UNICEF
COVID-19 Learning Evaluation

Round 1 Report

This report covers one of several rounds under the COVID-19 Learning Evaluation (May 2020 to February 2021). Upon completion, the Evaluation Office will produce a synthesis for which a Management Response will be requested.

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UNICEF COVID-19 Learning Evaluation. Round 1 Report

October 2020

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This report presents the first round of inquiry in the COVID-19 Learning Evaluation, an effort to support organizational learning in the response of UNICEF to the coronaviruse disease (COVID-19) and related programming. The Round 1 component of the evaluation was conducted by a two-person team remotely embedded in the Global Secretariat for COVID-19. Support throughout was provided by Social Impact. The Round 1 report was prepared by Jenna White, Evaluator with Social Impact and Beth Plowman, Senior Evaluation Specialist, Evaluation Office. Report preparation was supported by Mariel Kislig, Evaluation Specialist, UNICEF, Christina Seybolt, Social Impact and Jennifer Elkins, Social Impact.

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PREFACE

In January 2020, UNICEF began mobilizing and responding to severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) across all levels. In April, due to the scale and complexity of the coronavirus disease (COVID-19) outbreak, the Executive Director of UNICEF declared a level 3 (L3) emergency. Given the global dimension of the crisis, it was applied to all country offices, regional offices and headquarters. Countries worldwide, regardless of income level, grappled with a new and devastating illness, testing their health and social support systems to their capacity and beyond, and faced the social and economic impact of widespread containment measures. UNICEF, as well as other United Nations agencies, governments and partners, took the step of operating largely under stay-at-home orders for the first time ever, using teleworking arrangements.

Countries and the international system have engaged in a process of respond-learn-respond better in response to the COVID-19 crisis. Within this context, learning from our experience as UNICEF takes on new significance. For the Evaluation Office and the organization-wide evaluation function, this unprecedented crisis has prompted an opportunity to focus its efforts on continuous learning and adaptative management.

By re-prioritizing planned activities, the Evaluation Office launched the COVID-19 Learning Evaluation in May 2020. The evaluation aims to support organizational learning by providing timely, 'good enough' evidence to inform decision-makers on how to adapt the UNICEF approach to the COVID-19 response. This first round of the evaluation explored a set of learning questions that were prioritized in discussion with Directors at headquarters. The primary audience is UNICEF staff at headquarters and regional levels with responsibilities for leading and managing the COVID-19 response.

The COVID-19 Learning Evaluation is based on methods adapted from developmental and real-time evaluation. Importantly, it was conducted through the use of embedded evaluators who worked closely with those leading the response. Information generated was shared and discussed on an ongoing basis. This report presents the findings, lessons and recommendations which emerged from the first round of investigation.

The evaluation's first round was made possible through the collective efforts of UNICEF staff and their willingness to allow evaluators to accompany the process. The embedded team worked closely with the Global COVID-19 Secretariat and I would especially like to thank Manuel Fontaine, Director, Office of Emergency Programmes (EMOPS) and Global Emergency Coordinator; Grant Leaity, Deputy Director, EMOPS; and Carlos Navarro, Principal Adviser, Public Health Emergencies. Many thanks as well to all interviewees at headquarters and regional levels who contributed important insights to this evaluation. This report is the result of the embedded team work; thank you to Beth Plowman and Jenna White.I would also like to thank Social Impact, which supported the evaluation process throughout as well as Mariel Kislig. Finally, thanks to Celeste Lebowitz, Geeta Dey and Dalma Rivero, who provided administrative support, and Clare Gillsäter, who edited the report.

George Laryea-Adjei
Director, Evaluation Office
UNICEF

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ACRONYMS

Acronym	Definition
CLE	COVID-19 Learning Evaluation
COVID-19	coronavirus disease
CPD	country programme document
DAPM	Division of Analysis, Planning and Monitoring
EAPRO	East Asia and Pacific Regional Office
ECARO	Europe and Central Asia Regional Office
EMOPS	Office of Emergency Programmes
EMT	Emergency Management Team
ESARO	Eastern and Southern Africa Regional Office
FoTW	fly-on-the-wall
GBV	gender-based violence
GEC	Global Emergency Coordinator
HAC	Humanitarian Action for Children
IP	implementing partners
IPC	infection prevention and control
KII	key informant interview
MENA	Middle East and North Africa
MENARO	Middle East and North Africa Regional Office
MOH	Ministry of Health
NGO	non-governmental organization
OIAI	Office of Internal Audit and Investigations
PCA	programme cooperation agreements
PD	Programme Division
PDDO	Programme Division's Director's Office
PHC	primary health care
PHE	public health emergencies
RCCE	risk communication and community engagement
SSOP	Simplified Standard Operating Procedures
TET	Technical Emergency Team
UNICEF	United Nations Children's Fund
WASH	water, sanitation, and hygiene
WFH	work from home
WFP	World Food Programme
WG	working group
WHO	World Health Organization

EXECUTIVE SUMMARY

The coronavirus disease 2019 (COVID-19) pandemic continues to unfold around the world and the response of the global community is unprecedented in both its scale and complexity. In order to support organizational learning and promote adaptive management in its response, the United Nations Children's Fund (UNICEF) launched a learning evaluation of its global COVID-19 response in May 2020. The COVID-19 Learning Evaluation (CLE) was designed to provide 'good enough' evidence to equip UNICEF decision-makers with the information they need to adapt the organization's approach throughout the pandemic response.

The exercise draws on elements of real-time evaluation and developmental evaluation to provide feedback and generate learning that is of use to the current response and the longer-term goals of UNICEF. The primary audience for this evaluation is UNICEF staff responsible for coordinating and leading the organization's COVID-19 response, including the COVID-19 Global Secretariat and teams at UNICEF headquarters.

In terms of process, an embedded evaluation team worked collaboratively with UNICEF staff to develop an initial learning agenda to support the UNICEF response to COVID-19. The learning agenda was developed in a three-phase approach to source, synthesize and prioritize questions. Questions were synthesized and then validated in discussion with the COVID-19 Secretariat and Directors at headquarters. Finally, the team refined priority questions for Round 1, based on this input, to ensure focus, utility, and evaluability. The exercise resulted in three topic areas identified as priorities for learning.

Between mid-June and August, the evaluation team conducted stakeholder consultations (individual and small-group key informant interviews (KIIs)), document review and a fly-on-the-wall (FoTW) approach in which the embedded evaluators listened in on meetings and calls, attending as observers not participants. In August and September, initial findings were vetted internally and revisions were subsequently made.

The topics and questions included in the evaluation appear below with summary of the key findings:

Topic 1: COVID-19 Secretariat

1. What are the successes of the Secretariat model that could be used in the continued response? What should we avoid doing again? What challenges have emerged as a result of the new structure?
2. How do we redefine and re-organize structures ('now that we know COVID-19 will be with us') while retaining 'what works'?

	What is working		What is not working and/or needs adaptation
✓	Secretariat uses collaborative approach and adapts over time to changing context	☒	The responsibility of coordinating contributions from programme-related divisions was challenged
✓	Regional colleagues highly appreciated expertise in public health emergencies (PHE)	☒	Process related to programme/technical guidance needs to be better defined, planned, prioritized and coordinated
✓	Some cross-divisional working groups (WGs) were highly engaged and provided effective support	☒	More clarity needed around PHE and health programming and the Secretariat vis-à-vis the rest of the organization

✓	Other new ways of working were introduced	☒	Account for delays in issuance of guidance from the World Health Organization (WHO)

Topic 2: Managing the COVID-19 response going forward

1. As we move toward implementing programmes that have been re-imagined for COVID-19:
   - How are we integrating the emergency response into longer-term programming?
   - What are the barriers to integrating the emergency response into longer-term programming?
   - What is at the core of COVID-19-specific response actions?

2. How can we foster agile management?
   - What elements of the Simplified Standard Operating Procedures (SSOPs) have most influenced the response?
   - What other types of adaptations have been made? Which should be formalized?
   - What have been the facilitators of adaptation?
   - Where are the constraints currently?
   - What further adaptations would/should be made to foster agility?

	What is working		*What is not working and/or needs adaptation*
✓	Re-focusing on basic investment areas (e.g. primary health care (PHC), water, sanitation and hygiene (WASH) in facilities)	☒	Further clarity on sequencing of programme efforts
✓	Working across silos via WGs and other new management/work arrangements	☒	More space and flexibility are needed for local decision-making given the continued uncertainty

Topic 3: Headquarters engagement with and support of regional and country offices to ensure they are equipped with tools, resources and knowledge to navigate COVID-19

1. How can headquarters best provide technical support and guidance to the regional and country offices? How has the programme guidance that was produced been taken up/used?
2. How can we complement existing self-reporting in order to get the best information about how country offices are operationalizing the response?
3. How do we ensure that we can stay and deliver:
   - How can we best support local partners (non-governmental organizations (NGOs))?

