

FINAL REPORT

May 2020

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Global Evaluation of UNICEF's WASH Programming in Protracted Crises, 2014–19

Results in Development



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PREFACE

In fragile and conflict-affected contexts, hundreds of millions of children are unable to access their right to safe water and basic sanitation. Such contexts are often characterized by poor infrastructure, underdeveloped systems, climate challenges, decreased donor attention and insecurity, which makes delivering and sustaining WASH services particularly challenging. To compound this, the length of the average humanitarian crisis has been increasing and now lasts for more than nine years – presenting even greater challenges for governments, agencies and donors to reach Sustainable Development Goal (SDG) commitments. Children in fragile protracted contexts are often more than eight times worse off across water, sanitation and hygiene (WASH) indicators than their counterparts in non-fragile contexts.

UNICEF is working tirelessly to reach affected populations in protracted crises, and WASH is now the single largest sector by expenditure of emergency funding in UNICEF. UNICEF is the lead agency in the global WASH sector and its commitments are affirmed in its current Strategic Plan, 2018–2021 under Goal Area 4: Every child lives in a safe and clean environment, and in its Global WASH Strategy 2016–2030.

With that view, it is critical to assess WASH programming efforts to meet the challenges particular to protracted crises, through high-quality evidence to inform decision making, learning and accountability. Structures and projects that were set up during the initial crisis period may become less applicable with time, and the need to shift to more development thinking is paramount. This evaluation presents a key opportunity to use credible evidence to take stock of what has and hasn't worked in various contexts and to determine paths forward to achieve objectives of equitable and sustainable access to water, sanitation and hygiene for all. Lessons from this evaluation may have applications across sectors which are also working to adapt programmes to shifting realities. It is my hope that the evaluation will not only inform future programming decisions but will also help UNICEF better bridge humanitarian and development work in some of the most challenging contexts in which we work, with a focus on longer-term planning, sustainability and outcome monitoring.

This evaluation was made possible through the collective efforts of UNICEF staff and partners across all levels. I'd like to thank Itad, the firm that conducted the evaluation work, and particularly evaluation team members Moira Reddick, Ben Harris, Enrico Leonardi, Cheryl McDonald, Katharina Welle, Eve McKinnon, Joseph Thompson and Simon Lowry-White for their significant efforts in producing this report. They were supported by efforts from Paul Balogun, Badra Yusuf Ali, Oula Aoun, Jihad Farah, Martha Keega and Sébastien Ngueuwou. I would also like to thank Leslie Morris-Iveson for her work in scoping of the evaluation. The Evaluation Advisory Group and colleagues in the WASH section were highly engaged throughout the process and provided valuable input and advice. Advisory Group members included: Kelly Ann Naylor, Jamal Shah, Guy Hutton, Laure Anquez, Kathleen Letshabo, Jane Mwangi,



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EXECUTIVE SUMMARY

Purpose of the evaluation

This Global Evaluation of UNICEF's WASH Programming in Protracted Crises (WiPC) is the first UNICEF global thematic evaluation focusing specifically on protracted crisis contexts. This evaluation provides both accountability for UNICEF's performance as well as learning and practical solutions for adapting WASH programming and ways of working to better meet the unique challenges of providing appropriate and sustainable WASH services in protracted crises.

WASH needs in protracted crises have increased considerably over the evaluation period. So has the UNICEF response. The evaluation explores the extent to which UNICEF has been able to meet corporate commitments for WiPC and whether tools and approaches designed largely for rapid-onset emergencies have been effective in protracted crises. It looks at whether UNICEF has been able to adapt and innovate programming as a crisis endures and evolves. The evaluation also looks at UNICEF's experience implementing linking humanitarian and development (LHD) for WiPC, and how well-placed the organization is to adapt its work to fully achieve its ambitions for LHD in WiPC.

Methodology

The evaluation used a mixed-methods approach as outlined in Figure i. Initial data gathering was based on extensive document reviews (of both internal and external documents) and quantitative data from UNICEF monitoring systems. Key informant interviews were undertaken with UNICEF, partner and donor staff at both country and global levels. Data from the perspective of the affected populations were collected via a series of transect walks. UNICEF country offices which took part in case studies submitted self-assessments, and a global online survey was circulated to UNICEF and partner staff. The data from these sources were collated in a series of separate evidence products (Figure i) including four field-based country case studies (Cameroon, Lebanon, Somalia, South Sudan) and two desk-based thematic case studies (UNICEF's WASH action in response to a public health crisis and UNICEF's support to WASH in urban crisis settings). These evidence sources formed the evidence base for this global evaluation report.



Figure i. Methods, data collection and analysis and synthesis of findings

	Evidence collection	Findings for each evidence product	Summary findings compiled in evidence matrix	SEQ-level evaluative judgement	RAG ratings and strength of evidence	Cross cutting conclusions
Global desk review	<ul style="list-style-type: none"> - Global document review - UNICEF, partner and sector documentation - UNICEF monitoring data 	<ul style="list-style-type: none"> - Evidence analysed against success criteria - Findings generated by SEQ 	<ul style="list-style-type: none"> - Individual summaries for each evidence product and SEQ - 13 x 9 matrix - 107 individual findings summaries 	<ul style="list-style-type: none"> - Evaluative judgement reached by analysing across each summary for relevant SEQ - Analysis undertaken at level of success criteria - Triangulating initial evaluative judgement against evidence from global level KILs 	<ul style="list-style-type: none"> - RAG rating provides visual overview of performance against each SEQ. Performance definitions developed for each type of benchmark - Strength of evidence based on assessment of extent of consistency across evidence products 	<ul style="list-style-type: none"> - Cross-cutting conclusions identified through analysis across SEQ-level evaluative judgements
Four field-based case studies	<ul style="list-style-type: none"> - Country-focused document review - UNICEF country office self-assessment - KILs - Intervention transect walks 	<ul style="list-style-type: none"> - Evidence analysed against success criteria - Findings generated by SEQ 				
Two desk-based thematic case studies	<ul style="list-style-type: none"> - Thematic focused document review - UNICEF country office self-assessment - Remote KILs 	<ul style="list-style-type: none"> - Evidence analysed against success criteria - Findings generated by SEQ 				
Online survey	<ul style="list-style-type: none"> - Survey sent to UNICEF WASH staff - Cascaded to UNICEF WASH partners 	<ul style="list-style-type: none"> - Survey questions aligned with SEQs and success criteria - Analysis presented by SEQ 				

Evaluation questions

● EVALUATION QUESTION 1:

To what extent has UNICEF achieved quality, including equity and inclusion, in WASH in protracted crises?

UNICEF country offices have performed strongly with regard to the application of key norms and sectoral standards in WiPC contexts. UNICEF staff and partners demonstrate awareness, application and often appropriate initial adaption of benchmarks to context. However, this adaption is seldom revisited as the crisis endures and needs and context change.

When the provision of WASH is considered at a crisis level there is a more complex picture: UNICEF broadly meets its coverage targets for basic drinking water but does not achieve targets for sanitation, hygiene, menstrual hygiene management and WASH in schools. This presents a challenge for UNICEF’s contribution towards meeting the Sustainable Development Goals and ensuring access to water and sanitation for all (SDG 6). These targets (most notably sanitation) are



frequently significantly lower than those for access to drinking water. This raises significant concerns about whether targets accurately reflect the WASH needs of the affected populations.

The strength of delivery against coverage standards was unfortunately not matched by an equal focus on broader quality standards, including equity and inclusion. This was a consistent and important finding in all contexts studied. A commitment to ensuring equity, inclusion and protection is clearly articulated in UNICEF's WASH Strategic Plan. However, the lack of emphasis on these commitments in programming and the lack of clarity on how to measure equity in WiPC meant that UNICEF could not demonstrate that vulnerable and marginalized groups accessed and benefited equally from WASH interventions. There is progress in some contexts on better understanding the gender dynamics for WiPC, but there are significant shortfalls in understanding and addressing the needs of people with disabilities. A systematic lack of attention to the safety of users is relevant for all vulnerable groups.

UNICEF has some examples of good practice in including users in the design and implementation of its WiPC response which form a foundation that should be rapidly built upon across the organization. At present, country office WASH sections do not systematically take steps to ensure user consultation and participation. Nor are there appropriate country office (or sector-wide) mechanisms to substitute for this. The absence of oversight by UNICEF of complaints and feedback mechanisms is a significant failing: in a protracted crisis where needs typically evolve this diminishes the relevance and appropriateness of services.

The technical quality of UNICEF-supported WASH services is generally good. However, reliability of services – ensuring that access is sustained throughout a protracted crisis – is mixed. There are particular shortcomings for sanitation that suggest the need to do much more to adopt a systems approach to operation and maintenance of WASH services at the country level. As UNICEF considers how to ensure WASH services can adapt over time in protracted crises, application of key LHD elements, as well as contextual institutional, social, environmental and technological factors will be vital.

● **EVALUATION QUESTION 2:**

How well has UNICEF exercised leadership and coordination roles for WASH in protracted crises?

.....

At its best, UNICEF plays a coordination role at crisis level that would be impossible for other agencies to provide: partners are repeatedly positive about the role UNICEF (as cluster or sector lead) takes in engaging with local governments and how this can facilitate better access and development of WASH policies.



There is also evidence of effective operational coordination at the cluster level – the 4Ws process is well established in nearly all contexts and is effective in avoiding duplication of effort and identifying some gaps in service provision among WASH actors. However, an effective response to a protracted crisis also requires WASH clusters to provide more leadership on developing longer-term approaches and the transition to government leadership of sectors. Currently, many clusters are not meeting all these minimum requirements.

The Global WASH Cluster (GWC) is generally seen as effective in the support it provides to national clusters and there is evidence that UNICEF (both the in the GWC and at headquarters) has taken the necessary action to course correct when coordination has not been acceptable.

The role UNICEF plays as the provider of last resort (PLR) creates unique pressures and risks for the organization. At present PLR commitments are interpreted differently in countries and – in some contexts – the resulting resource demands are crippling UNICEF’s ability to be effective.

There is a perception throughout the humanitarian WASH sector that UNICEF has lost ground on thought leadership and influence at the global level in WiPC, although the Global WASH Cluster is widely seen as the best expression of UNICEF leadership for WASH in protracted crises. This loss of ground is recognized by UNICEF, which is already taking action to address this concern – such as through the *Water Under Fire* campaign, launched in 2019.

● **EVALUATION QUESTION 3:**

How well has UNICEF monitored and reported the results of its WASH programming in protracted crises?
.....

UNICEF has adequate systems in place to collect and report the minimum expected level of data on outputs of WASH programming in WiPC. However, there are significant shortcomings in these systems including data inaccuracy, inconsistent and incomplete data sets and unnecessary complexities in managing multiple monitoring systems. UNICEF does not routinely collect data that go beyond outputs to understand the outcomes of WASH interventions (e.g., actual usage of facilities or demonstrated behaviour change). Without such data, UNICEF cannot understand programme effectiveness for WiPC and make appropriate course correction or programme changes. Where data are available, there is limited evidence of WASH programming decisions being informed by data beyond their use to identify areas of intervention.

Significantly, due to an absence of evidence, this evaluation could not make a judgement on what changes in the lives of affected populations are associated with UNICEF’s WiPC. This is because – with the clear exception of cholera



programming – there is seldom clear articulation of what change is expected and what role WASH programming plays in this. Where expected changes are defined, programmes are not designed or monitored specifically to achieve this.

● **EVALUATION QUESTION 4:**

To what extent has UNICEF had the capacity to implement a timely and effective WASH in protracted crises response?

The various surge mechanisms (including stand-by partners) typically have well-filled WASH rosters. However, these are under-utilized in UNICEF’s protracted crises responses. In some cases, this is a deliberate decision by country offices, but there is also evidence that the use of surge depends heavily on the familiarity of senior country office staff with the various surge mechanisms.

UNICEF has taken action to address recognized weaknesses in its Emergency Preparedness Procedure (EPP) systems. Within WiPC specifically, there are good examples of preparedness initiatives, but progress on all aspects of EPP is not uniform throughout contexts studied. There is a need for better orientation of leadership in protracted crisis on preparedness mechanisms such as EPP and surge mechanisms.

UNICEF’s development and management of partnership portfolios at crisis level was found to be efficient, effective and context-appropriate overall. Country offices adapt partnerships over time, although these efforts are not always framed by coherent strategies. The absence of strategy can mean that partnership portfolios are not diverse or, with some limited exceptions, sufficiently driven by the localization agenda. Many UNICEF staff identified lack of funding a key limitation in developing deeper and more effective partnerships.

Collaborations with government entities are at the core of UNICEF WASH partnership networks and are largely positive.

There are good examples of private sector partnerships providing WASH services in protracted crises. However, overall, efficiency rather than effectiveness or context appropriateness was found to be the driving factor in pursuing these partnerships.

● **EVALUATION QUESTION 5:**

To what extent has UNICEF ensured linkages, coherence and mutual reinforcement of its WASH in action in protracted crises with longer-term development aspects?

UNICEF has been proactive and made progress in providing country offices with clarity around requirements and expectations of including LHD in programme planning and design during crises. The corporate commitment to LHD has been



maintained and clarified, and has evolved throughout the evaluation period – culminating in the 2019 LHD Procedure. Yet LHD has not yet been defined in any corporate document (not even the 2019 Procedure).

There is not yet evidence that UNICEF has seen these corporate commitments manifested in programme planning and design in emergencies and there is a gap between corporate commitments to LHD, on the one hand, and providing country offices with operational guidance and tools to implement LHD in WiPC on the other. While UNICEF has invested heavily in reinforcing the LHD concept and terminology, this terminology is not commonly accepted across the sector (or within UNICEF country offices) compared with the more commonly accepted ‘nexus’ terminology.

At crisis level, there are individual positive examples (many of which have been previously documented) that illustrate the principles underpinning UNICEF’s LHD commitments. However, there is not yet sufficient shared understanding of the LHD approach during emergencies or examples of coherent application of the six key elements of LHD: risk-informed programming; LHD-led needs assessments and analysis; adoption of longer-term, predictable and flexible funding modalities; continued user engagement through participation in design and feedback mechanisms; systems strengthening of national and local humanitarian WASH systems and capacity; and context-adapted and effective cash-based interventions. Notably, there was a near-complete absence of cash-based interventions for WiPC or evidence that cash had been considered as a potential modality.

Conclusions

As the number and duration of protracted crises continues to increase, it is critical that UNICEF sustain and increase operational and strategic capacity to deliver and lead on WASH in protracted crises. As the world makes progress towards availability and sustainable management of safe water and sanitation for all (SDG 6), WASH needs in protracted contexts will increasingly come to encompass the ‘last mile’ on a global level. SDG 6 cannot be achieved without immediate and focused attention on changing ways of working for WiPC.

One key challenge is that UNICEF does not clearly distinguish early enough between a sudden-onset and protracted crisis response; it does not have the institutional culture to analyse and report on activities and barriers to transcending silos to activate an LHD approach.

UNICEF has had considerable success meeting targets for water supply in protracted crisis but has had less success meeting sanitation and hygiene targets. There is a discrepancy between targets for water and those for sanitation and hygiene – this suggests that insufficient attention is given to sanitation and hygiene needs. The absence of analysis and rationale justifying this discrepancy poses an ongoing reputational risk to UNICEF and puts in jeopardy the achievement of SDG 6.



Operation and maintenance of facilities is largely efficient – while UNICEF continues programming essential services are delivered, although there is less confidence in the long-term reliability of services.

UNICEF’s ability to be truly accountable to affected populations is limited by the fact that WASH sections in protracted crisis contexts do not clearly articulate the outcomes or changes in lives that are expected as a result of WiPC action. As a result, appropriate data on outcomes of WASH programming are not routinely collected and it is not possible to reach conclusions on results and inform advocacy.

WASH programming in protracted crises is not data-informed. UNICEF collects and reports on extensive data on outputs, but the lack of suitable data on outcomes precludes a true understanding of programme effectiveness and an appropriate response. Staff are not making the best use of those data that are available. Additionally, inconsistency between data sets and data quality weaknesses raise concerns about the accuracy of global results reporting.

There is a significant emphasis on standards and norms for service provision and coverage, which take priority over equity and quality commitments. This means that UNICEF is not able to demonstrate to affected populations and key donors whether it is meeting equity or quality standards. The lack of disaggregated data and an absence of user engagement mechanisms compound this problem. This is a particular concern in relation to the needs of disabled users of WASH facilities. More broadly, the lack of user engagement mechanisms and monitoring means that UNICEF cannot be sure that WASH interventions ensure the safety of users.

Partnerships are a core strength of UNICEF WASH programming in protracted crises and appear to be generally well managed. This is particularly true for relationships with government and local authorities. There are examples of good support given to local NGOs, but there is no evidence that in WiPC partnership decisions are driven by a long-term view or by a localization strategy. Partnerships with local NGOs often fail to evolve past project-based or individual contracts. There are good examples of private sector partnerships delivering services in challenging environments. However, attention is required to address what appears to be a repeated pattern of private sector weakness in user engagement and accountability to affected populations.

At the global level, the Global WASH Cluster is regarded as the best expression of UNICEF leadership for WiPC. However, UNICEF is widely considered to have lost ground in terms of thought leadership on WiPC. UNICEF has taken constructive action in the last year to re-engage and present analysis on sectoral evolution but this has not – yet – been sufficient. A key challenge will be maintaining thought leadership as a priority in WiPC and keeping momentum, regardless of operational challenges.

During crises, sector or cluster coordination is generally strong, and UNICEF and the Global WASH Cluster are typically proactively addressing shortcomings. There is a focus on operational coordination. In WiPC, however, there is a clear need



for clusters to go beyond this and provide insight and direction to the sector on longer-term approaches and solutions. The provider of last resort role has meant that UNICEF country offices enter into open-ended commitments to deliver essential services without fully managing the financial and operational risks this commitment entails for UNICEF.

