

UNICEF Eastern and Southern Africa Regional Office (ESARO)

# Diagnostic Assessment of C4D Programming and Operational Structures in Eastern and Southern Africa Region

September 2019



Report based on the review conducted by Senior C4D Consultant Birgitte Jallo  
November 2018 – July 2019

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[UNICEF Eastern and Southern Africa Regional Office \(ESARO\)](#)



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# Abbreviations

<b>C4D</b>	Communication for Development
<b>CO</b>	country office
<b>CPD</b>	country programme document
<b>ESA</b>	Eastern and Southern Africa
<b>ESARO</b>	Eastern and Southern Africa Regional Office
<b>EVD</b>	Ebola Virus Disease
<b>FGM</b>	Female Genital Mutilation
<b>GAVI</b>	Global Alliance for Vaccines and Immunization
<b>HR</b>	Human Resources
<b>IEC</b>	Information, Education and Communication
<b>IPC</b>	Interpersonal Communication
<b>KII</b>	Key Informant Interview
<b>M&amp;E</b>	Monitoring and Evaluation
<b>MoV</b>	Means of Verification
<b>PCA</b>	Partnership Cooperation Agreement
<b>PSN</b>	Programme Strategy Note
<b>RAM</b>	Results Assessment Module
<b>RCCE</b>	Risk Communication and Community Engagement
<b>SBCC</b>	Social and Behaviour Change Communication
<b>SMQ</b>	Strategic Monitoring Questions
<b>SOP</b>	Standard Operating Procedure

# Definitions

**Communication for Development (C4D)**<sup>1</sup> is defined as an “evidence-based and participatory process that facilitates the engagement of children, families, communities, the public and decision makers for positive social and behavioural change in both development and humanitarian contexts through a mix of available communication platforms and tools”.

**Behaviour change**<sup>2</sup> is a research-based consultative process for addressing knowledge, attitudes and practices. It provides relevant information and motivation through well-defined strategies, using a mix of media channels and participatory methods. Behaviour change strategies focus on the individual as a locus of change.

**Social change**<sup>3</sup> focuses on the community as the unit of change. It is a process transforming the distribution of power within social and political institutions. For behaviours to change, certain harmful cultural practices, societal norms and structural inequalities have to be considered and addressed.

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1 United Nations Children’s Fund, ‘Communication for Development (C4D) Programme Guidance’ (draft document), UNICEF, New York, 2019.

2 United Nations Children’s Fund, ‘Communication for Development (C4D): Behaviour and social change’, UNICEF, New York, <[www.unicef.org/cbsc/index\\_42352.html](http://www.unicef.org/cbsc/index_42352.html)>.

3 Ibid.



# 1. Executive Summary

## Objective

This Communication for Development (C4D) diagnostic assessment was conducted to identify the setting and conditions under which C4D thrives, in order to inform the development of operational recommendations for strengthening interventions in the Eastern and Southern Africa (ESA) region.<sup>4</sup>

The diagnosis assessed the quality and leadership of C4D in the region and provided insights into the current programming and resource allocation practices.

This assessment is only internal, with a focus on UNICEF programming documents and processes, looking at how well C4D is technically designed and programmatically operationalized. It is not meant to evaluate the implementation and achievements of UNICEF interventions in the field of C4D. This would require an external evaluation with the main stakeholders (counterparts, implementing partners and communities).

## Background

UNICEF recognizes that social and behaviour change communication is a critical programmatic component in achieving outcomes for children and adolescents, as this relies strongly on changes in the norms, attitudes and behaviours of individuals, families, communities, civil society and decision makers through increased participation and empowerment.<sup>5</sup>

C4D is therefore central to all areas of UNICEF's work. Many of the targets in UNICEF's 2018–2021 strategic plan strongly depend on behavioural and social change for their impact, scale and sustainability.

In the ESA region, it has been observed that the demand for C4D technical support is on the rise. Support is requested particularly for strategic communication planning, behavioural research and analysis, monitoring and evaluation (M&E) of Social and Behaviour Change Communication (SBCC) interventions, and C4D training. All sectors (health; nutrition; HIV prevention; education; water, sanitation and hygiene; and child protection) are requesting C4D support in an increasing number of diverse areas. In the ESA region, most countries are prone to health outbreaks and humanitarian crises. Thus, requests for C4D support in emergencies are increasing exponentially. The reinforced organizational focus on areas such as early childhood development, adolescents and gender has also led to higher demand for C4D support.

## Methodology

All 21 country offices (COs) in the ESA region participated in the assessment. The desk review was informed by key programming and C4D-related documentation from the offices and used a mix of quantitative and qualitative approaches.

In addition, key informant interviews (KIIs) were conducted with 35 UNICEF staff members in 10 COs; they included Deputy Representatives, section chiefs, and specialists from sectoral sections and from C4D.

Leading questions were identified to guide the analysis and the formulation of recommendations in each of the assessed categories.

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4 There are 21 countries in the ESA region: Angola, Botswana, Burundi, the Comoros, Eritrea, Eswatini, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mozambique, Namibia, Rwanda, Somalia, South Africa, South Sudan, Uganda, the United Republic of Tanzania, Zambia and Zimbabwe.

5 United Nations, Communication for Development Programmes in the United Nations System, A/59/207.

The assessment was built on three main pillars:

## Pillar 1

Assessment of the current C4D leadership demonstrated by COs, both in emergency and development contexts



## Pillar 2

Review of the quality of the current C4D strategies and plans



## Pillar 3

Review of the extent to which C4D has been integrated into the office results and management structure, including the operational modalities and resources



Country Offices were rated based on their performance in each pillar.<sup>6</sup> An overall performance rating based on the average from the three pillars was then calculated for each country.

A “C4D Needs” score – a composite score based on four variables<sup>7</sup> – was also developed to identify whether countries had “acute,” “very high,” “high” or “moderate/targeted” C4D needs.

The findings in all assessed categories were analysed taking into consideration the “C4D Needs” score, with the expectation that the higher the C4D needs were in a given country, the better positioned C4D should be in all of the assessed categories.

## Key findings

The findings have been organized into four categories:

### 1 UNICEF's C4D expertise and technical leadership

The analysis focused on identifying to which extent C4D teams in COs demonstrates technical expertise in areas where C4D is expected to lead, both in humanitarian and development contexts.

The assessment showed that C4D expertise and technical leadership mostly ranked from average to good.

The dimensions rated as “good” across most countries were linked to the increased availability of evidence-based C4D strategies and plans.

Three main areas of concern were identified across countries: (i) the suboptimal quality of the M&E systems for the interventions related to social and behaviour change; (ii) gaps in budget forecasting; and (iii) the lack of systematic establishment and use of coordination mechanisms. These factors negatively impact the performance of country offices and their capacity to lead in areas where UNICEF is expected to be at the forefront in terms of C4D.

<sup>6</sup> A good performance in the domain assessed is < 1.75 and is classified as green. An average performance ranges from ≥ 1.75 to ≤ 2.09 and is classified as yellow. A suboptimal performance is ≥ 2.10 and is classified as red.

<sup>7</sup> (1) ESARO's Humanitarian Action, Response and Preparedness classification; (2) Development Classification (composite of selected indicators related to the regional priority indicators); (3) Gender Index; (4) Inequality-Adjusted Human Development Index.

## 2 Programme integration

The analysis focused on assessing the extent to which C4D has been integrated into the COs' strategic programming and M&E frameworks.

Although C4D is mentioned in all of the COs' country programme documents (CPDs), only a bit more than half (52 per cent) have C4D well-included or included in major ways. The programme strategy notes (PSNs) that were reviewed showed a good coverage of C4D-related factors in the background vulnerability analysis and an overall fair inclusion of the C4D dimension in the programme strategies. However, we observed serious gaps in the inclusion of C4D in the results frameworks, with less than 30 per cent of COs (four) having C4D well-included or included in major ways. Overall, the quality of indicators remains suboptimal; they focus mainly on measuring inputs or processes.

Similar observations were made in the review of partnership cooperation agreements (PCAs). Of major concern is the finding that C4D is under-represented in 75 per cent of the "emergency-related" PCAs that were assessed.

The observed lack of systematic programme integration across the programming cycle suggests a lack of clarity in COs about the role of C4D and its contribution to the country programme results.

A limited number of countries achieve good and solid quality along the entire programming processes, from planning and design to measurement. However, they remain the exception.

## 3 Process integration

The analysis focused on assessing the extent to which C4D has been integrated into programme processes, resource mobilization efforts and statutory committees, both at managerial and programme levels.

A significant proportion of COs (76 per cent) meet the quality standards in their annual reporting (narrative reports). Only 60 per cent of COs were found to have good quality in the Results Assessment Module (RAM) report and only 43 per cent in the strategic monitoring questions (SMQ). This suboptimal quality is often linked to the suboptimal quality of the result definition for C4D within the result structure.

While the KIs highlighted the importance of having the C4D lead be a full member of management and programme statutory committees (such as the country management team or programme coordination team), this is not yet systematic.

A similar lack of consistency was observed in resource mobilization and reporting efforts. Some progress was noted to ensure quality and timely inclusion of C4D in funding proposals and donor reports for emergency-related interventions. But this is not yet a systematic process established in all COs for regular fundraising and reporting.

## 4 Resource allocation

The analysis focused on assessing the extent to which funding and human resources (HR) have been allocated for C4D elements, including mechanisms to allocate resources.

A third of countries (seven) have a good share of the CO expenditures used for C4D interventions, at 10 per cent or above. Among these countries, four used an outstanding 19 per cent and above of their total expenditures for C4D.

Another third of countries is performing poorly, with less than 5 per cent of their expenditures used for C4D. All of these countries except for two are classified as having very high C4D needs, including two humanitarian countries. This raises significant concerns since these highly vulnerable countries should have significant investments in C4D.

The C4D HR capacity is average and potentially limited for 71 per cent of countries (15) in the region. Four offices are severely understaffed – all of them classified as countries having very high C4D needs.

In early 2019, the 21 countries in the ESA region had a total of 89 C4D posts (fixed-term and temporary appointments). Four COs have almost 50 per cent of these posts (Madagascar, Mozambique, Somalia and South Sudan). A third of COs have only one or half a C4D post (when combined with external communication). Trends since 2015 show a stagnation in the number of international professionals and a slight increase in the number of national officers, who represent 75 per cent of the entire C4D workforce in the region.

In 2018, 87 consultants were hired by COs, more than two thirds of whom had contracts of six months or longer. These long-term consultancies represent two thirds (67 per cent) of the current HR capacity.

In line with the global guidance, the recommendation of having C4D staff reporting to the Deputy Representative in a CO was reiterated during the KIIs. In the region, 48 per cent of COs currently have this reporting line. In the remaining offices, staff with C4D core functions report to a head of section (external communication, sectoral head) or to a representative. Considering the increased technical skills requested from C4D staff, the quality of the supervision provided by representatives, heads of sectors or heads of external communication may not meet the required standards.

The C4D HR picture within the 21-country region is diverse, with seven different types of articulations identified through this assessment. This level of complexity and lack of alignment across countries is not conducive to the coordination and integration of C4D work.

## Main recommendations<sup>8</sup>

The recommendations are built around three main areas, which require urgent and equal attention. These recommendations should allow a shift away from random decisions in order to more permanently secure quality C4D. They include: (i) the development of standardized guidelines to guide programme and process integration of C4D across countries; (ii) the establishment of mechanisms to allocate adequate human and financial resources to C4D in a systematic and sustainable way; and (iii) capacity building to reinforce basic and standardized understanding of C4D across the organization, both at managerial and technical levels.

### Programme and process integration:

Although COs have achieved major progress in more systematically using evidence to design C4D strategies, the review of the CPDs and PSNs<sup>9</sup> suggests a lack of clarity in COs on the role of C4D and its contribution to the country programme. While there may be many C4D activities taking place across the country programme due to increased recognition in the organization, if these cannot be clearly linked to tangible results in the results

framework, it becomes difficult to make the case for increased C4D investments both externally (counterparts, donors) and internally (heads of sector).

Both the desk review and KIIs highlighted the general weakness and uncertainty around C4D M&E, including how to prepare quality results frameworks and develop indicators ensuring visibility for C4D's contribution to change. Most of these weaknesses and inconsistencies were attributed to (i) the lack of capacity in C4D M&E among all staff and (ii) the absence of standardized planning and programming routines.

When it comes to integrating C4D into programme and management structures, the KIIs underscored the link between an effective integration of work areas related to SBCC and C4D staff's access in their own right to the country management team, programme management team and other coordination fora. There was unanimous agreement among the interviewees that C4D staff's role in statutory committees both at managerial level (country management team, programme management team) and programme level (research committee, sectoral and cross-sectoral working groups, for instance on adolescents, gender or any other applicable area) is critical. The assessment found that in the few cases where C4D leads were not part of these coordination meetings, there was less effective integration, a weaker C4D presence in programming, more challenges with access to sufficient funding, and in general less consideration for the C4D function. A permanent C4D seat in the most important internal coordination fora was found to be central to addressing the inconsistencies identified.

The KIIs also touched upon the extent to which C4D has been integrated into programme processes such as stakeholder consultations, annual planning, proposal development and resource mobilization, and research. This was also found to be of a random nature, depending upon the quality of the C4D staff, the organization of the office (whether C4D staff reported to the Deputy Representative), and the leadership provided.

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8 Please refer to pages 29-31 for the detailed list of recommendations.

9 Inclusion of C4D in the analysis of vulnerabilities, programme strategies and results framework, and review of the quality of result statement(s) and indicators.

### **Main recommendations:**

- Provide standardized technical guidance to COs on articulating social and behavioural results within strategic programme documents and processes, including situational analyses, CPDs, PSNs, and results and monitoring frameworks. Particular attention should be given to ensuring the availability of standardized tools and resources for planning, programming, and M&E to support this process.
- Provide standardized guidance to COs on ensuring systematic C4D participation in core management and programme structures to reinforce the C4D contribution in strategic discussions, coordination mechanisms, fundraising platforms and other key processes.

### **Human and financial resources:**

Despite the increased demand for C4D technical support, particularly in emergency settings, the analysis shows stagnation of the C4D workforce in the region. The increase in the number of long-term consultants raises a potential red flag and should be further explored.

Significant variations were observed between countries in terms of the percentage of C4D expenditures. Given a lack of guidance, some COs have put in place systems to allow for systematic C4D funding allocation. The KIIs also highlighted that for C4D funding to be sufficient, it is important for the C4D leads to be involved in the early conceptualization of programmes and in their design and budgeting. This loops back to programme and process integration.

### **Main recommendations:**

- Ensure adequate and systematic allocation of financial resources by having dedicated budgets for C4D or allotting a reasonable and commensurate percentage of the overall CO budget to supporting C4D interventions.
- Ensure adequate allocation of C4D HR, taking into account the level of needs in term of social and behaviour change. Consider the recruitment of dedicated C4D emergency specialists/officers in countries with protracted and cyclical emergencies.
- Streamline the structure of the C4D section and the reporting lines of section leads at whichever level to the Deputy Representative for effective coordination, integration and accountability – as per the recommendations of the global C4D guidance.

### **Capacity building:**

Overall, the importance for non-C4D staff, sector chiefs and counterparts to have good knowledge of C4D was found to be critical for its effective integration. Without proper guidance and basic C4D knowledge across the COs, the articulation of C4D contributions to sectoral results, its number and level of positions, and its allocated financial resources will remain one of the critical challenges hampering the delivery of quality C4D.

Practically all of the CO staff members interviewed recommended solid capacity building across all levels of the organization (management and technical sectors), with particular attention to M&E for C4D.

### **Main recommendations:**

- Reinforce a better understanding of C4D within the organization through systematic orientations and specialized skill-building sessions for senior management and sector staff at regional and CO levels. Particular attention should be given to building skills in C4D M&E both for Planning/M&E and C4D specialists.

## 2. Methodology

This diagnostic assessment is built on a comprehensive desk review complemented by KIIs. The exercise featured close dialogue between the Eastern and Southern Africa Regional Office (ESARO) and the consultant in charge of the assessment. In addition, a reference group was formed to provide comments and suggestions at the most strategic steps.<sup>10</sup>

### 2.1 Desk review

The desk review made use of a mix of quantitative and qualitative approaches, using key questions such as the ones below. Some were further clarified during the KIIs.

#### UNICEF's C4D expertise and technical leadership assessing:

- The quality of C4D programme design (e.g., use of C4D data and socioecological model in programme design, use of a theory of change) and M&E (e.g., quality C4D indicators aiming at measuring changes), and the integration into humanitarian programmes;
- The level to which UNICEF demonstrates technical expertise in global initiatives with a significant C4D component.

#### Programme integration assessing the extent to which C4D has been integrated into the COs':

- Strategic programming documents (e.g., CPDs, PSNs, partnership cooperation agreements and results frameworks);
- M&E frameworks.

#### Process integration assessing the extent to which C4D has been integrated into:

- Programme processes such as annual reporting (e.g., RAM, SMQ, and CO annual reporting);
- Resource mobilization efforts, including proposal development and donor reports;
- Statutory committees, both at managerial level (e.g., country management team, programme coordination meeting) and programme level.

#### Resource allocation assessing:

- The extent to which funding and HR have been allocated for sectoral and cross-sectoral C4D elements of the country programme (i.e., number and level of staff, reporting line, HR structure, SBCC-related expenditures);
- Existing funding allocation mechanisms for C4D elements.

While the diagnostic assessment was informed by core general and C4D-related documentation from the 21 offices (see details of the documentation that was assessed in Annex 1), general UNICEF strategic and programmatic documentation was also reviewed to have a firm framework. This included a review of the 2016 Global C4D Evaluation report and of the draft of the global C4D guidance.

### 2.2 KIIs

In-depth interviews were carried out with 35 UNICEF staff members in 10 COs (South Sudan, Somalia, Ethiopia, Angola, Eritrea, Kenya, Rwanda, Mozambique, Namibia and Botswana). More details are available in Annex 3.

The KIIs were meant to capture information with different perspectives on C4D's role and functions in COs. Countries were selected through a balanced review of the final ranking, offering various levels of performance in each of the four colour-coded clusters of offices.

<sup>10</sup> The group included Rafael Obregon, UNICEF C4D Chief, NYHQ; Bo Viktor Nylund, ESARO Deputy Regional Director; Urs Nagel, Chief of ESARO Evaluation Section; Patricia Portela de Souza, Angola Deputy Representative; Natalie Fol, ESARO C4D Regional Adviser; Massimiliano Sani, ESARO C4D Specialist; and the ESARO C4D team.

In selecting the offices, it was ensured that all levels of C4D needs – according to the scoring established – were represented (see “Weighing of findings” below).

## 2.3 Weighing of findings

The assessment took into account the context and specificities that COs face, both internally (size of the CO, budget, etc.) and externally (level of income, i.e., low-income vs middle-income countries, etc.). These elements are reflected in a large number of tables and charts.

Furthermore, most of the results in the report are weighed against a composite score assessing the needs in each CO in terms of social and behaviour change and demand for services. The “C4D Needs” composite score was developed combining four variables (see details in Annex 2).

- Variable 1: ESARO’s Humanitarian Action, Response and Preparedness classification to determine the risk of emergencies;<sup>11</sup>
- Variable 2: Development Classification (composite of selected indicators related to the regional priority indicators) to determine the level of vulnerability in key areas across the regional priorities;<sup>12</sup>
- Variable 3: Gender Index to determine to which extent gender norms are influential in the country;<sup>13</sup>
- Variable 4: Inequality-Adjusted Human Development Index<sup>14</sup> to measure inequalities in each country.

Countries with moderate/targeted C4D needs are shown in orange; countries with high needs are shown in red; countries with very high needs are shown in dark red; and countries with acute needs are shown in maroon.<sup>15</sup>

Country	“C4D Needs” score
Botswana	1.45
Namibia	1.47
South Africa	1.49
Rwanda	1.80
Malawi	1.90
Eswatini	1.97
Zambia	2.03
Mozambique	2.04
Lesotho	2.07
Kenya	2.07
Zimbabwe	2.14
Comoros	2.19
Ethiopia	2.22
United Republic of Tanzania	2.23
Eritrea	2.29
Angola	2.31
Burundi	2.35
Madagascar	2.40
Uganda	2.42
Somalia	2.78
South Sudan	2.80

The “C4D Needs” scores indicate the contextual and programmatic pressures faced by COs that should be addressed – at least partly – through C4D interventions.

To prioritize these pressures, the scores were used to categorize countries as either:

- facing an acute need to address social and behavioural barriers;
- being under high chronic pressure to address social and behavioural barriers;
- being under systemic pressure to address social and behavioural barriers;
- requiring C4D targeted interventions for specific barriers and drivers.

Results are analysed based on this score when relevant to highlight how well countries in each group invest and deliver according to the level of their needs.

11 The level of risk is based on four criteria: (i) the ability of ‘at-risk’ populations to anticipate, prepare for and manage the impact of shocks and stresses; (ii) the level of exposure to different shocks and stresses in a particular country; (iii) the capacity of governments to prepare for and respond to emergency situations; and (iv) UNICEF CO and partner capacity to prepare for and manage disasters.

