian action), operations and management.

70. UNICEF has been successfully using a number of platforms for knowledge sharing. Virtual networks now serve as the best channel for knowledge sharing. The analytical work done by UNICEF in child poverty, equity and deprivation has been shared through the platform of the Child Poverty Network, with more than 1200 members in over 150 countries. The ‘Recovery for All e-discussions’ engages almost 2000 members.

71. In addition, there are specific platforms for a number of topics: a regional network for the exchange of knowledge among policy-makers on cash transfers and the impact on children in East Africa was launched in collaboration with Save the Children UK (the ‘Transfer Project’). In 2011, new data collection in Ethiopia, Kenya, Malawi, Mozambique and Rwanda resulted in country reports and workshops with key stakeholders, sharing lessons learned.

72. The more traditional approaches to knowledge dissemination have been followed as well, such as publications. These included a number of working papers, policy briefings on trends (the ‘Child Outlook’), reports (‘Policy Matters’ – highlighting new thinking on policy issues) and more. These helped establish UNICEF as a credible player and partner in the area of social and economic policy. UNICEF has also used traditional dissemination practices to internally share new practice-based knowledge and lessons learned with field offices; last year, the organization issued a special edition of its Humanitarian Issues Newsletter dedicated to the lessons learned from the Level 3 humanitarian response to massive flooding in Pakistan in late 2010. In the final analysis, it is the use of these publications that will determine their success as part of knowledge sharing.

X. Moving forward

73. The review of lessons learned identified both - elements of success to be replicated as well as shortcomings and potential risks to UNICEF. As part of the continuous improvement process, documenting lessons learned and promising practices helps UNICEF to discover the causes of critical problems and to minimize risks. The recommendations below mostly reaffirm trends and directions that have already began and should be further supported.

74. UNICEF will see most impact on child poverty if those children affected by multiple deprivations could be reached. In the absence of unlimited funding, and in fact the decline of available funds in some areas, UNICEF’s most effective approach to achieving this should be to strive to deepen its impact on national policy formulation affecting children and their wellbeing, doing so by becoming a lead and credible partner in areas relevant to children.
75. Getting the “buy-in” and commitment of governments is essential at all steps of the poverty reduction process, from initial studies to action plans, to monitoring and to actual implementation. Lessons learned suggest that these initiatives must be institutionalized - otherwise they are not sustainable. They should not place an added burden on the government (e.g., monitoring should be aligned with existing government data collection systems). Care should be taken not to provide funds to government where the absorptive capacity to utilize these funds does not exist. Finally, initiatives and interventions supported by UNICEF should aim at building government’s capacity to fulfil human rights (in particular children), putting the government in the “driver seat”.

76. Recognizing the benefits of global partnerships and coordination in addressing child poverty, UNICEF needs to continue engaging governments and academic institutions (in particular universities) capacity building for: (i) multidimensional analysis of child poverty (e.g., technical capacity building of government analysts in Iraq) and (ii) generation of timely analysis of data for better informed policy making. Further, UNICEF needs to strengthen its own technical capacity, to allow it to become a credible advocate for children.

77. Over the years, UNICEF’s role and approach have changed. While the need to support basic social services, including health, water and education remains in humanitarian situations, it is the upstream work in policy support to influence decisions in the political arena that is paramount for sustainable actions.

78. Policy advocacy is increasingly becoming a strategic role for UNICEF, especially in middle-income countries. Nevertheless, policy advocacy undertaken by UNICEF should be evidence-based and firmly grounded in both studies and interventions at the community level, sometimes through piloting. Here as well, the capacity of national institutions to be part of the policy debate and to advocate must be built and strengthened.

79. While influencing parliamentarians is of paramount importance, UNICEF should not overlook civil society organisations and should leverage them more in increasing awareness and in working towards policy changes.

80. Where service delivery programmatic interventions alone are deemed essential, the design of these interventions should ensure ownership by government public institutions and national civil society organisations and allow rapid institutionalization of these interventions at the local level.

81. At the current rate of urbanization, which is particularly rapid in Africa, UNICEF cannot ignore the need to firmly position policies related to children around the environment as well. Issues of gender and sustainability cannot be ignored either.

82. UNICEF cannot work in isolation. The ongoing work on UN coherence established a well-defined process for collaboration among UN agencies, and a clearer division of labour. However, partnerships can and should be much broader than the UN actors.
83. Advocacy for issues such as human rights, migration, gender equality, climate change and more are best done through building strategic partnerships, which can only reinforce UNICEF’s message and voice.

84. Collaboration with other organisations and agencies in the context of differing working modalities and mechanisms sometimes necessitates compromises and adaptations. Although the benefits of partnerships are clear, they require greater investment of time and commitment from senior managers, necessitating sometimes a change of mind-set and clear strategic direction.

85. There is room for further strengthening of South-South collaboration (which in fact facilitates buy-in of government), allowing sharing of good practices. The role of universities and research institutions in the south is crucial.

86. Innovative new technologies should continue to be supported (e.g., SMS technology used to report child nutrition in Malawi), as is the use of social media.

87. A successful knowledge sharing is a lot more than the simple transfer of specific knowledge. It should focus instead on ensuring its complete transfer and on overcoming the factors that can impede knowledge internalization. Organizational learning theories have become a central focus in this field, as successful knowledge transfers are increasingly seen as requiring an on-going process of learning interactions, rather than just a series of communications.

88. Continued commitment to learning is paramount in knowledge sharing. The future assessment of best practices in UNICEF’s knowledge-sharing efforts needs to incorporate not only an understanding of what knowledge is produced and disseminated, but also how it is used, the management of appropriate structures for knowledge sharing, as well as the existence learning mechanisms facilitating the transfer and application of the knowledge.