	What is working		*What is not working and/or needs adaptation*
✓	Responsive technical guidance that is provided directly by specialists in headquarters as needed	☒	The volume of guidance via multiple channels overwhelmed country office absorptive capacity
✓	Practical guidance that sits at a level below policies and principles such as the back-to-school guidance (downward solutions)	☒	Guidance that reinforces siloed approaches was not appreciated by regional offices which are advancing more integrated approaches

Recommended steps that emerged from the evaluation are grouped below by topic.

Table 1: Recommended steps

Topic Area		Recommendations
Topic 1: COVID-19 Secretariat	✓	During an extension period, coordination via the Secretariat should continue while plans for transition to post-L3 coordination are developed. The planning should anticipate the availability of COVID-19 diagnostics, therapeutics and vaccines and the coordination required for delivery. The reconfigured Secretariat, with revised terms of reference, should be retained to serve the Global Emergency Coordinator (GEC).
	✓	The lack of clarity among regional advisers (emergency, health) on public health emergencies should be addressed more immediately. This would minimally require clarification of roles and responsibilities of the PHE team and health section for the benefit of regional support. Looking forward to the availability of vaccines, diagnostics and therapeutics, more clarity of roles and responsibilities will be essential.
Topic 2: Managing the COVID-19 response going forward	✓	The programme guidance document will be updated soon. Several steps are recommended: • Emphasize, perhaps by highlighting regional experiences, integrated packages for related priorities (e.g. WASH and health interventions around on infection prevention and control) • Clarify the element of sequencing and its intended application and review the utility of the criteria previously identified.
Topic 3: Headquarters engagement with and support of regional and country offices to ensure they are equipped with tools, resources and knowledge to navigate COVID-19	✓	Based on findings from this evaluation, it is recommended to establish a process allowing for more controlled issuance of guidance during future responses. This recommendation seems well aligned to the priorities of a new Secretariat WG on programme and analytics. The WG should define and manage a coordination process to prioritize technical support including guidance needed/to be developed, and the review and quality assurance of this guidance. This review process should be made operational with clear roles and responsibilities including prioritization, sequencing and quality assurance.

INTRODUCTION

Evaluation purpose

As the novel coronavirus (COVID-19) pandemic continues to unfold around the world, the response of the global community is unprecedented in both its scale and complexity. In May 2020, UNICEF contracted Social Impact, Inc. to conduct a learning evaluation of its global COVID-19 response to support organizational learning and promote adaptive management throughout the short- and medium-term response, as well as its longer-term adaptations.

This COVID-19 Learning Evaluation (CLE) was designed to provide 'good enough' evidence to equip UNICEF decision-makers with the information they need to adapt the organization's approach throughout the pandemic response. The exercise draws on elements of real-time evaluation and developmental evaluation to provide feedback and generate learning that is of use to the current response and the longer-term goals of UNICEF. The primary audience for this evaluation is UNICEF staff responsible for coordinating and leading the organization's COVID-19 response, including the COVID-19 Global Secretariat and UNICEF headquarters teams. The Evaluation Office SharePoint site contains additional documentation available for review, such as the Terms of Reference (ToRs) and the Implementation Plan.

At the broadest level, the evaluation focuses on the response of UNICEF to the COVID-19 pandemic including the public health response and the immediate, medium- and longer-term impact of containment measures. Hence it considers operations (e.g. supply, communications and advocacy, programming, human resources, monitoring and reporting, coordination, resource mobilization, and partnerships) as well as the strategy and technical response. Furthermore, the evaluation considers the response to longer-term socio-economic impacts. This scope is in line with the COVID-19 Programme Monitoring and Analysis Framework (18 June 2020).

Evaluation approach

The two-person embedded evaluation team worked collaboratively with UNICEF staff to develop an initial learning agenda to support the UNICEF COVID-19 response. The learning agenda was developed in a three-phase process to source, synthesize and prioritize questions. During these processes, the evaluation team conducted stakeholder consultations (individual and small-group key informant interviews (KIIs)), document review and a fly-on-the-wall (FoTW) approach in which the embedded evaluators listened in on meetings and calls, attending as observers not participants (see more in the Methods section below). Questions were synthesized and then validated in discussion with the COVID-19 Secretariat and Directors at headquarters. Finally, the team refined priority questions for Round 1, based on this input, to ensure focus, utility, and evaluability.

The question sourcing phase produced 403 questions documented in an Excel Workbook. The team removed duplicates and combined similar questions resulting in 27 higher-order questions for consideration. See Figure 1 below for an overview of the inception phase, including question sourcing, synthesis and prioritization, followed by the final set of learning topics and questions selected for Round 1.

Figure 1: Overview of inception phase and Round 1 implementation phase

May 13 — June 8

Question sourcing and synthesis

- 18 consultations with UNICEF staff
- Key document review
- Fly-on-the-wall approach
- 403 questions identified organized into 27 higher-order questions

June 18 — August 31

Round 1 implementation phase

- 48 KIIs with staff focused on regional offices and Secretariat working groups
- Document review (e.g. Global Sit Reps, COVID-19 frameworks and procedures, call transcripts)
- Fly-on-the-wall meeting participation (e.g. Technical Emergency Team, Emergency Management Team, hotspot calls) - 46 hours
- Analysis and feedback
- Learning products delivered

June 9 — 17

Question prioritization

- Directors workshop to prioritize
- Follow-up survey resulted in top 4 questions
- Further refined with follow-up call to top 3 questions
- Combined into final 2 learning questions

Learning topics and questions

Topic 1: COVID-19 Secretariat

1. What are the successes of the Secretariat model that could be used in the continued response? What should we avoid doing again? What challenges have emerged as a result of the new structure?
2. How do we redefine and re-organize structures ('now that we know COVID-19 will be with us') while retaining 'what works'?

Topic 2: Managing the COVID-19 response going forward

1. As we move toward implementing programmes that have been re-imagined for COVID-19:
   - How are we integrating the emergency response into longer-term programming?
   - What are the barriers to integrating the emergency response into longer-term programming?
   - What is at the core of COVID-19-specific response actions?
2. How can we foster agile management?
   - What elements of the SSOPs have most influenced the response?
   - What other types of adaptations have been made? Which should be formalized?

- What have been the facilitators of adaptation?
- Where are the constraints currently?
- What further adaptations would/should be made to foster agility?

Topic 3: Headquarters engagement with and support of regional and country offices to ensure they are equipped with tools, resources and knowledge to navigate COVID-19

4. How can headquarters best provide technical support and guidance to the regional and country offices? How has the programme guidance that was produced been taken up/used?
5. How can we complement existing self-reporting in order to get the best information about how country offices are operationalizing the response?
6. How do we ensure that we can stay and deliver:
   - How can we best support local partners (NGOs)?
   - Note: additional questions under this topic to be scoped and answered later.

Evaluation methodology

From May 18 2020 to August 7 2020, the embedded evaluation team utilized a variety of methods including KIIs, a document review, and a FoTW approach.[1] These methods were chosen to include a diversity of perspectives and information sources relevant for the UNICEF COVID-19 response.

Key Informant Interviews. The KIIs began with an initial focus on regional directors, members of WGs attached to the Secretariat structure, and selected regional advisers. All interviews were conducted between July 9 and August 3 (see Table 2 below for all KIIs conducted during the implementation phase of Round 1, and Figure 2 for a breakdown of all stakeholders consulted including during both the inception and implementation phases).

Table 2: Round 1 key informant interviews

Round 1 Key Informant Interviews	
Regional directors	7
Regional advisers (health, emergency, Partnerships Specialists)	11
WG members	28
Other headquarters	6
Total	52

Figure 2: Total KIIs (N=69)
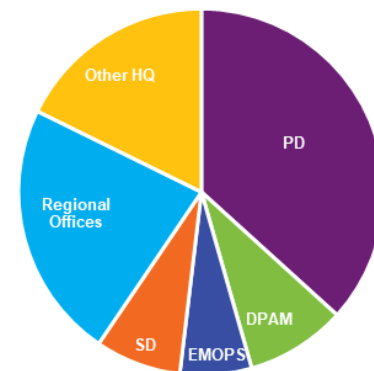
Document Review. Several core documents helped guide the inquiry, including the following: COVID-19 Secretariat terms of reference, L3 Procedures/SSOPs, emergency procedures, Guidance Note on Programming Approaches and Priorities, the Inter-Agency Standing Committee L3 Guidance; partnerships guidance; monitoring guidance. The Humanitarian Review and recent Evaluation Office global, independent evaluations were also reviewed and referenced. A complete list of documents that informed this inquiry can be found in Appendix A.

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[1] For more information on approaches to developmental evaluation, please see Patton, M. Q., *Developmental evaluation: Applying complexity concepts to enhance innovation and use*, Guilford press, 2010.