12 The seven regional priority indicators used for variable 2 are: (i) stunting; (ii) birth registration; (iii) immunization represented by the DPT3 data; (iv) children old enough to go to primary school who are not enrolled; (v) use of basic sanitation services; (vi) comprehensive knowledge of HIV among adolescent girls; and (vii) justification of wife-beating among adolescent girls.

13 “Gender discrimination in the family” indicator, which is part of the OECD Development Centre’s Social Institutions and Gender Index.

14 United Nations Development Programme.

15 A mean was estimated for the scores. The countries above 1 standard deviation (i.e., 2.47 or above) were considered to be facing acute pressure for C4D interventions and were classified as countries with “acute C4D needs” (Somalia and South Sudan). Those above the mean but below 1 standard deviation (i.e., above 2.11 but below 2.47) were considered under high chronic pressure and were classified as countries with “very high C4D needs” (Angola, Burundi, the Comoros, Eritrea, Ethiopia, Madagascar, Uganda, the United Republic of Tanzania and Zimbabwe). Those between -1 standard deviation and the mean (i.e., 1.76–2.11) were considered under systemic pressure and were classified as countries with “high C4D needs” (Eswatini, Kenya, Lesotho, Malawi, Mozambique, Rwanda and Zambia). Finally, those below one standard deviation from the mean (i.e., below 1.75) were considered to require C4D targeted interventions and were classified as countries with “moderate or targeted needs” (Botswana, Namibia and South Africa).

## 3. Findings from the desk review and KIIs

### 3.1 Pillar 1 - Assessment of C4D leadership by COs in global/regional initiatives



Pillar 1 assesses the COs' C4D expertise and leadership in selected global/regional initiatives. Three major areas/fields were identified for this analysis: Ebola Virus Disease (EVD) preparedness; two global initiatives on harmful practices – joint programmes by UNICEF and the United Nations Population Fund on global child marriage and female genital mutilation (FGM); and the demand generation component for routine immunization.

#### 3.1.1 Humanitarian programmes

Do the EVD preparedness plans comply with the recommendations provided by the Risk Communication and Community Engagement (RCCE) guidance?

Seven ESA countries classified by the World Health Organization as Priority 1 (very high risk of importation of EVD from the ongoing outbreak in the Democratic Republic of the Congo) or Priority 2 (high risk) were considered for this analysis:

- Priority 1: Burundi, Rwanda, South Sudan and Uganda;
- Priority 2: Angola, the United Republic of Tanzania and Zambia.

To carry out this assessment, the EVD country preparedness plans were compared with (i) the RCCE assessment tool for Ebola preparedness and (ii) the RCCE preparedness and readiness framework.<sup>16</sup>

#### Findings:

No C4D alignment and leadership effect demonstrated with RCCE guidance

- None

Limited C4D leadership and alignment demonstrated between preparedness plan and RCCE guidance - room for major improvement

- None

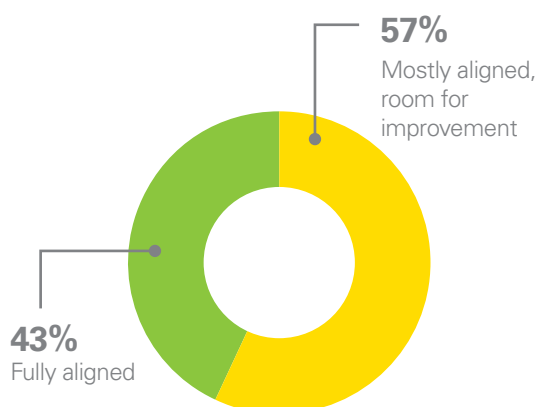
Good C4D leadership and alignment demonstrated between preparedness plan and RCCE guidance - room for some improvement

- Angola, Rwanda, the United Republic of Tanzania, Zambia

Preparedness plan demonstrated effective C4D leadership and is well-aligned with RCCE guidance

- Burundi, South Sudan, Uganda

Do preparedness plans comply with risk communication and community engagement guidance?



<sup>16</sup> World Health Organization, United Nations Children's Fund and International Federation of Red Cross and Red Crescent Societies, 'Risk Communication and Community Engagement Preparedness and Readiness Framework: Ebola response in the Democratic Republic of Congo in North Kivu', WHO, Geneva, 2018, <[www.who.int/iris/bitstream/handle/10665/275389/9789241514828-eng.pdf?ua=1](http://www.who.int/iris/bitstream/handle/10665/275389/9789241514828-eng.pdf?ua=1)>. This tool outlines the elements that need to be part of a preparedness plan. This includes: risk assessment and emergency plan for Ebola (not specific to communication); evidence generation; coordination mechanisms; RCCE strategy and plans; feedback mechanisms; analysis of RCCE structure; partner analysis; training and other preparation of all relevant stakeholders; messaging and media; pre-outbreak implementation plans; monitoring framework, including plans for documentation and evaluation; and resource analysis, including analysis of staffing needs and plans for how to meet them.



If we consider the risk classification of these countries, three out of four “very high-risk” countries present very good C4D leadership (Burundi, South Sudan and Uganda).

Overall, the result of this review is positive, with preparedness plans demonstrating either an effective alignment (three countries) or a good alignment (four countries) with the RCCE guidance.

### 3.1.2 Development programmes

Two development areas are assessed in this chapter: (i) the global programmes on harmful practices (FGM and early child marriage) and (ii) the demand for immunization services.

#### Global programmes on harmful practices 2018 Reports (FGM and child marriage)

Seven countries with very high rates of either child marriages or FGM were selected for review. The countries are part of either the Global Programme to End Child Marriage or the Global Programme to end FGM, which are both implemented by UNICEF and the United Nations Population Fund. These two initiatives require significant C4D dimensions to address the social norms sustaining those harmful practices. Countries selected to be part of these global initiatives receive funding and specific technical support to design and implement quality interventions.

The countries reviewed were Eritrea (FGM), Ethiopia (FGM), Kenya (FGM), Mozambique (child marriage), Somalia (FGM), Uganda (FGM) and Zambia (child marriage).

The review<sup>17</sup> aimed to assess how much their 2018 reports on the two global programmes addressing harmful practices (FGM and child marriage) met the expected quality standards in terms of C4D programming.<sup>18</sup>

#### Findings:

C4D report does not meet quality standards

- None

C4D report meets quality standards to a limited extent

- Somalia

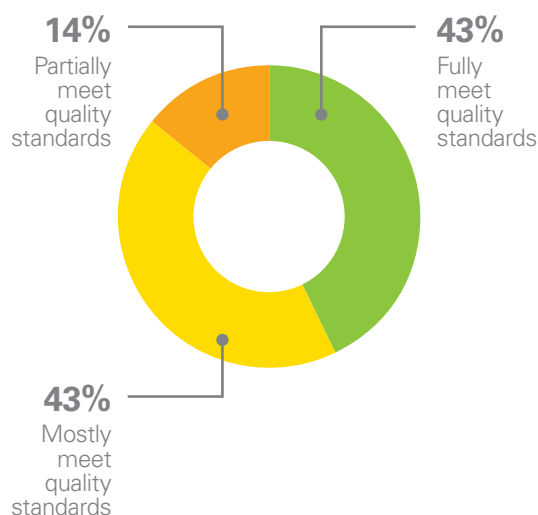
C4D report meets quality standards to a major extent, with some room for improvement

- Ethiopia, Mozambique, Uganda

C4D report meets quality standards fully

- Eritrea, Kenya, Zambia

#### Do the 2018 C4D reports on the FGM and child marriage initiatives meet quality standards?



17 The Ethiopia and Uganda COs are part of both initiatives, but their 2018 annual reports on the global programme to end child marriage were not available for analysis at the time of the desk review. It is also important to note that child protection teams at CO level are leading these programmes and that this analysis looked only at the C4D-related components of the reports.

18 Standards used for the analysis: 1) Were the C4D interventions designed based on evidence?; 2) Are the reported C4D indicators aligned with the Global Programme frameworks?; 3) Clarity of C4D reporting.

The result is again positive. The analysis of the available 2018 reports on the two global programmes include generally good-quality C4D interventions: six out of seven countries either meet the quality standards fully or to a major extent with some room for improvement.

### UNICEF's C4D leadership in demand for immunization in the ESA region

Despite progress in the past decades on vaccination coverage, rates are stagnating or even dropping in some ESA countries. Demand-related issues are increasingly recognized as important determinants of immunization outcomes in many contexts. Review findings<sup>19</sup> revealed that 44 per cent of the reasons and factors associated with the under-vaccinated child were related to immunization systems, while 56 per cent were associated with demand-related issues. UNICEF is the lead agency in immunization demand promotion and therefore plays a key role in both stimulating and sustaining the demand for immunization services.

With the support of the Global Alliance for Vaccines and Immunization (GAVI),<sup>20</sup> UNICEF provides technical assistance to countries following the GAVI Partners' Engagement Framework.<sup>21</sup> GAVI divides eligible countries into three tiers of priority.<sup>22</sup>

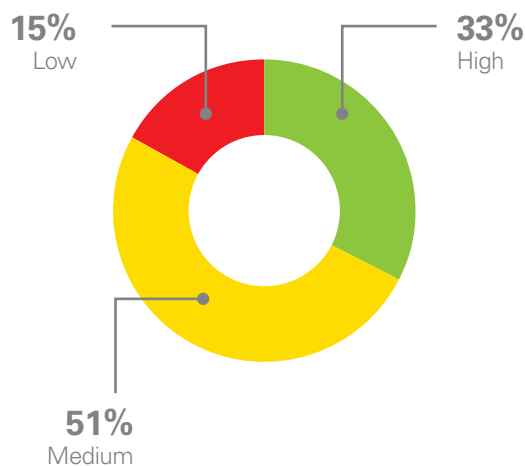
In the ESA region, the Partners' Engagement Framework is supporting a total of 17 countries. They include three Tier 1 countries (Ethiopia, Kenya, Uganda), four Tier 2 countries (Madagascar, Mozambique, Somalia, South Sudan) and nine Tier 3 countries (Burundi, the Comoros, Eritrea, Lesotho, Malawi, Rwanda, the United Republic of Tanzania, Zambia and Zimbabwe). Angola is also receiving GAVI support to sustain and improve programmatic performance in the GAVI post-transition context.

These 17 COs have been rated taking into consideration four bottlenecks hampering the effectiveness of demand-promotion interventions.<sup>23</sup> This assessment is based on the 2018 demand promotion self-reporting tool shared by COs.

After adding the four parameters, the average score is as follows. It shows a mostly average performance.

The details of the analysis by country can be found in Annex 4.1.

Does UNICEF play a leading role in reinforcing demand for immunization?  
An analysis from 17 priority countries



Taking into account the country classification, Tier 1 countries had a mostly average performance in the four sub-issues that were assessed. Tier 2 countries achieved average results in the field of evidence-based programming and satisfactory results in the field of coordination for responses to vaccine-related events. Most countries had weak capacity when it came to both front-line workers and monitoring interventions. Angola, the only post-transition country in the ESA region, had average to poor results in all four assessed areas.

A third of Tier 3 countries – which are granted less technical and financial support than Tier 1 and Tier 2 countries – had a very good performance, with three of the four areas assessed as “high.”

19 Global Immunization Division of the Centers for Disease Control and Prevention, *Epidemiology of the Unimmunized Child: Findings from the peer-reviewed published literature, 1999–2009*, Atlanta, December 2009.

20 Global Alliance for Vaccines and Immunization, Home page, GAVI, <[www.gavi.org](http://www.gavi.org)>.

21 Global Alliance for Vaccines and Immunization, 'Partners' Engagement Framework, GAVI, <[www.gavi.org/support/pef](http://www.gavi.org/support/pef)>.

22 GAVI prioritizes its countries of intervention by tiers, ranking Tier 1 as high priority countries, Tier 2 as medium priority countries and Tier 3 as low priority countries. For additional information please refer to the GAVI website (<[www.gavi.org](http://www.gavi.org)>).

23 Based on a capacity assessment undertaken in December 2018 reviewing the following areas: (i) availability of evidence to inform programming; (ii) existence of coordination to effectively respond to vaccine-related events; (iii) IPC and community engagement skills of front-line workers that hamper their ability to overcome the complex loops between demand and supply-related bottlenecks; and (iv) M&E mechanisms to improve programming.

### 3.1.3 Conclusion: C4D leadership by COs in emergency and development contexts

Given UNICEF’s recognized leadership role and expected comparative advantage in C4D, this pillar focused on identifying to which extent UNICEF demonstrates technical expertise in areas where C4D is expected to lead.

The assessment found that the C4D expertise of the assessed countries both for EVD preparedness plans and for the harmful practices global programmes (FGM and child marriage) ranked from good to very good. In the field of demand for immunization, results were mixed, with over half of the 17 countries assessed classified as average, including most Tier 1 countries. Overall, the assessment highlighted weak capacity across countries both in reinforcing front-line workers’ skills and in monitoring interventions.

A lack of data and measurement tools was also identified as a core bottleneck during the interviews. All of the COs interviewed highlighted the challenges to access data and rely on solid M&E systems, most specifically in the field of C4D.

## 3.2 Pillar 2 - Assessment of the quality of C4D strategies and plans



Pillar 2 assesses the extent to which selected COs’ C4D strategies and plans are based on quality criteria.<sup>24</sup>

### 3.2.1 Does the CO have a C4D strategy or plan for the current country programmes?

Only one country, Kenya, was not assessed as it did not share an example of a C4D strategy developed in recent years. Burundi and Rwanda only had elements of a strategy or plan.

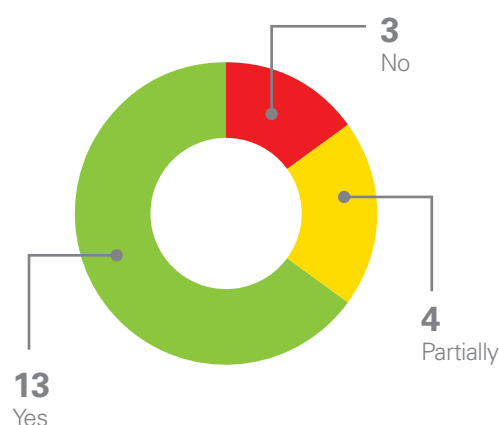
In the course of this assessment, the three countries have been included where possible, based on other documentation to which we had access.

In 85 per cent of COs (18), C4D is based on a strategy or a plan. This is an excellent result.

### 3.2.2 Is the strategy/plan built on a sound theory of change?

Thirteen out of 20 assessed country strategies have a sound theory of change upon which their C4D strategy is built. Of the remaining seven, Burundi, Eritrea and Lesotho do not have a sound theory of change,<sup>25</sup> whereas Angola, the Comoros, Mozambique and South Sudan only present some elements of a theory of change.

Does the CO have a C4D strategy based on a sound theory of change?



### 3.2.3 Does the strategy/plan focus on C4D across at least two sectors?<sup>26</sup>

All 21 COs have C4D prioritized across at least two sectors in the sample C4D strategies they shared for this assessment. While Kenya did not share a separate C4D strategy or plan, C4D activities were clearly represented in sectorial work plans.

<sup>24</sup> Use of C4D data and socioecological model in programme design; theory of change; mix-method C4D approaches; M&E.

<sup>25</sup> In the context of this assessment, ‘a sound theory of change’ should be based on a thorough contextual analysis with a clear emerging impact direction, along with the required number of (intermediary) outcomes, the related outputs (as relevant) and with clear indication of drivers and obstacles interacting with the foreseen process. Narrative and/or diagram.

<sup>26</sup> Sectors highlighted for this assessment are taken from the SMQ listing, but the answers are extracted as part of this work.

The areas addressed by the C4D strategies that were assessed are shown in the table below. Child protection comes as the first area in terms of country focus, followed by health and education. The humanitarian dimension is under-represented. This is a surprising result for a region prone to disaster and especially for countries such as Angola, Ethiopia, Madagascar, Mozambique, Uganda and Zimbabwe. Specific emergency strategies and plans might be available in addition to the documents submitted, but no reference was made to these plans in the assessed documentation.

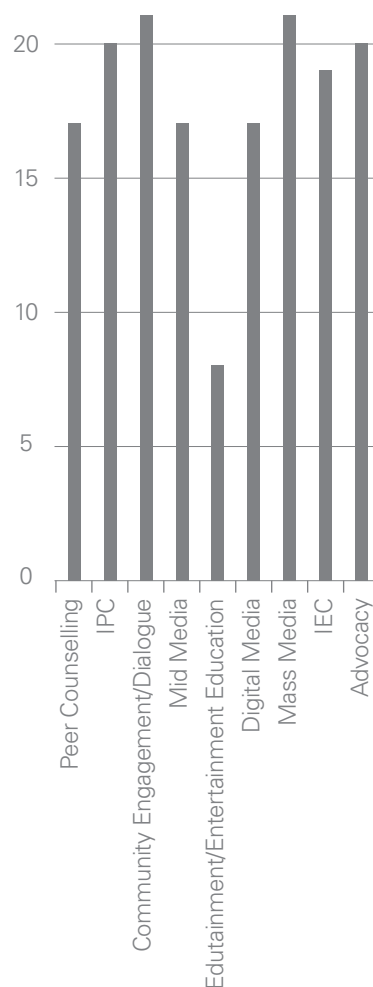
Does the strategy/plan focus on C4D across at least two sectors? (Sectors highlighted for 'yes' – 'no' is left white).											
Countries by "C4D Needs" score	Health	HIV	WASH	Nutrition	Education	Protection	ECD <sup>27</sup>	Adolescents	Parenting	Humanitarian	Cross-Cutting C4D
	South Sudan										
Somalia	•										•
Uganda	•	•			•	•		•	•		
Madagascar	•	•			•	•			•		
Burundi	•	•	•	•	•	•	•	•	•		•
Angola	•		•		•	•	•				
Eritrea	•	•	•	•	•	•		•	•		•
United Republic of Tanzania							•	•	•		•
Ethiopia	•	•	•	•	•	•		•			
Comoros	•		•	•	•	•	•				
Zimbabwe	•	•	•	•	•	•	•		•	•	
Kenya	•	•	•	•		•					•
Lesotho	•	•	•	•	•	•	•	•			
Mozambique						•		•	•		
Zambia	•	•	•	•	•	•	•	•		•	•
Eswatini	•	•	•	•	•	•	•	•	•		•
Malawi					•		•				
Rwanda					•						
South Africa		•		•		•			•		
Namibia	•	•	•			•	•	•	•		
Botswana	•	•		•	•	•	•	•			

Excerpt from the diagnostic mapping tool.

### 3.2.4 Is the strategy/plan built on a mix of communication approaches?

An effective C4D strategy uses a mix of approaches to ensure that interventions reach a wide audience, but also allow specific interactions with families and communities through community dialogue, interpersonal communication (IPC) or peer counselling.

As shown below, all C4D strategies, plans and sectoral work plans were built on a mix of communication approaches.<sup>28</sup> While there is no doubt that some COs are using certain approaches more actively than others, all offices highlighted various processes and approaches to both increase knowledge and empower communities and families as change agents. See Annex 4.2 for details by country.



Planned or actual use of one of the above-listed communication approaches mentioned by COs.

27 Early Childhood Development

28 The approaches reviewed are: peer counselling; IPC; community engagement/community dialogue; mid-media (local and community media); edutainment/entertainment-education; digital media; mass media; information, education and communication (IEC) materials; advocacy.

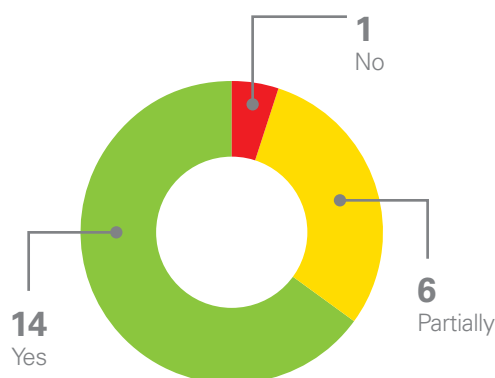
### 3.2.5 Is the strategy/plan based on evidence?

UNICEF highlights the centrality of building up and strengthening the use of evidence to design C4D strategies and plans. This includes knowledge, attitudes and practices surveys, formative research or other studies.

The assessment found that two thirds of COs designed their strategy or plan based on evidence. Six did so partially, while only one office did not refer to any documentation, evidence or studies.

Among the 14 COs with evidence-based C4D strategies, 11 of them (almost 80 per cent) used research conducted within the last three years. This shows an increased investment in collecting evidence to inform strategies and plans.