UNICEF is still developing its strategy and capacity for urban WASH interventions. The organization does not have appropriate internal expertise and processes to take on large-scale urban WASH infrastructure projects. Where country offices have undertaken interventions of this type they have not been systematically accompanied by appropriate risk-management and oversight measures. There are also concerns about the UNICEF's ability to adequately support municipal authorities and utilities. UNICEF's recent *Global Framework for Urban Water, Sanitation and Hygiene* addresses the growing number of crises in urban contexts and sets out the organization's core strengths. It places systems strengthening approaches at the core of UNICEF's work in urban WASH. It does not reference large-scale infrastructure interventions. While this approach is in line with our findings on UNICEF's weakness on infrastructure, country offices may need additional capacities to properly support service providers.

UNICEF has set out a transformational agenda in its work on linking humanitarian and development which – if applied in full – will require a step-change in its WASH programming in protracted crises. However, the field is not currently in a position to implement these changes with the level of detail and documentation required. WASH sections in UNICEF country offices frequently perceive that they are already implementing LHD, but there is a significant gap between what is happening on the ground and what is required by the new LHD Procedure.

UNICEF is not currently mainstreaming key pillars of the LHD approach in WiPC, namely risk-informed programming, integrated needs assessments and analysis and comprehensive user engagement. The lack of analysis and risk management means that risks are not sufficiently escalated or aggregated through the organization. This is a particular issue in protracted crises when commitments can sustain and multiply.

For WiPC, as with other sectors, early application of LHD principles to all programming in initial crisis response is critical to maximize resources and support multi-year planning: country offices must take steps to evolve programming beyond humanitarian modalities while resources and capacity are available.

A significant barrier to the ability of UNICEF to fully adapt to the LHD agenda is that country office WASH sections dealing with protracted crises are typically stretched simply ensuring ongoing provision of basic WASH services, and do not have the bandwidth necessary to implement the required changes. The humanitarian imperative to meet the basic needs of the affected population is impeding UNICEF's ability to innovate and adapt while evolving its WASH role in protracted crises away from operational delivery.



Recommendations

● 1. DEVELOP AN ORGANIZATIONAL DEFINITION OF PROTRACTED CRISES

This should identify appropriate triggers for considering different ways of working. Such a definition should also articulate the different forms protracted crises may take. The drive towards integrated programming means that this definition should apply to all programming, not only WASH.

Responsible: EMOPS and Programme Division

● 2. ENSURE AN EQUAL FOCUS ON WATER AND SANITATION/HYGIENE

Ensure that there is an understanding – at the global, regional and country level – of the reasons for any discrepancy between water and sanitation/hygiene targets. If UNICEF does not plan to meet water and sanitation needs equally, it must ensure that there is a robust contextual and technical justification for this. Targets where water and sanitation differ considerably should not be accepted without such a justification. UNICEF should also look at how targets change over time in protracted crises – for example, while an early response may justifiably focus on water supply, this should be rectified as soon as the context allows.

Responsible: WASH-PD, Global WASH Cluster, regional offices, country offices



● 3. ARTICULATE THE CHANGES THAT ARE EXPECTED TO RESULT FROM WASH PROGRAMMING IN PROTRACTED CRISES

UNICEF should:

- a) Establish a clear understanding of the intended outcomes of WASH programming in protracted crises at the country level at the programme design stage and articulate how changes in lives will be monitored and measured. Agreed outcomes should be documented and monitored and country offices should develop a strategic approach towards progress against these outcomes over time, adjusting programming as the context and needs evolve.
- b) Headquarters and regional staff can support this work by clearly articulating the range of outcomes that could reasonably be expected from WASH programming in protracted crisis; providing guidance on the comprehensive programming approaches which are likely to be necessary to achieve these outcomes (including integrated programming); and providing advice on design of appropriate monitoring systems.

Responsible: country offices, with support from regional offices, WASH-PD

● 4. IMPROVE THE COLLECTION AND USE OF DATA FOR WASH PROGRAMMING IN PROTRACTED CRISES

Ensure that WASH programming in protracted crises is designed and adapted over time based on robust data and evidence to deliver for the needs of affected populations and be responsive to changes in context and need:

- a) UNICEF should require country offices to put in place robust data quality assurance processes to ensure that conclusions drawn from data are valid and based on mandated minimum monitoring requirements.
- b) A data use plan should be included in all country office monitoring and evaluation documentation (whether at project or programme level) to guide the use of data to review programme effectiveness and make informed decisions on revised or new programming. This data use plan should identify data users (including partners and government); the data required to inform programming; availability of these data (including from pre-existing or cross-sectoral sources); and a schedule for reviewing and acting upon these data.
- c) Continuous context and risk assessment is required to ensure all operations remain relevant to context and need. Risk assessment should be discussed at country office management meetings and escalated according to agreed triggers.



- d) Review how country offices can effectively harmonize monitoring systems used for humanitarian and for development programming, including management of risk if programming is transitioning between humanitarian and development modalities. Monitoring systems must be relevant to the stated programme objectives, including collecting outcome-level data where possible.
- e) UNICEF headquarters must help country offices put in place the necessary quality assurance and adaptation tools needed to collect this level of data. UNICEF should develop a mechanism that would prevent country offices resources being expended on developing data collection/monitoring systems that duplicate existing tools.

Responsible: DAPM, EMOPS, WASH-PD, regional offices, country offices

● 5. ENSURE QUALITY AND EQUITY CONSIDERATIONS ARE GIVEN EQUAL WEIGHT WITH COVERAGE

Ensure that quality and equity are considered equally with coverage standards.

- a) Accountability for quality standards should be equal to that of service standards from design onwards.
- b) Comprehensive data disaggregation is required to ensure programmes meet the needs of marginalized groups. One priority for immediate attention in terms of data disaggregation is people living with disability.
- c) It is essential that staff and partners commit to implementing user engagement mechanisms (paying special attention to vulnerable or marginalized groups) from design through programming. Such qualitative data must be used to ensure that coverage for marginalized groups demonstrably meets individuals' identified needs. UNICEF should immediately undertake remedial work in this area in current protracted crises. Where possible, user engagement mechanisms should be cross-sectoral.
- d) The lack of capacity for monitoring quality standards should not be underestimated, and country offices should be adequately supported to address this.

Responsible: DAPM, EMOPS, WASH-PD, regional offices, country offices

● 6. BUILD PARTNERSHIPS THAT FULLY EMBRACE LOCALIZATION

Enhance the current model of contractual-based partnerships for WiPC to ensure that they transcend mere contractual relationships and embody all aspects of UNICEF's commitments to localization.



- a) Ensure that country office WASH sections understand the UNICEF definition of localization and the implications this has for WASH programming, and that they include planning on advancing localization within their outcome approach and analysis.
- b) Capture learning from existing country office programmes and consolidate this at the regional and global levels to develop an organization-wide understanding of how successful private sector partnerships work and could be replicated/adapted. Particular attention should be paid to the unique risks around accountability to affected populations, equity and sustainability arising from working with private sector providers. Future private sector partnerships must include mitigation approaches for failure to monitor user engagement at design phase.

Responsible: WASH-PD, WASH Unit in Supply Division, WASH Sections in country offices and regional offices

● 7. RECLAIM UNICEF'S THOUGHT LEADERSHIP ROLE FOR WiPC

Consider how UNICEF can best add value in thought leadership for WiPC over the next decade by laying out a 10-year plan of action that could be launched at a relevant global sectoral event during 2020.

- a) UNICEF should further the 'WASH under Fire' agenda and the LHD agenda in urban response and consider investing in appropriate additional capacity at a regional level. Regional offices should be proactive in strengthening knowledge management and identifying priority areas for country office support.
- b) UNICEF should look at how WASH clusters/sectors can expand their capacity to address specific issues and challenges related to protracted crises and undertake coordination roles beyond coordination of activities (through the 4Ws) as programming moves beyond initial service delivery in protracted crises. This should include the specific challenges which occur when there is sector rather than cluster coordination.

Responsible: WASH-PD, Global WASH Cluster, CERP, EMOPS, regional offices

● 8. STRENGTHEN ACCOUNTABILITY FOR CLUSTER COORDINATION

Steps should be taken to strengthen UNICEF accountability for the role of cluster lead agency for WASH and to ensure that national clusters and/or sectors meet all minimum requirements for fulfilling the core functions of this leadership role.

- a) Support training and strengthen guidance for country office leadership teams on the role of UNICEF as cluster lead agency for WASH. Highlight the broader requirements of this leadership role beyond core function one (To support service



delivery by: providing a platform that ensures service delivery is driven by the Humanitarian Response Plan and strategic priorities; and developing mechanisms to eliminate duplication of service delivery).

- b) In places where the WASH Cluster is activated, UNICEF should ensure that the country office understands what the role of provider of last resort (PLR) entails, and in what contexts this might require UNICEF to manage service delivery. Where UNICEF does assume service delivery responsibilities as provider of last resort, country offices should be required to conduct a risk analysis to understand the institutional, financial and programmatic implications in the medium- and long-term.

Responsible: Global WASH Cluster, WASH-PD, EMOPS

9. BUILD ON UNICEF'S CORE STRENGTHS IN URBAN WASH

Where a WASH response in protracted crises requires the construction or rehabilitation of infrastructure in an urban setting, UNICEF should carefully consider the feasibility and desirability of entering into long-term, large-scale infrastructure projects which will require extensive engineering input over a significant period, along with the risk this commitment poses to delivery on other commitments.

- a) Wherever feasible, UNICEF should facilitate other actors (including the government where appropriate) to undertake such infrastructure work. In such a scenario, UNICEF should lead on systems strengthening approaches wherever possible.
- b) Where it is necessary for UNICEF to undertake such infrastructure work to ensure service provision, the organization should undertake an exhaustive risk assessment before entering into the project and implement extensive risk management and oversight processes at a senior country office level.

Responsible: country offices, WASH-PD

10. ENSURE THAT WiPC PROGRAMMES ALIGN WITH UNICEF'S COMMITMENTS TO LHD

Ensure that the country office outcome strategy is aligned with the LHD approach (*see Recommendation 3*) and that the country office consistently implements all relevant components of LHD.

- a) UNICEF should consider the feasibility of requiring country offices to conduct an internal reflection of the WASH country programme at the point when analysis suggests that the context is likely to become a protracted crisis. This should be led by a dedicated senior staff member. This could be part of broader multi-sectoral



reflection within the country office. The time to take a medium- and long-term approach is early in the response (within the first six months), while attention and resources are still available.

- b) UNICEF should transition from a linear approach to one more in line with the LHD Procedure. This entails country offices demonstrating that they are adjusting in response to an evolving context and using conflict and risk analyses that cross silos (both sectoral and humanitarian-development). They should integrate preparedness and link this to analysis, all mainstreamed within country office planning processes. Country offices should include in their programming proactive actions to reduce risks and strengthen resilience.
- c) Headquarters should communicate to country offices and WASH sections an expectation that they will consider, as part of context and risk analysis, the feasibility of alternative approaches to delivery including cash transfers and cross-sectoral work. Just as important, they should be able to explain where this approach is not relevant.

Responsible: CERP, country offices, EMOPS, WASH-PD, Global WASH Cluster

● 11. BUILD COUNTRY OFFICE CAPACITY FOR NEW WAYS OF WORKING

Ensure timely and appropriate support to country offices to deliver these changes. At present the pressure to continue service delivery poses significant resource stresses on country offices. Without additional capacity these changes will not be possible.

- a) Assess whether the current human resources competencies and surge mechanisms are fit for purpose for protracted crises and adapt them accordingly. Address identified gaps by recruiting appropriate capacity for any additional required specializations. UNICEF should also accept that support of this nature cannot be short term because country offices require support over time in protracted crises to plan, influence and deliver change.

Responsible: Programme Division, EMOPS, regional offices, DHR



RÉSUMÉ ANALYTIQUE

Finalité de cette évaluation

La présente Évaluation mondiale des programmes EAH de l'UNICEF en situation de crise prolongée (WASH Programming in Protracted Crises, WiPC) est la première évaluation thématique mondiale de l'UNICEF axée sur les crises prolongées. Elle rend compte des performances de l'UNICEF, mais fournit aussi des solutions pédagogiques et pratiques propices à l'adaptation des programmes EAH et des méthodes de travail, dans l'optique de mieux relever les défis inhérents à la prestation de services EAH appropriés et durables en situation de crise prolongée.

Les besoins en matière d'EAH dans les crises prolongées ont considérablement augmenté au cours de la période d'évaluation. Et l'UNICEF a su intensifier son action. Cette évaluation étudie dans quelle mesure l'UNICEF est parvenu à tenir ses engagements dans le domaine WiPC et détermine si les outils et approches pensés en priorité pour les crises à évolution rapide s'avèrent efficaces en situation de crise prolongée. Elle se penche en outre sur les capacités d'adaptation des programmes et d'innovation dont fait preuve l'UNICEF lorsqu'une crise se prolonge et évolue. Cette évaluation analyse enfin l'expérience de l'UNICEF en ce qui concerne l'établissement de liens entre action humanitaire et développement (LHD) dans le cadre des programmes WiPC, et étudie dans quelle mesure l'organisation est prête à adapter son action pour concrétiser pleinement ses ambitions en la matière.

Méthodologie

Cette évaluation repose sur l'association de plusieurs méthodes décrites à la Figure i. Les données d'origine ont été recueillies dans le cadre d'une recherche documentaire approfondie (documents internes et externes). Les données quantitatives sont quant à elles issues des systèmes de suivi de l'UNICEF. Les entretiens avec les informateurs clés ont été menés auprès du personnel de l'UNICEF, de ses partenaires et de ses donateurs à l'échelle nationale et internationale. Les données du point de vue des populations concernées ont été recueillies à travers une série de transects. Les bureaux de pays de l'UNICEF ayant participé à des études de cas ont rempli des auto-évaluations. En outre, une enquête mondiale en ligne a été diffusée auprès du personnel de l'UNICEF et de ses partenaires. Les données provenant de ces sources ont été compilées au sein de documents probants distincts (Figure i), dont quatre études de cas nationales sur le terrain (Cameroun, Liban, Somalie, Soudan du Sud) et deux études de cas thématiques de nature théorique (action EAH de l'UNICEF face à une crise de santé publique et soutien de l'UNICEF en matière d'EAH en cas de crise en milieu urbain). Ces sources constituent la base de données probantes sur laquelle se fonde ce rapport d'évaluation mondiale.



Figure i. Méthodes, collecte de données, et analyse et synthèse des résultats

	Collecte de données probantes	Conclusions par document probant	Conclusions synthétiques compilées dans la matrice des données probantes	Jugement d'évaluation au niveau des QSE	Notations rouge-jaune-vert et force de la preuve	Conclusions transversales
Recherche documentaire mondiale	<ul style="list-style-type: none"> - Recherche documentaire mondiale - Documents de l'UNICEF, des partenaires et du secteur - Données de suivi de l'UNICEF 	<ul style="list-style-type: none"> - Analyse des données probantes au regard des critères de réussite - Conclusions générées à partir de QSE 	<ul style="list-style-type: none"> - Résumé distinct pour chaque document probant et QSE - Matrice 13 x 9 - 107 conclusions synthétiques distinctes 	<ul style="list-style-type: none"> - Jugement d'évaluation déterminé par analyse de chaque résumé relatif à la QSE pertinente - Analyse réalisée au niveau des critères de réussite - Triangulation du jugement d'évaluation initial au regard des données probantes issues des entretiens avec les informateurs clés à l'échelle mondiale 	<ul style="list-style-type: none"> - Notation RJV offrant une représentation visuelle des performances au regard de chaque QSE. Définition des performances pour chaque type d'indicateur de référence - Force de la preuve fondée sur l'évaluation du degré de cohérence entre les documents probants 	<ul style="list-style-type: none"> - Conclusions transversales obtenues par analyse recoupant les jugements d'évaluation au niveau des QSE
Quatre études de cas sur le terrain	<ul style="list-style-type: none"> - Recherche documentaire nationale - Auto-évaluation des bureaux de pays de l'UNICEF - Entretiens avec les informateurs clés - Transects 	<ul style="list-style-type: none"> - Analyse des données probantes au regard des critères de réussite - Conclusions générées à partir de QSE 				
Deux études de cas thématiques de nature théorique	<ul style="list-style-type: none"> - Recherche documentaire thématique - Auto-évaluation des bureaux de pays de l'UNICEF - Entretiens à distance avec les informateurs clés 	<ul style="list-style-type: none"> - Analyse des données probantes au regard des critères de réussite - Conclusions générées à partir de QSE 				
Enquête en ligne	<ul style="list-style-type: none"> - Enquête envoyée au personnel EAH de l'UNICEF - Transmission aux partenaires EAH de l'UNICEF 	<ul style="list-style-type: none"> - Questionnaire d'enquête en accord avec les QSE et les critères de réussite - Présentation de l'analyse par QSE 				

Questionnaire d'évaluation

● QUESTION D'ÉVALUATION NO1:

Dans quelle mesure l'UNICEF est-il parvenu à fournir des programmes EAH de qualité, dans le respect des principes d'équité et d'inclusion notamment, en situation de crise prolongée ? (QE 1)

Les bureaux de pays de l'UNICEF se sont avérés très performants dans la mise en application des normes essentielles et sectorielles dans le domaine WiPC. Le personnel de l'UNICEF et ses partenaires ont bien tenu compte du contexte, ont agi



avec pertinence et ont souvent adapté d'emblée les indicateurs de référence à la situation. Toutefois, cette adaptation initiale est rarement réévaluée lorsque la crise se prolonge et que les besoins et le contexte évoluent.

La prestation de services EAH envisagée à l'échelle d'une crise offre un tableau plus complexe : l'UNICEF atteint globalement ses cibles de couverture concernant les services essentiels d'approvisionnement en eau potable, mais ce n'est pas le cas des cibles en matière d'assainissement, d'hygiène, de gestion de l'hygiène menstruelle et d'EAH dans les écoles. Or, cela freine la contribution de l'UNICEF aux objectifs de développement durable et en particulier à l'ODD 6 : Garantir l'accès de tous à des services d'alimentation en eau et d'assainissement. Ces cibles (principalement en matière d'assainissement) sont souvent très inférieures à celles définies pour l'accès à l'eau potable. Il faut donc s'inquiéter de savoir si les cibles reflètent avec exactitude les besoins en matière d'EAH des populations concernées.