Fly-on-the-wall. The FoTW approach consisted primarily of the embedded evaluators listening in on calls by the Emergency Management Team (EMT), Technical Emergency Team (TET), headquarters focal points, HotSpot calls, and select webinars. The team listened for content relating to the learning questions and conducted participant observation to discern underlying dynamics among various groups. The FoTW approach also served to ensure that the embedded evaluators were able to track the evolution of the response in real time in order to further tailor KIIs and evaluation documents and products to the current context. Between May 26 and August 14, the team sat in as a FoTW on 29 calls, more than 46 hours in duration in total. The meetings attended as FoTW can be found in Appendix B and are summarized in Table 2 below.

Table 3: Overview of FoTW meetings and webinars

Meeting	Purpose	Attendance
Emergency Management Team	Corporate-wide decision-making to support and advise the GEC	3 times between June and August
Technical Emergency Team	Coordination of information and technical follow-up, looking closely at sectors and specific operational issues	8 times between May and August
HotSpot calls	Calls that focused on 2-3 specific country contexts within a particular region to discuss status, challenges, and specific asks	7 times, covering Eastern and Southern Africa, Haiti, Middle East and North Africa, South Asia (twice), East Asia and the Pacific, Europe and Central Asia
Headquarters focal points	A cross-divisional group with the purpose of synchronizing actions across divisions in support of the global COVID-19 response	5 times between June and August
Webinars	Various webinars to present guidance and bring forth updates from multiple divisions	10 times over June and July covering: NGO webinar, child protection, grant management and reporting, risk communication and community engagement (RCCE), remote monitoring, social protection, and WASH
Funding support call	A Director-level call on funding support to 'orphan/forgotten' countries	Once

Analysis. All KII notes were coded by both embedded evaluators using codes aligned to the three evaluation topics. The evaluators used Dedoose qualitative analysis software for coding. Coded interview segments were used as the basis of this analysis. The evaluators compared sentiments within groups (regional directors, WG members, regional advisers). The team did not scale or set thresholds for determining majority opinions, but rather used the coded segments to determine the most frequently expressed sentiments and degree of consensus within groups. Throughout this report any minority held opinions are called out, and the reason for highlighting these minority opinions is further explained.

Limitations. There are notable differences between this learning evaluation, with an intent to move quickly, and the humanitarian and global thematic evaluations typically conducted by the Evaluation Office. As an example, the first round was relatively fast, requiring approximately eight weeks for implementation, but the lack of availability of materials for triangulation and a relative reliance on key informant interviews is a limitation. To compensate for this, the reports tries to indicate relative weight based on frequency (coded segments) and if consistency emerged with an interview category (e.g.

among regional directors). In addition, where relevant, the team identified lessons through reference to key documents and materials (e.g. terms of reference).

Quotes from key informant interviews are cited throughout this report in text boxes and are numbered by the finding(s) they illustrate. Additional brief quotes, also from the KIIs, feature in the text.

TOPIC 1: COVID-19 SECRETARIAT

Evaluation questions

- What are the successes of the Secretariat model that could be used in the continued response? What should we avoid doing again? What challenges have emerged as a result of the new structure?
- How do we redefine and re-organize the Secretariat ('now that we know COVID-19 will be with us') while retaining 'what works'?

Background

The Secretariat was initially created in early February. Its creation was communicated via email to deputy regional directors, and heads of office in headquarters and other heads of office[2] shortly after the Director-General, WHO declared the outbreak a public health emergency of international concern (30 January 2020). The communication included early notes on both coordination and programme guidance stating "A dedicated secretariat has been established integrating PD, EMOPS and other HQ Divisions to streamline communication and have effective coordination systems to support Regional Offices and Country Offices response, preparedness and any eventual scale up." The Director, Emergency Programmes led the overall coordination of global support and the Principal Adviser, Public Health Emergencies led the secretariat and technical level coordination. The structure of this coordination model appears in Annex 3.
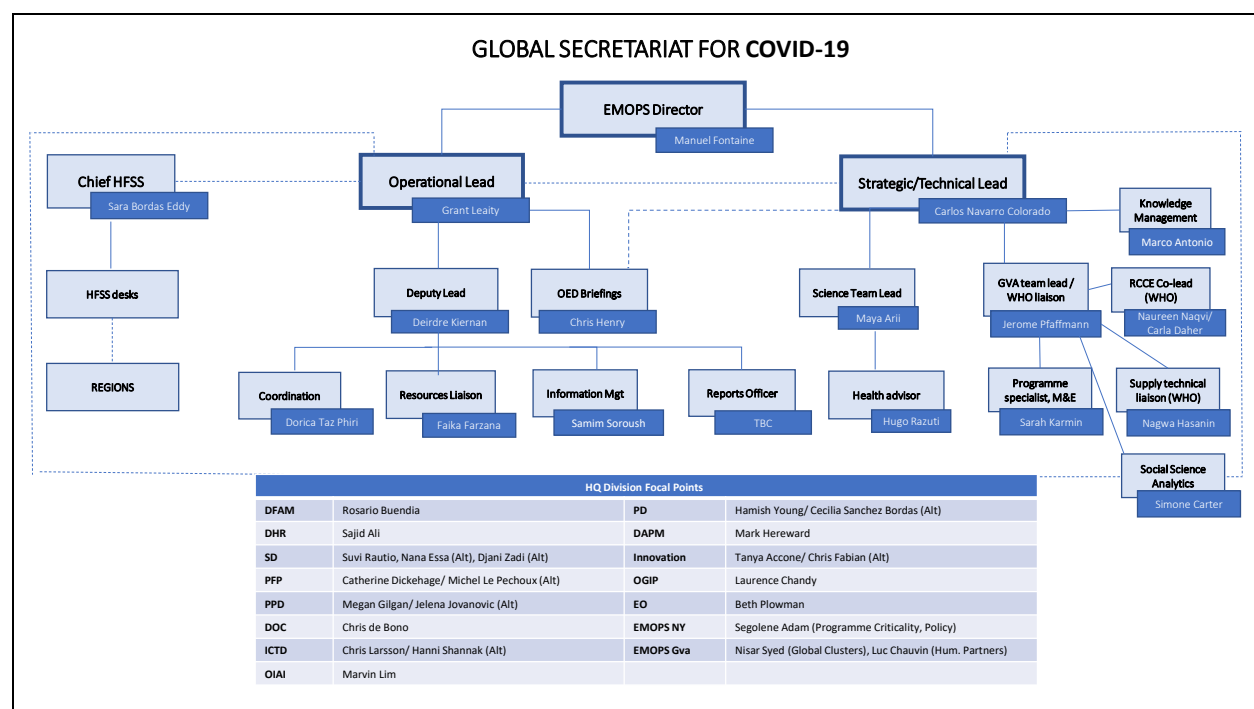
In response to the rapid spread of the outbreak and wide-scale mitigation measures, changes were made to the Secretariat structure in March.[3] Following the original communication, the terms of reference for the Secretariat as well as an organizational chart were circulated. Its purpose was to support and coordinate the corporate response of UNICEF to the pandemic. Similar coordination structures have been used in previous L3 responses.

To account for the scale and complexity of the COVID-19 response, the Secretariat had an Operational Response Branch and a Strategic and Technical Branch, both reporting to Director, Emergency Programmes. Membership of a cross-divisional headquarters focal points group (23 members) was included in the set-up as well as nine cross-divisional WGs which were clustered according to operational (four WGs) or strategic/technical issues (five WGs). The organizational chart for the revamped Secretariat structure appears below (Figure 3).

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[2] Omar Abdi, Deputy Executive Director "Novel Coronavirus", email, 7 February 2020.
[3] Manuel Fontaine, Director, Emergency Programmes, "Update on Covid-19 appeals, coordination arrangements and global secretariat", email to heads of office in headquarters and other heads of office, and regional and deputy regional directors, 28 March 2020.