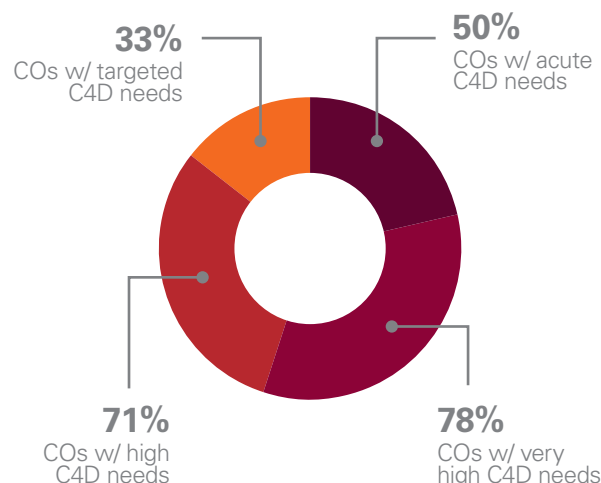
Is the strategy/plan based on evidence and data?



Looking at the classification of countries based on their level of C4D needs, only half of the COs with acute needs have designed their strategy and plan based on evidence. Most of the countries with very high C4D needs (78 per cent) and with high C4D needs (71 per cent) are using evidence to design their strategy and plan. This is the case for only a third of countries with moderate/targeted needs.

The KIIs highlighted the challenges of access to quality data. The greater development and humanitarian challenges are, the more urgent well-informed action is – and the harder the access to quality data. Ways of overcoming this challenge are therefore urgently needed.

Percentage of COs using evidence-based C4D in each typology



### 3.2.6 Does the strategy/plan define measurable results?

As highlighted in the 2016 Global C4D Evaluation,<sup>29</sup> one of the main challenges for C4D is to have objectives clearly articulated as results both in C4D and sectors' strategic plans and frameworks.

The below mapping assesses whether C4D objectives, result statements, indicators and means of verification (MoV) are well-formulated and articulated in the C4D strategies that were analysed.

29 Among others, referring also to the consultant's field work in Kyrgyzstan during the 2016 Global C4D Evaluation: "Another major perceived barrier is absence of C4D in the results framework. Some 59% of respondents to the global C4D capacity development survey indicated that when C4D was not well-integrated into the results framework it was difficult to put their C4D skills into practice. This was echoed in some of the country studies and desk review countries. In Kyrgyzstan, not having specific outputs or outcomes in the results framework to which C4D clearly contributes has made it more difficult for C4D staff to advocate for the inclusion of C4D strategies in sector programmes." <[www.unicef.org/evaldatabase/files/C4D\\_Evaluation\\_Report.pdf](http://www.unicef.org/evaldatabase/files/C4D_Evaluation_Report.pdf)>

Does the strategy/plan define measurable results? 'Yes' in green, 'partially' in yellow and 'no' in red					
Income classification (World Bank – 2018)	Countries by "C4D Needs" score	Objectives	Result statements	Indicators	Means of verification
Low Income	South Sudan				
Low Income	Somalia				
Low Income	Uganda				
Low Income	Madagascar				
Low Income	Burundi				
Lower Mid. Inc.	Angola				
Low Income	Eritrea				
Low Income	United Republic of Tanzania				
Low Income	Ethiopia				
Low Income	Comoros				
Low Income	Zimbabwe				
Lower Mid. Inc.	Kenya				
Lower Mid. Inc.	Lesotho				
Low Income	Mozambique				
Lower Mid. Inc.	Zambia				
Lower Mid. Inc.	Eswatini				
Low Income	Malawi				
Low Income	Rwanda				
Upper Mid. Inc.	South Africa				
Upper Mid. Inc.	Namibia				
Upper Mid. Inc.	Botswana				

All COs have defined their C4D objectives and 90 per cent of them (19) have translated them into result statements. Less than half (43 per cent) of the COs demonstrate a good alignment of all dimensions, from the formulation of objectives up to the availability of MoV. The remaining 57 per cent have gaps in either indicators or MoV. Specific attention has to be paid to Ethiopia, Namibia and South Africa.

Although the column for indicators is mostly green, we observed in most cases a disconnect between the level of change formulated in the result statement and the indicators identified to capture the change. As currently formulated, the indicators can only measure progress at activity level, but

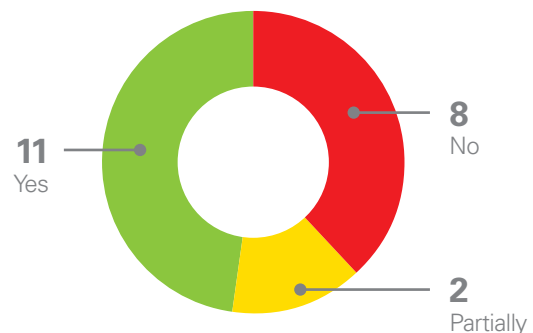
cannot capture change at output or outcome level to reflect progress in knowledge, attitudes, intent and/or skills that would support the adoption of targeted practices.

### 3.2.7 Does the strategy/plan include a costed plan or financial information?

Half of the 21 COs presented a costed implementation plan associated with the C4D strategy, while two presented budgets and financial information that partially covered their C4D implementation plan. Eight strategies did not include a budget or other financial information.

All countries with acute C4D needs included a costed implementation plan. This was done by two thirds of COs with very high C4D needs, by less than half (43 per cent) of COs with high C4D needs, and by only a third of those with moderate/targeted C4D needs.

Does the strategy include a costed implementation plan?



Much like for general UNICEF strategies and plans, no (or very few) elements are fully funded at the inception of the C4D strategies or plans.

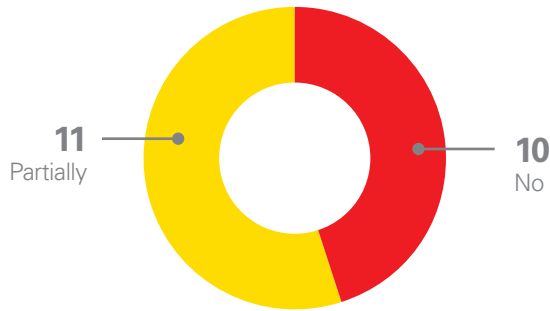
The chart above shows that no CO presented a fully funded C4D strategy or plan, but 11 of the 21 offices had information of a different nature showing that part of their C4D plan is funded.

In view of the above chart, demonstrating that only 13 COs have full or partial budgets included with their C4D strategies or plans, having resources (partially) secured for 11 of these is not bad at all!

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**Does the strategy/plan have secured resources?**

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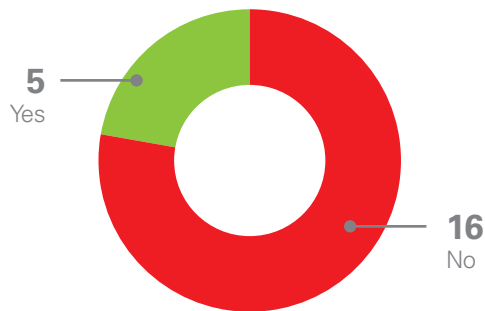
**3.2.8 Does the strategy/plan include a planned evaluation?**

Only five of the 21 COs have a planned evaluation with a C4D focus.

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**Does the C4D strategy include a planned evaluation?**

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Looking more in-depth into the country classification by C4D needs, none of the COs with acute C4D needs have planned for an evaluation of their C4D, which raises some concerns considering the level of investments required in this field.

A third of COs with very high C4D needs have planned for an evaluation of their C4D. This is the case for less than a sixth (14 per cent) of the countries with high needs and for a third of COs with moderate/targeted C4D needs.

In the KII, several interviewees highlighted that evaluations are expensive and rare in general, so if an evaluation of some focus areas were to be done, there would be no automatism to provide this opportunity for C4D too. Others stressed that given C4D's importance for the success of all other UNICEF programming, knowing more about what really works – and what does not – ought to be a strong reason to build evaluations with a C4D focus into a country programme and to find ways of financing it.

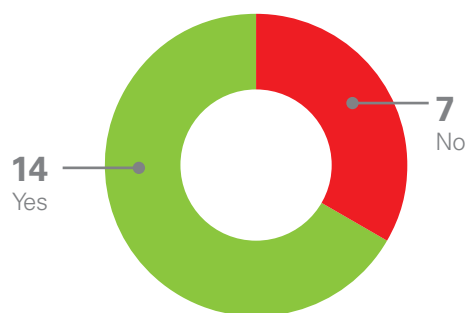
**3.2.9 Does the strategy/plan have secured C4D coordinating mechanisms?**

Coordination mechanisms are naturally key to ensure that integration, effectiveness and efficiency guide all C4D steps from planning to implementation and M&E. Two thirds of the documentation assessed refers to “coordination mechanisms” to support and monitor implementation. The KIIs also underscored the importance of effective coordination for the successful implementation of C4D. Permanent C4D representation in the country management team, programme management team and other coordination fora was found to be a prerequisite for effective integration of C4D into the process and the ‘product.’

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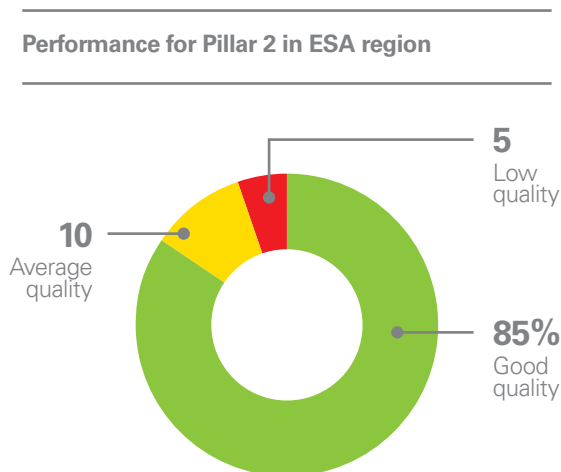
**Does the C4D strategy/plan have secured coordinating mechanisms to support and monitor implementation?**

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### 3.2.10 Conclusion: Quality of C4D strategies and plans

Pillar 2 has focused on COs' C4D strategies/ plans and the degree to which they demonstrate C4D quality criteria.<sup>30</sup> Results for the region were excellent, with almost all countries (18) having good quality C4D strategies and plans.



The dimensions that were significantly rated as “good” across most countries were linked to the increased availability of evidence-based C4D strategies and plans and the use of a theory of change, which was found in more than half of the strategies and plans assessed.

Overall, three main areas of concern were identified across countries:

- **Quality of M&E:** Half of the COs have gaps in either indicators and/or MoV, meaning that they do not have the means to measure their progress even when objectives and result statements are identified. The biggest challenge is the quality of indicators. Almost all COs have identified indicators that will only capture progress at input or process levels. The indicators to measure progress in SBCC should reflect areas such as change in knowledge, attitudes, intent and skills to support the adoption of the targeted practices. Currently, almost all COs have indicators measuring inputs or processes, such as “number of people trained” or “number of people reached with messages.”

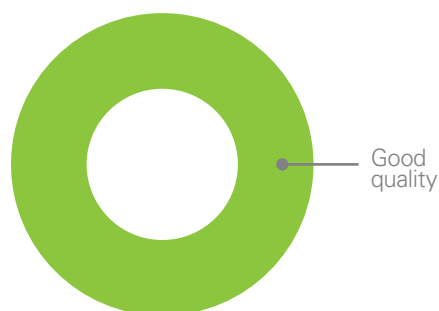
Very few countries (five) had a planned evaluation with a C4D focus. The cost for evaluation and the lack of evaluability of C4D interventions represent two core bottlenecks.

- **Budget forecasting:** Financial information is limited overall, although this might not be the case only for C4D strategies and plans. The information obtained through the KIIs highlighted the different C4D funding realities<sup>31</sup> and explained the absence of a costed implementation plan as one more effect derived from the absence of solid routines. Most of the COs that were interviewed stressed the need for detailed standard operating procedures (SOPs) to ensure regular standard procedures that are less dependent on who happens to be working in the CO.
- **Coordination mechanism for implementation:** One of the challenges identified during the 2016 Global C4D Evaluation was the lack of appropriate C4D visibility in all ways and at all levels – including the lack of appropriate presence in management and coordinating fora – and the repercussions this was having in terms of diminished C4D impact. Given the cross-sectoral nature of C4D, having “coordination” highlighted in only two thirds of the documentation available could raise some concerns. For the remaining third, it could give a signal that these mechanisms are an afterthought, once strategies and plans are finalised.

The charts below show the quality of C4D strategies and plans for the different countries according to their C4D needs.

#### Performance for Pillar 2 by category of countries

##### Countries with acute C4D needs

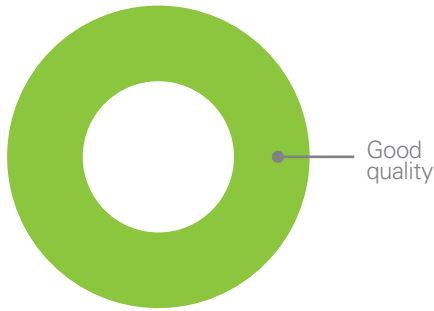


<sup>30</sup> This includes use of C4D data, theory of change and socioecological model in programme design; use of mixed C4D methods; and availability and quality of M&E mechanisms, costed plan and coordination mechanisms.

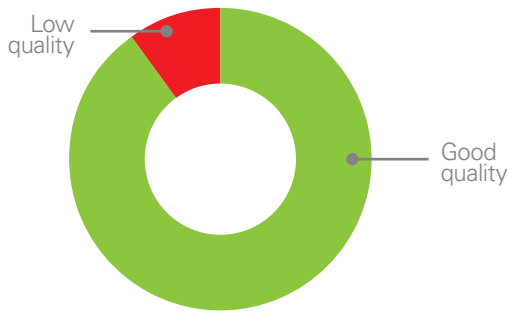
<sup>31</sup> For more details, see Annex 3, section 2.2, points 6 and 7.



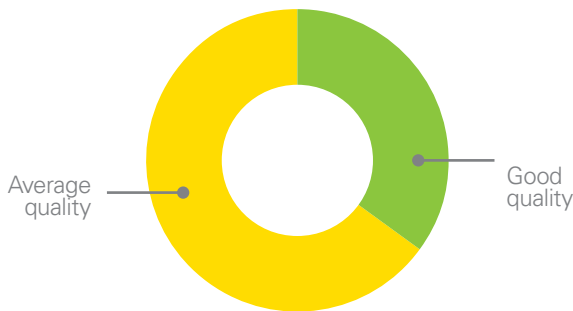
**Countries with very high C4D needs**



**Countries with high C4D needs**



**Countries with targeted C4D needs**



COs predominantly achieve good quality in three of the four country categories. Two thirds of countries with moderate/targeted C4D needs demonstrate average quality. Of concern is Ethiopia, classified with very high C4D needs and ranked as low quality.

### 3.3 Pillar 3 - Articulation of C4D within programme and management structures



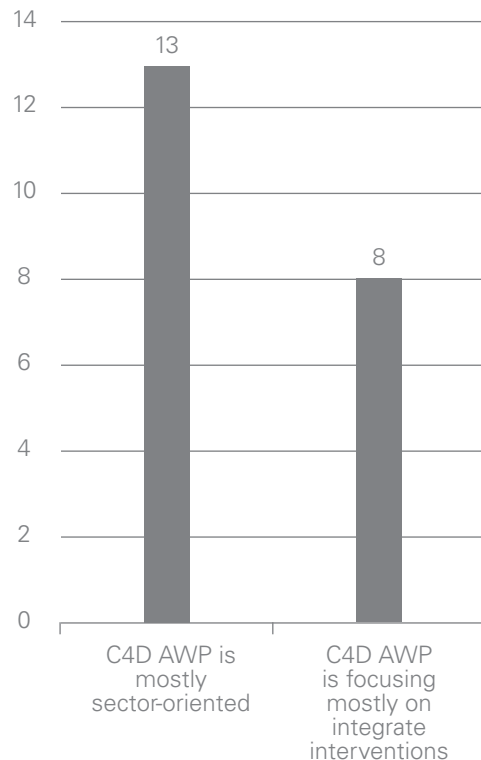
Pillar 3 assesses the extent to which C4D has been integrated into COs':

- programme planning processes, both in humanitarian and development contexts;
- reporting mechanisms;
- HR and expenditures.

#### 3.3.1 Does C4D have its own work plan?

Eighty-five per cent of the COs (18) have their own C4D work plans. Almost two thirds of C4D work plans (13 COs) remain sector-specific. This issue raises concerns in terms of effective integration of C4D interventions.

**Is the C4D annual work plan focusing mostly on integrated interventions?**



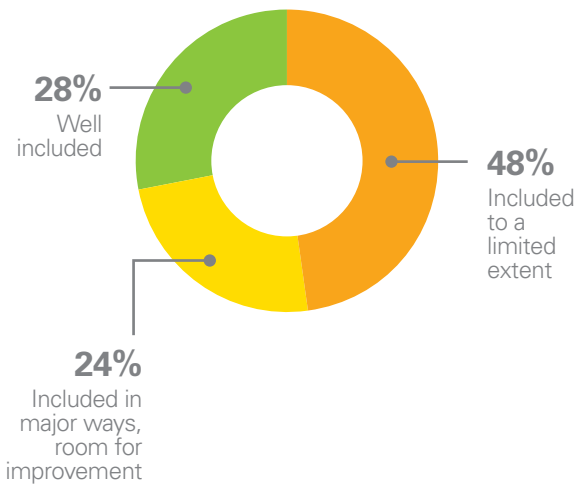
### 3.3.2 How well is C4D included in the CPD?

Visibility in this central strategic document is important, as was also underscored in the 2016 Global C4D Evaluation report: "... It was emphasized how important it was to have C4D clearly articulated in the CPD as it raises its status within the CO and ensured it is on the radar of senior managers."

More than half (11) of COs have C4D either well included in the CPD or in major ways.

In the remaining 10 CO CPDs, C4D is only included to a limited extent. This includes one country with acute C4D needs (Somalia); four with very high C4D needs (Burundi, the Comoros, the United Republic of Tanzania, Zimbabwe); four with high C4D needs (Eswatini, Kenya, Lesotho, Zambia); and one with moderate/targeted needs (Namibia).

How well is C4D included in the CPD?



Nine out of the 10 COs that were interviewed highlighted that without clear SOPs to guide countries, the inclusion of C4D in strategic planning processes relies mostly on how well decision makers in COs understand C4D's role and function in supporting achievement in the country programme. Although there is increased C4D knowledge across the organization, relying only on this dimension was not seen as sustainable. Indeed, the pendulum swings observed in COs in terms of how C4D should be articulated within their priorities and results frameworks tend to demonstrate that a more rigorous approach is required.

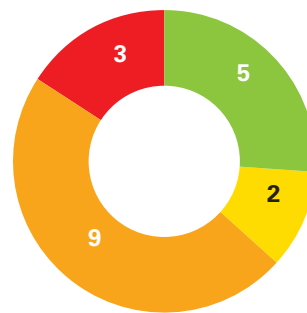
### 3.3.3 How well is C4D included in the PSNs?

As neither the Comoros nor Madagascar included PSNs in the country folders made available to the consultant, only 19 COs' PSNs were reviewed.

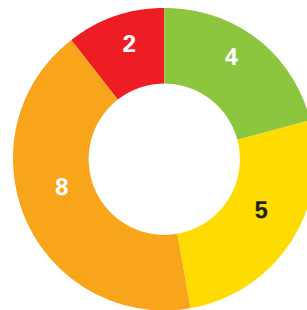
The charts below provide an overview by area assessed. Please refer to Annex 4.3 for details by country.

How well is C4D included in the PSNs? (number of countries)

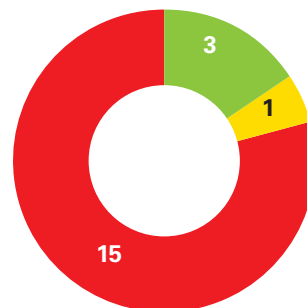
How well is C4D included in the analysis of vulnerabilities?



How well is C4D included in the programme strategies?

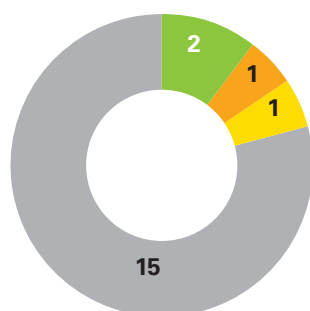


How well is C4D included in the results framework?

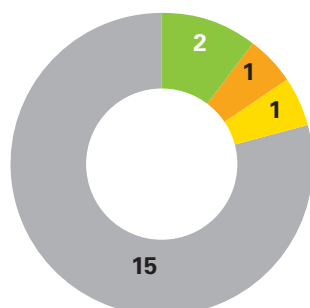


- Well include
- Included in major ways, with some room for improvement
- Somehow included with room for improvement
- Not included

Quality of C4D result statement(s)



Quality of C4D indicators



- Good quality
- Average quality
- Suboptimal quality
- Not applicable

Only a quarter of the PSNs that were reviewed include a quality analysis of C4D-related vulnerabilities, while only a fifth include quality C4D programme strategies. The last three fields that were assessed raise serious concerns, since C4D was included in the results framework in only a fifth of PSNs (four COs) – and among those countries, half had result statements and indicators of suboptimal quality.