Si la prestation s'est faite dans le respect des normes de couverture, la satisfaction de normes de qualité plus générales, notamment l'équité et l'inclusion, n'a malheureusement pas fait l'objet de la même attention. Il s'agit là d'une conclusion majeure observée de manière systématique dans tous les contextes étudiés. Dans son plan stratégique pour le secteur EAH, l'UNICEF s'engage clairement à garantir l'équité, l'inclusion et la protection. Néanmoins, ces engagements ne sont pas suffisamment mis en avant dans les programmes et les méthodes d'évaluation de l'équité dans le domaine WiPC manquent de clarté, d'où l'impossibilité pour l'UNICEF de démontrer que les groupes vulnérables et marginalisés ont bénéficié des mêmes conditions d'accès aux services EAH. Dans certains contextes, un effort pour mieux comprendre la dynamique des genres a été observé dans le domaine WiPC, mais d'importantes lacunes sont à déplorer en ce qui concerne la compréhension et la satisfaction des besoins des personnes handicapées. Un manque systématique d'attention à la sécurité des usagers est constaté pour l'ensemble des groupes vulnérables.

L'UNICEF offre quelques exemples de bonnes pratiques d'inclusion des usagers dans la conception et la mise en œuvre de ses programmes WiPC, et il convient d'en tirer rapidement parti à l'échelle de l'organisation. À l'heure actuelle, les sections EAH des bureaux de pays ne prennent pas systématiquement les mesures permettant d'assurer la consultation et la participation des usagers. Et il n'existe pas non plus de mécanismes de remplacement nationaux (ou sectoriels) appropriés. L'absence de contrôle par l'UNICEF des mécanismes de plainte et de rétroaction est un manquement majeur : en situation de crise prolongée, généralement sujette à une évolution des besoins, cela diminue la pertinence et l'adéquation des services.

La qualité technique des services EAH soutenus par l'UNICEF est généralement bonne. Toutefois, la fiabilité des services (avec la garantie d'un accès pérenne tout au long d'une crise prolongée) est mitigée. En particulier, les défaillances observées dans le domaine de l'assainissement suggèrent la nécessité d'aller beaucoup plus loin dans l'adoption d'une approche systémique d'exploitation et de maintenance des services EAH à l'échelle nationale. La mise en place de composantes LHD essentielles, au même titre que d'autres facteurs contextuels sur le plan institutionnel, social, environnemental et technologique, sera cruciale dans les moyens que l'UNICEF déploiera pour garantir que les services EAH sont capables de s'adapter au fur et à mesure en cas de crise prolongée.



● **QUESTION D'ÉVALUATION NO2:**
Dans quelle mesure l'UNICEF a-t-il bien joué son rôle de leader et de coordonnateur des programmes EAH en situation de crise prolongée ?
.....

Dans des conditions idéales, l'UNICEF jouit d'une position inédite lui permettant d'assurer, comme aucun autre organisme ne pourrait le faire, la coordination à l'échelle d'une crise : les partenaires ont un avis général positif sur le rôle joué par l'UNICEF (en tant que chef de file thématique ou sectoriel) dans la mobilisation des gouvernements locaux et sur sa faculté à faciliter l'accès et favoriser l'élaboration de politiques EAH.

La coordination opérationnelle à l'échelle du groupe thématique (« cluster ») s'avère également efficace : le processus QQQQ (qui, quoi, où, quand) est bien ancré dans presque tous les contextes et permet d'éviter les efforts redondants, tout en décelant les ruptures de prestation des services parmi les acteurs du secteur EAH. Néanmoins, pour qu'une intervention soit efficace en situation de crise prolongée, les clusters EAH doivent également faire preuve d'un plus grand leadership en vue d'élaborer des approches à long terme. La transition vers un leadership gouvernemental des secteurs est également requise. Actuellement, bon nombre de clusters ne satisfont pas à l'ensemble de ces exigences minimales.

Le cluster EAH mondial offre généralement un soutien jugé efficace aux clusters nationaux et il existe des éléments prouvant que l'UNICEF (à la fois dans le cadre du cluster EAH mondial et au siège) a entrepris les actions nécessaires pour rectifier le cap lorsque la coordination n'était pas acceptable.

Le rôle de l'UNICEF en tant que « fournisseur de dernier recours » exerce des pressions exceptionnelles et engendre des risques spécifiques pour l'organisation. À l'heure actuelle, les engagements au titre de fournisseur de dernier recours sont interprétés différemment selon les pays et, dans certains contextes, la mobilisation des ressources à cette fin empêche l'UNICEF d'agir efficacement.

De manière générale, les acteurs humanitaires du secteur EAH ont le sentiment que l'UNICEF n'est plus un leader d'opinion aussi influent au niveau mondial dans le domaine WiPC, même si l'UNICEF tient largement son rôle de chef de file du cluster EAH mondial en situation de crise prolongée. Conscient de cette perte de terrain, l'UNICEF a déjà pris des mesures pour régler le problème, notamment avec le lancement de la campagne « L'eau sous le feu des bombes » en 2019.

● **QUESTION D'ÉVALUATION NO3:**
L'UNICEF a-t-il bien suivi et rendu compte des résultats de ses programmes EAH en situation de crise prolongée ?
.....

L'UNICEF dispose de systèmes adéquats lui permettant de recueillir le niveau minimum attendu de données et de rendre compte des produits issus des programmes EAH en situation de crise prolongée. Cependant, ces systèmes présentent des défauts majeurs : inexactitude des données, manque de cohérence et



d'exhaustivité des ensembles de données, complexités superflues en raison des multiples systèmes de suivi à gérer. L'UNICEF n'assure pas une collecte régulière de données au-delà des produits de façon à comprendre les effets des interventions EAH (usage réel des installations, démonstration d'un changement des comportements, par exemple). En l'absence de telles données, l'UNICEF ne peut pas analyser l'efficacité des programmes WiPC et rectifier le cap ou apporter les modifications requises lorsque cela s'impose. Par ailleurs, peu d'éléments probants montrent que les décisions relatives aux programmes EAH sont éclairées par les données disponibles, sauf lorsqu'il s'agit de cerner les domaines d'intervention.

Ainsi, il est important de noter que, faute de données probantes, cette évaluation n'a pas pu déterminer quels changements dans la vie des populations concernées sont associés aux programmes WiPC de l'UNICEF. Cela s'explique par le fait qu'en dehors des programmes de lutte contre le choléra, qui constituent manifestement l'exception, l'UNICEF formule rarement une corrélation claire entre les changements attendus et le rôle joué par les programmes EAH pour y parvenir. Et lorsque les changements attendus sont définis, les programmes ne sont pas spécifiquement conçus pour les concrétiser et aucun suivi n'est prévu.

● **QUESTION D'ÉVALUATION NO4:**

Dans quelle mesure l'UNICEF a-t-il eu la capacité de mettre en œuvre rapidement des programmes EAH efficaces en situation de crise prolongée ?

Les divers mécanismes de renfort (dont les partenaires de réserve) disposent généralement d'effectifs fournis dans le secteur EAH. Toutefois, ces ressources sont sous-utilisées dans les interventions de l'UNICEF en situation de crise prolongée. Dans certains cas, il s'agit d'une décision délibérée des bureaux de pays, mais il est également attesté que l'utilisation de renforts dépend majoritairement de la connaissance des divers mécanismes à disposition dont font preuve les membres du personnel supérieur à l'échelon national.

L'UNICEF a pris des mesures pour consolider les points faibles reconnus de ses systèmes de préparation aux situations d'urgence. Il existe de bons exemples d'initiatives de préparation dans le domaine WiPC, mais les progrès au sein des différents volets de la préparation aux situations d'urgence ne sont pas uniformes dans l'ensemble des contextes étudiés. En situation de crise prolongée, il est nécessaire de mieux orienter le leadership sur les mécanismes de préparation, notamment aux situations d'urgence et en matière de renfort.

De manière générale, la mise en place et la gestion par l'UNICEF de portefeuilles de partenariats à l'échelle d'une crise se sont avérées efficaces et adaptées au contexte. Les bureaux de pays adaptent leurs partenariats au fil du temps, même si ces efforts ne sont pas toujours encadrés par une stratégie cohérente. Cette absence de stratégie peut nuire à la diversité des portefeuilles de partenariat ou, à quelques exceptions près, affaiblir l'impulsion en faveur d'une mise en œuvre à l'échelle locale. Aux yeux de nombreux membres du personnel de l'UNICEF, le déficit de financement est un facteur majeur limitant l'instauration de partenariats approfondis et plus efficaces.



La collaboration avec les instances gouvernementales se trouve au cœur des réseaux de partenariat de l'UNICEF dans le secteur EAH et s'avère majoritairement positive.

Il existe divers bons exemples de partenariats avec le secteur privé concernant la prestation de services EAH en situation de crise prolongée. Toutefois, de manière générale, l'efficacité s'est avérée le facteur déterminant dans la poursuite de ces partenariats, plutôt que l'efficacité ou l'adaptation au contexte.

● **QUESTION D'ÉVALUATION NO5:**
Dans quelle mesure l'UNICEF est-il parvenu à garantir le lien entre ses programmes EAH en situation de crise prolongée et son action à long terme en faveur du développement, ainsi que la cohérence et le renforcement mutuel de ces deux volets ?
.....

L'UNICEF a agi de manière proactive et clarifié ses exigences et ses attentes à l'égard des bureaux de pays en ce qui concerne l'intégration des principes LHD dans la planification et la conception des programmes en temps de crise. L'UNICEF reste déterminé à favoriser l'approche LHD. L'organisation a clarifié son engagement en la matière et l'a fait évoluer au cours de la période d'évaluation, avec en point d'orgue la publication de la procédure LHD 2019. Toutefois, les principes LHD ne sont toujours définis dans aucun document officiel (pas même dans ladite procédure 2019).

Aucun élément probant n'atteste pour l'instant que les engagements de l'UNICEF se sont concrétisés dans la planification et la conception des programmes en situation d'urgence et il existe un décalage entre les engagements de l'UNICEF en faveur de l'approche LHD, d'une part, et la formulation d'orientations opérationnelles et la mise à disposition d'outils à l'attention des bureaux de pays afin qu'ils mettent en œuvre l'approche LHD dans le cadre des programmes WiPC, d'autre part. Si l'UNICEF a investi massivement pour renforcer la notion de LHD et la terminologie connexe, ladite terminologie n'est pas communément acceptée par le secteur (ni au sein des bureaux de pays de l'UNICEF) en comparaison de la terminologie plus établie des « interactions » ou « nexus ».

Plusieurs exemples positifs à l'échelle d'une crise (déjà documentés pour la plupart) illustrent les principes sous-tendant les engagements LHD de l'UNICEF. Toutefois, il faut souligner l'absence d'une compréhension collective suffisante de l'approche LHD en situation d'urgence ou d'exemples d'application cohérente des six composantes LHD essentielles : programmation tenant compte du risque ; évaluation et analyse des besoins pilotées par l'approche LHD ; adoption de modalités de financement souples et prévisibles à long terme ; mobilisation continue des usagers en les faisant participer à la conception et en instaurant des mécanismes de retour d'information ; renforcement des systèmes et des capacités d'aide humanitaire dans le secteur EAH à l'échelle nationale et locale ; et programmes d'assistance en espèces efficaces et adaptés au contexte. Il convient de noter l'absence quasi totale d'assistance en espèces dans le cadre des programmes WiPC ou d'éléments attestant que l'assistance en espèces avait fait partie des modalités envisagées.



Conclusions

Vu la multiplication et la durée croissante des crises prolongées, il est essentiel que l'UNICEF renforce et étoffe ses capacités opérationnelles et stratégiques de prestataire et de chef de file dans le secteur EAH en situation de crise prolongée. À mesure que l'accès à des services d'alimentation en eau et d'assainissement gérés durablement progresse dans le monde (ODD 6), les besoins en matière d'EAH en situation de crise prolongée vont de plus en plus inclure le « dernier kilomètre » à l'échelle internationale. Il est impossible d'atteindre l'ODD 6 sans réfléchir immédiatement à la modification des méthodes de travail dans le cadre des programmes WiPC.

L'un des problèmes majeurs réside dans l'absence d'une distinction suffisamment claire en amont entre les interventions en situation d'urgence soudaine et en cas de crise prolongée ; il n'est pas dans la culture de l'UNICEF d'analyser et de rendre compte des activités nécessaires pour activer une approche LHD et des obstacles entravant un décloisonnement.

L'UNICEF a largement réussi à atteindre les cibles en matière d'approvisionnement en eau en situation de crise prolongée, mais n'a pas rencontré le même succès dans les domaines de l'assainissement et de l'hygiène. Il existe un décalage entre les cibles portant sur l'approvisionnement en eau et celles liées à l'assainissement et à l'hygiène laissant à penser que les besoins relatifs au second volet ne font pas l'objet d'une attention suffisante. L'absence d'analyse et de raison d'être d'un tel décalage engendre un risque permanent d'atteinte à la réputation de l'UNICEF et met en péril la concrétisation de l'ODD 6. L'exploitation et la maintenance des installations sont majoritairement efficaces : tant que l'UNICEF poursuit ses programmes, la prestation des services essentiels est assurée, mais la prestation fiable des services à long terme est moins garantie.

La capacité de l'UNICEF à rendre véritablement des comptes aux populations concernées est limitée par le fait que les effets ou les changements attendus dans la vie de ces dernières à l'issue des programmes WiPC ne sont pas clairement formulés par les sections EAH. Par conséquent, aucune donnée pertinente sur les effets des programmes EAH n'est recueillie régulièrement et il n'est pas possible de tirer des conclusions permettant d'orienter le plaidoyer au vu des résultats.

Les programmes EAH en situation de crise prolongée ne sont pas éclairés par des données. L'UNICEF recueille et rend compte de nombreuses données sur les produits, mais le manque de données pertinentes concernant les effets empêche de bien comprendre l'efficacité des programmes et de réagir comme il convient. Le personnel ne tire pas le meilleur parti des données qui sont effectivement à sa disposition. En outre, le manque de cohérence entre les ensembles de données et les faiblesses en termes de qualité soulèvent des préoccupations quant à l'exactitude des rapports rendant compte des résultats à l'échelle mondiale.

L'accent est principalement placé sur les normes et étalons en matière de prestation de services et de couverture, qui prennent le pas sur les engagements en matière d'équité et de qualité. Résultat, l'UNICEF n'est pas en mesure de démontrer aux populations concernées et aux principaux donateurs si les normes en matière d'équité ou de qualité sont satisfaites. Le manque de données désagrégées et l'absence de mécanismes de participation des usagers font partie intégrante du



problème. Cela s'avère particulièrement préoccupant lorsqu'il s'agit de répondre aux besoins des usagers des installations EAH porteurs de handicap. De manière plus générale, l'absence de mécanismes de participation des usagers et de suivi ne permet pas à l'UNICEF d'avoir la certitude que les interventions EAH garantissent la sécurité des usagers.

Les partenariats sont un atout essentiel des programmes EAH de l'UNICEF en situation de crise prolongée et sont visiblement bien gérés en règle générale. Cela se confirme en particulier pour les relations avec les gouvernements et les autorités locales. Divers exemples illustrent le bon soutien offert aux ONG locales, mais aucun élément ne prouve que les décisions liées aux partenariats WiPC sont guidées par une vision à long terme ou par une stratégie de mise en œuvre à l'échelle locale. Malheureusement, les partenariats avec les ONG locales ne passent souvent pas le stade d'un projet ou d'un contrat donné. Il existe divers bons exemples de partenariats avec le secteur privé pour la prestation de services en contexte difficile. Toutefois, il convient de remédier à ce qui semble un point faible fréquent dans le secteur privé concernant la participation des usagers et la redevabilité envers les populations concernées.

À l'international, l'UNICEF tient parfaitement son rôle de chef de file du cluster EAH mondial dans le domaine WiPC. Néanmoins, l'UNICEF ne fait pour beaucoup plus figure de leader d'opinion en la matière. L'UNICEF a pris des mesures constructives au cours de l'année écoulée pour remobiliser le secteur et présenter une analyse de son évolution, mais cela ne s'est pas (encore) avéré suffisant. Un enjeu essentiel consistera à maintenir le leadership d'opinion au rang des priorités dans le domaine WiPC et à préserver la dynamique, indépendamment des défis opérationnels.

En temps de crise, la coordination du secteur ou du cluster est généralement bonne, et l'UNICEF et le cluster EAH mondial remédient le plus souvent aux défaillances de manière proactive. La coordination opérationnelle est au centre de l'attention. Dans le cadre des programmes WiPC, toutefois, les clusters doivent clairement dépasser cet axe et fournir au secteur une analyse et une orientation sur les approches et solutions à long terme. L'UNICEF jouant le rôle de fournisseur de dernier recours, ses bureaux de pays doivent prendre des engagements généraux visant à assurer la prestation de services essentiels sans avoir pleinement la maîtrise des risques financiers et opérationnels qui en découlent pour l'UNICEF.

L'UNICEF est toujours en train d'élaborer sa stratégie et d'asseoir ses capacités en matière d'interventions EAH en milieu urbain. L'organisation ne dispose pas, en interne, des ressources expertes et des processus appropriés pour entreprendre des projets d'infrastructure EAH de grande ampleur en milieu urbain. Dans les cas où les bureaux de pays ont réalisé ce type d'intervention, ils n'ont pas systématiquement bénéficié de mesures adaptées de contrôle et de gestion des risques. La capacité de l'UNICEF à offrir un soutien adéquat aux autorités municipales et aux entreprises de services d'utilité publique est également une source de préoccupation. Le Cadre mondial pour l'eau, l'assainissement et l'hygiène en milieu urbain récemment publié par l'UNICEF se penche sur le nombre croissant de crises en milieu urbain et définit les points forts de l'organisation. Ce document place les approches de renforcement des systèmes au cœur de la mission EAH de l'UNICEF en milieu urbain. Il ne mentionne pas les projets d'infrastructure de grande ampleur.



Si cette approche confirme nos conclusions quant au point faible de l'UNICEF en matière d'infrastructure, les bureaux de pays pourraient avoir besoin de capacités supplémentaires pour soutenir comme il convient les fournisseurs de services.