Figure 3: Global Secretariat for COVID-19 organizational chart

GLOBAL SECRETARIAT FOR COVID-19

EMOPS Director — Manuel Fontaine

Chief HFSS — Sara Bordas Eddy
Operational Lead — Grant Leaity
Strategic/Technical Lead — Carlos Navarro Colorado
Knowledge Management — Marco Antonio

HFSS desks
Deputy Lead — Deirdre Kiernan
OED Briefings — Chris Henry
Science Team Lead — Maya Arii
GVA team lead / WHO liaison — Jerome Pfaffmann
RCCE Co-lead (WHO) — Naureen Naqvi/ Carla Daher

REGIONS
Coordination — Dorica Taz Phiri
Resources Liaison — Faika Farzana
Information Mgt — Samim Soroush
Reports Officer — TBC
Health advisor — Hugo Razuti
Programme specialist, M&E — Sarah Karmin
Supply technical liaison (WHO) — Nagwa Hasanin

Social Science Analytics — Simone Carter

HQ Division Focal Points			
DFAM	Rosario Buendia	PD	Hamish Young/ Cecilia Sanchez Bordas (Alt)
DHR	Sajid Ali	DAPM	Mark Hereward
SD	Suvi Rautio, Nana Essa (Alt), Djani Zadi (Alt)	Innovation	Tanya Accone/ Chris Fabian (Alt)
PFP	Catherine Dickehage/ Michel Le Pechoux (Alt)	OGIP	Laurence Chandy
PPD	Megan Gilgan/ Jelena Jovanovic (Alt)	EO	Beth Plowman
DOC	Chris de Bono	EMOPS NY	Segolene Adam (Programme Criticality, Policy)
ICTD	Chris Larsson/ Hanni Shannak (Alt)	EMOPS Gva	Nisar Syed (Global Clusters), Luc Chauvin (Hum. Partners)
OIAI	Marvin Lim		

On April 16 2020, the Office of the Executive Director declared the COVID-19 pandemic an L3 emergency. This declaration formalized a de facto approach ('as if' mode) in use since early February and, for the first time, the response applied to all country offices, regional offices and headquarters. Corresponding emergency procedures and other adaptations were available. The Director, Emergency Programmes was appointed as the Global Emergency Coordinator (GEC) for the response. Among the GEC's responsibilities is mobilizing corporate-wide support by appointing a secretariat to the function for the duration of the Level 3 emergency.[4]

Secretariat model: What's worked well

The first line of inquiry sought to simply identify areas where the Secretariat model was seen as succeeding. The following findings emerged consistently across interviews:

1. There was widespread appreciation at the regional level for the consultative approach taken by the GEC and Secretariat, particularly around issues such as funding and supply allocation. These views were consistently cited by regional directors and regional advisers. The criteria for allocation were mentioned repeatedly as transparent and useful.

1. "…for every step the GEC takes time to consult widely with regional directors and others (e.g. funding allocations…)"

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[4] Annex 1: Global Emergency Coordinator Terms of Reference. UNICEF Procedure on Corporate Emergency Activation for Level 3 Emergencies. EMOPS/PROCEDURE/2019/001.

2. There was recognition of the expertise and skills needed in the PHE response. The expertise made available through the Secretariat was seen as an important resource and appreciated across regions.

2. "…it was clear that some at headquarters had skills and expertise that we did not have. It was incredibly important from the beginning (PHE team)."

3. The nine WGs varied widely. In some cases, staff saw the coordination role as business as usual (e.g. "I'm working with the same people doing the same things") particularly within emergency operations (e.g. human resources). Early on, others were unaware/unclear of their status as WGs.

However, for at least two of the groups (Digital Platforms and Programme Monitoring), it was an opportunity to work in new ways and provided a platform to allow staff to pursue projects and coordinate efforts cross-divisionally.

3. "The WG brought better engagement and understanding – who these people are and how they work."

According to the majority of WG members interviewed, participation in the WG eased connecting with either new groups or other levels. As one KII observed, "our structures do not lean towards collaboration and the WGs filled that gap". Collaborative work around programme monitoring was commonly noted as a success among respondents. Finally, some WGs were a means of overcoming humanitarian – development divides (e.g. integrated data systems). Concern was expressed by some about the ability to continue working in these ways – outside of a single division or unit.

4. The Secretariat served as an integrator of sorts. This was voiced both in terms of communication from headquarters to the field but also between divisions. Some saw that by creating a structure and way of working, the Secretariat ensured participation and engagement, resulting in more effective collaboration with other divisions.

4. "when there were overlapping requests for information, surveys, etc. the Secretariat was the body to pull that together when headquarters needed to speak with one voice."

Challenges of the Secretariat model

Challenges to the Secretariat arose primarily from headquarters. The lack of understanding (or acceptance) of its strategic/technical role, as described below, was the main challenge. Issues also emerged around an understanding of PHE and clarity on the Secretariat and how it relates to other parts of the house.

5. It was challenging for the Secretariat to coordinate across divisions/sections, one of the strategy/technical roles described in its terms of reference.

6. Specifically, the Secretariat was to coordinate the contribution of UNICEF divisions to response strategy and technical guidance. That responsibility included "Final review of strategic and technical guidance including to external products for assuring of consistency and coherence" and "coordinate review of communication products to ensure consistency".

7. In performing this role, the Secretariat sought to review technical materials being generated at headquarters. However, resources within the Secretariat were soon overwhelmed by the task and the responsibility was shifted to the Climate, Environment, Resilience and Peacebuilding Section in Programme Division.

8. The review step – aimed at assuring consistency and coherence – was perceived as a form of control (clearance process) by some seeking to issue guidance. These views emerged among headquarters staff – notably Programme Division colleagues. While there is critique of the Secretariat connected to this task, the view is by no means uniform. Indeed, some colleagues in regional offices felt it a loss

that the Secretariat was not playing this or a greater role in filtering and sequencing guidance. There were instances of erroneous guidance or materials being shared publicly – some of which needed to be withdrawn. By early May, the Directors of the Office of Emergency Programmes, Programme Division, Division of Communication and Division of Data, Analytics, Planning and Monitoring released new standard operational procedures related to the initiation, drafting, review, clearance and issuing of internal and external guidance.[5]

9. Issues of representation or inclusion were also raised, again among headquarters respondents. Some perceived the Secretariat to be narrowly focused and not calling on the depth of technical resources throughout the organization.[6] Some expressed views that divisions were 'sidelined' and that programme areas reportedly struggled to see content taken up or recognized within the Secretariat. This stands in contrast to the agency's earliest communications for COVID-19 which clearly emphasized the need for integration of headquarters efforts across divisions and outlined early programme priorities[7] for both immediate actions (i.e. to limit human-to-human transmission) as well as preventing and addressing the subsequent impact of the outbreak and its mitigation measures (e.g. school closures).

> 9. "*The secretariat should have had technical leadership with broader remit to shape that narrative to include what our organization does.*"

10. An unprecedented situation was created when UNICEF headquarters shut and all staff were sent home for an indefinite period of teleworking. Within these new working practices, staff sought to contribute knowledge and skills to the response as well as to create visibility and position programme areas. Many regional respondents pointed to this dynamic as a factor in the uncoordinated issuance of technical guidance. Others referred to a 'fear of missing out' as potentially underlying the perceived exclusion.

11. A small number of respondents, from both headquarters and regional offices, pointed more generally to the need for greater clarity around the Secretariat's roles and responsibilities vis-à-vis the rest of the house.

> 11. *"The Secretariat should be clearer about what they do; how they relate to the health section? DAPM?"*

12. The coordination role of the Secretariat was further challenged by a lack of clarity (voiced at the regional level) on the relationship between PHE and the work of the health section; a lack of clarity

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[5] Manuel Fontaine, Director, Office of Emergency Programmes, "Publishing COVID-19 Information by UNICEF", email to regional directors et al., 20 May 2020.

[6] An example is the decision by the GEC to limit participation in Emergency Management Team meetings to management level representation. This decision affected Programme Division (PD) focal points and created consternation. The decision was taken after the first EMT meeting, with larger participation, when concerns were expressed about the ability of Directors to speak frankly and openly. Indeed, the L3 Procedures stipulate that as a risk mitigation measure the GEC may restrict EMT attendance in order to focus strategic decision-making.

[7] United Nations Children's Fund, *Suppnovel Coronavirus Programme Guidance*, 6 February 2020.

that existed before COVID-19 and the establishment of the Secretariat.[8] Indeed, the Evaluation of the UNICEF response to the Ebola outbreak in West Africa (2017),[9] recommended that, in preparation for a future PHE, "UNICEF should develop a policy and accountability framework for responding to public health emergencies that includes: 1) specific goals; 2) programme guidance; 3) global partnership objectives; and 4) assessment of broader humanitarian risks. Whether produced as an addendum to the CCCs or a separate policy, it should complement and build on rather than duplicate UNICEF's existing emergency response policies and processes".

> 12. *"… fundamentally, we lack clarity on PHE responses, we have to get it clear to avoid re-inventing the wheel."*
>
> *"…not yet clear what the distinction between PHE and what the health section does; at times, it wasn't clear if the answer should come from PHE or health."*

13. Likewise, an agreed approach to PHE response management (e.g. incident management) was not clear from the outset. Some KIIs, importantly among regional emergency and health advisers, noted an underlying lack of clarity and understanding of public health emergencies and how to be operational at each level. While some regions and countries are experienced in outbreak response (e.g. Ebola virus disease, cholera), this is not well-socialized within the organization.

14. The recently completed Humanitarian Review[10] identified similar gaps and recommended that UNICEF define its role in public health emergencies, "with a clear strategy, increased technical capacity at all levels, and an adapted supply plan to enable effective preparation".