These observations cut across the four categories of countries in terms of C4D needs (acute; very high; high; moderate/targeted), except for Mozambique and Uganda, which had very good results across the five dimensions that were assessed.

### 3.3.4 How well is C4D included in the PCAs?

UNICEF operates with PCAs both for ongoing development work and in emergency situations. This section of the desk review considered agreements submitted to the regional office in 2018. Only PCAs with a value above \$1 million are reviewed by ESARO.

In 2018, the ESARO C4D section reviewed 14 development PCAs<sup>32</sup> and 35 emergency-related PCAs.<sup>33</sup> A comparative presentation of the findings for the development and emergency PCAs respectively is shown below.

	Development PCAs	Emergency PCAs
% of PCAs reviewed with a strong C4D component	21%	25%
% of PCAs reviewed with strong C4D programme strategies	35%	54%
% of PCAs reviewed with strong C4D-related result and indicator statements	35%	17%
% of PCAs with a strong accountability to affected populations dimension	n/a	20%

We can observe that the percentages are low for both development and emergency PCAs – except when it comes to the quality of C4D strategies, with more than half of the reviewed emergency PCAs featuring strong programme strategies. The accountability to affected populations dimension remains suboptimal in emergency PCAs. However, this is a new area of work for UNICEF and this result should improve significantly in the coming years. Also, in the KIIs, the recent introduction of this dimension was stressed. Recognized as being of central importance in emergency work, it is expected to fully unfold over time.

In view of the finding that the quality of the result statements and indicators was substandard in more than four fifths (83 per cent) of the submitted PCAs, the KIIs highlighted once again the importance of having SOPs to streamline the planning process. This would prevent the random and unsystematic integration – or not – of C4D.

One country, Mozambique, stands out as very strong in all dimensions assessed.

32 Development PCAs reviewed: Kenya/5, Malawi/1, Rwanda/1, South Sudan/2, Uganda/1, and Zimbabwe/4.

33 Emergency PCAs reviewed: Ethiopia/1, Kenya/5, Mozambique/1, Somalia/8, South Sudan/13, Uganda/3 and Zimbabwe/4.

### 3.3.5 Is C4D included in the emergency contingency/preparedness plan?

Countries by "C4D Needs" score	How well is C4D included in the emergency contingency/preparedness plan?			
	Analysis of vulnerabilities	Programme strategies	Quality of C4D result statements	Quality of C4D indicators
South Sudan	Yellow	Orange	Red	Red
Somalia	Yellow	Orange	Red	Red
Angola	Yellow	Orange	Red	Red
Eritrea	Yellow	Red	Red	Red
Ethiopia	Yellow	Red	Red	Red
Mozambique	Yellow	Green	Green	Red

In the assessment of how well C4D is included in the emergency contingency and preparedness plans, six COs were selected for review: Angola, Eritrea, Ethiopia, Mozambique, Somalia and South Sudan.

We observe an inclusion of C4D in the vulnerability analyses, with some room for improvement. More detail and concrete practical inclusion could have been hoped for, but it is present in the general introductions and contextual presentations of the plans.

When it comes to the programme strategies, only one of the six COs had a good and thorough presentation of C4D in its strategy. A third of the COs did not have C4D included in the programme strategies at all and three COs had C4D somehow included, but with significant room for improvement. This means that even though all offices in their initial analyses had included C4D, they 'forgot' to include it when beginning to plan their emergency response and preparedness strategies.

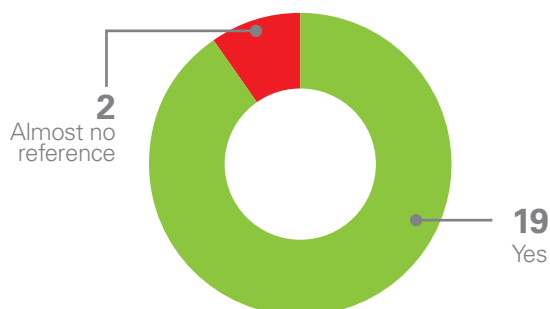
Only one of the six COs had quality C4D both in its programme strategy and result statement; none of them had quality C4D indicators included.

Again, Mozambique had a better performance compared to the other six countries.

### 3.3.6 Articulation of the C4D reporting in the CO annual reports (narrative)

In 2018, 90 per cent (19) of the COs included C4D achievements in their annual reporting (country office annual report). This is an excellent result. Only two countries (the Comoros and Madagascar) had almost no reference to C4D in their annual report. This raises some concern since these two countries are classified as having very high C4D needs.

Are C4D achievements reported in the CO annual reports?



C4D reported as cross-sectoral priorities	
Countries	"C4D Needs" score
South Sudan	Red
Uganda	Dark Red
Burundi	Dark Red
Angola	Dark Red
Eritrea	Dark Red
Tanzania	Dark Red
Zimbabwe	Dark Red
Kenya	Dark Red
Mozambique	Dark Red
Malawi	Dark Red
Rwanda	Dark Red
Botswana	Orange

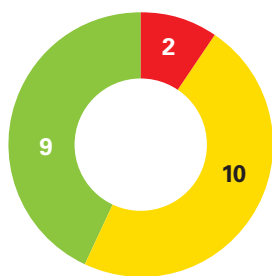
The 19 countries reported their C4D results as part of the sectoral achievements.

In addition, more than half of them (57 per cent) used the optional space to report on C4D as a cross-sectoral priority. These countries are shown in the above table.

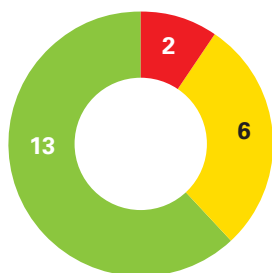
Half of the countries with acute C4D needs, two thirds of the countries with very high needs and more than half of the countries with high needs (57 per cent) reported C4D in their cross-sectoral priorities, in addition to C4D results reported in specific sectors. This is an interesting result that highlights an increased interest in prioritizing an integrated approach to C4D in addition to sectoral C4D work.

### 3.3.7 How well is C4D reported upon?

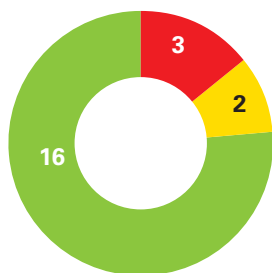
SMQ – Quality of the assessment of C4D benchmark



RAM – Quality of the C4D reporting



CO annual reports – Quality of the C4D reporting



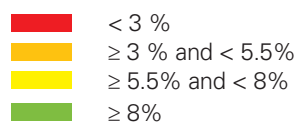
■ Good ■ Average ■ Poor

Quality C4D reporting in the annual reports was achieved by three quarters (76 per cent) of the COs. Nearly two thirds met quality standards for C4D reporting in the RAMs (60 per cent). For the remaining countries, challenges were mainly due to the low quality of the indicators or result statements. Less than half of the COs (43 per cent) met quality standards for SMQ reporting.

### 3.3.8 HR – The space for and role of C4D

Expenditures in US\$ (2018)	Country office	"C4D Needs" score	Total staff	Programme staff	Total C4D (FT + TA)	% C4D staff / Total prog. staff
> 100 Million	South Sudan		541	263	16.0	6.1%
	Somalia		356	158	10.0	6.3%
	Ethiopia		501	256	6.0	2.3%
	Zimbabwe		138	73	2.0	2.7%
≥ 50 Million ≤ 100 Million	Uganda		251	139	4.0	2.9%
	Mozambique		172	102	9.0	8.8%
	Kenya		222	107	5.0	4.7%
	Malawi		207	125	5.0	4.0%
≥ 30 Million < 50 Million	Burundi		139	64	4.0	6.3%
	United Republic of Tanzania		178	107	4.0	3.7%
	Madagascar		297	141	7.0	5.0%
	Zambia		128	72	4.0	5.6%
≥ 10 Million < 30 Million	Angola		86	45	3.0	6.7%
	Eritrea		58	27	1.0	3.7%
	Rwanda		94	53	4.0	7.5%
< 10 Million	Comoros		35	17	0.5	2.9%
	Lesotho		37	23	1.0	4.3%
	Eswatini		23	11	0.5	4.5%
	South Africa		57	24	1.0	4.2%
	Namibia		40	20	1.0	5.0%
	Botswana		21	10	1.0	10.0%
<b>Total</b>			<b>3,581</b>	<b>1,837</b>	<b>89</b>	<b>4.8%</b>

When it comes to the proportion of C4D staff to the total number of programme staff<sup>34</sup> in each CO, the full picture can be seen in the table on the right. Please note that data used for this analysis are from early 2019. The colour-coding in the last column is based on the below scoring:



<sup>34</sup> Programme staff are defined as professionals (international professional and national officers) whose functions are linked to programmes and who interact with C4D when it comes to design, implementation, monitoring, evaluation, reporting and visibility of social and behaviour change interventions. HR, administration, supply and other operation-related functions are excluded.

Taking into consideration the significant variations in the expenditures of COs:

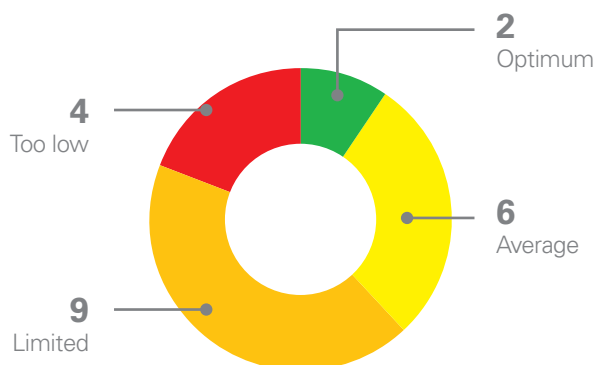
- red indicates a C4D HR capacity that is too low to meet contextual needs;
- orange indicates a limited C4D HR capacity to meet contextual needs;
- yellow indicates an average and potentially limited C4D HR capacity to meet contextual needs;
- green indicates an optimum C4D HR capacity to meet contextual needs.

The number of C4D staff correlates with the number of programme staff in the COs.<sup>35</sup> In other words, the observed tendency is that offices with a larger number of programme staff also have a larger number of C4D staff, compared to smaller offices.

However, when the percentage of C4D staff out of programme staff is correlated with the “C4D Needs” score, the correlation is non-significant.<sup>36</sup> This suggests that COs are systematically creating more C4D posts as their overall size increases, regardless of the contextual needs in the field of social norms and behavioural practices. The rate of C4D to overall programme staff (an average of 4.8 per cent) indicates that the allocation of C4D staff is below the required level to meet contextual needs. A reasonable hypothesis would be, therefore, that COs are allocating the number of C4D staff based on their office structure rather than in response to the contextual needs addressed by their country programme.

The overall HR capacity in the region is shown below. Almost three quarters of countries (71 per cent) have limited to average and potentially limited C4D capacity. This raises a red flag, considering the high level of C4D needs and vulnerability to emergencies in most countries of the region. Also, it is worth noting that all four COs showing suboptimal HR capacity are classified as having very high C4D needs.

**C4D HR capacity in the ESA region’s COs (early 2019)**



**C4D HR in ESA countries in detail<sup>37</sup>**

Level of expenditures in US\$	Country office	“C4D Needs” score	Total C4D (FT + TA)	C4D FT posts	C4D TAs	IP C4D posts	NO C4D posts	% C4D posts that are temporary	# of C4D SSA ≥ 6 months	% C4D SSA ≥ 6 months / C4D Staff
> 100 Million	South Sudan		16.0	11.0	5.0	3.0	13.0	31%	9	56%
	Somalia		10.0	5.0	9.0	4.0	10.0	64%	3	21%
	Ethiopia		6.0	6.0	0.0	1.0	5.0	0%	19	317%
	Zimbabwe		2.0	1.0	1.0	0.0	2.0	50%	0	0%
≥ 50 Million ≤ 100 Million	Uganda		4.0	4.0	0.0	1.0	3.0	0%	10	250%
	Mozambique		9.0	8.0	1.0	3.0	6.0	11%	8	89%
	Kenya		5.0	4.0	1.0	1.0	4.0	20%	1	20%
	Malawi		5.0	5.0	0.0	1.0	4.0	0%	0	0%
≥ 30 Million < 50 Million	Burundi		4.0	2.0	2.0	2.0	2.0	50%	1	25%
	United Republic of Tanzania		4.0	3.0	1.0	1.0	3.0	25%	2	50%
	Madagascar		7.0	5.0	2.0	1.0	6.0	29%	4	57%
	Zambia		4.0	4.0	0.0	1.0	3.0	0%	0	0%
≥ 10 Million < 30 Million	Angola		3.0	2.0	1.0	2.0	1.0	33%	2	67%
	Eritrea		1.0	1.0	0.0	0.0	1.0	0%	0	0%
	Rwanda		4.0	3.0	1.0	1.0	3.0	25%	0	0%
< 10 Million	Comoros		0.5	0.5	0.0	0.0	0.5	0%	0	0%
	Lesotho		1.0	1.0	0.0	0.0	1.0	0%	0	0%
	Eswatini		0.5	0.5	0.0	0.0	0.5	0%	0	0%
	South Africa		1.0	1.0	0.0	0.0	1.0	0%	0	0%
	Namibia		1.0	1.0	0.0	1.0	0.0	0%	0	0%
	Botswana		1.0	1.0	0.0	0.0	1.0	0%	1	100%
<b>Total</b>			<b>89</b>	<b>70.0</b>	<b>19.0</b>	<b>22.0</b>	<b>67.0</b>	<b>21%</b>	<b>60</b>	<b>67%</b>

35 Correlation of .81; p value of .001.

36 Correlation of -.31; p value of .17.

37 HR data related to posts refer to early 2019; HR data related to consultancies refer to 2018; expenditures are based on 2018 data.

We observed in some countries an extensive use of consultants to cover long-term tasks, which could be linked to a lack of C4D positions. The number of C4D consultants hired in 2018 in the ESA region (87) is almost similar to the total number of C4D staff in the region (89). Over two thirds (67 per cent) of these consultants were contracted for six months or more. Further analysis is required to understand this high need in long-term consultants. Two countries that were rated as having too low C4D HR capacity make extensive use of long-term consultancies (Ethiopia and Uganda).

Looking at the classification of countries by level of expenditures and building on the previous table showing the percentage of C4D staff out of the number of programme staff, we observed significant variations across countries. Spearman's Rho<sup>38</sup> measures were estimated to gauge the relationship between the number and level of C4D staff and the pillars of C4D performance.

Staff was grouped into three levels.<sup>39</sup> The number of staff per level and in total were used as predictors. Their relationship was tested against the level of expenditure for C4D, the expertise in key areas (Pillar 1), the quality of C4D strategies (Pillar 2), and the programme and management structure (Pillar 3a). A strong relationship was identified between the total number of staff and expenditure. Moderate relationships were found between staff in national officer (Categories C and D) and international professional posts. These relationships are probably partially confounded by the cost of these posts. All other relationships were weak.

There are several reasons why no important relationships between the level of posts and the pillars of C4D performance were identified. First, it is possible that the pillars' measures are not sensitive enough to capture the types of shift in performance that can result when higher levels of experience and expertise are introduced. This would require the development of more subtle tools. A second factor could be that the post level is not as closely related to the quality of staff performance as assumed. For example, an individual might have met the HR requirements to occupy a higher-level post, but when occupying that post does not perform to the level expected. Assessing this would also require specific tools, particularly since Performance

Evaluation Reports do not lend themselves in a comparable and straightforward manner to establishing quality measures. A third hypothesis is that the resources available for C4D are not sufficient to implement activities at higher level of complexity, which is one of the assumed added values of recruiting higher-level staff.

To move forward, qualitative formative research should be carried out in high- and low-performing offices to shed some light on the findings and prioritize the most plausible explanation among the hypotheses that have been proposed above. This research should be conducted in collaboration with HR to ensure that definitions of quality and post expectations are aligned with institutional policies. Otherwise, it will be difficult to ensure that recommendations are framed in a manner that would permit their consistent application across the organization.

In conclusion, without proper guidance based on a harmonized approach, the choice of the number and levels of positions will remain one of the critical challenges hampering the delivery of quality C4D.

### 3.3.9 C4D reporting lines

As highlighted in the UNICEF global C4D guidance, the recommended reporting line for the C4D staff is to the Deputy Representative, who oversees the programmatic work in all sectors. The position taken on this issue in the KIIs was uniform: the C4D lead needs to report to the Deputy Representative, who is the head of programme – and she/he needs to be a C4D champion. Only then will the space be given for C4D to play its key role as a well-integrated player in all programmes and in the community-level coordination of UNICEF interventions.

In the ESA region, C4D staff reports to the Deputy Representative in less than half of the COs (10). In three COs, C4D staff reports to the representative. In two of these countries, this is linked to the fact that the position handling C4D functions is an external communication post with a percentage of the time allocated to C4D work.

In 38 per cent of the COs (eight), the core C4D staff reports to a head of section – mostly the head of external communication (seven COs) or a sectoral chief of section (one CO).

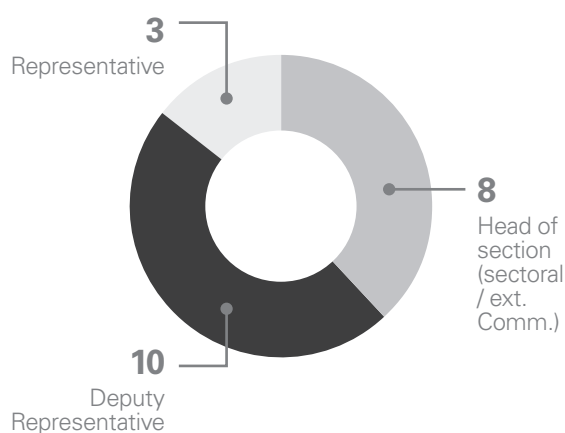
38 Spearman's Rho was chosen because ranks allow for the use of indicators with measures in interval and ordinal scales to establish relationships, even when their type of distribution is unknown. Since these estimations are non-parametric, the results can be used to draw conclusions for this sample only and not to generalize to other cases.

39 One level included staff in national officer (Categories A and B) posts, while the second level included staff in national officer (Categories C and D) posts and the third included staff in international professional posts.

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### C4D HR capacity in the ESA region's COs (early 2019)

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A third of COs have established multiple reporting lines for the C4D function, mostly linked with the articulation of C4D within the country programme structure. Details of the reporting lines by country can be found in Annex 4.5.

Having multiple lines of reporting and supervision for C4D raises concerns, mainly in terms of overall coordination of C4D in the CO, integration across sectors and quality of the technical supervision provided. Although an increased number of sectoral or external communication staff members have improved their understanding of C4D, their expertise to deliver evidence-based and measurable social and behaviour change interventions remains limited.

#### 3.3.10 C4D structure in the COs

Looking at the 2018 organigrams, we again observed the multiplicity and complexity of C4D structures within COs. Seven types of articulations were identified.<sup>40</sup> Details per country can be found in Annex 4.6.

In some instances, where the C4D unit is embedded within the external communication team, informal alternative reporting processes to the Deputy Representative have been developed. However, these entirely rely on personalities and informal arrangements.

There is no formula provided in UNICEF on how to articulate C4D within the CO structure to ensure an optimal contribution to programme results. In fact, it is very much linked to: (i) the clarity of C4D results defined across sectors; (ii) the level of integration foreseen for country programme results; and (iii) the quality of the coordination established in the CO under the leadership of the Deputy Representative.

Without these elements in place, there is a high probability of failure for C4D, regardless of the type of articulation within the programme structure. Given the programmatic focus and cross-sectoral nature of the work, C4D would gain from being systematically linked to sectoral results, under the supervision of the Deputy Representative to ensure the integration and cross-sectorial nature of the work, in particular at community level.

#### 3.3.11 C4D-related expenditures in the COs

While assessing C4D expenditures in the 21 COs, we based our analysis on the 2018 Programme Budget Information Database coding report. When looking at the figures, it is important to keep in mind that the amounts spent on C4D activities are not necessarily managed by the C4D unit or staff. A considerable amount of this funding is generated and managed by the sectors, often with advice from or in collaboration with the C4D staff.

Also, it should be noted that this analysis only captures the expenditures that are correctly coded. There is a high probability that the shown amount of C4D expenditures does not fully reflect the actual amount spent. However, this is the only mechanism we can use to assess investment in C4D.

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<sup>40</sup> The observed articulations are the following:

- 15 COs were structured around only one type of C4D articulation, with the following segmentation:
  - three COs rely only on a stand-alone C4D section;
  - seven COs rely only on a C4D unit within the external communication section;
  - four COs rely only on C4D staff under the Deputy Representative;
  - one CO relies only on C4D staff embedded in sectors.
- Six COs have a mixed C4D articulation:
  - three COs have cross-sectoral C4D staff under the Deputy Representative and several C4D staff members embedded in the sectors;
  - one CO has a C4D unit under the external communication section and one C4D staff member embedded in one sector;
  - two COs have a C4D stand-alone section, but also C4D staff embedded in sectors (either at national or subnational level).