Cherchant à se transformer dans l'optique d'établir des liens entre action humanitaire et développement, l'UNICEF a défini un programme qui prévoit (s'il est pleinement appliqué) la modification progressive de ses programmes EAH en situation de crise prolongée. Or, les acteurs sur le terrain ne sont actuellement pas en mesure de mettre en œuvre ces changements en respectant le niveau de détail et de documentation requis. Les sections EAH des bureaux de pays de l'UNICEF ont souvent l'impression d'adopter déjà une approche LHD, mais on observe un décalage entre la réalité sur le terrain et les exigences de la nouvelle procédure LHD.

L'UNICEF n'intègre pas actuellement les principes clés de l'approche LHD aux programmes WiPC, à savoir la prise en compte des risques, l'évaluation et l'analyse intégrées des besoins, et la pleine participation des usagers. Si l'analyse et la gestion des risques font défaut, cela signifie que les risques ne sont pas suffisamment signalés en haut lieu ou agrégés à l'échelle de l'organisation. Cela pose particulièrement un problème en situation de crise prolongée, lorsque les engagements perdurent et se multiplient.

Dans le domaine WiPC comme dans d'autres secteurs, l'application précoce et généralisée des principes LHD dès l'intervention initiale est essentielle pour exploiter pleinement les ressources et favoriser la planification pluriannuelle : les bureaux de pays doivent prendre des mesures pour faire évoluer les programmes au-delà des modalités humanitaires tant que les ressources et les capacités sont disponibles.

Un obstacle majeur nuisant à la pleine capacité de l'UNICEF à s'adapter au programme LHD réside dans le fait qu'en règle générale, les sections EAH des bureaux de pays intervenant en situation de crise prolongée sont déjà mises à rude épreuve pour assurer simplement la prestation continue des services EAH essentiels. Elles n'ont pas la marge de manœuvre nécessaire pour mettre en œuvre les modifications requises à l'échelle nationale. L'action humanitaire ayant pour impératif de satisfaire les besoins élémentaires de la population concernée, l'UNICEF n'est pas en mesure d'innover et de s'adapter tout en s'éloignant de son rôle d'exécution dans le secteur EAH en situation de crise prolongée.

Recommandations

● 1. ÉLABORER UNE DÉFINITION DU TERME « CRISE PROLONGÉE » VALABLE DANS TOUTE L'ORGANISATION

Cela servira à identifier les facteurs devant déclencher une réflexion sur l'adoption de méthodes de travail différentes. Cette définition doit également stipuler les différentes formes que peuvent prendre les crises prolongées. Pour tendre vers l'intégration des programmes, il est nécessaire que cette définition s'applique à l'ensemble des secteurs, sans se limiter à l'EAH.

Responsables: Bureau des programmes d'urgence, Division des programmes



● 2. PRÊTER LA MÊME ATTENTION À L'APPROVISIONNEMENT EN EAU ET À L'ASSAINISSEMENT/L'HYGIÈNE

Il faut s'assurer que tous les acteurs (à l'échelle mondiale, régionale et nationale) comprennent les raisons à l'origine de tout écart entre les cibles en matière d'approvisionnement en eau et d'assainissement/hygiène. Si l'UNICEF ne prévoit pas de satisfaire à niveau égal les besoins dans ces deux domaines, cette décision doit être étayée par une argumentation solide d'un point de vue contextuel et technique. En l'absence d'une telle justification, les cibles présentant une différence majeure entre l'approvisionnement en eau et l'assainissement devront être refusées. L'UNICEF doit également se pencher sur l'évolution des cibles au cours d'une crise prolongée : par exemple, si une intervention immédiate peut, à juste titre, être axée sur l'approvisionnement en eau, cette orientation doit être modifiée dès que le contexte le permet.

Responsables: Division des programmes EAH, cluster EAH mondial, bureaux régionaux, bureaux de pays

● 3. FORMULER LES CHANGEMENTS ATTENDUS À L'ISSUE DES PROGRAMMES EAH EN SITUATION DE CRISE PROLONGÉE

L'UNICEF doit :

- a) Définir clairement les effets attendus des programmes EAH en situation de crise prolongée à l'échelle nationale, et ce, dès le stade de la conception des programmes, et expliciter comment les changements dans la vie des populations seront suivis et mesurés. Les effets convenus doivent être documentés et suivis, et les bureaux de pays doivent mettre au point une approche stratégique de progression vers ces objectifs, en adaptant les programmes à mesure que les besoins et le contexte évoluent ;



- b) Faire en sorte que le personnel au siège et dans les bureaux régionaux contribue à ce travail en formulant clairement l'éventail des effets que l'on peut raisonnablement attendre dans le cadre des programmes EAH en situation de crise prolongée ; en formulant des orientations quant aux approches holistiques qui peuvent s'avérer nécessaires pour concrétiser ces effets (y compris l'intégration des programmes) ; et en prodiguant des conseils sur la conception des systèmes de suivi appropriés.

Responsables: bureaux de pays, avec le soutien des bureaux régionaux, Division des programmes EAH

● 4. AMÉLIORER LA COLLECTE ET L'UTILISATION DES DONNÉES RELATIVES AUX PROGRAMMES EAH EN SITUATION DE CRISE PROLONGÉE

Il faut s'assurer que les programmes EAH en situation de crise prolongée sont conçus et adaptés au fil du temps d'après des données et des éléments de preuve solides, de façon à répondre aux besoins des populations concernées et à tenir compte de leur évolution, ainsi que des changements contextuels :

- a) L'UNICEF doit exiger que les bureaux de pays mettent en place des processus solides d'assurance qualité des données afin de garantir la validité des conclusions tirées de ces données et la conformité aux exigences minimales de suivi prévues dans son mandat.
- b) Les bureaux de pays doivent inclure un plan d'utilisation des données dans toutes leurs ressources documentaires de suivi et d'évaluation (que ce soit à l'échelle d'un projet ou d'un programme) afin d'orienter l'utilisation des données en vue d'analyser l'efficacité des programmes et de prendre des décisions éclairées quant à la révision ou à la création de programmes. Ce plan d'utilisation des données doit identifier les utilisateurs des données (y compris les partenaires et les gouvernements) ; définir les données nécessaires à l'orientation des programmes ; préciser la disponibilité de ces données (notamment les sources préexistantes ou intersectorielles) ; et établir un calendrier d'analyse de ces données et d'action connexe.
- c) L'évaluation continue du contexte et des risques est nécessaire pour s'assurer que toutes les opérations restent pertinentes au regard de la situation et des besoins. L'évaluation des risques doit être discutée lors des réunions de la direction des bureaux de pays et remontée à la hiérarchie selon les déclencheurs convenus.
- d) Il convient d'étudier la façon dont les bureaux de pays peuvent harmoniser efficacement les systèmes de suivi des programmes d'aide humanitaire et de développement, y compris en ce qui concerne la gestion des risques en cas de transition entre ces modalités. Les systèmes de suivi doivent être adaptés aux objectifs du programme, avec collecte des données relatives aux effets, le cas échéant.
- e) Le siège de l'UNICEF doit aider les bureaux de pays à mettre en place les outils d'assurance qualité et d'adaptation nécessaires à la collecte de ces données. L'UNICEF doit instaurer un mécanisme permettant d'éviter que les bureaux de pays ne consacrent leurs ressources à la conception de systèmes de collecte/suivi des données redondants par rapport aux outils existants.



Responsables: Division des données, de l'analytique, de la planification et du suivi, Bureau des programmes d'urgence, Division des programmes EAH, bureaux régionaux, bureaux de pays

● 5. VEILLER À ACCORDER LA MÊME IMPORTANCE AUX CRITÈRES DE QUALITÉ ET D'ÉQUITÉ QU'À LA COUVERTURE

Il faut veiller à ce que la qualité et l'équité pèsent autant que les normes de couverture.

- a) La redevabilité au regard des normes de qualité doit être la même qu'au regard des normes de service, et ce, dès la conception.
- b) Une ventilation complète des données est nécessaire pour s'assurer que les programmes répondent aux besoins des groupes marginalisés. L'une des priorités immédiates en matière de ventilation des données concerne les personnes en situation de handicap.
- c) Il est essentiel que le personnel et les partenaires s'engagent à mettre en œuvre des mécanismes de participation des usagers (en prêtant une attention particulière aux groupes vulnérables ou marginalisés) de la conception à l'exécution des programmes. Ces données qualitatives doivent permettre de démontrer que la couverture des groupes marginalisés satisfait bel et bien les besoins identifiés des personnes concernées. L'UNICEF doit immédiatement prendre des mesures correctrices en la matière dans les crises prolongées actuelles. Dans la mesure du possible, les mécanismes de participation des usagers doivent avoir une portée intersectorielle.
- d) Le manque de capacité pour assurer le suivi des normes de qualité ne doit pas être sous-estimé, et les bureaux de pays doivent bénéficier d'un soutien adapté pour remédier à ce problème.

Responsables: Division des données, de l'analytique, de la planification et du suivi, Bureau des programmes d'urgence, Division des programmes EAH, bureaux régionaux, bureaux de pays

● 6. FORGER DES PARTENARIATS FAVORISANT PLEINEMENT L'ADAPTATION AUX PARTICULARITÉS LOCALES

Dans le cadre des programmes WiPC, le modèle actuel de partenariats articulés autour d'un contrat doit être amélioré afin d'aller au-delà des simples relations contractuelles et de couvrir tous les volets de l'adaptation aux particularités locales figurant dans les engagements de l'UNICEF.

- a) S'assurer que les sections EAH des bureaux de pays comprennent la définition d'une « adaptation aux particularités locales » selon l'UNICEF, ainsi que ses répercussions dans le domaine EAH, et qu'elles intègrent la planification de leurs progrès en la matière dans leur approche et leur analyse des effets des programmes.



b) Tirer les leçons des programmes des bureaux de pays existants et consolider ces apprentissages au niveau régional et mondial pour établir une compréhension commune des facteurs de réussite des partenariats avec le secteur privé et des moyens permettant de les reproduire/adapter. Il convient de prêter une attention particulière aux risques inhérents à la redevabilité envers les populations concernées, à l'équité et au développement durable découlant de la collaboration avec des fournisseurs privés. Les futurs partenariats avec le secteur privé doivent inclure des mesures d'atténuation en cas d'absence de suivi de la participation des usagers au stade de la conception.

Responsables: Division des programmes EAH, Unité EAH de la Division des approvisionnements, sections EAH des bureaux de pays, bureaux régionaux

● 7. RÉAFFIRMER LE RÔLE DE LEADER D'OPINION DE L'UNICEF DANS LE DOMAINE WIPC

Il faut réfléchir aux moyens permettant à l'UNICEF de rehausser sa valeur ajoutée en tant que leader d'opinion dans le domaine WiPC au cours des dix prochaines années en établissant un plan d'action décennal qui pourrait être lancé lors d'un événement sectoriel mondial en 2020.

- a) L'UNICEF doit progresser sur le front de « L'eau sous le feu des bombes » et de l'approche LHD dans les interventions en milieu urbain et envisager d'investir en faveur d'un renforcement des capacités à l'échelle régionale. Les bureaux régionaux doivent agir de manière proactive pour consolider la gestion des connaissances et cerner les axes prioritaires de soutien aux bureaux de pays.
- b) L'UNICEF doit étudier la façon dont les clusters/secteurs EAH peuvent étendre leurs capacités afin de résoudre les problématiques et de relever les défis inhérents aux crises prolongées et jouer un rôle allant au-delà de la coordination des activités (processus QOOQ) lorsque les programmes en situation de crise prolongée dépassent la simple prestation initiale de services. Il convient ici de tenir compte des défis spécifiques rencontrés lorsque la coordination est sectorielle, plutôt que thématique.

Responsables: Division des programmes EAH, cluster EAH mondial, section de l'UNICEF pour le climat, l'environnement, la résilience et la consolidation de la paix (CERP), Bureau des programmes d'urgence, bureaux régionaux

● 8. RENFORCER LA REDEVABILITÉ POUR UNE MEILLEURE COORDINATION THÉMATIQUE

Il convient de prendre des mesures visant à renforcer la redevabilité de l'UNICEF en tant que chef de file du cluster EAH et à garantir que les clusters et/ou secteurs nationaux satisfont tous aux exigences minimales inhérentes à l'exercice des fonctions essentielles de ce rôle.

- a) Il convient de favoriser la formation et de consolider l'orientation des équipes de direction des bureaux de pays concernant le rôle de l'UNICEF en tant que chef de file du cluster EAH. Les exigences générales connexes devront être mises



en évidence, au-delà de la fonction no 1 de ce rôle (Appuyer la prestation de services : en fournissant une plateforme garantissant une prestation conforme au plan d'action humanitaire et aux priorités stratégiques ; et en instaurant des mécanismes éliminant la prestation de services redondants.)

- b) Dans les endroits où le cluster EAH est actif, l'UNICEF doit veiller à ce que le bureau de pays comprenne les tenants et les aboutissants du rôle de fournisseur de dernier recours et sache dans quels contextes cela peut conduire l'UNICEF à gérer la prestation de services. Lorsque l'UNICEF assume effectivement les responsabilités de fournisseur de dernier recours, les bureaux de pays doivent être tenus de mener une évaluation des risques pour comprendre les répercussions à moyen et long termes sur les plans institutionnel, financier et programmatique.

Responsables: Cluster EAH mondial, Division des programmes EAH, Bureaux des programmes d'urgence

● 9. S'APPUYER SUR LES POINTS FORTS DE L'UNICEF DANS LE SECTEUR EAH EN MILIEU URBAIN

Lorsqu'une intervention EAH en situation de crise prolongée nécessite la construction ou la réhabilitation d'infrastructures en milieu urbain, l'UNICEF doit étudier avec soin la faisabilité et la pertinence d'entreprendre des projets d'infrastructure de grande ampleur et à long terme, qui exigeront la mobilisation massive de ressources d'ingénierie sur une période conséquente, ainsi que le risque qu'un tel engagement fait peser sur la concrétisation d'autres missions.

- a) Dans la mesure du possible, l'UNICEF sollicite d'autres acteurs (y compris le gouvernement, selon le cas) pour la réalisation de tels travaux d'infrastructure. Dans ce scénario, l'UNICEF doit mener autant que possible des approches de renforcement des systèmes.
- b) S'il incombe à l'UNICEF d'entreprendre de tels travaux d'infrastructure pour assurer la prestation de services, l'organisation doit réaliser une évaluation complète des risques avant d'entamer le projet et mettre en place des processus approfondis de gestion des risques et de contrôle au niveau de la direction des bureaux de pays.

Responsables: bureaux de pays, Division des programmes EAH

● 10. GARANTIR QUE LES PROGRAMMES WIPC VONT DANS LE SENS DES ENGAGEMENTS LHD DE L'UNICEF

Il faut s'assurer que la stratégie de résultats des bureaux de pays converge avec l'approche LHD (*voir la recommandation 3*) et que les bureaux de pays mettent systématiquement en œuvre l'ensemble des composantes LHD pertinentes.

- a) L'UNICEF doit étudier dans quelle mesure il est possible d'exiger que les bureaux de pays engagent une réflexion interne sur le programme EAH national lorsque l'analyse suggère que la situation va probablement évoluer en crise prolongée.



Cette étape doit être dirigée par un membre spécialisé du personnel supérieur, et peut intervenir dans le cadre d'une réflexion multisectorielle plus large au sein du bureau de pays. Le moment opportun pour adopter une approche à moyen ou long terme se situe en début d'intervention (au cours des six premiers mois), lorsque l'attention et les ressources nécessaires sont encore disponibles.

- b) L'UNICEF doit abandonner progressivement les approches linéaires pour être plus en phase avec la procédure LHD. Dans cette optique, les bureaux de pays devront montrer qu'ils s'adaptent à l'évolution du contexte et réaliser une analyse décloisonnée du conflit et des risques (au-delà des silos sectoriels et du clivage aide humanitaire/développement). Ils doivent intégrer la préparation et la mettre en corrélation avec l'analyse, et ce, au sein de leurs processus de planification généraux. Les bureaux de pays doivent prévoir des mesures proactives visant à réduire les risques et à améliorer la résilience.
- c) Le siège doit faire savoir aux bureaux de pays et aux sections EAH qu'il leur incombe d'étudier (dans le cadre de l'analyse du contexte et des risques) la faisabilité d'autres approches de prestation, dont l'assistance en espèces et le travail intersectoriel. Tout aussi important : ils doivent être en mesure d'expliquer pourquoi cette approche n'est pas pertinente, le cas échéant.

Responsables: Section de l'UNICEF pour le climat, l'environnement, la résilience et la consolidation de la paix (CERP), bureaux de pays, Bureau des programmes d'urgence, Division des programmes EAH, cluster EAH mondial

● 11. RENFORCER LA CAPACITÉ DES BUREAUX DE PAYS À ADOPTER DE NOUVELLES MÉTHODES DE TRAVAIL

Il faut apporter une aide rapide et appropriée aux bureaux de pays afin qu'ils mettent en œuvre ces changements. À l'heure actuelle, la pression liée à la continuité des services met les ressources des bureaux de pays à rude épreuve. Sans capacités supplémentaires, ces changements ne verront pas le jour.

- a) Il convient de déterminer si les compétences humaines actuelles et les mécanismes de renfort en vigueur répondent aux besoins en situation de crise prolongée et de les adapter en conséquence. Les lacunes décelées devront être comblées par le recrutement des ressources appropriées en fonction des spécialisations supplémentaires requises, le cas échéant. L'UNICEF doit également convenir qu'un soutien de cette nature ne peut être apporté à court terme, car les bureaux de pays auront besoin d'une aide durable en cas de crise prolongée, pour planifier, influencer et engendrer un changement.

Responsables: Division des programmes, Bureau des programmes d'urgence, bureaux régionaux, Division des ressources humaines



RESUMEN EJECUTIVO

Propósito de la evaluación

Esta evaluación mundial de la Programación del UNICEF en materia de agua, saneamiento e higiene (WASH) en situaciones de crisis prolongadas (WiPC, por sus siglas en inglés) es la primera evaluación temática mundial del UNICEF centrada específicamente en los contextos de crisis prolongadas. Esta evaluación ofrece tanto una rendición de cuentas sobre el desempeño del UNICEF como los conocimientos y las soluciones prácticas necesarios para adaptar la programación en materia de WASH, así como la manera de trabajar para responder mejor a los desafíos específicos que supone proporcionar servicios adecuados y sostenibles de WASH durante las crisis prolongadas.