15. Finally, several respondents pointed to the delays in issuance of guidance, specifically joint guidance with WHO as a significant challenge. Some saw these delays as significant enough to impact on the credibility of WHO and potentially a reputational risk to UNICEF. Some called for an approach in which interim guidance could be offered with the stipulation that it is based on currently available information.

Lessons

Using the Secretariat terms of reference,[11] it is possible to map many of the key findings at the level of the main branches of work (see below) and their responsibilities.[12] Based on key informant interviews, strengths (highlighted in green below) align to (a) reviewing supply prioritization requests and flexible resource allocation, (b) mobilizing corporate-wide support for capacities and resources, (c) providing strategic leadership (both internally and with partners), (d) coordinating cross-divisional WGs, and (e) with strategic leads and regional offices. Examples of good practices were identified across all of these.

The key challenge (orange highlighting) per the findings above is related to the Secretariat's role of 'coordination of the contribution of UNICEF Divisions to response strategy and technical guidance' notably the review of guidance and products for consistency and coherence. Oversight of this nature

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[8] Though not addressed in the Round 1 questions, many KIIs recounted the creation and placement of the PHE Adviser post. The newly created post was to answer to both EMOPS (in times of war) and PD (in times of peace). Most felt that this arrangement has not worked ("it was a mistake", "it was set up to fail").

[9] United Nations Children's Fund, *Evaluation of UNICEF's response to the Ebola outbreak in West Africa 2014–2015*, 2017.

[10] United Nations Children's Fund, *Strengthening UNICEF's Humanitarian Action. The Humanitarian Review: Findings and recommendations,* September 2020, Section 2.2.4 Public health emergencies.

[11] The CLE team did not use the COVID-19 Secretariat Terms of Reference (ToRs) as any form of framework to guide inquiry and did not seek to audit the performance of the Secretariat against the ToRs.

[12] Note: A lack of highlighting indicates a mandate that did emerge in a significant way in KIIs.

contributes to the overall quality of response. The Secretariat found it challenging to perform this role and points to the need for clearer processes with sufficient capacity to make it operational.

Table 4: Mapping key findings back to Secretariat terms of reference

Operational	Technical and Strategic

• Coordinate corporate operational support of response.
• Chair TET meetings and escalation of key issues for EMT meetings
• Coordinate contribution of UNICEF divisions to operational response
   • **Review supply prioritization requests and flexible resource allocation**
   • Final review/clearance of global situation report.
• Support the Director, Emergency Programmes in ensuring:
   • **Mobilization of corporate-wide support for capacities and resources**
   • Support formulation of country emergency response plans in conjunction with the strategic/technical lead and regonal officess via Humanitarian Field Support Section desks
   • Continued programme delivery in humanitarian settings (including pandemic effect on UNICEF capacity/presence; programme criticality discussions)
• Make recommendations to the Director, Emergency Programmes, or other directors as needed including ensuring coordination across divisions, sections and units in headquarters to support regional and country offices.
	STRATEGY
	• **Provides strategic direction to the strategy and programmatic response and advocacy to WHO and other technical partners.**
	• **Represents UNICEF at strategic, technical and coordination forums**
	• **Forecasts outbreak trends and needs and proposes strategies to address them, including initiating new WGs as needed.**
	COORDINATION
	• Coordinates the Strategic and Technical inputs of the Secretariat.
	• **Coordinate the contribution of UNICEF divisions to response strategy and technical guidance**
	   • **Final review of strategic and technical guidance, including to external products, to ensure coherence and consistency**
	   • **Coordinates review of communication products, to ensure consistency**
	• **Coordinates X-divisional WGs developing guidance and tools for strategy, situational awareness, planning and monitoring**
	• **Coordinates with strategic leads at regional offices to align strategies, provide programme support and maximize efficiencies.**
	EMOPS SUPPORT
	• Support the Director, Emergency Programmes in ensuring:
	   • A corporate narrative on the response and formulation of the emergency response plan, in conjunction with the Operational Lead
	   • UNICEF strategic positioning before specific issues and institutions
	   • Participation to key forums and meetings as requested
	• Make recommendations to the EMOPS Director, or other directors as needed, including ensuring coordination across divisions, sections and units in headquarters to support regional and country offices.

The Secretariat has fulfilled its role to support and coordinate the corporate response to the pandemic. At the regional level, there was a common view that this coordination role had been performed well with notable collaboration and communication. At headquarters, particularly Programme Division, there was a perception that the Secretariat did not fully embrace or integrate the expertise available. The intent, as expressed in communications and programme priorities, was to include and integrate the strength of UNICEF in a corporate-wide response.

Similar dynamics were also reported in the UNICEF response to the Ebola outbreak in West Africa. During that crisis, an evaluation found that leadership through the GEC was challenged at regional and country levels where it was seen as inadequately informed by local context. In responding to Ebola, UNICEF created a core director's group which, together with the Executive Director, took strategic decisions as opposed to the EMT. This exceptional mechanism, along with a dedicated Ebola Cell to support the GEC, was considered ineffective and seen as leading to a proliferation of headquarters-based decision-makers, micro-management and a top-down style that reduced dialogue and implementer ownership. Experience to date with COVID-19 suggests that decision-making is far more collaborative and transparent than in the previous crisis.

Looking forward, as UNICEF navigates the pandemic, addresses outcomes of containment measures on social and economic well-being and prepares for the availability of diagnostics, therapies and vaccine, there are number of actions that should be continued, albeit with adjustments.

Table 5: Topic 1 summary table

What is working		What is not working and/or needs adaptation	
✓	Collaborative approach/adapts over time	☒	Responsibilities to coordinate the contributions of programme-related Divisions
✓	Highly appreciated PHE expertise	☒	Process related to programme/technical guidance needs to be better defined, planned, prioritized and coordinated
✓	Engaged cross-divisional WGs	☒	More clarity around PHE and health programming and the Secretariat vis-à-vis the rest of the house
✓	New ways of working	☒	Adapting to account for delays in issuance of WHO guidance

TOPIC 2: MANAGING THE COVID-19 RESPONSE GOING FORWARD

Evaluation questions

- How do we move towards implementing programmes that have been re-imagined for COVID-19?
- How can we foster agile management?

Background

Programme guidance was first[13] introduced in early February and expanded upon in April.[14] These documents sought, in part, to provide programmatic coherence and consistency when addressing the immediate health and socio-economic impacts of the COVID-19 pandemic. They also sought to support country offices to reprioritize and re-orient programmes for the next two to three years to address the COVID-19 crisis and its impacts.

In declaring the L3, the Executive Director directed country and regional offices, and headquarters to make use of all available simplifications to expedite the response e.g. operational obstacles were to be addressed through the emergency procedures. Further steps to simplify partnerships with civil society organizations were also introduced.[15] Among the principles outlined were increased budget flexibility, adaptive programming and reprogramming, partner interaction and harmonized United Nations due diligence, notably with UNHCR and the World Food Programme.

Per programme guidance (April 2020), the following were priority programmatic interventions:

- support to WHO efforts to control and mitigate the spread of COVID-19;
- rapid scaling up of social protection programming, especially cash transfers;
- access to child and maternal health services (including nutrition) while health systems are impacted;
- support to out-of-school learning and a safe return to better schools;
- a rapid scaling up of child protection services.

Key findings

This line of inquiry sought to examine how UNICEF was re-prioritizing and revising its programmes in response to the COVID-19 crisis. A second line of questioning addressed adaptive management and how agility could be facilitated.

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[13] United Nations Children's Fund, *Suppnovel Coronavirus Programme Guidance*, 6 February 2020.
[14] United Nations Children's Fund, *Guidance Note on Programming Approaches and Priorities to Prevent, Mitigate and Address Immediate Health and Socio-economic Impacts of the COVID-19 Global Pandemic on Children, Families and Communities*, 12 April 2020.
[15] United Nations Children's Fund, *Partnership Management Between UNICEF and Civil Society Organizations in the Context of the COVID-19 Pandemic: Guiding Principles and Efficiency Measures*, 8 April 2020.

16. At regional level, the COVID-19 crisis is seen as creating an opportunity to double-down on basics as investment priorities. Among the activities mentioned in this category were WASH in facilities and schools, primary health care (PHC) and systems strengthening. Some regions are translating this into donor dialogue and investment strategies. These views were shared by most regional directors. Opportunities to mobilize integrated, multi-sector support for these priorities is actively sought at regional level.

> *16. "The fact is that we don't have water in health centres and schools – because of COVID-19, it received more attention and support and been prioritized in discussion with partners"*
>
> *"PHC is our bread and butter and it's not acknowledged with sufficient weight behind it."*

17. Programme guidance (April) emphasizes both prioritizing and sequencing as crucial tools in responding to socio-economic impacts. Associated priorities are identified (what, for whom, how) including programmatic interventions (see box above). However, prioritizing (and its counterpart – de-prioritizing/letting go) are not seen as strengths in UNICEF programming.