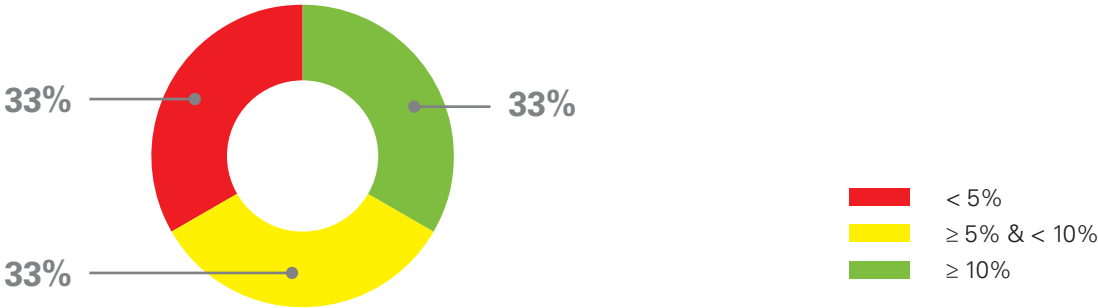
A third of the COs dedicated a good share of their expenditures to C4D activities, at 10 per cent or above. Among these countries, four countries spent an outstanding 19 per cent and above of their total expenditures on C4D. Two of these countries are classified as having very high C4D needs, while one has high C4D needs and one has moderate/targeted C4D needs.

Another third had average expenditures ranging from 5 to less than 10 per cent of the full CO expenditures. These countries are classified either as having high or very high C4D needs.

The last third is performing poorly, with less than 5 per cent of their expenditures going to C4D. All except two of these countries are classified as having either acute or very high C4D needs. This raises significant concerns since these highly vulnerable countries need significant investments in C4D.

Level of income	Countries	"C4D Needs" score	Expenditures 2018		C4D exp. / total exp.
			C4D expenditures <sup>41</sup>	Total CO expenditures <sup>42</sup>	
Low Income	South Sudan		7,345,482	185,100,000	3.97%
Low Income	Somalia		1,009,594	167,300,000	0.60%
Low Income	Uganda		1,999,681	62,000,000	3.23%
Low Income	Madagascar		2,810,998	34,600,000	8.12%
Low Income	Burundi		3,491,218	47,000,000	7.43%
Lower Mid. Inc.	Angola		4,255,475	16,600,000	25.64%
Low Income	Eritrea		1,817,074	18,000,000	10.09%
Low Income	United Republic of Tanzania		8,717,650	45,000,000	19.37%
Low Income	Ethiopia		9,088,630	165,000,000	5.51%
Low Income	Comoros		137,489	4,200,000	3.27%
Low Income	Zimbabwe		2,078,592	131,100,000	1.59%
Lower Mid. Inc.	Kenya		4,768,096	75,300,000	6.33%
Lower Mid. Inc.	Lesotho		355,807	8,900,000	4.00%
Low Income	Mozambique		6,015,097	74,300,000	8.10%
Lower Mid. Inc.	Zambia		2,019,066	31,500,000	6.41%
Lower Mid. Inc.	Eswatini		249,703	3,700,000	6.75%
Low Income	Malawi		13,548,230	50,000,000	27.10%
Low Income	Rwanda		2,273,268	20,800,000	10.93%
Upper Mid. Inc.	South Africa		734,089	6,900,000	10.64%
Upper Mid. Inc.	Namibia		103,656	4,600,000	2.25%
Upper Mid. Inc.	Botswana		629,222	2,600,000	24.20%

Percentage of C4D expenditures out of total CO expenditures (2018)



41 C4D-related Generic Intervention Codes and Specific Intervention Codes – 2018 report.

42 Ibid.

### 3.3.12 Conclusion – C4D within programme and management structures, HR and expenditures

Pillar 3 has focused on assessing the extent to which C4D has been integrated into the COs' (i) programme planning processes, both in humanitarian and development contexts; (ii) reporting mechanisms; and (iii) resource allocations (HR and funding) and expenditures.

#### How well is C4D integrated into programme planning processes?

More than half of the CPDs reviewed (11) have C4D either well-included or included in major ways. Visibility for C4D in this central document is key, as underscored also in the 2016 Global C4D Evaluation report: "... It was emphasized how important it was to have C4D clearly articulated in the CPD as it raises its status within the CO and ensured it is on the radar of senior managers." In almost half of COs (10), C4D is only included to a limited extent in CPDs. Half of these countries are classified as having either acute or very high C4D needs, which raises significant concerns.

The degree to which C4D has been integrated into PSNs<sup>43</sup> suggests a lack of clarity in COs about the role of C4D and its contribution to the country programme. While there may be many C4D activities taking place across the country programme, if these cannot be clearly linked to tangible results in the results framework, it becomes difficult to make the case for increased investments in C4D both externally (counterparts, donors) and internally (heads of sector).

The KIIs similarly stressed the need to overcome the lack of clarity in operational procedures and the more haphazard manner of C4D integration. Consistent SOPs were recommended to overcome this challenge and bottleneck.

The main area of concern in all the documents that were reviewed (PSNs, PCAs, contingency plans) is the absence or suboptimal quality of the result statements and indicators.

All categories of staff interviewed highlighted the general weakness and uncertainty around C4D M&E, including how to prepare quality results frameworks and develop indicators securing visibility for C4D's contribution to change. Most of these weaknesses and inconsistencies were attributed to the absence of standardized planning and programming routines, and practically all CO staff

members that were interviewed recommended SOPs as an answer to this serious challenge.

#### How well is C4D integrated into reporting mechanisms?

In 2018, 90 per cent of the COs (19) included C4D achievements in their annual reporting. This is an excellent result. Quality C4D reporting in the annual reports is achieved by three quarters (76 per cent) of the COs. Nearly two thirds of COs met quality standards for C4D reporting in the RAMs (60 per cent). The remaining countries are not meeting the standards mainly due to the low quality of indicators or result statements.

How well is C4D integrated into COs' resource allocations (HR and funding) and expenditures?

Overall, C4D has to operate within complex and multiple types of HR and programme modalities (reporting line, programme structure, HR articulation) in the country programmes. This is not conducive to the coordination and integration of C4D work, especially since these modalities tend to change often.

UNICEF recommends that C4D core staff report to the Deputy Representative. In the ESA region, this is the case for only 48 per cent of COs.

The C4D HR capacity is average and potentially limited for almost three quarters of countries in the region (71 per cent). This could raise a red flag considering the prevalence of social and behavioural barriers, as well as the vulnerability to emergencies in most countries. It is also worth noting that all COs with suboptimal HR capacity are classified as having very high C4D needs.

A third of COs had a good share of their expenditures being used for C4D activities, at 10 per cent or above. Among these, four countries had an outstanding 19 per cent and above of their total expenditures spent on C4D.

Seven countries (33 per cent) are performing poorly, with less than 5 per cent of their expenditures going to C4D. All except two of these countries are classified as having either acute or very high C4D needs. This raises significant concerns since these highly vulnerable countries should demonstrate significant investments in C4D.

Again, the KIIs unanimously pointed to the need for simple and clear SOPs to be identified and implemented, providing an effective framework for budgeting and financing C4D activities.

43 Inclusion of C4D in the analysis of vulnerabilities, programme strategies and results framework, and review of the quality of result statement(s) and indicators.

## 4. Classification of countries in the ESA region

Based on the information collected through the desk review and Kils, and building on the scoring of each of the areas assessed,<sup>44</sup> an average score was calculated to assess the 21 countries' performance. The full presentation of scores and ranking is shown in the table below.

Level of income	Country	"C4D Needs" score	C4D assessment – Desk review					C4D performance
			C4D expertise in key areas (Pillar 1)	Quality of C4D strategies (Pillar 2)	C4D within the programme and management structure (Pillar 3a)	Human resources (Pillar 3b)	Funding (Pillar 3c)	
Low income	Burundi	2.35	1.00	1.64	1.91	2.00	2.00	1.71
Low income	Comoros	2.19	2.50	1.58	2.42	3.00	3.00	2.50
Low income	Eritrea	2.29	1.50	1.73	1.81	2.50	1.00	1.71
Low income	Ethiopia	2.22	2.00	2.30	2.50	3.00	2.00	2.36
Low income	Madagascar	2.40	2.00	1.58	2.17	2.50	2.00	2.05
Low income	Malawi	1.90	1.25	1.73	1.72	2.50	1.00	1.64
Low income	Mozambique	2.04	2.00	1.67	1.19	1.00	2.00	1.57
Low income	Rwanda	1.80	1.50	1.33	1.75	2.00	1.00	1.52
Low income	Somalia	2.78	2.00	1.73	2.29	2.00	3.00	2.20
Low income	South Sudan	2.80	1.00	1.67	2.07	2.00	3.00	1.95
Low income	United Republic of Tanzania	2.23	1.50	1.25	1.78	2.50	1.00	1.61
Low income	Uganda	2.42	2.00	1.50	1.31	3.00	3.00	2.16
Low income	Zimbabwe	2.14	1.25	1.36	1.91	3.00	3.00	2.10
Lower Mid. Inc.	Kenya	2.07	1.50	1.44	2.14	2.50	2.00	1.92
Lower Mid. Inc.	Lesotho	2.07	2.50	1.58	1.94	2.50	3.00	2.31
Lower Mid. Inc.	Angola	2.31	2.50	1.60	1.88	2.00	1.00	1.80
Lower Mid. Inc.	Zambia	2.03	1.50	1.67	1.61	2.00	2.00	1.76
Lower Mid. Inc.	Eswatini	1.97		1.25	1.89	2.50	2.00	1.91
Upper Mid. Inc.	Botswana	1.45		1.64	1.89	1.00	1.00	1.38
Upper Mid. Inc.	Namibia	1.47		1.91	2.39	2.50	3.00	2.45
Upper Mid. Inc.	South Africa	1.49		1.75	2.22	2.50	1.00	1.87

■ ≥ 2.10 Low performance

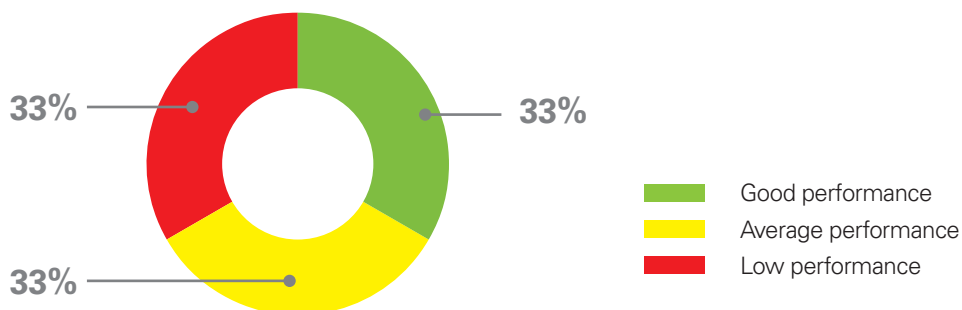
■ ≥ 1.75% and < 2.10% Average performance

■ < 1.75% Good performance

<sup>44</sup> The five areas assessed are: C4D expertise demonstrated in core areas; quality of C4D strategies; C4D articulation within the programme and management structure; C4D HR; and C4D-related expenditure.

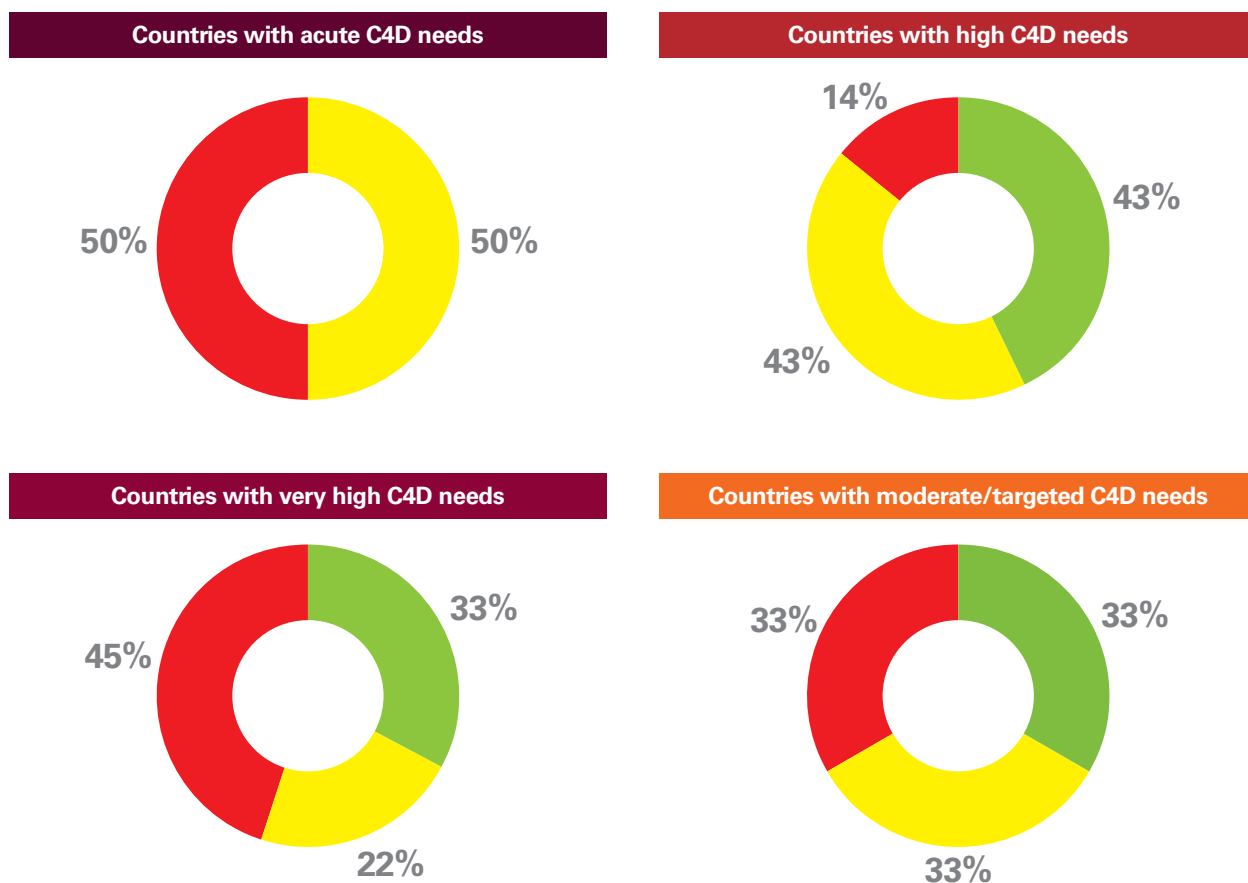
Looking at the overall C4D performance in the ESA region, countries are equally distributed, with a third of them in each category (good, average and low performance).

C4D overall performance in ESA region



The consolidation of the two scores ("C4D Needs" score and C4D performance) gives a sense of how well countries are performing in each of the four defined categories (countries with acute C4D needs, with very high C4D needs, with high C4D needs and with moderate/targeted C4D needs). Results are shown in the charts below. Details by country can be found in Annex 4.6.

**Overall performance by country classification**



Countries with high C4D needs are the ones performing the best, with almost all countries demonstrating an average to good performance. Countries with moderate/targeted C4D needs are equally divided in terms of performance: one third demonstrate good performance, another third show average performance and the remaining third require significant reinforcement. Countries with acute and very high C4D needs are the ones raising significant concerns, with almost half of them requiring urgent attention.

## 5. Recommendations

The assessment highlighted that C4D increasingly benefits from an enabling environment in the ESA region's COs. Many offices have visionary leadership, a good understanding of the value and importance of C4D to achieve programme results, and a strong urge to improve practices so that C4D can unfold to its full potential. In most COs, this potential is seen as key to advance community and individual empowerment and development through the local 'rooting' of healthy, caring and protective practices. It was described as 'the glue' supporting all sectors in their community work.

Translating these conceptual approaches into practical operational modalities requires simple and standardized technical guidelines to be defined and the understanding of basic C4D to be further reinforced, in particular in management and among heads of sector. Building on this diagnosis and analysis, a series of recommendations have emerged. They are articulated around three core domains:

- the identification of SOPs and a checklist to support the use of standardized operational modalities and harmonize programme and process integration;
- the development of systems for adequate and systematic human and financial resource allocation;
- the reinforcement of capacity building for C4D.

### **ESARO C4D SOPs and checklist**

A key point in most KIs was that it is not enough to have good intentions and a readiness for change to secure the space needed for C4D in UNICEF's

programmes. Relying on having good managers in place was understood to not be a sustainable safeguard for good C4D practices. There was therefore a unanimous call for UNICEF to elaborate a series of SOPs with a specific focus on the:

- programme integration of C4D;
- process integration of C4D;
- resource allocation and articulation of C4D.

There was a shared belief that this would prevent C4D from being a mere afterthought in a country programme, a programme document or a strategy note.

To operationalize the daily use of the SOPs, it is recommended to develop a checklist to support country offices in their implementation.

The table on the next page recaps the draft recommendations by audience (management, programme sectors, planning and M&E staff, C4D staff and external partners). These recommendations were discussed and adjusted during the July 2019 ESA C4D regional network meeting. It also featured a forum discussion to highlight concerns and challenges faced by the C4D function across offices. This open forum led to a "joint declaration" attached in Annex 5. The issues raised in the declaration and the proposed recommendations are very much aligned with the ones developed based on the diagnostic assessment.

As a next step, the recommendations proposed in the table below will be shared with the ESA region's Deputy Representatives during their annual regional meeting in September 2019, with a view to having them finalized and endorsed.

## Operational recommendations to reinforce C4D in the ESA region

Who?	Level of application	What?				How?
		Organizational capacity and technical leadership	Programme integration	Process integration	Resource allocation and articulation	
CO management	Self-directed	Strong leadership based on clear understanding of C4D main principles				Online/face-to-face induction module
	Management strategic orientations	Basic understanding of C4D is mandatory requirement for all staff	Reinforce systematic inclusion of quality 'behavioural and demand dimension' in all strategic documents (theory of change, result statements, indicators, baseline, targets and MoV)	<ul style="list-style-type: none"> <li>Reinforce systematic inclusion of C4D in key programme and managerial structures</li> <li>Establish and operationalize coordination and accountability mechanisms to follow up on SBCC progress and challenges</li> <li>Quality C4D systematically included/reported on in CO annual reports, donor proposals and reports (emergency and development), PCAs, situational analyses and other planning and reporting processes</li> <li>C4D leads on quality oversight and coordination of SBCC interventions</li> <li>M&amp;E tools and initiatives include C4D dimension</li> </ul>	<ul style="list-style-type: none"> <li>Identification and use of percentage for resource allocation (recommended: 10 per cent and above of total expenditures; 8 per cent and above of total technical staff)</li> <li>Identification and use of mechanisms to systematically fund C4D</li> <li>As per global recommendations, ensure that C4D function reports to the Deputy Representative</li> </ul>	<p>SOPs/standardized technical guidance/ checklist for:</p> <ul style="list-style-type: none"> <li>Programme integration</li> <li>Process integration</li> <li>Resource allocation and articulation</li> </ul>

Who?	Level of application	What?				How?
		Organizational capacity and technical leadership	Programme integration	Process integration	Resource allocation and articulation	
Programme sectors	Self-directed	Strong leadership based on clear understanding of C4D main principles				Completion of online/face-to-face C4D training as part of mandatory training for all staff
	Management orientation		Support investment in and use of C4D-related evidence to reinforce articulation of C4D results in strategic planning documents (CPD, PSN, PCA, emergency preparedness and contingency plans)		All sectors to contribute to financial efforts	SOPs/standardized technical guidance/checklist
M&E staff	Self-directed	Capacity building in C4D M&E				Development and facilitation of modules for internal and external audiences
	Technical support		Support operational reinforcement of C4D M&E			M&E framework
C4D staff	Self-directed	Reinforce C4D M&E capacity				Online/face-to-face course
	Technical expertise		Reinforce quality of M&E in all planning documents with the objective to have clear C4D results articulated in strategic programme documents			SOPs/standardized technical guidance/checklist
Counterparts and partners		Increase C4D capacity at national and local levels				Costed capacity building plans per level/function: <ul style="list-style-type: none"> <li>• decision makers: national levels;</li> <li>• implementers: local levels.</li> </ul>

# ANNEX 1

## Documentation made available for desk review by 21 ESA COs

### Google Drive documentation

The documentation made available to the consultant for the diagnostic assessment can be seen below. Within each of the country folders, a set of comparable documents were shared. In some cases, a bigger number of work plans or strategy notes have been zipped; these folders can be opened to unveil the larger number of documents ([https://drive.google.com/drive/folders/1LfLmO6BYRRAJYHOKW3-soMIPnAiY\\_WK](https://drive.google.com/drive/folders/1LfLmO6BYRRAJYHOKW3-soMIPnAiY_WK)).