Las necesidades de WASH en las crisis prolongadas han aumentado considerablemente durante el período de evaluación. También lo ha hecho la respuesta del UNICEF. En la evaluación se examina la medida en que el UNICEF ha podido cumplir los compromisos institucionales en materia de WiPC y si los instrumentos y enfoques diseñados en gran medida para las situaciones de emergencia de rápida evolución han sido eficaces en las crisis prolongadas. Se examina si el UNICEF ha sido capaz de adaptar e innovar la programación a medida que una crisis perdura y evoluciona. En la evaluación también se analiza la experiencia del UNICEF en la aplicación de la vinculación entre la ayuda humanitaria y el desarrollo en materia de WiPC, y se pregunta cuán bien situada está la organización para adaptar su labor a fin de lograr plenamente sus ambiciones en materia de vinculación entre la ayuda humanitaria y el desarrollo en el caso de WiPC.

Metodología

En la evaluación se utilizó un enfoque de métodos mixtos, como se indica en la figura i. La recopilación inicial de datos se basó en extensos exámenes de documentos (tanto internos como externos) y en datos cuantitativos de los sistemas de monitoreo del UNICEF. Se realizaron entrevistas a informantes clave del personal del UNICEF, de los asociados y de los donantes, tanto a nivel nacional como mundial. Los datos, desde la perspectiva de las poblaciones afectadas, se recogieron mediante una serie de recorridos transversales. Las oficinas del UNICEF en los países que participaron en los estudios de casos presentaron autoevaluaciones y se distribuyó una encuesta mundial en línea entre personal del UNICEF y de los asociados. Los datos de estas fuentes se recopilaron en una serie de productos de prueba independientes (figura i), incluidos cuatro estudios de casos de países sobre el terreno (Camerún, Líbano, Somalia, Sudán del Sur) y dos estudios de casos temáticos sobre oficinas (la acción del UNICEF en materia de WASH en respuesta a una crisis de salud pública y el apoyo del UNICEF al sector de WASH en entornos urbanos en crisis). Estas fuentes de pruebas constituyeron la base de este informe de evaluación mundial.



Figura i. Métodos, reunión de datos y análisis y síntesis de las conclusiones

	Recopilación de pruebas	Conclusiones para cada producto de pruebas	Conclusiones resumidas compiladas en una matriz de pruebas	Juicio evaluativo a nivel de la pregunta de la subevaluación (SEQ)	Las calificaciones RAG (rojo, ámbar y verde) y la fortaleza de las pruebas	Conclusiones transversales
Examen documental mundial	<ul style="list-style-type: none"> - Examen mundial de documentos Documentación del UNICEF, de los asociados y de los sectores - Datos de monitoreo del UNICEF 	<ul style="list-style-type: none"> - Las pruebas se analizan en relación con los criterios de éxito - Conclusiones generadas por la SEQ 	<ul style="list-style-type: none"> - Resúmenes individuales para cada producto de prueba y SEQ - Matriz de 13 x9 - 107 resúmenes de conclusiones individuales 	<ul style="list-style-type: none"> - Juicio evaluativo alcanzado analizando cada resumen para la SEQ pertinente - Análisis realizado a nivel de los criterios de éxito - Triangulación del juicio evaluativo inicial con respecto a las pruebas de las KII a nivel mundial 	<ul style="list-style-type: none"> - La clasificación RAG proporciona una visión general visual del desempeño en relación con cada SEQ. Definiciones de desempeño desarrolladas para cada tipo de punto de referencia - La solidez de las pruebas se basa en la evaluación del grado de coherencia entre los productos de las pruebas 	<ul style="list-style-type: none"> - Las conclusiones transversales identificadas a través del análisis de los juicios de evaluación a nivel de la SEQ.
Cuatro estudios de casos sobre el terreno	<ul style="list-style-type: none"> - Examen de documentos centrados en los países - Autoevaluación de las oficinas del UNICEF en los países - Entrevistas con informantes clave (KII) - Recorridos transversales de intervención 	<ul style="list-style-type: none"> - Las pruebas se analizan con respecto a los criterios de éxito - Conclusiones generadas por la SEQ 				
Dos estudios de casos temáticos de escritorio	<ul style="list-style-type: none"> - Examen de documentos temáticos centrados - Autoevaluación de las oficinas del UNICEF en el país KII remotas 	<ul style="list-style-type: none"> - Las pruebas se analizan con criterios de éxito - Las conclusiones generadas por SEQ 				
Encuesta en línea	<ul style="list-style-type: none"> - Encuesta enviada al personal de WASH del UNICEF - Distribuido en cascada a los asociados de UNICEF en materia de WASH 	<ul style="list-style-type: none"> - Las preguntas de la encuesta están alineadas con las SEQ y los criterios de éxito - Análisis presentados por SEQ 				

Preguntas de la evaluación

● PREGUNTA 1 DE LA EVALUACIÓN:

¿En qué medida el UNICEF ha logrado un resultado de calidad, incluidas la equidad y la inclusión, en materia de WASH en crisis prolongadas? (P1E)

Las oficinas del UNICEF en los países han tenido un gran desempeño en lo que respecta a la aplicación de las principales normas y estándares sectoriales en los contextos de WiPC. El personal y los asociados del UNICEF demuestran conciencia, aplicación y, a menudo, logran adaptar inicialmente los puntos de referencia al contexto de manera apropiada. Sin embargo, esta adaptación rara vez se revisa a medida que la crisis perdura y las necesidades y el contexto cambian.



Cuando el suministro de agua y saneamiento se considera a nivel de crisis, el panorama es más complejo: el UNICEF cumple ampliamente sus objetivos de cobertura de agua potable básica, pero no alcanza los objetivos de saneamiento, higiene, gestión de la higiene menstrual y WASH en las escuelas. Esto supone un reto para la contribución del UNICEF a la consecución de los Objetivos de Desarrollo Sostenible (ODS) y a la tarea de garantizar el acceso al agua y el saneamiento para todos. Estas metas (sobre todo las de saneamiento) suelen ser significativamente inferiores a las del acceso al agua potable. Esto acarrea importantes motivos de preocupación sobre si las metas reflejan con precisión las necesidades de WASH de las poblaciones afectadas.

Lamentablemente, la solidez de la prestación de servicios en relación con las normas de cobertura no se correspondió con la misma atención a las normas de calidad más amplias, incluidas la equidad y la inclusión. Esta fue una conclusión constante e importante en todos los contextos estudiados. El compromiso de garantizar la equidad, la inclusión y la protección está claramente articulado en el Plan Estratégico del UNICEF en materia de WASH. Sin embargo, la escasa prioridad que se ha concedido a estos compromisos en la programación y la falta de claridad en la forma de medir la equidad de WiPC significó que el UNICEF no pudo demostrar que los grupos vulnerables y marginados accedieran y se beneficiaran por igual de las intervenciones en materia de WASH. En algunos contextos se ha avanzado en la comprensión de la dinámica de género en relación con WiPC, pero hay importantes deficiencias a la hora de comprender y atender las necesidades de las personas con discapacidad. La falta sistemática de atención a la seguridad de los usuarios es pertinente para todos los grupos vulnerables.

Hay algunos ejemplos de buenas prácticas del UNICEF en la inclusión de los usuarios en el diseño y la aplicación de su respuesta en materia de WiPC, que constituyen una base que toda la organización debería aprovechar rápidamente. En la actualidad, las secciones de WASH de las oficinas en los países no adoptan sistemáticamente medidas para garantizar la consulta y la participación de los usuarios. Tampoco existen mecanismos apropiados de las oficinas en los países (o de todo el sector) para sustituirlas. La falta de monitoreo por parte del UNICEF de los mecanismos de presentación de quejas y de retroinformación es un fallo importante: en una crisis prolongada en la que las necesidades suelen evolucionar, esto reduce la pertinencia e idoneidad de los servicios.

La calidad técnica de los servicios de WASH que reciben apoyo del UNICEF es generalmente buena. Sin embargo, la fiabilidad de los servicios, es decir, la garantía de que el acceso se mantenga durante una crisis prolongada, es desigual. Existen deficiencias particulares en materia de saneamiento que sugieren la necesidad de hacer muchos más esfuerzos para adoptar un enfoque de sistemas en favor del funcionamiento y el mantenimiento de los servicios de WASH a nivel de país. A medida que el UNICEF estudie la forma de garantizar que los servicios de WASH se adapten a lo largo del tiempo durante las crisis prolongadas, resultará fundamental



la aplicación de los elementos clave de la vinculación entre la ayuda humanitaria y el desarrollo, así como de los factores contextuales institucionales, sociales, ambientales y tecnológicos.

● **PREGUNTA 2 DE LA EVALUACIÓN:**

¿En qué medida ha ejercido UNICEF el liderazgo y la coordinación de las funciones de WASH en crisis prolongadas?

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En el mejor de los casos, el UNICEF desempeña una función de coordinación a nivel de crisis que sería imposible que otros organismos pudieran desempeñar: los asociados se muestran repetidamente positivos acerca del papel que el UNICEF (como líder de grupo o sector) desempeña en la colaboración con los gobiernos locales y la forma en que ello puede facilitar un mejor acceso y la elaboración de políticas de WASH.

También hay pruebas de una coordinación operacional eficaz a nivel de los grupos temáticos: el proceso de las 4W (sigla en inglés de las cuatro preguntas: quién, qué, dónde y cuándo) está bien establecido en casi todos los contextos y es eficaz para evitar la duplicación de esfuerzos y detectar algunas deficiencias en la prestación de servicios entre los agentes del sector de WASH. Sin embargo, una respuesta eficaz a una crisis prolongada también requiere que los grupos temáticos de WASH proporcionen una mayor capacidad de liderazgo en la elaboración de enfoques a más largo plazo y la transición hacia un liderazgo de los sectores ejercido a nivel gubernamental. En la actualidad, muchos grupos no cumplen todos estos requisitos mínimos.

Generalmente, se considera que el Grupo Temático Mundial de WASH (GWC, por sus siglas en inglés) es eficaz en el apoyo que presta a los grupos nacionales y hay pruebas de que el UNICEF (tanto en el GWC como en la sede) ha adoptado las medidas necesarias para corregir el rumbo cuando la coordinación no ha sido aceptable.

El papel que desempeña el UNICEF como proveedor de último recurso trae consigo presiones y riesgos de naturaleza única para la organización. En la actualidad, los compromisos como proveedor de último recurso se interpretan de forma diferente en los países y, en algunos contextos, las consiguientes demandas de recursos están paralizando la capacidad del UNICEF para ser eficaz.

Existe la percepción en todo el sector humanitario de WASH de que el UNICEF ha perdido terreno en cuanto a la dirección intelectual y la influencia a nivel mundial en la cuestión de WiPC, aunque se considera en general que el GWC es la mejor expresión del liderazgo del UNICEF en materia de WASH en crisis prolongadas. Esta pérdida de terreno ha sido reconocida por el UNICEF, que ya está adoptando medidas para abordar esta cuestión, por ejemplo, mediante la campaña “Agua bajo el fuego”, iniciada en 2019.



● **PREGUNTA 3 DE LA EVALUACIÓN:**

¿En qué medida ha monitoreado UNICEF los resultados de su programación WASH en crisis prolongadas y ha informado sobre ellos?

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El UNICEF cuenta con sistemas adecuados para recopilar y comunicar el nivel mínimo esperado de datos sobre los resultados de la programación en materia de WASH en el marco de WiPC. Sin embargo, estos sistemas presentan importantes deficiencias, como la inexactitud de los datos, la existencia de conjuntos de datos incoherentes e incompletos y la presencia de complejidades innecesarias en la gestión de múltiples sistemas de monitoreo. El UNICEF no recopila habitualmente datos que vayan más allá de los productos para comprender los resultados de las intervenciones en materia de WASH (por ejemplo, el uso real de las instalaciones o el cambio de comportamiento demostrado). Sin esos datos, el UNICEF no puede comprender la eficacia del programa de WiPC y hacer las correcciones o cambios de programa apropiados. En los casos en que se dispone de datos, existen pruebas limitadas de que las decisiones de programación en materia de WASH se basan en datos que van más allá de su utilización para identificar las áreas de intervención.

Es significativo que, debido a la ausencia de pruebas, esta evaluación no pudo emitir un juicio sobre los cambios en las vidas de las poblaciones afectadas que se asocian con las actividades de UNICEF en materia de WiPC. Esto se debe a que –con la clara excepción de la programación del cólera– rara vez hay una articulación clara sobre qué cambio se espera y qué papel desempeña la programación de WASH en todo ello. Cuando se definen los cambios esperados, los programas no se diseñan o monitorean específicamente para lograr esos cambios.

● **PREGUNTA 4 DE LA EVALUACIÓN:**

¿Hasta qué punto ha tenido el UNICEF la capacidad de implementar una respuesta oportuna y efectiva en materia de WASH en crisis prolongadas?

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Los diversos mecanismos de refuerzo de la capacidad (incluidos los asociados de reserva) suelen tener listas muy completas de expertos en WASH. Sin embargo, estas listas se utilizan poco en las respuestas del UNICEF a las crisis prolongadas. En algunos casos, se trata de una decisión deliberada de las oficinas en los países, pero también hay indicios de que la utilización de las listas de refuerzo de la capacidad depende en gran medida de que el personal superior de las oficinas en los países esté familiarizado con los diversos mecanismos de refuerzo de la capacidad.

El UNICEF ha adoptado medidas para abordar las deficiencias reconocidas de sus sistemas de procedimientos de preparación para casos de emergencia. En el marco de WiPC específicamente, hay buenos ejemplos de iniciativas de preparación, pero los progresos en todos los aspectos de los procedimientos de preparación para casos de emergencia no son uniformes en todos los contextos estudiados.



Es necesario orientar mejor a los directivos en las crisis prolongadas sobre los mecanismos de preparación, como por ejemplo el procedimiento de preparación para casos de emergencia y los mecanismos refuerzo de la capacidad.

Se consideró que el desarrollo y la gestión de las carteras de asociaciones del UNICEF a nivel de crisis eran eficientes, eficaces y adecuadas al contexto en general. Las oficinas en los países adaptan las asociaciones a lo largo del tiempo, aunque estos esfuerzos no siempre se enmarcan en estrategias coherentes. La ausencia de una estrategia puede llevar a que las carteras de asociaciones no sean diversas o, con algunas excepciones limitadas, no reciban el impulso suficiente del programa de adaptación local. Muchos funcionarios del UNICEF señalaron que la falta de financiación era una limitación fundamental para el establecimiento de asociaciones más profundas y eficaces.

Las colaboraciones con entidades gubernamentales constituyen el núcleo de las redes de asociación del UNICEF en el ámbito de WASH y son en gran medida positivas.

Hay buenos ejemplos de asociaciones del sector privado que prestan servicios de abastecimiento de WASH en crisis prolongadas. Sin embargo, en general, se consideró que el factor que impulsaba el establecimiento de esas asociaciones era más bien la eficiencia, en lugar de la eficacia o la adecuación al contexto.

● **PREGUNTA 5 DE LA EVALUACIÓN:**
 ¿En qué medida ha garantizado el UNICEF la vinculación, la coherencia y el refuerzo mutuo de sus actividades de WASH en crisis prolongadas con aspectos del desarrollo a más largo plazo?

El UNICEF ha tomado la iniciativa y ha avanzado en la tarea de proporcionar a las oficinas en los países claridad en torno a los requisitos y las expectativas de incluir la vinculación entre la asistencia humanitaria y el desarrollo en la planificación y el diseño de los programas durante las crisis. Se ha mantenido y aclarado el compromiso institucional para vincular la ayuda humanitaria y el desarrollo; este compromiso ha evolucionado a lo largo del período de evaluación y ha culminado con el Procedimiento sobre la Vinculación entre la Asistencia Humanitaria y el Desarrollo de 2019. Sin embargo, esta vinculación no se ha definido aún en ningún documento institucional (ni siquiera en el Procedimiento de 2019).

Todavía no hay pruebas que indiquen que el UNICEF haya plasmado estos compromisos institucionales en la planificación y el diseño de programas en situaciones de emergencia, y existe una brecha entre los compromisos institucionales con la vinculación entre la ayuda humanitaria y el desarrollo, por un lado, y la provisión a las oficinas en los países de orientación operacional y herramientas para aplicar la vinculación entre la ayuda humanitaria y el desarrollo en WiPC, por otro. Si bien el UNICEF ha hecho una gran inversión para reforzar el concepto y



la terminología de la vinculación entre la ayuda humanitaria y el desarrollo, esta terminología no es comúnmente aceptada en todo el sector (o en las oficinas del UNICEF en los países) en comparación con la terminología más comúnmente aceptada de “nexo”.

A nivel de crisis, hay ejemplos positivos individuales (muchos de los cuales han sido documentados previamente) que ilustran los principios que sustentan los compromisos del UNICEF en materia de la vinculación entre la ayuda humanitaria y el desarrollo. Sin embargo, todavía no existe una comprensión común a todos los niveles de la vinculación entre la ayuda humanitaria y el desarrollo durante las emergencias, ni ejemplos de aplicación coherente de los seis elementos clave de la vinculación entre la ayuda humanitaria y el desarrollo: programación basada en el riesgo; evaluaciones y análisis de necesidades concebidos bajo la óptica de la vinculación entre la ayuda humanitaria y el desarrollo; adopción de modalidades de financiación a más largo plazo, previsibles y flexibles; compromiso continuo de los usuarios mediante la participación en el diseño y los mecanismos de retroalimentación; fortalecimiento de los sistemas y la capacidad de los sistemas nacionales y locales de WASH en el ámbito humanitario; e intervenciones eficaces y adaptadas al contexto basadas en el dinero en efectivo. En particular, se observó una ausencia casi completa de intervenciones basadas en el dinero en efectivo en el caso de WiPC o pruebas de que el dinero en efectivo se hubiese considerado como una posible modalidad de intervención.