> *17. "…we need to learn de-prioritization, we have to invest in getting that skill in our organization"*
>
> *"… everyone is enamored of their area of specialty (what are you doing in my area?) but we had to make choices, it's not that an area isn't important, but we cannot do it all…"*
>
> *"we prioritized in a multi-sectoral way … e.g. if back to school is a priority, then how does WASH contribute? How does health contribute? it isn't sector-led"*

18. Respondents referred consistently to the programme priorities identified above. 'Sequencing' is applied to various elements in the process (e.g. guidance/webinars). When focused on programming, it tended to simply reinforce priorities; for example, "sequencing – 'we'll focus first on health and WASH and social protection'".

19. In the programme guidance, sequencing covers variables such as the type of containment measures that might be in effect and existing country capacities in core areas (e.g. social protection systems). How these were to be applied is unclear.

20. Some respondents, particularly at regional level, felt that the actions required to address COVID-19 were not that different from regular programmes, i.e. UNICEF is already focused on supporting the children, parents, caregivers, families and communities most vulnerable to the socio-economic impacts. As several respondents said 'the footprint' is is the same, what differs are the priorities and the need to act quickly.

21. Re-imagining has provided some opportunity to break down silos, use new management arrangements and enhance dialogue across levels. At regional level, leadership was delegated to health or emergency regional advisers and required, in some cases, new working arrangements. Regional advisers commented on the quality of exchange with headquarters on key issues as good practice.

> *21. "…entire conversation has been useful, our interaction has been higher than usual, brought headquarters and the regional office closer together"*

22. The CLE explored agile or adaptive management as a key learning question. Adaptive management is an intentional approach to making decisions and adjustments in response to new information and changes in context. It can be considered as a set of management practices that enable changing the path being used to achieve objectives in response to changing circumstances.[16,17] Within UNICEF,

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[16] Desai H. et al., *Managing to Adapt: Analyzing adaptive management for planning, monitoring, evaluation, and learning*, Oxfam Research Report, March 2018.

[17] Mercy Corp, International Rescue Committee, and ADAPT, *Adapting Aid Lessons from Six Case Studies*. July 2016.

emergency procedures aim at adaptation by allowing more context-specific and flexible programmes. Currently, there are many types of simplification processes underway aimed at facilitating programmme action through adaptive management.

23. During the KIIs, several respondents pointed to the guidance/processes for managing implementing partnerships[18] as notably adaptive. The guidance note is not mandatory but gives flexibility to country offices to work with their implementing partners and adapt programmes and processes as needed (e.g. consider partner risk, nature of assurance activities required). Regions are working to support countries in adapting and iterating, and experience across regions will be reviewed.

> 23. "*message was to iterate and do larger stock-taking at the end of the year*"

24. The evaluation team found varied levels of experience with the use of SSOPs. Prior to COVID-19, SSOPs were intended for L2 and L3 emergencies. Therefore, there are many countries and even regions where there is little/no familiarity. A number of procedures were mentioned in interviews (e.g. use of low-value contracts, programme cooperation agreements (PCA) procedures and toolkits) but not explored further.

> *24. "there are processes where SSOPs have helped but haven't trickled down; people in region are not familiar with the procedures"*
>
> *"…we lack a common understanding as to what a lighter process should look like"*

25. An important development is the launch of a Thematic Review of Global COVID-19 Level 3 Emergency Procedures.[19] The objective is to determine whether the 'global COVID-19 L3 emergency procedures are adequate and effectively implemented, monitored and reported on to enable a rapid and effective response to the global pandemic at the country office level.' The period under review is March 20 to September 30 2020. This review will be conducted across the organization including 16 country offices.

26. All regional offices highlighted the need for additional space for local decision-making especially considering the uncertainty surrounding the evolution of COVID-19 and the necessary response going forward. This is consistent with adaptive management approaches which emphasize context-specific, locally led solutions.

> *26. "Decisions should be closer to the ground – there is less silo"*
>
> *"country offices differ so much in terms of resources; we need to listen to them to support countries in their situations"*

Programme guidance (April) included a focus on adaptive programming. It did not address local decision-making, but described a number of approaches such as:

- flexible and transparent management of funds, and predictable funding flows;
- ongoing data collection and contextual analysis;
- a programme planning framework in which results, outputs and timelines are revised throughout the lifecycle of the programme, as well as a willingness to experiment and learn from smaller pilot interventions, as well as from mistakes;
- and evolving good practices from countries as the response is provided.

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[18] Guidance Note on Implementing Partnership Management during the COVID-19 Pandemic (DAPM).
[19] Deputy Director, Office of Internal Audit and Investigations "Thematic Review of the Global COVID-19 Level 3 Emergency Procedures – Terms of Reference", memo to Director, Office of Emergency Programmes, 3 August 2020.

Lessons

The crisis is seen as an opportunity to re-focus on areas of programming within the mandate and expertise of UNICEF, namely WASH in facilities, primary health care and systems strengthening. Effective re-imagining and response will require clarity on priorities and flexibility at local levels to respond to rapidly changing situations. While programme priorities were clear, when, whether and how to sequence programme efforts has not been articulated (at a global level). KIIs used 'sequencing' in a variety of ways and more clarity around these concepts would be beneficial.

A number of respondents did not see the programme priorities as very different to regular or routine programmes. By way of example, handwashing and social protection were commonly cited. However, there was little reference to/acknowledgement of the first of the priorities (i.e. support to WHO efforts to control and mitigate the spread of COVID-19) in the programme guidance. That set of activities includes RCCE, infection prevention and control (IPC), epidemiologic investigation and case management, and supply of personal protective equipment (PPE), among others. With a few notable exceptions (WASH-related IPC services, RCCE/Communication for Development), these are not activities that are highlighted in UNICEF programmes. They are undertaken in emergency settings and would be familiar to countries and regions with Ebola or cholera outbreaks, for example.

There are innumerable instances of adaptive practices taking place. Leadership support for these types of adaptations (e.g. flexibility with implementing partners) was expressed in the L3 activation memo. Streams of simplification efforts are far-reaching and can impact on the organization as it moves forward. A thematic review of L3 SSOP procedures is timely and will surely provide important information to advance simplified procedures.

Table 6: Topic 2 summary table

What is working		What is not working and/or needs adaptation	
✔	Re-focusing on basic investment areas	☒	Further clarity on sequencing of programme efforts
✔	Working across silos via WGs and other new management/work arrangements	☒	More space and flexibility are needed for local decision-making given the continued uncertainty

TOPIC 3: HEADQUARTERS ENGAGEMENT WITH AND SUPPORT OF REGIONAL AND COUNTRY OFFICES TO ENSURE THEY ARE EQUIPPED WITH TOOLS, RESOURCES AND KNOWLEDGE TO NAVIGATE COVID-19

Evaluation questions

- How can headquarters best provide technical support and guidance to the regional and country offices? How has the programme guidance that was produced been taken up/used?

Background

The evaluation sought to examine the role that headquarters plays in supporting regional and country offices in their responses. Through the TET and similar calls, a log, called the Action Tracker, is maintained of all requested actions originating from regional and country offices. Maintained since March, the Action Tracker records specific requests for information or support (e.g. "Submit Education ERT request for approval" or "Provide guidance on PPE for IPC activities as duty of care for staff members and partners"), along with responsible units and delivery dates. This log is the best single source of information on support provided to regional and country offices.

The topic focused heavily on the development and dissemination of knowledge management materials per the priority learning questions. By early October, over 300 such products had been developed by UNICEF as well as jointly with partners.[20] Of the available products, the topic addressed most frequently was child protection (15 per cent) followed by education (13 per cent). By type, the most common product was a technical note (33 per cent) followed by briefs and fact sheets (17 per cent). A complete breakdown by topic and type appears in Annex 4.

Key findings

This line of questioning sought to examine the ways in which headquarters was supporting regional and country offices in the response to COVID-19 and emerged primarily from initial KIIs which pointed to issues with technical/programme guidance and the underlying processes. In interviews, the scope of the question was expanded slightly to allow for responses on other forms of technical support (beyond guidance or documentation). The following section presents these findings grouped simply as to what was found to be useful and less useful.

27. Useful technical support was seen as that provided through direct communication. Several respondents pointed to the important role played by headquarters specialists (experts in different divisions) and their availability practically 'on call' to provide inputs upon request from country or regional offices. This support and the responsiveness of headquarters in general was valued. Regional advisers further stated that the technical support works best when it facilitates a 'downward solution' and can provide answers to specific questions emerging from the region.

28. In regard to guidance specifically, respondents pointed to the following in regard to its use:
    - Inter-agency guidance carries weight and the resources needed were recognized and appreciated.
    - Webinars coupled with guidance issued were seen as helpful.