#### Angola

- 1 Angola\_ Country Programme Document 2015-2019
- 2 Annual Management Plan (2018)
- 3 Angola CO Workplans (2018)
- 4 Angola: Humanitarian Action for Children (2019)
- 5 Angola Country Office\_ Organogram (2018)
- 6 C4D Framework Annexes (August 2018)
- 7 UNICEF Angola C4D Strategic Framework (2018)
- 8 PSN Outcome 1 (October 2018)
- 9 PSN Outcome 2 (October 2018)
- 10 PSN Outcome 3 (October 2018)
- 11 Rolling Workplan 2018-2019\_C4D (Mai 2018)
- 12 Contingency Plan (2018)

#### Botswana

- 1 Botswana\_ Country Programme Document 2017-2021
- 2 Botswana CO- Annual Priority Programme and Management Results (2018)
- 3 BCO C4D AWP (2018)
- 4 Botswana – Adolescent HIV/AIDS – Strategy Note
- 5 Botswana – Child Poverty – Strategy Note
- 6 Botswana TOC (Theory of Change) Adolescents and HIV
- 7 Botswana TOC Child Poverty
- 8 Botswana Country Office \_Organogram (2018)

#### Burundi

- 1 Adolescent Empowerment Community Resilience Strategy Note (July 2018)
- 2 Burundi\_ Country Programme Document 2019-2023
- 3 UNICEF BCO\_2019-2023 Proposed Structure\_ Office of the Representative
- 4 BCO\_AWP 2018\_ Internal
- 5 UNICEF BCO- Ebola Outbreak Preparedness and Response Plan (2018)
- 7 UNICEF Burundi – Annual Management Plan (2018)
- 8 Child Protection Strategy Note (July 2018)
- 9 Education Protection Strategy Note (July 2018)
- 10 Health Nutrition Strategy Note (July 2018)
- 11 Social Policy Strategy Note (July 2018)
- 12 WASH Strategy Note (July 2018)
- 13 Burundi Preparedness Plan (2018)

#### Comoros

- 1 Comoros\_ Country Programme Document 2015-2019
- 2 UNICEF COMORES \_Plan de Gestion (2018)
- 3 Comoros Country Office \_ Organogram (2018)
- 4 Comoros\_ Extracted from the CPMP Document (March 2014)
- 5 UNICEF Comores: Plan de travail annuel 2018 (PTA)
- 6 Stratégie Intégrée et Intersectorielle de Communication basée sur la Survie, le Développement, l'Education et la Protection de l'Enfant

#### Eritrea

- 1 Cover Note for the Development and Review of Programme Strategy Notes (July 2016) Basic Education, Child Protection and Participation programme component (BECPP)
- 2 Cover Note for the Development and Review of Programme Strategy Notes Child Survival and Development (CSD)- (February 2016)
- 3 Cover Note for the Development and Review of the Programme Effectiveness Strategy Note – (March 2016)
- 4 Eritrea\_ Country Programme Document 2017-2021
- 5 The Government of the State of Eritrea and UNICEF -Communication for Development, Advocacy, and Partnership Rolling Workplan 2017-2018
- 6 Cross-Sectoral Communication for Development Strategy 2018-21
- 7 Eritrea Humanitarian Action for Children
- 8 Eritrea 2018 Workplans (8 items)
- 9 Eritrea Country Office\_ Organogram (2018)
- 10 2018 UNICEF-Eritrea Annual Management Plan
- 11 The Government of the State of Eritrea and UNICEF -Health and Nutrition Rolling Workplan 2017-2018
- 12 The Government of the State of Eritrea and UNICEF – Water Sanitation and Hygiene Programme Rolling Workplan 2017-2018
- 13 Eritrea Preparedness Plan (2018)

#### Eswatini (Swaziland)

- 1 Swaziland\_ Country Programme Document 2016-2020
- 2 2018 Annual Management Plan
- 3 Swaziland Government – UNICEF Workplan 2018-2019



- 4 Strategy Note for Adolescents' protection, learning and development (APLD) programme component of the Country Programme 2016-2020. UNICEF -Swaziland
- 5 Strategy Note for Young Child Survival and Development (YCSD) programme component for the Country Programme 2016-2020. UNICEF Swaziland
- 6 Swaziland Government -UNICEF Workplan 2018-2019
- 7 Eswatini Country Office \_ Organogram (2018)
- 8 Communication for Development (C4D) Multisectoral Strategy; Government of Eswatini & UNICEF Country Programme (2016-2020)
- 10 Lesotho Work Plans (2018)
- 11 Lesotho Humanitarian Action for Children (2018)
- 12 Lesotho MNCH&N C4D Logical Framework 2019-2023
- 13 UNICEF Lesotho Organization Chart (2018)
- 14 Reducing Child Poverty, Enhancing Equity, and Social Protection: Strategy Note 2019-2023
- 15 UNICEF Lesotho Communication for Development Workplan 2017-2018

## Ethiopia

- 1 Ethiopia\_ Country Programme Document 2016-2020
- 2 AWD Situation Update in Somali Region (April 2017)
- 3 ECO PSNs Final Drafts Sets
- 4 UNICEF Ethiopia Annual Management Plan (2018)
- 5 Ethiopia July 2018- June 2019 AWP
- 6 Ethiopia Country Office \_ Organogram (2018)
- 8 UNICEF Ethiopia: Internal Update on the Acute Watery Diarrhoea Response in Ethiopia
- 9 Ethiopia Preparedness Plan 2018

## Kenya

- 1 Kenya\_ Country Programme Document 2018-2022
- 2 KCO-Strategy Notes
- 3 UNICEF Internal Workplan: Reduced Mortality & Stunting 2018-2019
- 4 Annual Management Plan-2018, Kenya Country Office
- 5 Kenya Country Office – 2018 Workplan Package
- 6 Kenya: Humanitarian Action for Children
- 7 Kenya Country Office \_ Organogram (2018)
- 8 GoK-UNICEF Kenya Country Programme 2018-2022 Health Programme Strategy
- 9 GoK-UNICEF Kenya Country Programme 2018-2022 Nutrition Programme Strategy
- 10 GoK-UNICEF Kenya Country Programme 2018-2022 WASH Programme Strategy
- 11 GoK-UNICEF Kenya Country Programme 2018-2022 HIV/AIDS Programme Strategy
- 12 GoK-UNICEF Kenya Country Programme 2018-2022 Child Protection Programme Strategy

## Lesotho

- 1 UNICEF Lesotho – Strategy Note 2019-2023. Young Children Survive, Thrive and Attain Learning Outcomes
- 2 Lesotho Country Office \_ Annual Management Plan (2018)
- 3 Lesotho\_ Country Programme Document 2019-2023
- 5 Lesotho MNCH&N C4D Strategy (October 2018)
- 6 Strategy Note 2019-2023 Children and Adolescents are protected from Violence, HIV and have improved learning outcomes
- 7 CPMP 2019-2023 Document (draft) + letter of submission (Executive Summary Memo)
- 9 UNICEF Lesotho Communication and Public Advocacy Communication Strategy 2019/2021

## Madagascar

- 1 Madagascar\_ Country Programme Document 2015-2019
- 2 Appendix B for Proposed Office Structure
- 3 2018-2019 Plan de Travail Annuel Roulant – Communication pour le Développement
- 4 Madagascar Workplans (2018)
- 5 UNICEF Madagascar \_ Annual Management Plan (2018)
- 6 Office Structure UNICEF Madagascar\_ Organogram (January 2019)
- 7 Stratégie de Communication Pour Le Développement (C4D) pour appuyer la réduction du mariage des enfants à Madagascar
- 8 Madagascar Contingency Plan (2018)

## Malawi

- 1 Malawi\_ Country Programme Document 2019-2023
- 2 Rolling Workplan Template MLW 2017-2018
- 3 Basic Education Youth Development-C4D Strategy 2018 – Malawi (2018)
- 4 UNICEF Malawi CPD 2019-2023\_ Programme Effectiveness Strategy Note
- 6 UNICEF Malawi – Annual Management Plan (2018).
- 7 Malawi Humanitarian Action for Children (2019)
- 8 UNICEF Malawi- Approved Organogram for New Country Programme 2019-2023
- 9 Strategy Note-Child Friendly Inclusive Resilient Communities
- 10 Strategy Note – Early Childhood Development
- 11 Strategy Note – School-Age Children
- 12 UNICEF Malawi Consolidated Cholera Response Plan (2017)

## Mozambique

- 1 Mozambique\_ Country Programme Document 2017-2020
- 2 AWP – Adolescents and Social Norms- (2018)
- 3 UNICEF Mozambique Country Office – Annual Management Plan (2018)
- 4 Strategy Note – Adolescents and Social Norms Change: 2017-2020
- 5 UNICEF Mozambique 2017-2020, Health Strategy Note
- 6 Mozambique Humanitarian Action for Children (2019)
- 7 UNICEF Mozambique Approved Organogram 2017-2020
- 8 UNICEF Mozambique Results Structure (2017-2020)

- 9 Communication for Development Strategy Prevention and Elimination of Child Marriages (2018-2022)
- 10 UNICEF Mozambique – Strategy Note, Programme Effectiveness 2017-2020
- 11 UNICEF Mozambique – Strategy Note, Mozambique WASH Programme 2017-2020
- 12 UNICEF Mozambique – Strategy Note, Child Protection 2017-2020
- 13 Education in the New Country Programme 2017-2020
- 14 UNICEF Mozambique- Strategy Note, Nutrition 2017-2020
- 15 UNICEF Mozambique – Strategy Note, Social Inclusion 2017-2020
- 16 Mozambique Preparedness Plan (2018)

## Namibia

- 1 Namibia\_ Country Programme Document 2019-2023
- 2 Adolescent Development and Participation: Second decade (2019-2023)
- 3 Namibia Country Office – Annual Management Plan (2018)
- 4 UNICEF Namibia C4D Workplan (2018)
- 5 Child Survival and Development: First Decade (2019-2023)
- 6 Namibia Proposed Structure 2019-2023
- 7 Communication Strategy for Eliminating Open Defecation in Namibia (2015/2016 - 2017/2018)
- 8 Strategy Note, Programme Effectiveness Component 2019-2023
- 9 Namibia Proposed Programme Structure: 2019-2023

## Rwanda

- 1 2018-19 Annual Workplan WASH
- 2 2018-19 Annual Workplan CAP
- 3 July 2018- June 2019 Annual Workplan Child Protection
- 4 July 2018- June 2019 Annual Workplan Education
- 5 C4D Capacity GAP Analysis/Recommendations (2018)
- 6 National Communications Strategy on Gender and Education (2017)
- 7 UNICEF in Rwanda Programme Integration (2018)
- 8 Rwanda Annual Management Workplan (2018)
- 9 UNICEF Rwanda CO Ebola Preparedness Plan – Consolidated Staffing Requirements (2018)
- 10 Rwanda Humanitarian Action for Children (2019)
- 11 UNICEF Rwanda Office \_Organogram (2018)
- 12 UNICEF Rwanda Country Office: Preparedness and Contingency Plan for EVD (2018)
- 13 Rwanda\_ Country Programme Document 2018-2023
- 14 UNICEF Rwanda Country Programme Management Plan 2018-2023
- 15 UNICEF Rwanda Strategy Note Country Programme 2018-2023
- 16 2018-2019 Annual work plan Child Health and Child Nutrition

- 17 2018-2019 Annual work plan with National ECD Program
- 18 2018-2019 Annual work plan Early Childhood Development
- 19 2018-19 Annual Workplan social Policy and Research

## Somalia

- 1 Somalia\_ Country Programme Document 2018-2020
- 2 UNICEF Somalia – Annual Management Plan (2018)
- 3 Education Strategy Note 2018-2020
- 4 Health Strategy Note 2018-2020
- 5 Nutrition Strategy Note 2018-2020
- 6 Social Protection Strategy Note 2018-2020
- 7 UNICEF Somalia Strategy Notes – Overview
- 8 Somalia CO RWP Quality Review (2018)
- 9 Somalia Country Office\_ Organogram (2018)
- 10 UNICEF Somalia Integrated Cholera Response Plan (April to June 2017)
- 11 WASH Strategy Note 2018-2020
- 12 Somalia Preparedness Plan (2018)

## South Africa

- 1 UNICEF South Africa Country Office: Annual Management Plan 2018
- 2 South Africa\_ Country Programme Document 2013-2017 + Extension approval
- 3 UNICEF Communication for Development (C4D) Strategy for the Prevention of Violence against Children in South Africa (2015) + background Literature
- 4 SACO RWP for 18-19Q1 (Cross-Sectoral, Education, Child Protection, Social Policy, Operations, Special Purpose)
- 5 SACO ERM (2918)
- 6 South Africa Country Office\_ Organogram (2018) + SACO CPMP update for May 2016 PBR
- 7 SACO IMEP (2018)
- 8 SACO HACT Plan (2018)

## South Sudan

- 1 UNICEF South Sudan. Annual Management Plan 2018
- 2 South Sudan\_ Country Programme Document 2019-2023
- 3 C4D Strategy for 2019-2021 CPD
- 4 UNICEF South Sudan Cholera Preparedness Plan (2017)
- 5 UNICEF South Sudan CO Strategic Moment of Reflection: Full Report (2017)
- 6 South Sudan Workplan Package (2018)
- 7 SSCO Current and Proposed Organograms for CPMP 2019-2021
- 8 UNICEF South Sudan Cholera Comprehensive Scale Up Plan (July to December 2017)
- 9 SSCO\_ Signed RWPs\_ 6 months Bridging period (2018)
- 10 UNICEF South Sudan Program Strategy Note, 2019-2021 Child Protection

- 11 UNICEF South Sudan Programme Strategy Note, 2019 – 2021 Education
- 12 UNICEF South Sudan Programme Strategy Note, 2019-2021 Health
- 13 UNICEF South Sudan Programme Strategy Note, 2019-2021 Nutrition
- 14 UNICEF South Sudan Programme Strategy Note, 2019-2021 Social Policy, Programme Planning, Monitoring and Evaluation (SPPME)
- 15 UNICEF South Sudan Program Strategy Note, 2019-2021 Water, Sanitation and Hygiene (WASH)
- 16 Contingency plan for Ebola Virus Disease (2018)
- 17 UNICEF South Sudan Ebola Virus Preparedness and Operation Funding Summary (2018)
- 18 South Sudan Preparedness Plan (2018)

### Tanzania

- 1 Tanzania\_ Country Programme Document 2016-2021
- 2 RWP 2018-2019 (Health, CAIDS, WASH, nutrition, Education, Social Policy)
- 3 Multi Sector C4D Strategy 2018-2021
- 4 Strategy Notes 2016-2021 (Analysis; C4D; child Participation; Child Protection; Data & Evidence; Education; Health; HIV; Nutrition; Social Protection; WASH; Zanzibar)
- 5 Tanzania Humanitarian for Action for Children (2019)
- 6 Tanzania Country Office\_ Organogram (2018)
- 7 Tanzania Country Office Result Matrices (Health, CAIDS, WASH, Nutrition, Education, Child Protection, Social Inclusion, Programme Effectiveness)
- 8 Annual Management Plan (2018)

### Uganda

- 1 UNICEF Uganda Contingency Plan Performance Framework (2018)
- 2 Uganda\_ Country Programme Document 2016-2020
- 3 RWP Basic Education Adolescent Development (2018)
- 4 RWP Child Protection (2018)
- 5 RWP Child Survival and Development (2018)
- 6 RWP Social Policy and Advocacy (2018)
- 7 RWP Strategic communication and partnership (2018)
- 8 Report of the Strategic Moment of Reflection on the Mid Term Review (2018)
- 9 Uganda Mid Term Review - Strategy Note, Strategic Communication and Partnerships (2018)
- 10 The Multi-Sectoral Communication for Development Strategy for Adolescent Girls (2017)
- 11 Uganda County Office Workplans including Supply and Institution Plan, SSA Plan, IMERP Plan, HACT assurance Plan (2018)
- 12 Uganda Country Office\_ Organogram (2018)
- 13 UNICEF Uganda – Annual Management Plan (2018)
- 14 UNICEF Uganda – Ebola Virus Disease Contingency Plan (August- December 2018)

### Zambia

- 1 C4D Sectoral Objectives, Strategies, Interventions in the 2016-2020 Country Programme
- 2 Request for one-year extension of the Zambia Country Programme 2016-2020
- 3 RWP C4D 2018-2019
- 4 C4D Strategic Note \_ post SMR (2018)
- 5 C4D Strategic Framework 2016-20 Country Programme
- 6 UNICEF Zambia Annual Management Plan (2018)
- 7 Zambia CO 2018 Workplans
- 8 Zambia Humanitarian Action for Children (2019)
- 9 Zambia Country Office\_ Organogram (2018)
- 10 Zambia\_ Country Programme Document 2016-20

### Zimbabwe

- 1 Zimbabwe\_ Country Programme Document 2016-2020
- 2 Education Strategy Note for UNICEF Zimbabwe Country Program 2016-2020
- 3 Nutrition Strategy Note for UNICEF Zimbabwe Country Program 2016-2020
- 4 HIV Strategy Note for UNICEF Zimbabwe MTR CPD 2016-2010
- 5 Public Advocacy, Communication for Development, and Innovations for Children Strategy note for Zimbabwe Country Programme 2016-2020
- 6 Baby Friendly Hospital Initiative\_ SBCC Strategy (2018)
- 7 UNICEF Zimbabwe Country Office Cholera Response Plan (2018)
- 8 UNICEF Zimbabwe Annual Management Plan (2018)
- 9 Zimbabwe Humanitarian Action for Children (2019)
- 10 Zimbabwe Country Office\_ Organogram (2018)
- 11 Zimbabwe Country Office Plans for Quality Assurance (2018)

# ANNEX 2

## “C4D Needs” score

The “C4D Needs” score is a composite score combining four variables. Each of them has been given a similar weight:

- Variable 1: ESARO’s Humanitarian Action, Response and Preparedness classification to determine the risk of emergencies;<sup>45</sup>
- Variable 2: Development Classification (composite of selected indicators related to the regional priority indicators) to determine the level of vulnerability in key areas across the regional priorities;<sup>46</sup>
- Variable 3: Gender Index to determine to which extent gender norms are influential in the country;<sup>47</sup>
- Variable 4: Inequality-Adjusted Human Development Index to measure inequalities in each country.<sup>48</sup>

For the last two variables, which include only one indicator, data were missing for some countries. An estimate calculated with the average of neighbouring countries was then used.

For each country, the rate identified for every indicator was translated into a score based on a percentage.

The “C4D Needs” scores indicate the contextual and programmatic pressures faced by COs that should be addressed – at least partly – through C4D interventions.

To prioritize these pressures, these scores were used to categorize countries as either:

- facing an acute need to address social and behavioural barriers;
- being under high chronic pressure to address social and behavioural barriers;
- being under systemic pressure to address social and behavioural barriers;
- requiring C4D targeted interventions in specific barriers and drivers.

In the table below, the “C4D Needs” score is shown in the first column on the left. Countries with acute C4D needs are shown in maroon; countries with very high needs are shown in dark red; countries with high needs are shown in red; and countries with moderate/targeted C4D needs are shown in orange.<sup>49</sup>

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45 The level of risk is based on four criteria: (i) the ability of ‘at-risk’ populations to anticipate, prepare for and manage the impact of shocks and stresses; (ii) the level of exposure to different shocks and stresses in a particular country; (iii) the capacity of governments to prepare for and respond to emergency situations; and (iv) UNICEF CO and partner capacity to prepare for and manage disasters.

46 The seven regional priority indicators used for variable 2 are: (i) stunting; (ii) birth registration; (iii) immunization represented by the DPT3 data; (iv) children old enough to go to primary school who are not enrolled; (v) use of basic sanitation services; (vi) comprehensive knowledge of HIV among adolescent girls; and (vii) justification of wife-beating among adolescent girls.

47 “Gender discrimination in the family” indicator, which is part of the OECD Development Centre’s Social Institutions and Gender Index.

48 United Nations Development Programme.

49 A mean was estimated for the scores. The countries above 1 standard deviation (i.e., 2.47 or above) were considered to be facing acute pressure for C4D intervention and were classified as countries with “acute C4D needs” (Somalia and South Sudan). Those above the mean but below 1 standard deviation (i.e., above 2.11 but below 2.47) were considered under high chronic pressure and were classified as countries with “very high C4D needs” (Angola, Burundi, the Comoros, Eritrea, Ethiopia, Madagascar, Uganda, the United Republic of Tanzania and Zimbabwe). Those between -1 standard deviation and the mean (i.e., 1.76–2.11) were considered under systemic pressure and were classified as countries with “high C4D needs” (Eswatini, Kenya, Lesotho, Malawi, Mozambique, Rwanda and Zambia). Finally, those below one standard deviation from the mean (i.e., below 1.75) were considered to require C4D targeted intervention and were classified as countries with “moderate or targeted needs” (Botswana, Namibia and South Africa).