Conclusiones

A medida que el número y la duración de las crisis prolongadas siguen aumentando, es fundamental que el UNICEF mantenga y aumente la capacidad operacional y estratégica para prestar servicios de abastecimiento de WASH en las crisis prolongadas. A medida que el mundo avanza hacia la disponibilidad y la gestión sostenible del agua potable y el saneamiento para todos (ODS 6), las necesidades de WASH en contextos prolongados abarcarán “los últimos esfuerzos” a nivel mundial. No es posible lograr el ODS 6 sin prestar una atención inmediata y concreta en la tarea de cambiar las formas de trabajo en materia de WiPC.

Uno de los principales problemas es que el UNICEF no distingue con suficiente antelación entre una respuesta a una crisis repentina y una respuesta a una crisis prolongada; no tiene la cultura institucional necesaria para analizar las actividades y los obstáculos dirigidos a superar los silos a fin de activar un enfoque de la vinculación entre la ayuda humanitaria y el desarrollo, ni de informar sobre estas actividades y los obstáculos que se presentan.

El UNICEF ha obtenido un éxito considerable en el cumplimiento de las metas de abastecimiento de agua en una crisis prolongada, pero ha tenido menos éxito en el cumplimiento de las metas sobre saneamiento e higiene. Hay una discrepancia entre las metas para el agua y las de saneamiento e higiene, lo que sugiere que no se presta suficiente atención a las necesidades de saneamiento e higiene. La falta de



análisis y de criterios que justifiquen esta discrepancia supone un riesgo constante para la reputación del UNICEF y pone en peligro el logro del ODS 6. El funcionamiento y el mantenimiento de las instalaciones es en gran medida eficiente mientras el UNICEF sigue programando la prestación de servicios esenciales, aunque hay menos confianza en la fiabilidad a largo plazo de los servicios.

La capacidad del UNICEF para rendir verdaderamente cuentas a las poblaciones afectadas está limitada por el hecho de que las secciones de WASH en contextos de crisis prolongadas no articulan claramente los resultados o los cambios en las vidas que se esperan como resultado de la acción de WiPC. En consecuencia, no se recogen sistemáticamente datos apropiados sobre los resultados de la programación en materia de WASH y no es posible llegar a conclusiones sobre los resultados ni informar sobre la promoción.

La programación de WASH en crisis prolongadas no está basada en los datos. El UNICEF recopila e informa acerca de una gran cantidad de datos sobre los productos, pero la falta de datos adecuados sobre los resultados impide comprender verdaderamente la eficacia de los programas y la respuesta apropiada. El personal no hace el mejor uso posible de los datos disponibles. Además, la falta de coherencia entre los conjuntos de datos y las deficiencias en la calidad de los mismos suscitan preocupación acerca de la exactitud de la información sobre los resultados mundiales.

Se hace mucho hincapié en los estándares y normas de prestación, y la cobertura de servicios, factores todos ellos que tienen prioridad sobre los compromisos relativos a la equidad y la calidad. Esto significa que el UNICEF no puede demostrar a las poblaciones afectadas y a los principales donantes si cumple las normas de equidad o de calidad. La falta de datos desglosados y la ausencia de mecanismos de participación de los usuarios agravan este problema. Es un problema especial en el caso de las necesidades de los usuarios discapacitados de instalaciones de WASH. En términos más generales, la falta de mecanismos de participación de los usuarios y de monitoreo significa que el UNICEF no puede estar seguro de que las intervenciones en materia de WASH garanticen la seguridad de los usuarios.

Las asociaciones son un punto fuerte de la programación del UNICEF en materia de WASH en las crisis prolongadas y, en general, parecen estar bien gestionadas. Esto es particularmente cierto en lo que respecta a las relaciones con el gobierno y las autoridades locales. Hay ejemplos que indican que se ha prestado un apoyo adecuado a las ONG locales, pero no hay pruebas de que, en materia de WiPC, las decisiones relativas a las asociaciones estén impulsadas por una visión a largo plazo o por una estrategia de adaptación local. Las asociaciones con las ONG locales a menudo no logran evolucionar más allá de los contratos basados en proyectos o los contratos individuales. Hay buenos ejemplos de asociaciones del sector privado que prestan servicios en entornos difíciles. Sin embargo, es preciso prestar



atención a lo que parece ser una pauta constante de debilidad del sector privado en cuanto a la participación de los usuarios y la rendición de cuentas ante las poblaciones afectadas.

A nivel mundial, el Grupo Mundial WASH está considerado como la mejor expresión del liderazgo del UNICEF en materia de WiPC. Sin embargo, se considera que el UNICEF ha perdido terreno en cuanto a liderazgo intelectual en la cuestión de WiPC. El UNICEF ha adoptado medidas constructivas en el último año para volver a participar y presentar diversos análisis sobre la evolución del sector, pero esto no ha sido suficiente. Un reto fundamental será mantener el liderazgo de pensamiento como prioridad en la WiPC y mantener el impulso, independientemente de los desafíos operacionales.

Durante las crisis, la coordinación sectorial o por grupos es generalmente sólida, y el UNICEF y el Grupo Mundial de WASH suelen abordar las deficiencias de manera proactiva. Se hace hincapié en la coordinación operativa. Sin embargo, en la cuestión de WiPC existe una clara necesidad de que los grupos temáticos vayan más allá y proporcionen información y orientación al sector sobre enfoques y soluciones a más largo plazo. La función de proveedor de último recurso ha llevado a que las oficinas del UNICEF en los países asuman compromisos de duración indefinida para prestar servicios esenciales sin gestionar plenamente los riesgos financieros y operacionales que este compromiso conlleva para el UNICEF.

El UNICEF sigue desarrollando su estrategia y su capacidad de intervención en materia de WASH en las zonas urbanas. La organización no dispone de los conocimientos especializados ni los procesos internos adecuados para asumir proyectos de infraestructura de WASH en las zonas urbanas a gran escala. En los casos en que las oficinas en los países han realizado intervenciones de este tipo, no han ido acompañadas sistemáticamente de medidas adecuadas de monitoreo y gestión de riesgos. También preocupa la capacidad del UNICEF para prestar un apoyo adecuado a las autoridades y servicios municipales. El reciente Global Framework for Urban Water, Sanitation and Hygiene (Marco Mundial para el Agua, el Saneamiento y la Higiene en las Zonas Urbanas) aborda el creciente número de crisis en contextos urbanos y establece los puntos fuertes de la organización. Sitúa los enfoques de fortalecimiento de los sistemas en el núcleo de la labor del UNICEF en materia de WASH en las zonas urbanas. No hace referencia a las intervenciones de infraestructura a gran escala. Si bien este enfoque está en consonancia con nuestras conclusiones sobre las deficiencias del UNICEF en materia de infraestructura, es posible que las oficinas en los países necesiten disponer de capacidades adicionales para apoyar adecuadamente a los proveedores de servicios.

El UNICEF ha establecido un programa de transformación en su labor de vinculación de la asistencia humanitaria y el desarrollo que, si se aplica plenamente, exigirá un cambio radical en su programación en materia de WASH en las crisis prolongadas. Sin embargo, las oficinas sobre el terreno no están actualmente en condiciones de aplicar estos cambios con el nivel de detalle y documentación necesario. Las



secciones de WASH de las oficinas del UNICEF en los países perciben con frecuencia que ya están aplicando el procedimiento de vinculación de la asistencia humanitaria y el desarrollo, pero existe una brecha importante entre lo que ocurre sobre el terreno y lo que exige el nuevo procedimiento de vinculación de la asistencia humanitaria y el desarrollo.

El UNICEF no está incorporando actualmente los pilares fundamentales del enfoque de la vinculación entre la ayuda humanitaria y el desarrollo en WiPC, a saber, la programación basada en los riesgos, la evaluación y el análisis integrados de las necesidades y la participación integral de los usuarios. La falta de análisis y de gestión de los riesgos significa que los riesgos no se dan a conocer o no se agregan suficientemente a nivel de toda la organización. Esta es una cuestión muy concreta en las crisis prolongadas, en las que los compromisos pueden mantenerse y multiplicarse.

Para el sector de WiPC, al igual que ocurre en otros sectores, la aplicación temprana de los principios de vinculación de la asistencia humanitaria y el desarrollo a toda la programación en la respuesta inicial a las crisis es fundamental para maximizar los recursos y apoyar la planificación plurianual: las oficinas en los países deben adoptar medidas para lograr que la programación evolucione más allá de las modalidades humanitarias mientras se disponga de recursos y capacidad.

Un obstáculo importante para la capacidad del UNICEF de adaptarse plenamente a la vinculación entre la ayuda humanitaria y el desarrollo es que las secciones de WASH de las oficinas en los países que se ocupan de las crisis prolongadas suelen estar sobrecargadas simplemente por la tarea de garantizar la prestación continua de servicios básicos de WASH. No disponen de la amplitud suficiente como para aplicar los cambios requeridos a nivel de los países. El imperativo humanitario de satisfacer las necesidades básicas de la población afectada está obstaculizando la capacidad del UNICEF para innovar y adaptarse, al mismo tiempo que evoluciona su función en materia de WASH en crisis prolongadas, alejándose de la prestación de servicios a escala operacional.

Recomendaciones

● 1. ELABORAR UNA DEFINICIÓN DE LAS CRISIS PROLONGADAS A NIVEL INSTITUCIONAL

Esto debería propiciar la definición de los factores desencadenantes apropiados para considerar diferentes formas de trabajar. Esa definición también debería articular las diferentes formas que pueden adoptar las crisis prolongadas. El impulso hacia una programación integrada significa que esta definición debería aplicarse a toda la programación, no sólo a la de WASH.

**Responsables: Oficina de Programas de Emergencia (EMOPS)
y División de Programas**

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● 2. ASEGURAR QUE SE PRESTE LA MISMA ATENCIÓN AL SANEAMIENTO/HIGIENE QUE AL AGUA

Garantizar una comprensión –a nivel mundial, regional y nacional– de las razones que llevan a cualquier tipo de discrepancia entre los objetivos de agua y los de saneamiento/higiene. Si el UNICEF no tiene previsto satisfacer las necesidades de agua y saneamiento por igual, debe asegurarse de que exista una sólida justificación contextual y técnica para ello. No se deben aceptar sin dicha justificación las metas en las que el agua y el saneamiento reciban un trato diferente. El UNICEF también debe examinar la forma en que las metas cambian con el tiempo en las crisis prolongadas; por ejemplo, si bien una respuesta temprana puede centrarse justificadamente en el abastecimiento de agua, esto se debe rectificar tan pronto como el contexto lo permita.

Responsables: WASH en la División de Programas (WASH-PD), Grupo Temático Mundial de WASH (GWG), oficinas regionales, oficinas de país

● 3. ARTICULAR LOS CAMBIOS QUE SE ESPERA QUE SE PRODUZCAN A RAÍZ DE LA PROGRAMACIÓN DE WASH EN CRISIS PROLONGADAS

El UNICEF debería:

- a) Establecer una clara comprensión de los resultados previstos de la programación en materia de WASH en las crisis prolongadas a nivel de los países en la etapa de diseño de los programas, y articular la forma en que se supervisarán y medirán



los cambios en las vidas de los afectados. Los resultados acordados deben ser documentados y supervisados, y las oficinas en los países deben elaborar un enfoque estratégico para avanzar con respecto a esos resultados a lo largo del tiempo, ajustando la programación a medida que evolucionen las necesidades y el contexto.

- b) El personal de la sede y de las regiones puede apoyar esta labor articulando claramente la gama de resultados que cabría esperar razonablemente de la programación en materia de WASH en situaciones de crisis prolongadas mediante las dos medidas siguientes: proporcionando orientación sobre los enfoques de programación amplios que probablemente sean necesarios para lograr esos resultados (incluida la programación integrada); y prestando asesoramiento sobre el diseño de sistemas de monitoreo adecuados.

Responsables: oficinas en los países, con el apoyo de las oficinas regionales, WASH-PD

● 4. MEJORAR LA RECOPIACIÓN Y EL USO DE DATOS PARA LA PROGRAMACIÓN DE WASH EN CRISIS PROLONGADAS

Asegurar que la programación en materia de WASH en las crisis prolongadas se diseñe y adapte a lo largo del tiempo sobre la base de datos y pruebas sólidas para atender las necesidades de las poblaciones afectadas y responder a los cambios en materia de contexto y necesidades:

- a) El UNICEF debería exigir a las oficinas en los países que establezcan sólidos procesos de garantía de calidad de los datos para asegurar que las conclusiones extraídas de los datos sean válidas y se basen en los requisitos mínimos de monitoreo establecidos.
- b) En toda la documentación de monitoreo y evaluación de las oficinas en los países (ya sea a nivel de proyecto o de programa) debería incluirse un plan de utilización de datos para orientar el uso de los mismos a fin de examinar la eficacia de los programas y adoptar decisiones fundamentadas sobre la programación, tanto revisada como nueva. En ese plan de utilización de datos se deben identificar los usuarios de los datos (incluidos los asociados y el gobierno); los datos necesarios para fundamentar la programación; la disponibilidad de esos datos (incluidos los procedentes de fuentes preexistentes o intersectoriales); y un calendario para el examen de esos datos y la adopción de medidas al respecto.
- c) Se requiere una evaluación continua del contexto y los riesgos para asegurar que todas las operaciones sigan siendo pertinentes en relación con el contexto y las necesidades. La evaluación de los riesgos debe examinarse en las reuniones de gestión de las oficinas en los países y debe intensificarse de acuerdo con los factores desencadenantes acordados.



- d) Examinar la forma en que las oficinas en los países pueden armonizar eficazmente los sistemas de monitoreo utilizados para la programación de la asistencia humanitaria y del desarrollo, incluida la gestión del riesgo si la programación está en transición entre las modalidades de asistencia humanitaria y de desarrollo. Los sistemas de monitoreo deben ser pertinentes para los objetivos declarados de los programas, incluida la recopilación de datos sobre los resultados cuando sea posible.
- e) La sede del UNICEF debe ayudar a las oficinas de los países a establecer los instrumentos de garantía de calidad y adaptación necesarios para recopilar este nivel de datos. El UNICEF debe elaborar un mecanismo que impida que los recursos de las oficinas en los países se gasten en la creación de sistemas de recopilación y monitoreo de datos que dupliquen los instrumentos existentes.

Responsables: División de Datos, Análisis, Planificación y Seguimiento (DAPM), EMOPS, WASH-PD, oficinas regionales, oficinas en los países

● 5. GARANTIZAR QUE SE DÉ LA MISMA IMPORTANCIA A LAS CONSIDERACIONES DE CALIDAD Y EQUIDAD QUE A LA COBERTURA

Asegurar que la calidad y la equidad se consideren al mismo nivel que las normas de cobertura.

- a) La rendición de cuentas por las normas de calidad debe la misma que por las normas de servicio desde el diseño en adelante.
- b) Es necesario realizar un desglose completo de los datos para garantizar que los programas satisfagan las necesidades de los grupos marginados. Una prioridad inmediata en cuanto al desglose de datos es centrarse en las personas con discapacidad.
- c) Es esencial que el personal y los asociados se comprometan a poner en práctica mecanismos de participación de los usuarios (prestando especial atención a los grupos vulnerables o marginados) desde el diseño hasta la programación. Esos datos cualitativos deben utilizarse para garantizar que la cobertura de los grupos marginados satisfaga de manera demostrable las necesidades identificadas de las personas. El UNICEF debería emprender inmediatamente una labor correctiva en esta esfera en las crisis prolongadas actuales. Siempre que sea posible, los mecanismos de participación de los usuarios deben ser intersectoriales.
- d) No debe subestimarse la falta de capacidad para monitorear las normas de calidad, y las oficinas en los países deben recibir el apoyo adecuado para hacer frente a esta situación.

Responsables: DAPM, EMOPS, WASH-PD, las oficinas regionales, las oficinas en los países



● 6. CREAR ASOCIACIONES QUE ABARQUEN PLENAMENTE LA ADAPTACIÓN LOCAL

Mejorar el actual modelo de asociaciones basadas en contratos en materia de WiPC para garantizar que trasciendan las meras relaciones contractuales e incorporen todos los aspectos de los compromisos del UNICEF en materia de adaptación local.

- a) Asegurarse de que las secciones de WASH de las oficinas en los países comprendan la definición de adaptación local del UNICEF y las repercusiones que ello tiene en la programación de WASH, y que incluyan la planificación del avance en materia de adaptación local en su enfoque y análisis de los resultados.
- b) Recopilar las enseñanzas de los programas existentes de las oficinas en los países y consolidarlas en los planos regional y mundial para establecer una comprensión en toda la organización sobre la forma en que funcionan las asociaciones con el sector privado que han tenido éxito y que podrían reproducirse o adaptarse. Se debe prestar especial atención a los riesgos singulares en torno a la rendición de cuentas a las poblaciones afectadas, así como la equidad y la sostenibilidad que se derivan del trabajo de los proveedores del sector privado. Las futuras asociaciones del sector privado deben incluir enfoques de mitigación para evitar que deje de incluirse el monitoreo de la participación de los usuarios en la fase de diseño.

Responsables: WASH-PD, Unidad WASH en la División de Suministros, Secciones WASH en las oficinas sobre el terreno, oficinas regionales

● 7. RECLAMAR QUE EL UNICEF DESEMPEÑE UN LIDERAZGO INTELECTUAL EN MATERIA DE WIPC

Considerar la manera en que el UNICEF puede añadir valor de una mejor manera en el liderazgo intelectual en materia de WiPC durante la próxima década, estableciendo un plan de acción de 10 años que podría ser presentado en un evento sectorial mundial pertinente durante 2020.

- a) El UNICEF debería promover el programa “WASH bajo fuego” y el programa para vincular la ayuda humanitaria y el desarrollo en la respuesta urbana, y considerar la posibilidad de invertir en la capacidad adicional adecuada a nivel regional. Las oficinas regionales deberían fortalecer activamente la gestión de los conocimientos y la determinación de las esferas prioritarias para apoyar a las oficinas en los países.