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[20] United Nations Children's Fund, Knowledge Base, <www.corecommitments.unicef.org/latest-covid-19-guidance>, accessed 1 October 2020.

- Several forms of guidance were noted during KIIs as being particularly useful. Most commonly cited was guidance on implementing partners[21] from DAPM which was uniformly praised and shared with country offices along with remote regional office support. The programme monitoring framework and underlying work to align data streams were also mentioned commonly as useful.

29. Some weighed in on the intent of guidance (e.g. "we're not a normative agency') and saw the unique advantage of UNICEF as providing guidance that is targeted a level below policies and principles, aligned accordingly, and directed towards implementation.

30. The back-to-school guidance was described as a set of hands-on tools that can be used in that manner. Another example of guidance found to be useful was that provided on RCCE involving the Communication for Development polio team. At regional level, the document was used to dialogue with WHO and in their planning.

31. Across regions, several respondents felt that products developed at that level could be positioned as global products. More broadly, global guidance does not need to be led from headquarters alone (headquarters ≠ global). Guidance developed at global level should be informed by the experience (from country offices to regional offices).

32. The most common complaints on technical support/guidance were around volume and the number of channels. Based on KIIs, this combination seemed to overwhelm country office capacity. Many respondents attributed this response to 'every part of the house' wanting to contribute and be relevant to the response. With the exception of several specific items,[22] no interviewees described their need or demand for the headquarters-generated guidance material.

33. At regional level, respondents commented that much of that guidance served to reinforce siloed approaches, which was not in line with regional moves away from such. There were a number of questions raised about utility of the guidance to regional and country offices. Some respondents felt that guidance did not always make distinctions for differing programme environments or otherwise not oriented towards local adaptations.

> 31. "*Everyone felt overwhelmed by too much guidance – particularly at the country office*"
>
> "*country offices were overwhelmed and unable to absorb and apply*"
>
> "*by the time they (country office) received contextualized guidance from the regional office, headquarters would have already sent another*"
>
> "*the number of documents were hard to digest because they were coming from differing places and through differing channels, our absorptive capacity was overwhelmed*"
>
> "*country offices would receive input from many different partners; we underestimated the technical guidance developed by the cluster system*"
>
> 32. "*the approach created a set of silos and let it explode at the regional office*"

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[21] United Nations Children's Fund (Data, Analytics, Planning and Monitoring Division), 'Guidance Note on Implementing Partnership Management during the COVID-19 Pandemic', 2020. (DAPM)
[22] For example: World Health Organization, *Advice on the use of masks for children in the community in the context of COVID-19*, 21 August 2020; and Inter-Agency Standing Committee, *Interim Guidance Public Health and Social Measures for Covid-19 Preparedness and Response in Low Capacity and Humanitarian Settings - Version 1*, May 2020.

Lessons

Many respondents pointed to the need for better coordination of the process moving forward. That process should clarify standards for guidance as well as review and approval processes. Complaints of errors in documentation or other materials were infrequent but pose important reputational risks.

The subject of guidance and its utility was frequently raised in interviews. Some in the regions found headquarters-issued guidance too broad and not readily adaptable to differing settings. Some in headquarters expressed frustration about striking the right balance and didn't see headquarters' role as providing guidance for specific contexts or countries. Further refinement is needed to align purpose between issuance of materials with a global audience with the need to adapt at the regional office.

Guidance that effectively serves to reinforce sectoral silos should be avoided and hopefully managed by the Secretariat moving forward. The COVID-19 crisis presents an opportunity to encourage more integrated programming particularly at community level. Previous UNICEF evaluations[23] have noted similar shortcomings and made recommendations accordingly.

Table 7: Topic 3 summary table

	What is working		What is not working and/or needs adaptation
✓	Technical guidance provided directly by headquarters specialists as needed ('*downward solutions*')	☒	The volume of guidance via multiple channels overwhelmed country office absorptive capacity
✓	Practical guidance that sits at a level below policies and principles such as the back-to-school guidance	☒	Guidance that reinforces siloed approaches is not in line with regional approaches that are more integrated

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[23] United Nations Children's Fund, *Evaluation of UNICEF's response to the Ebola outbreak in West Africa 2014–2015*, 2017.
United Nations Children's Fund, *Evaluation of the UNICEF Level 3 response to the cholera epidemic in Yemen*, June 2018.
United Nations Children's Fund, *Global Evaluation of UNICEF's WASH Programming in Protracted Crises, 2014-19*, June 2020.

RECOMMENDED STEPS

The following section assumes that the corporate L3 will be extended for at least three months, with a GEC and with Secretariat support. Coordination of the response be required over this time period even if the L3 is not extended. Per the L3 Procedures (June 2019) other options available to the Executive Director appear in the box below.

In regard to the coordination structure, this inquiry identified several areas of good practice that could be used in the continued response. These include many elements of the emergency procedures as well as adaptations (e.g. expanded EMT membership) and new ways of working (e.g. cross-divisional WGs). Taken together, these steps aim at ensuring that this structure remains fit for purpose.

It is anticipated that this structure will continue to play a critical coordination function as part of the response going forward. An increased need for coordination will be particularly important when treatments and a vaccine(s) become available.

1. **During an extension period, coordination via the Secretariat should continue while transition plans are developed. Planning should anticipate the availability of COVID-19 diagnostics, therapies and a vaccine and the coordination required for its delivery. The reconfigured Secretariat, with revised terms of reference, should be kept to serve the GEC**.

As noted above, some changes to the structure are already underway. Specifically, the ad hoc groups on programme strategy and guidance and situation awareness and social impact are merged into a WG on COVID-19 Programming and Analysis to be co-led by the Deputy Director, Programme Division and Associate Director, DAPM working closely with the COVID-19 Secretariat Strategic/Technical Lead.

This WG will look at overall programming issues, engage regularly with the cross-divisional WG on planning and monitoring, support the GEC and Secretariat in ensuring coordinated engagement with regional and country offices, and lead on engagement in the United Nations development system socio-economic framework. The group is structured in two cells. The first is tasked with coordinating the COVID-19 analytical and research agenda, and developing guidance on data and analytical activity for COVID-19. The second cell (programme support) will coordinate the 'preparation and dissemination of guidance, tools, and real time/direct support to country and regional offices'. It will also develop approaches for real time reviews.

> According to the UNICEF Procedure on Corporate Emergency Activation for Level 3 Emergencies one month prior to the expiry date of the L3, the GEC, regional director and/or Director, Emergency Programmes must assess four criteria (scale, urgency, complexity and capacity) and recommend to the Executive Director either to:
>
> - deactivate the L3 emergency;
> - extend the scale-up phase for another three months;
> - transition to a sustain phase and specify for how long – if the complexity of the crisis persists and the capacity of the country and regional office still needs additional support from headquarters;
> - or transition to an L2 emergency – if the capacity of the country office still needs support from the regional office.

2. **Based on findings from this evaluation, it is recommended to establish a process for more controlled issuance of guidance during future responses. This recommendation seems well-aligned to the priorities of the new WG. The WG should define and manage a process of coordination to prioritize technical support including guidance needed/to be developed, reviewed and quality assured.** This review process should be made operational with clear roles and responsibilities including prioritization, sequencing and quality assurance.

The coordination work of the Secretariat was complicated by a pre-existing lack of clarity around the role and approach of UNICEF in public health emergencies. We note that the Humanitarian Review recommended the agency "…to prepare for future emergency contexts by clearly defining UNICEF's role in public health emergencies, with a clear strategy, increased technical capacity at all levels, and an adapted supply plan to enable effective preparation." Based on the KIIs conducted for the CLE, the team supports efforts for greater clarity through strategy development or other means.

3. **More urgently, we note a lack of clarity among regional advisers (emergency, health) that should be addressed imminently.** At a minimum this would require a clarification of roles and responsibilities of the PHE team and health section for the benefit of regional support. Looking forward to availability of vaccines, diagnostics and therapeutics, more clarity of roles and responsibilities will be essential.

4. **The programme guidance document will be updated soon. Several steps are recommended:**
   - Emphasize, perhaps by highlighting regional experiences, integrated packages for related priorities (e.g. WASH and health on IPC; multi-sector focus on back to school).
   - Clarify the element of 'sequencing' and its intended application and review the utility of the criteria previously identified.

ANNEX 1: DATA COLLECTION

Our Inquiry: primary documents reviewed and FoTW for Round 1 Topics
Primary document sources

- Terms of Reference, Coronavirus disease COVID-19 Secretariat, UNICEF headquarters. Secretariat, 28 March 2020.

- UNICEF Emergency Procedures for Coronavirus (COVID-19) response, 20 March 2020 to 15 October 2020.

- Guidance Note on Programming Approaches and Priorities to Prevent, Mitigate and Address Immediate Health and Socio-economic Impacts of the COVID-19 Global Pandemic on Children.