# "C4D Needs" score – ESA region 2019

Country Office	CAD needs score		VARIABLE 1		VARIABLE 2										VARIABLE 3		VARIABLE 4				
	SCORE	RANKING based on score	HARP SCORE 2018		Stunting	Birth Registration	DPT3	Children old enough to go to primary school who are not enrolled		Use of basic sanitation services	Comprehensive Knowledge of HIV among adolescent girls		Justification of wife/beating among adolescent girls	GENDER SCORE (VARIABLE 3)		Inequality Score (VARIABLE 4)	Inequality Score				
			%	Score based on %				%	Score based on %		%	Score based on %		%	Score based on %			Interpretation of values - See **	%	Interpretation of values - See ***	
Angola	2.31	7	2.3	2.3	37.6%	25%	2.48	64%	3.00	32%	3.00	1.71	39%	2.03	31%	1.94	25%	1.15	47.2%	2.4	0.393
Botswana	1.45	19	1.0	1.0	31.4%	83%	1.10	95%	1.00		1.00		60%	1.39					39.6%	2.2	-
Burundi	2.35	6	2.4	2.0	55.9%	75%	1.29	94%	2.00	26%	2.00	1.55	50%	1.70	46%	1.48	74%	2.36	2.9	0.278	-
Comoros	2.19	10	1.3	1.75	32.1%	87%	1.00	91%	2.00	20%	2.00	1.38	34%	2.18	18%	2.33	43%	1.81	2.9	0.275	-
Eritrea	2.29	5	2.0	2.17	50.3%		2.66	95%	1.00		1.00		11%	2.88	22%	2.21	51%	2.11	2.6	-	-
Ethiopia	2.22	9	2.5	2.47	38.4%	3%	1.93	77%	3.00	35%	3.00	1.79	7%	3.00	24%	2.15	60%	2.44	2.6	0.331	-
Kenya	2.07	14	1.8	1.78	26.0%	67%	1.48	89%	3.00	18%	3.00	1.33	30%	2.30	52%	1.30	45%	1.89	2.2	0.434	-
Lesotho	2.07	14	1.5	1.77	33.2%	43%	2.05	93%	2.00	8%	2.00	1.05	44%	1.88	35%	1.82	48%	2.00	2.5	0.359	-
Madagascar	2.40	3	2.3	2.30	49.2%	83%	1.10	77%	3.00		3.00		10%	2.91	21%	2.24	47%	1.96	2.4	0.385	-
Malawi	1.90	16	1.9	1.70	37.1%	67%	1.48	84%	3.00	6%	3.00	1.00	44%	1.88	39%	1.70	21%	1.00	2.6	0.332	-
Mozambique	2.04	12	2.0	2.06	43.1%	48%	1.93	80%	3.00	29%	3.00	1.63	24%	2.48	28%	2.03	24%	1.11	2.8	0.294	-
Namibia	1.47	18	1.0	1.39	23.1%	87%	1.00	92%	2.00	11%	2.00	1.14	34%	2.18	56%	1.18	28%	1.26	2.2	0.422	-
Rwanda	1.80	17	1.9	1.40	36.7%	56%	1.74	98%	1.00	7%	1.00	1.03	62%	1.33	62%	1.00	45%	1.89	2.5	0.367	-
Somalia	2.78	2	2.7	2.60	25.3%	3%	3.00	42%	3.00	63%	3.00	2.56	16%	2.73	3%	2.79	75%	3.00	3	-	-
South Africa	1.49	18	1.0	1.58	27.4%	85%	1.05	66%	3.00		3.00		73%	1.00					2.1	0.467	-
South Sudan	2.80	1	3.0	2.59	31.1%	35%	2.24	26%	3.00	79%	3.00	3.00		2.91	8%	2.64	72%	2.89	3	0.247	-
Eswatini	1.97	15	1.5	1.48	25.5%	54%	1.79	90%	2.00	7%	2.00	1.03	58%	1.45	45%	1.52	32%	1.41	2.3	0.414	-
Tanzania	2.23	8	1.9	1.91	34.4%	26%	2.45	97%	1.00	26%	1.00	1.55	24%	2.48	37%	1.76	59%	2.41	2.3	0.404	-
Uganda	2.37	4	2.4	2.09	28.9%	30%	2.36	78%	3.00	11%	3.00	1.14	19%	2.64	41%	1.64	62%	2.52	2.5	0.370	-
Zambia	2.03	13	1.3	2.03	40.0%	11%	2.81	91%	2.00	18%	2.00	1.33	31%	2.27	39%	1.70	49%	2.04	2.4	0.388	-
Zimbabwe	2.14	11	2.0	1.89	26.8%	44%	2.02	90%	2.00	46%	2.00	2.10	39%	2.03	41%	1.64	54%	2.22	2.4	-	-

\* Very low performance:  $\geq 2.10$ ; average to low performance:  $1.75-2.09$ ; best performance:  $< 1.75$ .

\*\* Very low performance:  $< 90$  per cent; average to low performance:  $< 95$  per cent; good performance:  $\geq 95$  per cent.

\*\*\* Low performance:  $< 30$  per cent; medium performance:  $\geq 30-40$  per cent; high performance: above 40 per cent.

\*\*\*\* Low performance:  $< 0.550$ ; medium performance:  $0.550-0.699$ ; high performance:  $> 0.699$ .

Very low performers  $\geq 2.10$

Low performers =  $1.75\% - 2.10\%$

Best performers  $< 1.75\%$

No data

Adjusted

# ANNEX 3

## CO interview report (with summaries of KIIs)

### 1. The CO interview process

The CO in-depth interview process was carried out with 35 UNICEF staff members. The offices were selected with the aim of extracting and capturing various perspectives on C4D’s role and functions.

The distribution of interviewees can be seen here:

Country	Deputy rep.	C4D lead	Section chief	Section chief	Additional specialist
Somalia	•	•	•	•	
Ethiopia	•	•	•		
Eritrea	•	•	•	•	
Angola	•	•	•	•	
Mozambique		•	•	•	
Kenya	•	•	•	•	
Rwanda	•	•	•	•	
Namibia	•	•			
Botswana	•	•	•	•	•
South Sudan	•	•			

The interview guide was finalized while concluding the desk review. The guide included 28 questions, which were organized in five interview blocks, namely:

- 1 the understanding of C4D in the COs;
- 2 the effective ways of integrating C4D into the country programme;
- 3 the integration of C4D into emergency/ preparedness programmes and humanitarian action;
- 4 C4D structure and coordination; and
- 5 the modalities to recognize and measure C4D results.

During the interviews, the five blocks were introduced after a short presentation of the assessment’s objective and the role of the interviews.

The detailed summaries of the interviews with each office are, for obvious reasons, confidential. This created an open space for the interviews in which sensitive issues could also be highlighted. This, in turn, provided the consultant with the best possible opportunity to really understand the core issues and challenges encountered in the ESA COs.

### 2. A thematic summary analysis of the interviews

Thirty-five interviews with an average duration of 85–90 minutes were systematically carried out within the framework of a few weeks in March 2019 – asking about the interviewees’ daily work, successes and challenges– so all within the same UNICEF reality. This provided a wealth of comparable information.

Patterns quickly started to emerge, but every interview presented new and surprising insights based on that person’s own history with the organization and the CO, as well as their work with C4D.

Several of the interviewees – especially Deputy Representatives – expressed surprise at how the interview process gave them new ways of considering C4D in general and of looking at C4D in their office, simply by being asked questions. All were very grateful for this opportunity to wonder, reflect and gain new insights from their own experience and practices.

The findings of each of the five ‘interview blocks’ are presented below.

#### 2.1 Understanding of C4D in the COs

##### Summary:

1. There is in general a very good understanding of what C4D is among the people interviewed:
  - Deputy Representatives, most of whom could be considered real C4D champions (as it should be!);
  - C4D leads, who are in general impressively committed, dynamic and informed;
  - section chiefs, who have different approaches: some are open ‘team players,’ while a few seemed to want to hold on to their senior position and role – and C4D should adjust.

2. With one exception, all respondents were very clear about the fact that aiming for a change in knowledge in itself is just a first step in a process of understanding and change.
3. Most interviewees shared very informed proposals for what should follow the first knowledge-creating step in a C4D process.
4. About half of those interviewed answered a clear "YES" to the question whether C4D is accountable for the achievement of specific results, and usually had powerful examples of those and how they could be measured. The other half were more hesitant. They wanted to say yes, but found it complicated to know whether and how to consider that a result could be attributed to C4D, if this had been provided together with service delivery: can we say that C4D achieves results if it is in a health, nutrition, education, child protection or social policy programme – and the programme also contributes? This position was generally taken more by section chiefs/programme officers.
5. There is a general recognition that C4D is important and takes time, noting that different approaches are required to tackle its different nature (when compared with service delivery).
6. Most of those interviewed were confident and comfortable with the way C4D was being conducted in their CO. While many offices could use extra hands – also in view of the new youth agenda (but not only) – most realized that they had to be creative with what they had. And a lot of creativity was being employed; quite a bit is spelled out below in other sections, but it included building capacity with colleagues, developing different kinds of focal point systems in sectors, building real capacity in government to take on important parts of implementation, and building upon existing community/village communicators. All of this requires an extraordinary effort from the C4D staff upfront, but later leads to sustainability and less pressure on the C4D staff/officer.
7. Most of those interviewed would have loved to get reinforced capacities for all the issues mentioned in the questions (theory, design and implementation of C4D, better monitoring skills, feeling more comfortable in advocating for C4D with counterparts/donors), but strengthened C4D M&E capacity was desired by all. Many counted on the regional office's C4D staff for this upgrade.
8. A simple, coherent guidance document ('one-stop shop') was requested (in lieu of the many different frameworks used now: RAM, SMQ, Compact, CO annual report, etc.), not least for indicator development and result measurement and reporting.
9. Many requested firm SOPs on how to ensure quality C4D engagement at all stages of programme design, implementation, monitoring and result measurement/documentation – also because they realized that relying on having good people with good ideas on board is not a sustainable and solid way forward.
10. More knowledge on C4D was requested by some section chiefs and new entrants in the C4D field. Most of those interviewed shared a firm conviction that the more CO staff members know about C4D, the better the C4D staff can do their work and the smoother the coordination will be.
11. In several cases, colleagues lauded C4D officers/leads for being the glue (that word was used) between different (more siloed) sectors and programmes.
12. Similarly, several interviewees recognized C4D leads/officers for working to avoid redundancies and community fatigue: "It is the same families, communities we all reach out to with all our programmes – and the C4D person is often the interface. Great that they (she/he) work(s) to coordinate/streamline efforts." Many talked about the same issue, but as a challenge. An emerging recommendation would be to share the good practices of the COs where C4D has found effective ways of being the community interface through coordination with different sectors.

## 2.2 Effective ways of integrating C4D into the country programme

### Summary:

1. For C4D to be effectively integrated and sufficiently budgeted for during planning and programme development processes, there is a general consensus that the CO leadership – including sector chiefs – need to understand C4D's potential.
2. There is also general agreement that the C4D function/staff has/have to be clearly embedded into the operations of the CO, as described with much detail in the separate section on C4D structure and coordination.

- Where C4D is less effective and/or frustrated, this was found to be due to the function not being clearly defined and clearly understood, resulting in an unclear mandate.
3. Without full access by the C4D lead to the country management team and programme coordination meeting, it is difficult to keep up with sectoral developments – including timings for the conceptualizations of new programmes – and to be a fully conversant, cross-cutting adviser to sectors and C4D focal points.
    - Without the recognition and integration of the C4D lead in CO strategic programming processes, it is difficult to secure C4D visibility and integration of C4D into programmes.
  4. There are cases where C4D is not effectively integrated into and sufficiently budgeted for in situational analyses, CPDs, PSNs, theory of change and annual work plans, and not well-reflected in stakeholder consultation and resource mobilization. The general consensus appears to be that this happens when there is a lack of firm rules on C4D staff engagement in planning processes from beginning to end or when there is an agreed practice within COs that C4D has to ‘sign off’ on the final document. In the latter case, when the absence of C4D is discovered too late, lip service is paid to C4D in introductory narrative sections of documents, but without proper reflection of this in results frameworks, indicators and budgets, as well as in job descriptions where relevant. The only way to prevent this from happening is to integrate C4D into the planning processes from the start.
  5. To achieve sustainable and consolidated procedures for C4D integration into CO documents, good working relations between colleagues are not enough. Procedures and processes need to be firmed up and agreed, including written SOPs.
6. There are different funding models for C4D in operation in the ESA region. The smoothest and most effective seems to be variations of a model where C4D receives a percentage of regular resources (and sometimes also other resources), with C4D funding earmarked in all sector programmes. Nevertheless, funding is usually not sufficient and the C4D funds can be used to top up sector budgets.
    - Some offices have a separate budget line for C4D built in, which works well for them.
    - C4D’s way of using own funds should be defined, so that sector chiefs cannot use this as a reason not to include (sufficient) C4D funds in general sector budgets.<sup>50</sup>
  7. For C4D funding to be sufficient, it is important for the C4D lead to be adequately involved in the early conceptualization of programmes and in their design and budgeting.
  8. Opportunities for evidence-based C4D include having C4D-sensitive leadership, building more C4D capacity in UNICEF offices and among government partners, and securing good buy-in from some governments. In middle-income countries, using ‘proof of concept’<sup>51</sup> provides a window for UNICEF to build ways of supporting communities in need of partnership with the government.
  9. An important bottleneck for effective C4D programming is the continued absence of understanding of C4D by governments and funding partners – and even in some UNICEF sectors.
  10. Another bottleneck for evidence-based C4D is the absence of sufficient, up-to-date data in many of the ESA countries.

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50 As funding regimes differ from CO to CO – some being part of a well-contemplated strategy, others more haphazard – there was a worry/experience in the offices where funds are channelled to C4D as a basic core fund (like Somalia’s 5 per cent to C4D, gender and others – of all funds) that some sector chiefs would then find that “C4D has its own funds, we don’t need to earmark funds for C4D efforts in our programmes.” This is of course not correct. Sectors need to budget C4D properly. C4D can then use the special C4D fund to top up when needed or when C4D gets to play a coordinating role for several sector programmes in the communities. In such cases, funding may be needed for activities not thought of in the sector budget. Here too, some level of SOPs will help clarify things, avoid that these challenges become personal and ensure that they are dealt with organizationally instead.

51 ‘Proof of concept’ is a methodology frequently used in better-off UNICEF COs, where development funding has dried up (donors have left) because the government in principle should be able to meet the national development challenges financially. As this, however, is too often not the case – the country may be well off in the bigger cities, but poverty (even abject poverty) may still be found in rural areas and in marginalized communities – UNICEF uses ‘proof of concept’ through a test/pilot engagement to demonstrate the feasibility of a certain type of intervention. A proof of concept is usually small and may or may not be complete. In some of the ESA region’s middle-income countries, this has worked well.



## 2.3 Integration of C4D into emergency/ preparedness programmes and humanitarian action

### Summary:

1. There was general recognition among Deputy Representatives, C4D leads and sector chiefs that in emergency and humanitarian action, there always is – and needs to be – an element of C4D. It will usually be developed in coordination with sectors.
2. All the rapid assessments should include C4D indicators to clearly assess, understand and articulate the C4D-related needs. Once this is done, it is much easier for C4D to work hand-in-hand with programmes. This, however, almost never happens.
3. Most agreed that the only way to secure effective integration of C4D – and thus reaping its potentials – is to take time to develop preparedness programmes.
4. Preparedness is important, not least in an area like the ESA region, where many countries are/ have been in an almost permanent emergency – or as a C4D field officer expressed it: “We know our emergencies. We know when they come. And we know how people have been affected. We know how the whole community moves with children and animals to start a different community. During flooding, people move to the Internally Displaced Persons’ camps. Every year we have acute water diarrhoea outbreaks.”
5. Usually – but not in all cases – C4D staff is well-integrated into working groups, both in preparation of and during emergencies. Still, several of the people interviewed stressed that it can always be better coordinated: “We need to know how many children are affected. Where did they come from? They are nomads – we know how they go. How can we support them in education, protect them from trafficking? In the Internally Displaced Persons’ camps, we will have open defecation, children raped, children not going to school. We should sit together and make the emergency plan integrated with the emergency C4D plan.”
6. The continuum between humanitarian and development action was found to carry important potential by all those interviewed: during emergencies, funds increase and there is a need to build on the achievements when the humanitarian situation is over.

- During emergencies, UNICEF’s resilience work offers a platform ensuring community practices that are there to stay. And this is all about C4D: the whole rationale for C4D is that you generate ownership through community engagement. This also develops sustainability.

7. In Somalia, the nexus is in conscious use: having been in emergency mode for the past 20 years, the country is slowly moving into the development mode. A lot of information and structures from emergency operations are being consciously used to plan effective development work. “It exists, so we just have to ensure that it is captured and used.”
8. In countries where funding is scarce, the important emergency funding can also stretch into the following phase of recovery and development.

## 2.4 C4D structure and coordination

### Summary:

1. It is perceived as very important that C4D reports to the Deputy Representative, the head of programme.
  - Where reporting is to the representative via a head of external communication, they make it work – partly due to good personalities. But this structure was not seen as desirable by anyone during the interviews.
  - In offices where this set-up has been changed to a Deputy Representative reporting line, the new arrangement is described as much better, with improved results.
2. It is important that the Deputy Representative be a C4D champion, which is the case in most ESA COs interviewed. All of the people interviewed highlighted this as decisive for visibility, integration, funding and space of operation.
3. To be operational, it is important that the C4D lead (officer, specialist or chief of section) has a clear and well-defined role that is known and respected by all and reinforced by the Deputy Representative if needed.
4. The level of the C4D post, as well as the seniority of the C4D lead, may influence the person’s clout and standing among sector heads, in particular when there is a significant difference in level between the C4D lead and the head of section.

5. It is important that the C4D lead be a full member of the country management team and programme management team in her/his own right (not because she/he is a staff association representative or the like) for visibility, leverage and effectiveness.
  6. It has been a good experience to have C4D focal points in the sectors, who report to sector chiefs but are advised on C4D issues by the C4D lead.
    - It is important for the C4D lead to also take part in important planning meetings from the very first stage of conceptualization – both internally within UNICEF, but also with government counterparts and donors.
    - The more the CO is integrating sectors in thematic platforms, the less this C4D engagement seems challenging – once the silo is broken, the environment is more open.
  7. The more sector staff members are trained in C4D and understand basic C4D principles, the easier it is for C4D colleagues to operate effectively.
    - C4D training of focal points and other sector staff has been successfully carried out by C4D leads in many offices. Due to movement of staff and introduction of new ideas and guidelines, this has to be repeated regularly.
    - C4D training also used new online opportunities, along with the previously available high-profile courses developed by the University of Pennsylvania and UNICEF (social norms) and the courses offered by UNICEF and Ohio University/Hyderabad University.
  8. The more government staff is trained – and maybe even incorporated into operational C4D action teams – the more effective C4D can and will be in that sector and country.<sup>52</sup>
    - This is an urgent priority in many places, as C4D in many ministries still equals IEC.
    - C4D training of line ministry focal points and other relevant staff has been successfully carried out by C4D leads in many offices. There is probably less movement of staff in ministries than in UNICEF. Still, such training has to be regularly repeated.
- Some countries are looking into sustainable and permanent C4D training opportunities for ministry focal points and local non-governmental organizations working in the C4D area. In Kenya, negotiations are underway to have C4D be a permanent element of civil servant training in the government training centre. Similarly, it is foreseen to be included in social service education. It is understood that the regional office's C4D section is advancing this excellent recommendation, echoed less concretely in several offices.

## 2.5 Modalities to recognize and measure C4D results

### Summary:

Improving existing monitoring mechanisms is key to ensure that SBCC monitoring goes beyond process and output indicators and actually measures change in knowledge, attitudes, beliefs and practices. To achieve this, the following elements of good, proven practice and recommendations for breaking new ground were mentioned during the interview process:

1. It is important that C4D is recognized and well-positioned in the CO.
2. It is important for the C4D lead to carefully discuss with the Deputy Representative where and how C4D's contribution to results can be visible and accountable in the results frameworks.
  - Many of the challenges UNICEF addresses in ESA are 'C4D-related challenges,' including FGM, child marriage, cholera, acute water diarrhoea, corporal punishment and open defecation. No results can be obtained in these areas without effective C4D.
  - Many agree that C4D contributes to both outputs and outcomes. Most find that C4D would very rarely be the sole contributor.
3. It is important for the C4D lead to be involved in the conceptualization, design, planning and costing of the programmes.