- b) El UNICEF debería estudiar la forma en que los grupos temáticos y los sectores de WASH pueden ampliar su capacidad para abordar cuestiones y problemas concretos relacionados con las crisis prolongadas y asumir funciones de coordinación más allá de la coordinación de las actividades (mediante las 4W), a medida que la programación se extiende más allá de la prestación de los servicios iniciales en las crisis prolongadas. Esto debería incluir los retos específicos que se producen cuando se produce una coordinación sectorial en lugar de por grupos temáticos.

Responsables: WASH-PD, GWG, Clima, Medio Ambiente, Resiliencia y Consolidación de la Paz (CERP), EMOPS, oficinas regionales

● 8. FORTALECER LA RENDICIÓN DE CUENTAS EN LA COORDINACIÓN DE LOS GRUPOS TEMÁTICOS

Se deben adoptar medidas para reforzar la rendición de cuentas del UNICEF en lo que respecta a su función de organismo coordinador de los grupos temáticos en materia de WASH y para garantizar que los grupos y/o sectores nacionales cumplan todos los requisitos mínimos para desempeñar las funciones básicas de esta función de liderazgo.

- a) Apoyar la capacitación y reforzar la orientación de los equipos directivos de las oficinas en los países sobre la función del UNICEF como organismo coordinador de los grupos temáticos en materia de WASH. Destacar los requisitos más amplios de esta función de liderazgo más allá de la primera función básica (Apoyar la prestación de servicios proporcionando una plataforma que garantice que la prestación de servicios se rige por el Plan de Respuesta Humanitaria y las prioridades estratégicas; y desarrollar mecanismos para eliminar la duplicación de la prestación de servicios).
- b) En los lugares en que se active el grupo temático de WASH, el UNICEF debe asegurarse de que la oficina en el país comprenda lo que entraña la función de proveedor de último recurso y en qué contextos puede ser necesario que el UNICEF gestione la prestación de servicios. En los casos en que el UNICEF asuma responsabilidades de prestación de servicios como proveedor de último recurso, se debería exigir a las oficinas en los países que realicen un análisis de riesgos para comprender las consecuencias institucionales, financieras y programáticas a mediano y largo plazo de esa decisión.

Responsables: GWG, WASH-PD, EMOPS

● 9. APROVECHAR LOS PUNTOS FUERTES DEL UNICEF EN MATERIA DE WASH EN LAS ZONAS URBANAS

Cuando una respuesta en materia de WASH en crisis prolongadas requiera la construcción o rehabilitación de infraestructuras en un entorno urbano, el UNICEF debe examinar cuidadosamente la viabilidad y la conveniencia de emprender



proyectos de infraestructura a largo plazo y en gran escala que requerirán una amplia aportación de labores de ingeniería durante un período considerable, junto con el riesgo que este compromiso supone para el cumplimiento de otros compromisos.

- a) Siempre que sea posible, el UNICEF facilitará a otros agentes (incluido el gobierno, cuando proceda) la realización de esas obras de infraestructura. En ese escenario, el UNICEF debería liderar los enfoques de fortalecimiento de los sistemas siempre que sea posible.
- b) Cuando sea necesario que el UNICEF emprenda esa labor de infraestructura para garantizar la prestación de servicios, la organización debería realizar una evaluación exhaustiva de los riesgos antes de incorporarse en el proyecto y aplicar amplios procesos de gestión y monitoreo de los riesgos a nivel de las oficinas superiores de los países.

Responsables: oficinas en los países, WASH-PD

● 10. GARANTIZAR QUE LOS PROGRAMAS DE WIPC SE AJUSTEN A LOS COMPROMISOS DEL UNICEF CON LA VINCULACIÓN ENTRE LA AYUDA HUMANITARIA Y EL DESARROLLO

Velar por que la estrategia de resultados de la oficina en el país se ajuste al enfoque de la vinculación entre la ayuda humanitaria y el desarrollo (véase la recomendación 3) y para que la oficina en el país aplique sistemáticamente todos los componentes pertinentes de la vinculación entre la ayuda humanitaria y el desarrollo.

- a) El UNICEF debería considerar la viabilidad de exigir a las oficinas en los países que lleven a cabo una reflexión interna del programa del país en materia de WASH en el momento en que el análisis indique que es probable que el contexto se transforme en una crisis prolongada. Esta tarea debería estar dirigida por un funcionario superior dedicado. Esto podría formar parte de una reflexión multi-sectorial más amplia dentro de la oficina en el país. El momento de adoptar un enfoque a mediano y largo plazo es en las primeras etapas de la respuesta (dentro de los primeros seis meses), cuando todavía se dispone de atención y recursos.
- b) El UNICEF debería pasar de un enfoque lineal a otro más acorde con el Procedimiento de vinculación de la ayuda humanitaria y el desarrollo. Esto supone que las oficinas en los países demuestren que están realizando ajustes en respuesta a un contexto en evolución y que utilicen análisis de conflictos y riesgos que vaya más allá de los silos (tanto sectoriales como de desarrollo humanitario). Deberían integrar la preparación y vincularla al análisis, e incorporar todo ello en los procesos de planificación de las oficinas en los países. Las oficinas en los países deberían incluir en su programación medidas proactivas para reducir los riesgos y fortalecer la capacidad de recuperación.



c) La Sede debe comunicar a las oficinas en los países y a las secciones de WASH que espera de ellas que tengan en cuenta, como parte del análisis de contexto y de riesgo, la viabilidad de enfoques alternativos de la prestación de servicios, incluidas las transferencias de efectivo y la labor intersectorial. Igualmente importante es que puedan explicar en qué casos este enfoque no es pertinente.

Responsables: CERP, oficinas en los países, EMOPS, WASH PD, GWG

● 11. FOMENTAR LA CAPACIDAD DE LAS OFICINAS EN LOS PAÍSES PARA NUEVAS FORMAS DE TRABAJO

Asegurar el apoyo oportuno y apropiado a las oficinas en los países para llevar a cabo estos cambios. En la actualidad, la presión para continuar la prestación de servicios plantea una importante tensión de recursos a las oficinas en los países. Sin una capacidad adicional estos cambios no serán posibles.

a) Evaluar si las competencias actuales de los recursos humanos y los mecanismos de aumento de la capacidad son adecuados para el propósito de las crisis prolongadas y adaptarlos en consecuencia. Abordar las deficiencias detectadas mediante la contratación de la capacidad apropiada para cualquier especialización adicional que se requiera. El UNICEF también debería aceptar que el apoyo de esta naturaleza no puede ser a corto plazo porque las oficinas en los países necesitan apoyo a lo largo del tiempo en las crisis prolongadas para planificar, influir y realizar cambios.

Responsables: División de Programas, EMOPS, oficinas regionales, DHR

Executive summary in Arabic available in a separate document:
https://www.unicef.org/evaldatabase/index_103951.html



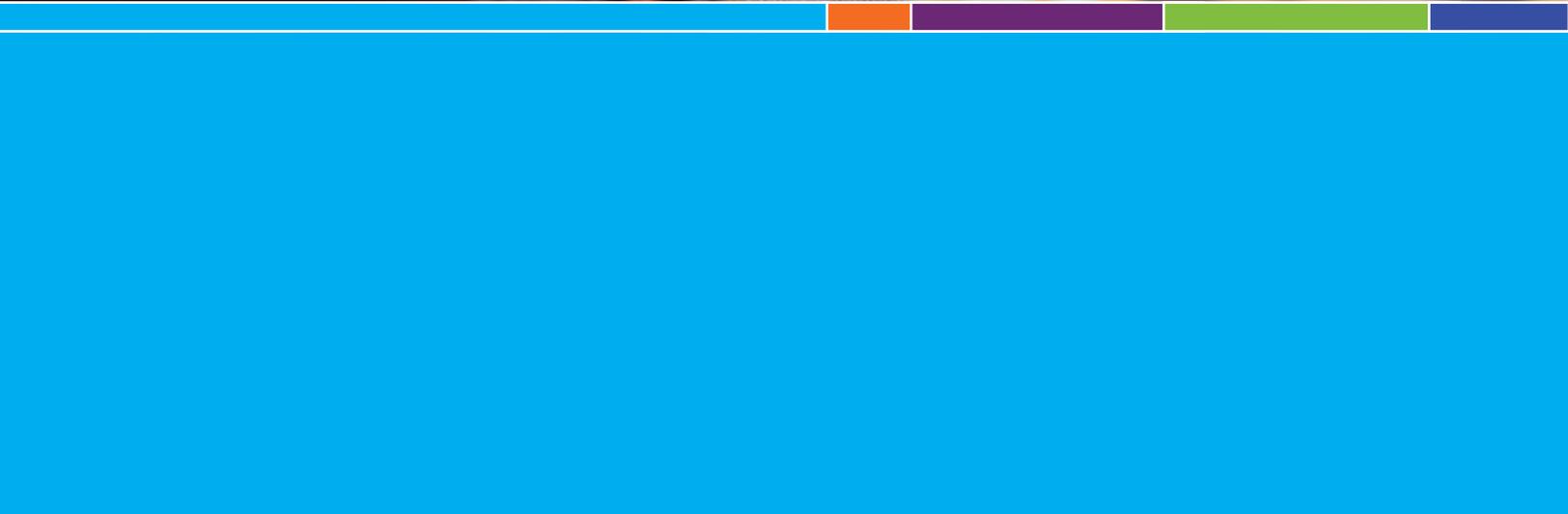
LIST OF ACRONYMS

4Ws	Who does what, where and when
AAP	Accountability to affected populations
C4D	Communication for development
CCCs	Core Commitments for Children in Humanitarian Action
CERP	Climate, environment, resilience and peacebuilding section (UNICEF)
CLTS	Community-Led Total Sanitation
EMOPS	Office of Emergency Programmes
EPP	Emergency Preparedness Procedure
EQ	Evaluation Question
GWC	Global WASH Cluster
IASC	Inter-Agency Standing Committee
JMP	Joint Monitoring Programme
L1, L2, L3	Level 1, Level 2 and Level 3 emergencies
LHD	Linking humanitarian and development
MHM	Menstrual hygiene management
O&M	Operation and maintenance
PPP	Public-private partnership
QA	Quality assurance
RAG	Red-Amber-Green
RAM	Results Assessment Module
RRT	Rapid response team
RRRM	Regional rapid response mechanisms
SDG	Sustainable Development Goal
SEQ	Sub-evaluation questions
SMQ	Strategic monitoring question
WASH	Water, sanitation and hygiene
WiPC	WASH in protracted crises



1

INTRODUCTION AND EVALUATION BACKGROUND





1.1 Evaluation purpose and objectives

According to the OECD, by 2030 the proportion of the global population living in fragile and conflict-affected contexts is projected to increase by 28 per cent.¹ As the number of people in need increases so does the length of time during which they require international support. The average humanitarian crisis in which there is a UN-coordinated response now lasts for more than nine years – an increase from an average length of 5.2 years in 2014. The implications for already hard-pressed donors and agencies are significant, especially given the commitments to the Sustainable Development Goals (SDGs), which cannot be met without progress in these fragile contexts.

UNICEF has calculated that currently more than 800 million children live in 58 fragile contexts and – without mitigation – this number will increase as the number of contexts classified as fragile and extremely fragile grows, and the duration of protracted contexts lengthens.² In protracted crises contexts, individual and household vulnerability levels increase over time, making it more difficult to protect and maintain infrastructure and development gains. UNICEF therefore believes that children in fragile protracted contexts are often more than eight times worse off in terms of water, sanitation and hygiene (WASH) indicators.³

The UNICEF Evaluation Office commissioned this global evaluation of WASH in protracted crises (WiPC) following commitments made in the Global Evaluation Plan (GEP) for 2018–21. This evaluation was deemed to be important

given the increased scale of vulnerability and needs in protracted crises and consequent significant increases in funding to WASH humanitarian action – both within UNICEF and in the wider sector. The WASH sector now receives the largest share of UNICEF expenditure of emergency funding and there is a WASH response in every emergency response that is considered a protracted crisis. To this end, UNICEF commissioned this evaluation to provide a measure of accountability and assurance to UNICEF senior management, the Executive Board and donors with regard to WASH strategy, results and expenditure on WiPC. The UNICEF Evaluation Office produced a synthesis of evaluations of UNICEF's WASH action in humanitarian situations in 2017 and WASH is typically covered in evaluations of L2 and L3 responses. However, there are no recent global evaluations of UNICEF humanitarian WASH programming. This is also the first UNICEF global evaluation focusing specifically on protracted crises contexts.

Consultations during the inception period also confirmed that there was a demand among UNICEF staff for learning-oriented evaluations of humanitarian action in situations of protracted crisis given the increasing proportion of UNICEF's work occurring in such contexts. This was considered particularly important because UNICEF's tools, processes and capabilities were largely designed for rapid-onset emergencies. These consultations framed the WiPC evaluation as providing learning which would drive forward commitments to change in light of the 2020 revision of the Core Commitments for Children in Humanitarian Action (CCCs) and the publication of the

¹ OECD, *States of Fragility 2018*, OECD, Paris, 2018. Available at: <https://www.oecd.org/dac/states-of-fragility-2018-9789264302075-en.htm>.

² UNICEF, *Water Under Fire – Volume 1: Emergencies, development and peace in fragile and conflict-affected contexts*, UNICEF, New York, 2019. Available at: <https://www.unicef.org/reports/emergencies-development-peace-in-fragile-and-conflict-affected-contexts-2019>.

³ Ibid.



2019 Linking Humanitarian and Development (LHD) Procedure. The WiPC evaluation should be available internally while the mid-term review of the UNICEF Strategic Plan 2018–2021 is being conducted. The evaluation has also proved to be exploratory because it has included areas of enquiry for which UNICEF had no pre-existing framework, i.e. LHD and the evaluation of quality in WiPC. This WiPC evaluation has fulfilled the intended purpose and the stated functions of providing both learning and accountability on UNICEF performance on WASH action in protracted crises.

The primary audience for the evaluation⁴ is intended to be the Deputy Executive Director, Programmes; Programme Division (specifically the Division Director, the WASH section, and the Climate, Environment Resilience and Peacebuilding (CERP) section); the Office of Emergency Programmes (EMOPS, especially its Director, Deputy Director and Heads of Sections); the Global WASH Cluster Coordinator and Deputy Coordinator; country offices, particularly WASH and emergency personnel; the Division of Data, Analytics, Planning and Monitoring (DAPM); and regional office WASH advisers. The intention is to present the evaluation summary to the Board in 2020.

It is expected that there will be strong interest in the evaluation from other actors in the WASH sector – in particular for the members of the Global WASH Cluster, including its Strategic Advisory Group, and participants in country-level WASH clusters and other sector coordination bodies. Strong interest is also expected from the World Bank

Group and from key donors to UNICEF WASH programmes (and to WASH action coordinated by the Global WASH Cluster), in particular the European Commission's Humanitarian Aid Office (ECHO) and from Japan, Germany, the United Kingdom and the United States.

1.1.1 Evaluation scope

Although the term 'protracted crises' is understood within UNICEF, it does not have a specific universal meaning. There is ambiguity over what is included in the definition and how it compares to similar terms.⁵ For this evaluation 'protracted crises' are defined as

major humanitarian situations in which a large proportion of a population in a country is vulnerable to death, disease or disruption of their livelihood over a significant period of time.

Protracted crises could evolve from a sudden emergency (e.g., an influx of refugees related to conflict) or from a slow-onset crisis (such as the periodic recurrence of drought). As coping strategies are eroded, vulnerability can increase in subsets of affected populations. This requires responders to continuously monitor vulnerability and needs and adapt their response accordingly. Despite efforts to promote and foster resilience, protracted crisis contexts may experience periodic resurgences of humanitarian needs in response to new events. The objective of this evaluation is to determine how UNICEF maintains WASH commitments over time in such a context; how it absorbs new shocks and adapts;

⁴ To ensure that the evaluation reflects the perspectives and meets the needs of its intended audience, an Evaluation Advisory Group – which includes representatives of the key UNICEF stakeholders and an external WASH expert and is chaired by the evaluation manager – provided advice on the evaluation process and comments on the key deliverables. The terms of reference for the Evaluation Advisory Group is available from the UNICEF Evaluation Office.

⁵ For example, the global WASH strategy refers to 'prolonged crises.'

how it applies best practice; and how UNICEF links humanitarian and development theory and practice.

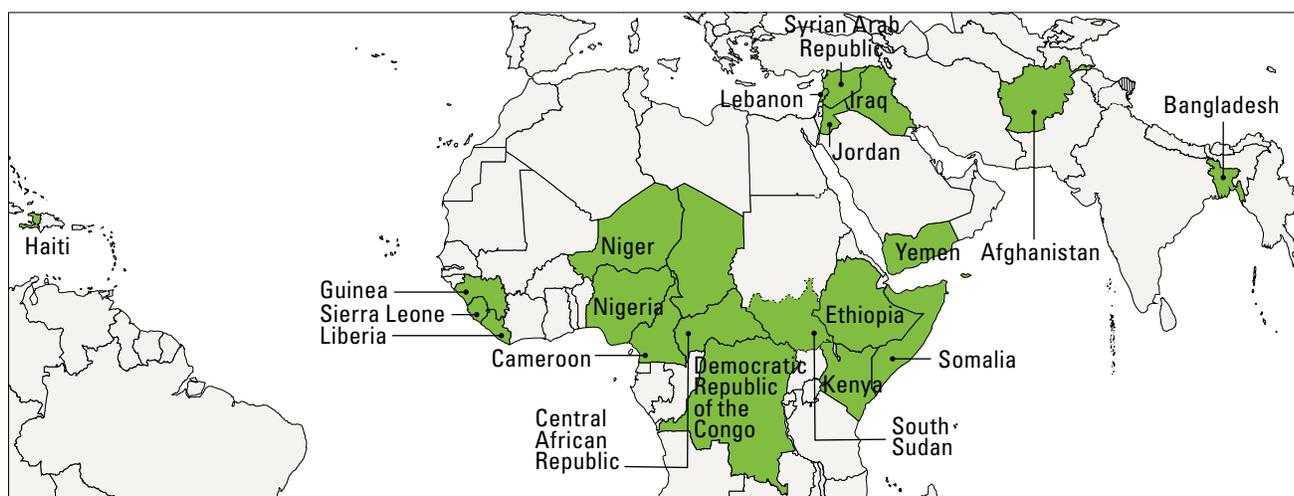
The scope of the evaluation is set out fully in its terms of reference (Annex 9). The inception report⁶ details any agreed changes to the scope. The scope of the evaluation is broad, with the following key points:

- The period under consideration is 2014–2019.
- The evaluation considers all elements of UNICEF’s WASH response, including downstream work (service delivery), upstream work and coordination.
- It looks at both rural and urban responses.