- CEAP L3 – Global COVID-19 Pandemic: Activation of UNICEF Corporate Emergency Level 3 Scale-Up Procedure for the Global COVID-19 Pandemic – from 16 April to 15 October 2020.

Documents Used for Secondary Analysis

- Global SitReps

- Action Point Matrix

- HotSpot call "Asks"

- EMT call transcripts/recordings

- TET call transcripts/recordings

- Webinar transcripts and PPTs

- Pulse surveys

FoTW

- TET calls: 8 attended between May and August

- EMT calls: 3 attended between June and August

- Focal points calls: 5 attended between June and August

- HotSpot calls: 7 attended covering Eastern and Southern Africa, Haiti, Middle East and North Africa, South Asia (2x), East Asia and Pacific, Europe and Central Asia

- Webinars: 10 attended between June and July covering: NGO Webinar, Child Protection, Grant Management & Reporting, RCCE, Remote Monitoring, Social Protection, and WASH

- NGO briefings

- Resource mobilization coordination calls

ANNEX 2: DOCUMENTS REVIEWED

Deputy Director, Office of Internal Audit and Investigations "Thematic Review of the Global COVID-19 Level 3 Emergency Procedures – Terms of Reference", memo to Director, Office of Emergency Programmes, 3 August 2020.

Desai H. et al., *Managing to Adapt: Analyzing adaptive management for planning, monitoring, evaluation, and learning*, Oxfam Research Report, March 2018.

Inter-Agency Standing Committee, 'Interim Guidance Public Health and Social Measures for Covid-19 Preparedness and Response in Low Capacity and Humanitarian Settings - Version 1', May 2020.

Manuel Fontaine, Director, Office of Emergency Programmes, "Publishing COVID-19 Information by UNICEF", email to regional directors et al., 20 May 2020.

Manuel Fontaine, Director, Emergency Programmes, "Update on Covid-19 appeals, coordination arrangements and global secretariat", email to heads of office in headquarters and other heads of office, and regional and deputy regional directors, 28 March 2020.

Mercy Corp, International Rescue Committee, and ADAPT, *Adapting Aid Lessons from Six Case Studies*, July 2016.

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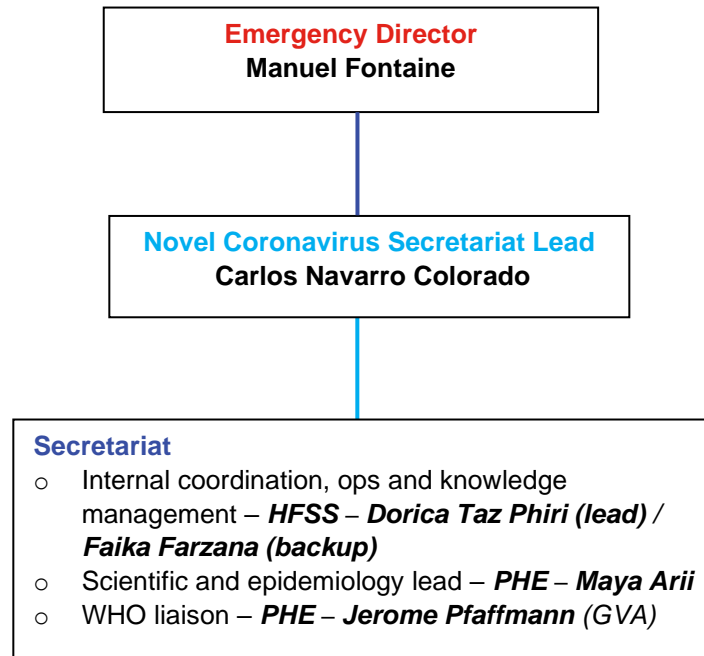
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ANNEX 3: KEY INFORMANT INTERVIEWS

Afshan Khan	Regional Director, Europe and Central Asia	Lisa Bender	Education Specialist, Programme Division
Anthea Moore	Emergency Specialist, Office of Emergency Operations	Maaike Arts	Regional Adviser Health, Latin America & Caribbean
Asako Saegusa	Regional Chief of Programme & Planning, East Asia and the Pacific	Marc Rubin	Regional Adviser Emergency, East Asia and Pacific
Atthawoot Sangkharat	Consultant, Humanitarian Coordination Support, Programme Division	Marie-Pierre Poirier	Regional Director, West and Central Africa
Basil Rodriques	Regional Adviser Health, Euroepe and Central Asia	Martin Eklund	Programme Specialist, Programme Division
Bernt Aasen	Regional Director, Latin America and the Caribbean	Manuel Fontaine	Director Emergency Programmes, Office of Emergency Operations
Carlos Navarro	Principal Adviser, Programme Division	Matthew Mcnaughton	Systems Analyst, Information and Communication Technology
Christine Muthee	Programme Specialist, East Asia and Pacific	Mohamed Malick Fall	Regional Director, East and South Africa
Cornelius Williams	Associate Director Child Protection, Programme Division	Nana Essah	Senior Emergency Manager, Supply Division
Dominic Richardson	Chief Social Policy & Economic Analysis, Office of Reserach	Nicola Bennett	Regional Chief of Emergency, West and Central Africa
Fatu Wurie	Emergency Specialist, Office of Emergency Operations	Patty Alleman	Senior Adviser, Programme Division
Flora Alexander	Chief, Division of Communication	Peter Leth	Research & Evaluation Manager, Supply Division
Gabriele Fontana	Regional Adviser Health, East and Southern Africa	Priya Marwah	Adolescent Development Manager, Programme Division
Gemma Orta-Martinez	Supply Chain Manager, Supply Division	Regev Ben Jacob	Peace building, Risk and Fragility, Programme Division
Genevieve Boutin	Deputy Director, Programe Divison	Rob Jenkins	Associate Director Education, Programme Division
Grant Leaity	Deputy Director, Office of Emergency Operations	Sajid Ali	Associate Director, Division of Human Resources
Jean Gough	Regional Director, South Asia	Sanjay Wijesekera	Director, Programme Division
Jennifer Taylor	Programme Specialist HACT, East and South Africa	Suvi Rautio	Deputy Director, Supply Division
Jose Luis Chung	Programme Officer, Latin America & Caribbean	Tasha Gill	Senior Adviser Child Protection, Programme Division
Joseph Barnes	Chief, Division of Analysis, Planning & Monitoring	Ted Chaiban	Regional Director, Middle East and North Africa
Karin Hulshof	Regional Director, East Asia and the Pacific	Thomas George	Senior Adviser, Programme Division
Karin Kallander	Senior Health Specialist, Programme Divison	Timothy Takona	Chief, Division of Analysis, Planning & Monitoring
Kate Alley	Statistics & Monitoring Specialist	Tom Olsen	Supply & Logistics Specialist, Supply Division

Kirstin Lange	Programme Specialist	Uyen Kim Huynh	Innovation Specialist, Evaluation Office
Koorosh Raffi	Regional Adviser Evaluation	Yannick Brand	Regional Adviser Emergency, Middle East & North Africa
Laure Anquez	WASH Specialist	Yuichi Kawamoto	Human Resources Manager
Laurie Markle	C4D Specialist		

ANNEX 4: EARLY SECRETARIAT STRUCTURE

Emergency Director
Manuel Fontaine

Novel Coronavirus Secretariat Lead
Carlos Navarro Colorado

Secretariat
o Internal coordination, ops and knowledge management – **HFSS** – **Dorica Taz Phiri (lead) / Faika Farzana (backup)**
o Scientific and epidemiology lead – **PHE** – **Maya Arii**
o WHO liaison – **PHE** – **Jerome Pfaffmann** (GVA)

Source: Novel Coronavirus (2019-nCoV) outbreak Memo as of 4 February 2020.

ANNEX 5: KNOWLEDGE MANAGEMENT PRODUCTS (AS OF OCTOBER 1ST)

By Topic	#
Adolescent engagement	8
Advocacy	3
C4D	14
Child protection	44
Climate and environment	3
Communications	8
Conflict and peacebuilding	1
Disabilities	6
Early childhood development	6
Education	39
Emergencies	3
Gender	8
Health	23
HIV/AIDS	13
Human resources	2
Human rights	1
Humanitarian action	1
Innovation	1
Knowledge management	2
Migration	14
Monitoring	6
Nutrition	20
Other	9
Parenting	3
Partnerships	16
Planning	3
Private Sector	1
Programme	2
Research	11
Social policy	11
Supply	2
WASH	19

By Type	#
Blog or article	15
Brief / Fact Sheet	51
External technical publication	12
Other	33
Programme guidance	28
Mapping	4
Lessons learned / Case studies	29
Training	3
Technical note	101
On-line knowledge hub	10
Strategy	6
Report	2
Research paper	10