52 This is based on only one example collected through the KIIs.

4. It is important to have baseline data or to have carried out a baseline study documenting change in norms and knowledge, attitudes and practices, and to have – as stressed by many of the C4D officers interviewed – carefully listened to the needs and concerns of the communities in question.
  - Social and behaviour change baseline data can be very difficult to access in several of the ESA countries as they do not regularly carry out household surveys. When they do, they only allow very few questions in each category and only allow UNICEF to add questions that are relatively easy to collect answers for.
  - Alternatives used by colleagues are studies on knowledge, attitudes and practices. In places where this too is complicated, like in Eritrea, qualitative methods like the most significant change technique are used and proxy indicators may be employed to confront the baselines upon conclusion of a process. The ‘art of the possible’ is fearlessly accepted by many of UNICEF’s Deputy Representatives, C4D leads and (some) of the sector chiefs interviewed.
5. Lack of plans to evaluate C4D is acknowledged as a shortcoming, but where evaluation is possible, it is rarely employed. It is very expensive to do it right, and C4D is maybe not considered the first programmatic area to be evaluated.
6. Effective ways of institutionalizing the measurement of C4D work that were mentioned included introducing it in a manual with detailed guidance; upgrading the capacity of the person responsible for C4D M&E; and training C4D officers on this.
  - A few of the people interviewed recommended streamlining the different guidance tools (RAM, Compact, CO annual report, SMQ, etc.) into one tool to make it easier and clearer to handle – like a ‘one-stop shop.’
  - Most interviewees really wanted to improve in this area, but did not know how.

# ANNEX 4

## Details of analysis by country

Annex 4.1 - UNICEF C4D leadership in demand for immunization in the ESA region

Annex 4.2 - C4D strategies and approaches used by COs in the ESA region

Annex 4.3 - How well is C4D included in PSNs?

Annex 4.4 - Reporting line by country

Annex 4.5 - C4D programme structure in COs in the ESA region (2018)

Annex 4.6 - C4D needs vis-à-vis C4D performance – Classification by country

### Annex 4.1 - UNICEF C4D leadership in demand for immunization in the ESA region

**Sub-issue 1:** Are communication and social-mobilization national strategic plans for routine immunization based on recent evidence?

	High	Medium	Low
Tier 1 = 3 countries	Uganda	Ethiopia, Kenya	
Tier 2 = 4 countries	Madagascar, Mozambique	South Sudan	Somalia
Tier 3 = 9 countries	Burundi, Malawi, United Rep. of Tanzania, Zambia, Zimbabwe	Comoros, Eritrea, Lesotho, Rwanda	
Post-transition = 1		Angola	
<b>Total = 17 countries</b>	<b>8</b>	<b>8</b>	<b>1</b>

**Sub-issue 2:** Is UNICEF supporting existing national systems aiming to prepare for, prevent, manage or communicate about adverse events following immunization or other vaccine-related events (i.e., address rumours)?

	High	Medium	Low
Tier 1 = 3 countries	Ethiopia, Kenya	Uganda	
Tier 2 = 4 countries	Madagascar, Mozambique, Somalia	South Sudan	
Tier 3 = 9 countries	Malawi, Rwanda, United Rep. of Tanzania, Zambia, Zimbabwe	Burundi, Comoros, Eritrea, Lesotho	
Post-transition = 1			Angola
<b>Total = 17 countries</b>	<b>10</b>	<b>6</b>	<b>1</b>

**Sub-issue 3:** Is UNICEF contributing to the development of front-line workers' capacities in IPC and community engagement?

	High	Medium	Low
Tier 1 = 3 countries		Ethiopia, Kenya, Uganda	
Tier 2 = 4 countries	South Sudan	Somalia	Madagascar, Mozambique
Tier 3 = 9 countries	Burundi, Eritrea	Malawi, Rwanda, United Rep. of Tanzania, Zimbabwe	Comoros, Lesotho, Zambia
Post-transition = 1		Angola	
<b>Total = 17 countries</b>	<b>3</b>	<b>9</b>	<b>5</b>

**Sub-issue 4:** Are immunization demand-promotion interventions being monitored and evaluated?

	<b>High</b>	<b>Medium</b>	<b>Low</b>
Tier 1 = 3 countries	Kenya	Ethiopia, Uganda	
Tier 2 = 4 countries	South Sudan	Mozambique, Somalia	Madagascar
Tier 3 = 9 countries	Malawi, Rwanda, United Rep. of Tanzania, Zimbabwe	Burundi, Eritrea	Comoros, Lesotho, Zambia
Post-transition = 1			Angola
<b>Total = 17 countries</b>	<b>6</b>	<b>6</b>	<b>5</b>

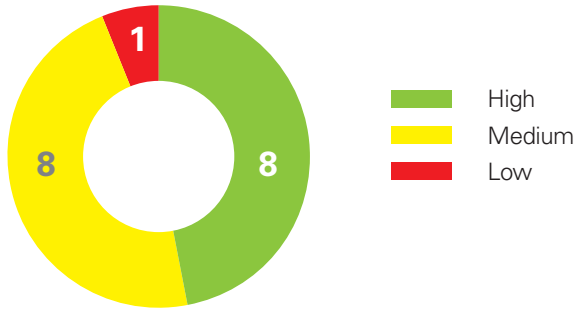
The summary of the country scores are as follows:

	<b>4 of 4 areas rated "high"</b>	<b>3 of 4 areas rated "high"</b>	<b>2 of 4 areas rated "high"</b>	<b>1 of 4 areas rated "high"</b>	<b>0 of 4 areas rated "high"</b>
Tier 1 countries	None	None	None	Ethiopia, Kenya, Uganda	n/a
Tier 2 countries	None	None	Madagascar, Mozambique,		
South Sudan	Somalia	n/a			
Tier 3 countries	None	Malawi, United Rep. of Tanzania, Zimbabwe	Burundi, Rwanda, Zambia	Eritrea	Comoros, Lesotho
Post-transition	None	None	None	None	Angola
<b>Total</b>	<b>0</b>	<b>3</b>	<b>6</b>	<b>5</b>	<b>3</b>

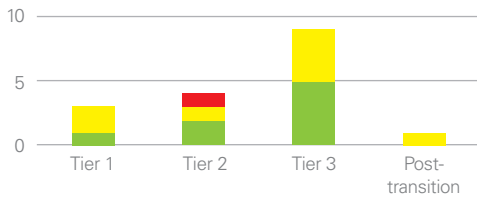
The charts below show the regional trends for each of the four core questions.

**Are communication and social-mobilization national strategic plans for routine immunization based on recent evidence?**

Overall ESA region (17 countries)

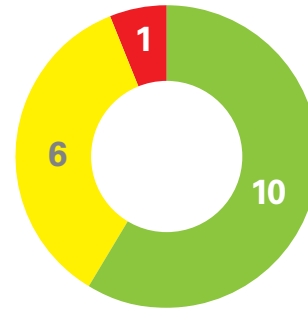


Per country typology

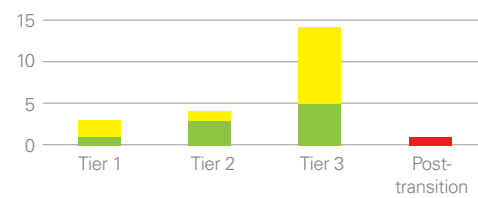


**Is UNICEF supporting existing national systems aiming to prepare for, prevent, manage or communicate about adverse events following immunization or other vaccine-related events (i.e., address rumours)?**

Overall ESA region (17 countries)

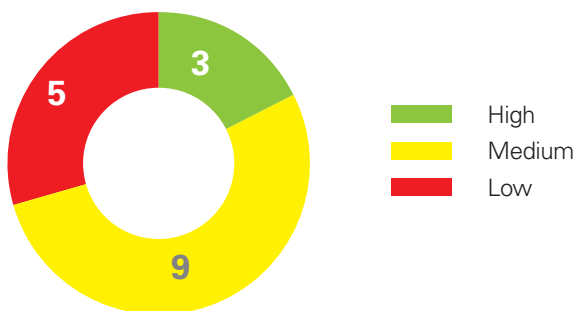


Per country typology

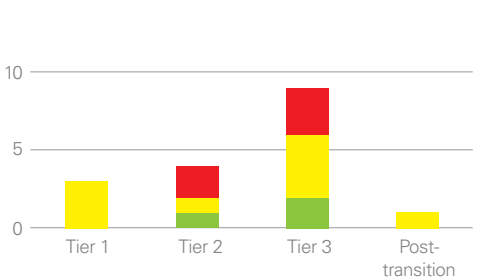


**Is UNICEF contributing to the development of front-line workers' capacities in IPC and community engagement?**

Overall ESA region (17 countries)

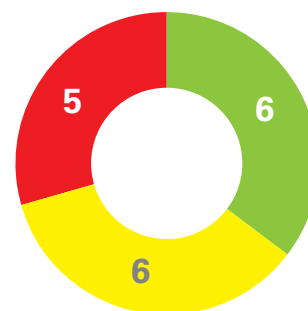


Per country typology

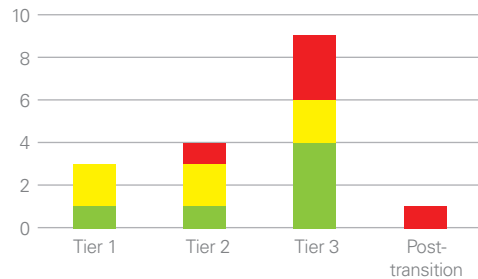


**Are immunization demand-promotion interventions being monitored and evaluated?**

Overall ESA region (17 countries)



Per country typology



## Annex 4.2 - C4D strategies and approaches used by COs in the ESA region

Is the strategy/plan built on a mix of communication approaches? (‘No’ in white, ‘partially’ in light grey and ‘yes’ in dark grey)									
Countries by “C4D Needs” score	Social/ influencers mobilization	Material development	Media communication				Community/face-to-face communication		
	Advocacy	IEC	Mass media campaigns	Digital media <sup>53</sup>	Edutainment/ Entertainment - education	Mid-media <sup>54</sup>	Community engagement/ dialogue	IPC	Peer counselling
South Sudan	•		•				•	•	
Somalia	•	•	•	•		•	•	•	•
Uganda	•	•	•	•	•	•	•	•	•
Magagascar	•	•	•	•	•	•	•	•	•
Burundi	•	•	•			•	•	•	•
Angola	•	•	•	•			•	•	
Eritrea	•	•	•		•	•	•	•	
United Republic of Tanzania	•	•	•	•	•	•	•	•	•
Ethiopia	•	•	•	•		•	•	•	•
Comoros		•	•	•		•	•	•	•
Zimbabwe	•	•	•	•		•	•	•	
Kenya	•	•	•	•		•	•	•	•
Lesotho	•	•	•	•	•	•	•	•	•
Mozambique	•	•	•	•		•	•	•	•
Zambia	•		•	•		•	•	•	•
Eswatini	•	•	•	•	•	•	•	•	•
Malawi	•	•	•			•	•	•	•
Rwanda	•	•	•	•	•	•	•	•	•
South Africa	•	•	•	•	•	•	•	•	•
Namibia	•	•	•	•			•	•	•
Botswana	•	•	•	•			•		•

Excerpt from the diagnostic mapping tool.

53 Such as social media, U-Report, etc.

54 Such as community theatre, etc.

## Annex 4.3 - How well is C4D included in PSNs?

As neither the Comoros nor Madagascar included PSNs in the country folders made available to the consultant, only 19 COs' PSNs were reviewed. The degree to which C4D had been integrated into the overall CO strategy notes can be seen in the table below.

How well is C4D included in the Strategy Notes?							
Income classification (World Bank 2018)	Country	C4D needs score	Analysis of vulnerabilities	programme strategies	Is C4D included in the result framework (at outcome? Output? Level)	Quality of results statement	Quality of indicators
Low income	South Sudan	Acute	2.5	2.0	3.0	"Not applicable"	"Not applicable"
Low income	Somalia	Acute	2.5	2.5	3.0	"Not applicable"	"Not applicable"
Low income	Uganda	Very High	1.0	1.0	1.0	1.0	1.0
Low income	Magagascar	Very High	Not available - No PSNs developed				
Low income	Burundi	Very High	2.5	2.0	2.0	2.5	2.5
Lower Mid. Inc.	Angola	Very High	2.0	2.0	3.0	"Not applicable"	"Not applicable"
Low income	Eritrea	Very High	1.0	2.5	3.0	"Not applicable"	"Not applicable"
Low income	Tanzania	Very High	2.5	2.0	3.0	"Not applicable"	"Not applicable"
Low income	Ethiopia	Very High	2.5	2.5	3.0	"Not applicable"	"Not applicable"
Low income	Comoros	Very High	Not available - No PSNs developed				
Low income	Zimbabwe	Very High	1.0	2.5	3.0	"Not applicable"	"Not applicable"
Lower Mid. Inc.	Kenya	High	2.5	2.5	3.0	"Not applicable"	"Not applicable"
Lower Mid. Inc.	Lesotho	High	2.5	2.5	3.0	"Not applicable"	"Not applicable"
Low income	Mozambique	High	1.0	1.0	1.0	1.0	1.0
Lower Mid. Inc.	Zambia	High	1.0	1.0	3.0	"Not applicable"	"Not applicable"
Lower Mid. Inc.	Eswatini	High	1.0	2.5	3.0	"Not applicable"	"Not applicable"
Low income	Malawi	High	2.5	2.0	3.0	"Not applicable"	"Not applicable"
Low income	Rwanda	High	2.0	1.0	1.0	2.0	2.0
Upper Mid. Inc.	South Africa	Moderate/ targeted	3.0	3.0	3.0	"Not applicable"	"Not applicable"
Upper Mid. Inc.	Namibia	Moderate/ targeted	3.0	3.0	3.0	"Not applicable"	"Not applicable"
Upper Mid. Inc.	Botswana	Moderate/ targeted	2.5	2.5	3.0	"Not applicable"	"Not applicable"



## Annex 4.4 - Reporting lines by country

This table shows the complexity of the C4D reporting structure and the risk of gaps in the coordination and integration of C4D work.

Country	Reporting line				
	Representative	Deputy rep.	Head of section (communications/ sectoral)	Sectoral specialist	Chief field office
South Sudan		•		•	•
Somalia		•		•	•
Uganda			•		
Madagascar		•		•	
Burundi		•			
Angola			•		
Eritrea		•			
United Republic of Tanzania		•		•	
Ethiopia		•		•	
Comoros	•				
Zimbabwe			•		
Kenya			•		
Lesotho		•			
Mozambique	•			•	
Zambia		•		•	
Eswatini	•				
Malawi			•		
Rwanda			•		
South Africa			•		
Namibia			•		
Botswana		•			

Source: 2018 Positions Authorization Table

## Annex 4.5 - C4D programme structure in COs in the ESA region (2018)

Country	C4D structure in the CO				
	C4D as a stand-alone section with C4D staff	C4D embedded into other sections			
		C4D unit part of external communication	One C4D staff under Deputy Representative	C4D staff embedded in sectors	One cross-sectoral C4D + C4D staff in sectors
South Sudan	•				
Somalia	•			•	
Uganda		•			
Madagascar	•			•	
Burundi	•				
Angola		•			
Eritrea			•		
United Republic of Tanzania					•
Ethiopia					•
Comoros		•			
Zimbabwe		•			
Kenya		•			
Lesotho			•		
Mozambique	•				•
Zambia					•
Eswatini		•			
Malawi				•	
Rwanda		•		•	
South Africa			•		
Namibia		•			
Botswana			•		

It is important to note that the Comoros, Malawi and Namibia changed the articulation in 2019.

## Annex 4.6 - C4D needs vis-à-vis C4D performance – Classification by country

The consolidation of the two scores (“C4D Needs” score and C4D performance) gives a sense of how well countries are performing in each of the four categories defined in terms of C4D needs (acute, very high, high or moderate/targeted), as shown in the table below.

C4D needs vis-à-vis C4D performance (classified from highest to lowest C4D needs)		
Country	“C4D Needs” score	C4D performance
South Sudan	2.80	1.95
Somalia	2.78	2.20
Uganda	2.42	2.16
Madagascar	2.40	2.05
Burundi	2.35	1.71
Angola	2.31	1.80
Eritrea	2.29	1.71
United Republic of Tanzania	2.23	1.61
Ethiopia	2.22	2.36
Comoros	2.19	2.50
Zimbabwe	2.14	2.10
Kenya	2.07	1.92
Lesotho	2.07	2.31
Mozambique	2.04	1.57
Zambia	2.03	1.76
Eswatini	1.97	1.91
Malawi	1.90	1.64
Rwanda	1.80	1.52
South Africa	1.49	1.87
Namibia	1.47	2.45
Botswana	1.45	1.38

- ≥ 2.10 Low performance
- ≥ 1.75% and < 2.10% Average performance
- < 1.75% Good performance

# ANNEX 5

## The “Johannesburg Declaration” - Declaration of the 2019 C4D Network Meeting for UNICEF Eastern and Southern Africa Region

### Declaration of the 2019 Communication for Development (C4D) Network Meeting for UNICEF Eastern and Southern Africa Region Johannesburg, South Africa, 1 – 5 July 2019

Toward systematic institutionalization of Communication for Development in programming, We, the participants at the 2019 C4D Network meeting representing the 21 UNICEF country offices and Regional office for Eastern and Southern Africa, propose this declaration as a summary statement of the state of C4D in the region and a call for action.

#### **Collectively, we:**

*Acknowledge* the recognition of Communication for Development as a Change strategy (the “How”) in the 2018-2021 strategic plan – aimed at engaging with Communities to promote behaviour change, increase demand for quality services and support social norms that contribute to the realization of child rights, directly and through policy and systems strengthening, including adaptations for humanitarian response;

*Recognize* the role that Communication for Development plays in empowering families and individuals to strengthen their capacities to take actions to improve their lives, strengthen resilience, and put people at the center of both humanitarian and development work;

*Acknowledge* and embrace UNICEF’s leadership role in C4D, both within the UN system and the wider development community and the organizational commitment for C4D strengthening at global, regional and country levels;

*Applaud* the highlighted value of using C4D programming to improve humanitarian preparedness and response as a means to build community engagement and accountability to children and their communities, and as a key contribution to fulfilling the Accountability to Affected Population commitments – within the domain of linking humanitarian and development programming;

*Recognize* the inclusion of Community Engagement and Communication for Development as core programme commitments in the revised Core Commitment for Children;

Noting these tremendous gains and the increasing expectations from the field, as well as the potential reputational risk of not matching these commitments, we:

Express great concern at the limited amount of financial investment in the field of C4D, despite increasing demand from sectors, the need to show results and the associated risk of not doing enough;

Highlight the stagnation of C4D human resources in the region despite increased demands, as documented in both the 2019 Regional C4D diagnostic assessment and the 2019 Global C4D workforce report;

Reiterate the concern regarding the varied structures and reporting lines of C4D sections within country offices, which has implications on the quality, effectiveness, and integration of social and behaviour change communication programming;

Re-affirm the need for shared understanding and accountability with programmes regarding the role of C4D and how it supports the achievement of results in development and humanitarian contexts;

Note the increasing number of emergencies in the region which require stronger engagement with communities, better coordination with partners and a demonstration of the UNICEF leadership role, amidst increasing competition for visibility and resources.

**We therefore request senior management support in the Regional and country offices to:**

1. Ensure adequate and systematic allocation of financial resources through *dedicated budgets for C4D, or designating a reasonable and commensurate percentage* of the overall country office budget to support C4D interventions;
2. Streamline the *structure of the C4D section and reporting lines of Section leads at whichever level to the Deputy Representative* for effective coordination, integration and accountability – as per the recommendations of the global C4D guidance and the 2019 ESAR C4D diagnostic;
3. Recognize that *C4D is a process, not simply a product (s), aiming at achieving social and behavioral results. This process takes time* and goes beyond messaging, events, Information Education and Communication (IEC) materials and T-shirts. Therefore, it should be planned, resourced and operationalized in an integrated manner to ensure a proper articulation of this dimension within strategic programme documents and processes, including Situational Analyses, Country Programme Documents, Programme Strategy Notes, result and monitoring frameworks;
4. Consider the recruitment of *dedicated C4D Emergency specialists/officers* in countries with protracted and cyclical emergencies;
5. Oversee and ensure *systematic inclusion of C4D in all phases/stages of Emergency Preparedness and Response*, including assessments, proposal/response plan development, implementation, monitoring and Evaluation and documentation;
6. *Recognize C4D as a specialized technical field*, just like other programmes with office bearers being recognized as subject matter experts. The technicality required to develop, implement and monitor evidence-based and measurable social and behaviour change interventions will require C4D expertise that can only be found in staff with the requisite background qualifications and appropriate experience.

**With all the above in place, we commit to scale up our efforts and further implement better actions to:**

- Foster a better understanding of C4D within the organization through systematic orientations and offering specialized skills building sessions for senior management and sector staff at regional and country office levels;
- Strengthen the evidence base for social and behavior change programming and its contribution to sectoral priorities through systematic monitoring and evaluation of all interventions;
- Improve documentation and knowledge generation and sharing both results and promising C4D interventions with the communities we serve, the governments we support, within and amongst UNICEF colleagues, and externally with UNICEF funders and Partners.