- The evaluation encompasses both humanitarian response and ‘mixed’ programming, excluding only purely development-based programming.
- The evaluation covers all programme delivery modalities, including direct implementation and implementation through government partners and NGOs/private sector providers.

The evaluation looks at crises that had been classified by UNICEF⁷ as L2 or L3⁸ for a duration of at least 1.5 years as of the inception period.⁹ Applying this definition led to the evaluation universe shown in Figure 1.¹⁰

Figure 1. Countries included in the scope of the evaluation (in green)



⁶ Itad, *Inception Report: Global evaluation of UNICEF’s WASH programming in protracted crises, 2014–19*, UNICEF, 2019. Available internally within UNICEF.

⁷ Details on L2 and L3 emergency procedures are available at <http://www.unicefinemergencies.com/procedures/index.html>. An L2 emergency is one where the country office needs additional support from other parts of the organization (headquarters, regional office and other country offices) to scale up and respond to the crisis. An L3 emergency requires an organization-wide mobilization to scale up and respond.

⁸ Afghanistan was not an L2 or L3 emergency during this evaluation period but has been included due to the unique nature of the protracted crisis there and to ensure geographical diversity.

⁹ The Rohingya crisis in Bangladesh was not included in the original terms of reference for this evaluation because when the terms of reference was issued in October 2018 Bangladesh had not been an L2 or L3 crisis for 1.5 years. This threshold was crossed before the evaluation inception period, so Bangladesh was subsequently included.

¹⁰ A full list of the countries included in the evaluation universe is included in Annex 5.



1.2 Evaluation matrix and questions

This evaluation is structured around five evaluation questions (EQs) chosen to align with the most important areas of inquiry identified in the inception period and the terms of reference for this evaluation, and with reference to key UNICEF strategies (including the 2016–30 WASH Strategic Framework) and commitments. The evaluation questions were agreed upon during the inception period after the original evaluation questions (noted in the terms of reference) were refined jointly by the evaluation team, the Evaluation Office and the Evaluation Advisory Group (EAG). The full evaluation matrix is in Annex 1. The five evaluation questions are:

- **EQ1:**
To what extent has UNICEF achieved quality, including equity and inclusion, in WASH in protracted crises?

EQ1 seeks to consider the ‘quality’ of WASH programming in the broadest sense. It is included because of concerns over a decline in the quality of WASH programming raised in inception interviews. The evaluation team has defined quality using a detailed scorecard for WASH in protracted crises (*see Annex 1*) developed through an extensive review of existing standards and commitments relevant to UNICEF WASH programming in protracted crises. From these, the team identified four typologies of quality and a series of relevant benchmarks for each.

- **EQ2:**
How well has UNICEF exercised its leadership and coordination roles for WASH in protracted crises?

This question aims to explore both the formal coordination role played by UNICEF as the WASH Cluster Lead Agency and the broader leadership role UNICEF plays in the WASH sector. Leadership is primarily assessed at a global level (investigating ‘thought leadership’ within WiPC) and coordination is explored primarily at a crisis level – particularly through country case studies. The evaluation looks at links between national coordination systems and the Global WASH Cluster but does not evaluate the effectiveness of the Global WASH Cluster, as was agreed at inception.

- **EQ3:**
How well has UNICEF monitored and reported the results of its WASH programming in protracted crises?

The evaluation initially sought to answer questions on the extent of ‘changes in the lives of affected populations.’ Due to issues of feasibility, the question was re-framed as an exploratory question to understand – based on the range and extent of data currently collected by UNICEF – how well WiPC programming is monitored and the extent to which it possible to determine whether UNICEF interventions have led to changes in the lives of affected populations.

- **EQ4:**
To what extent has UNICEF had the capacity to implement a timely and effective WiPC response?

This question addresses the suitability of UNICEF capacities, processes and partners in protracted crises. For UNICEF processes and systems, the evaluation sought to understand the extent to which existing systems (including emergency preparedness and human resources systems such as surge or stand-by partners) have been utilized in



protracted crises, and whether or not these systems are suitable for the specific challenges brought by protracted crises. For UNICEF partners, the evaluation has looked for evidence that partnerships have been managed in a way which ensures that partners achieve expected results and that appropriate capacities are available as a crisis evolves.

● **EQ5:**
To what extent has UNICEF ensured linkages, coherence and mutual reinforcement of its WASH humanitarian action with longer-term development objectives?

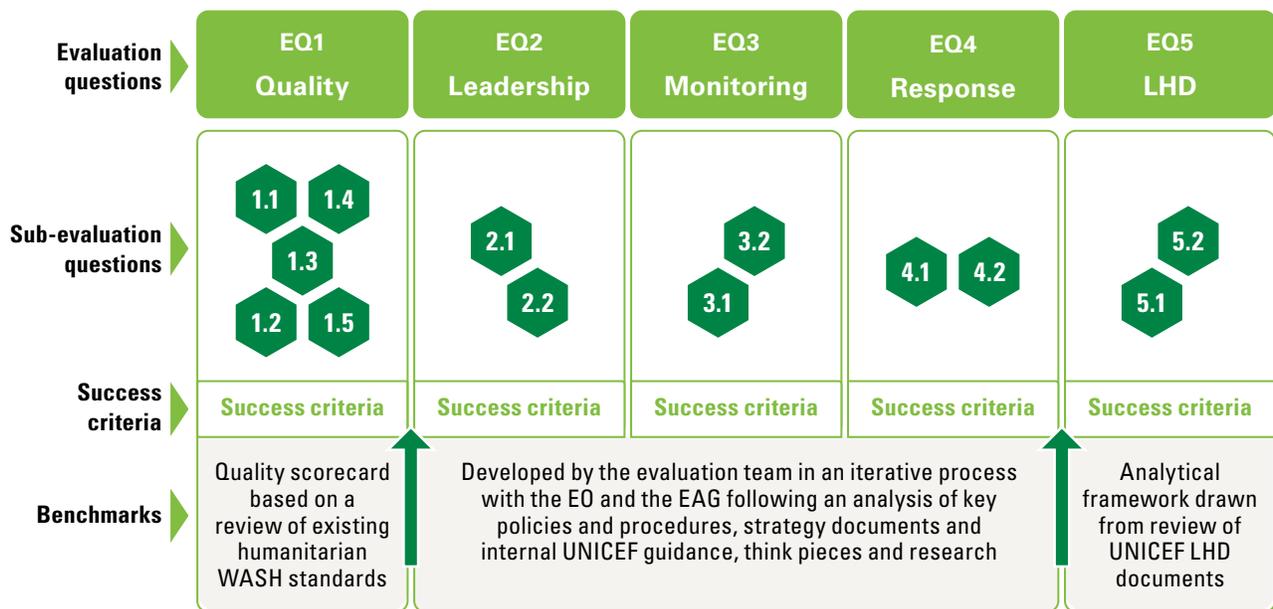
Because UNICEF did not have in place agreed definitions of Linking Humanitarian and Development (LHD) within which to frame this question, the evaluation team undertook an

extensive review of the commitments made and guidance issued by UNICEF during the period under evaluation. From this, the team structured sub-evaluation questions based on the key elements of the UNICEF LHD concept and programming drawn from multiple UNICEF documents on LHD issued over the course of the evaluation process.¹¹ This process is detailed in the inception report.

Below the five broad EQs there are 13 specific sub-evaluation questions (SEQs). The evidence for these 13 SEQs was analysed against relevant success criteria, with specific benchmarks for success established for the success criteria (see Figure 2). Full details of all aspects of the evaluation matrix can be found in Annex 1.

This evaluation covers the criteria of efficiency, effectiveness, relevance (and appropriateness), connectedness, coverage and coordination.

Figure 2. Structure of the evaluation matrix



¹¹ The May 2019 UNICEF Procedure on Linking Humanitarian and Development Programming encompasses many of these elements. However, because it was published only at the end of the period under evaluation, it was not appropriate to use this procedure to determine the success criteria for EQ5.



Impact has not been used as a criterion for this evaluation due to the difficulties in measuring this in the evaluation context (see Section 5.2 for a full discussion of this).

Coherence – for this evaluation – is largely covered through the lens of LHD, and this is more closely aligned with the criteria for connectedness and relevance. Finally, protection is explored through some elements of EQ1 (safe and equitable access) and EQ3 (monitoring negative changes arising from UNICEF’s interventions). It is not explored as a stand-alone criterion due to the challenge in identifying data which speak to cross-sectoral outcomes (including protection) arising

from UNICEF’s WASH action. Full details of how the EQs map to evaluation criteria are included in the evaluation matrix (Annex 1).

1.3 Overview of methodology, data collection and analysis tools

The evaluation employed a mixed-methods approach for data collection and analysis. The raw evidence (from document review, key informant interviews, transect walks, UNICEF country office self-assessments and a global online survey) for this evaluation is contained in a series of separate evidence products as detailed in Figure 3.

Figure 3. Methods, data collection and analysis and synthesis of findings

	Evidence collection	Findings for each evidence product	Summary findings compiled in evidence matrix	SEQ-level evaluative judgement	RAG ratings and strength of evidence	Cross cutting conclusions
Global desk review	<ul style="list-style-type: none"> - Global document review - UNICEF, partner and sector documentation - UNICEF monitoring data 	<ul style="list-style-type: none"> - Evidence analysed against success criteria - Findings generated by SEQ 	<ul style="list-style-type: none"> - Individual summaries for each evidence product and SEQ - 13 x 9 matrix - 107 individual findings summaries 	<ul style="list-style-type: none"> - Evaluative judgement reached by analysing across each summary for relevant SEQ - Analysis undertaken at level of success criteria - Triangulating initial evaluative judgement against evidence from global level KIIs 	<ul style="list-style-type: none"> - RAG rating provides visual overview of performance against each SEQ. Performance definitions developed for each type of benchmark - Strength of evidence based on assessment of extent of consistency across evidence products 	<ul style="list-style-type: none"> - Cross-cutting conclusions identified through analysis across SEQ-level evaluative judgements
Four field-based case studies	<ul style="list-style-type: none"> - Country-focused document review - UNICEF country office self-assessment - KIIs - Intervention transect walks 	<ul style="list-style-type: none"> - Evidence analysed against success criteria - Findings generated by SEQ 				
Two desk-based thematic case studies	<ul style="list-style-type: none"> - Thematic focused document review - UNICEF country office self-assessment - Remote KIIs 	<ul style="list-style-type: none"> - Evidence analysed against success criteria - Findings generated by SEQ 				
Online survey	<ul style="list-style-type: none"> - Survey sent to UNICEF WASH staff - Cascaded to UNICEF WASH partners 	<ul style="list-style-type: none"> - Survey questions aligned with SEQs and success criteria - Analysis presented by SEQ 				



Theory of change

The evaluation team conducted a review of theories of change relevant to the WASH sector and specifically for WiPC as part of the inception phase of the evaluation. The team determined that UNICEF has no overarching theory of change for WiPC or for WASH humanitarian action more generally. It was agreed with the Evaluation Office that construction (or reconstruction) of a theory of change for WiPC was not required for the evaluation to proceed. It was instead agreed that the evaluation team would look for evidence of intentional logical design of WASH programmes that aims to drive specific outcomes.

1.3.1 Global desk review

At the outset of the implementation of the evaluation, the evaluation team undertook an in-depth document review. The team reviewed more than 600 documents collected from a global, regional and country level. These documents were both UNICEF-specific (including previous evaluations) and those from the broader sector. The team also reviewed existing UNICEF financial and results data. From this review, information in the documentation was systematically extracted for each of the EQs in the evidence framework and presented as an initial summary of emerging findings. These emerging findings were used to guide further exploration during subsequent stages of the evaluation.

Additional document reviews were undertaken for the case studies. Initial documentation focused on key country office documents (situation reports, country office WASH strategies, previous WASH evaluations), with additional documentation collected during the field visits to provide more information on specific areas of interest.

1.3.2 Case studies

The evaluation included four country case studies (all of which included in-country data collection) and two broader thematic case studies (which were desk-based). The country case studies were chosen to be broadly representative of UNICEF's WiPC programming, while the two desk-based case studies focused on specific themes which were deemed of interest to the evaluation and the UNICEF WASH sector more broadly. These themes were UNICEF's WASH action in response to a public health crisis and UNICEF's support to WASH in urban crisis settings.

The choice of countries to be included as case studies (whether as country case studies or as part of thematic case studies) was made during the inception period by the evaluation team, the Evaluation Office and the Evaluation Advisory Group. Taking into consideration the evaluation universe and scope (*see Section 1.1.1*), the following criteria were applied:

- **UNICEF's level of investment**
- **Maturity of the conflict/crisis**
- **Geographic diversity among chosen case study countries**
- **Diversity of operating contexts**
- **Regional office/country office engagement**
- **Gaps in evidence**

For field-based case studies specifically:

- **Security/access for the evaluation team**
- **Readiness and availability to host a country visit and provide logistical and security support**

For thematic case studies specifically:

- **Relevance to the theme in question**



The application of these criteria to a relatively limited (21 countries) evaluation universe meant that there were few possible permutations of countries to be included in case studies. Country case studies were carried out in Cameroon, Lebanon, Somaliland and South Sudan. The public health thematic case study drew on evidence from the Democratic Republic of the Congo, Haiti and Yemen (all sites of cholera outbreaks) and the urban settings case study drew on evidence from the Syrian Arab Republic and Yemen, alongside interviews with global stakeholders selected by the Evaluation Office to provide a comprehensive experience base.¹²

Key informant interviews

Each case study included key informant interviews with UNICEF staff, UNICEF partners (typically NGOs) and government counterparts. There were an average of 36 key informant interviews per case study. The evaluation team developed a general interview guide for these interviews. It was refined for use with specific informants to ensure the most relevant areas of interest were covered in each case. The key informant interviews for the country case studies were typically conducted in person, while those for the thematic case studies were conducted via telephone or Skype.

Self-assessment tool

Each case study included a self-assessment completed by the country office(s) in question. The purpose of the self-assessment tool was to engage key stakeholders and to capture the perceptions of the country office of their own performance and constraints. The tool was developed for the country case studies

in consultation with the Evaluation Office and focused on eight areas of organizational performance which aligned to the evaluation questions. Versions of the self-assessment tool were used for the thematic case studies, refined to focus on performance in specific areas. The self-assessment was provided prior to undertaking the case studies; it was used to shape an initial workshop in-country (for country case studies) and to focus interview questions for the thematic case studies. The results of the self-assessment informed the findings of the case studies. A summary of the self-assessments is contained in Annex 7.

Observation and transect walks

During country case studies the evaluation team (in particular, the national consultants) made direct observations of the condition, use and sustainability of WASH facilities and services and other aspects relevant to the evaluation such as equity/inclusion, protection and accountability to affected populations (AAP). The observations were undertaken as part of a transect walk that also included semi-structured discussions with the affected population at the household and community levels.

Between four and seven transect walks were undertaken for each country case study, lasting between one to two hours each.¹³ The evaluation team conducted the transect walks independently of UNICEF staff and partners. During the walks, the team made a specific effort to engage with those most effected by WASH interventions (particularly women and girls) and with more vulnerable groups, such as people with disabilities. The team recorded

¹² Global (internal UNICEF) stakeholders were identified by the UNICEF evaluation manager for this project.

¹³ The numbers and lengths of the transect walks differed depending on the context. For example, in South Sudan access and logistical constraints limited the number of transect walks. In Lebanon, the small size of many informal settlements limited the length of the transect walks.



observations against the scorecard for quality developed for EQ1, but it did not record details of individual participants.¹⁴

1.3.3 Online survey

An online survey was conducted for UNICEF staff and UNICEF partners to ensure that a wide range of diverse perspectives from the 21 WiPC country offices in the evaluation universe could contribute to the evaluation; this online survey also complemented and triangulated the evidence collected during country and thematic case studies. The survey captured information on all five EQs. The survey report (included as Annex 6) provides details of the responses to the online survey.

Sampling

The evaluation team sent the online survey to all UNICEF WASH staff (including WASH cluster/sector coordinators) working in protracted crises contexts. In addition, it went indirectly to UNICEF WASH partners and/or WASH Cluster/sector members at a national level (via UNICEF country office staff) and to Global WASH Cluster members via the GWC coordinator. In total, the survey received 76 responses, 61 of which were complete and 15 of which were partially complete. Out of the 76 responses, 52 (68 per cent) were UNICEF staff from the following offices:

- 2 (4 per cent) from regional offices
- 45 (86 per cent) from country offices
- 5 (10 per cent) from subnational offices

The remaining 24 (32 per cent) of the 76 responses were partners from the following types of organizations:

- 12 (50 per cent) from national NGOs

- 8 (33 per cent) from international NGOs
- 3 (13 per cent) from community-based organizations
- 1 (4 per cent) from other types of organizations
- More information on the survey can be found in Annex 6.

1.3.4 Global key informant interviews

As the final stage of the evaluation, the evaluation team carried out 25 global key informant interviews. The choice of global interviewees was purposive and intended to ensure full coverage of relevant UNICEF stakeholders as well as coverage of key external stakeholders considered to be highly credible informants and to have high explanatory power. These respondents were determined during the inception phase in discussions between the evaluation team, the Evaluation Office and the Evaluation Advisory Group. A full list of respondents for the key informant interviews is in Annex 4. The global key informant interviews were intended to triangulate emerging findings from initial evidence sources and (where relevant) to test initial conclusions.

1.4 Data analysis and synthesis

The data sources and collection methods described above captured the diversity of contexts and programming during the period under evaluation. The approach yielded a substantial volume of data which made it possible to achieve the highest level of evidence coverage and quality within the scope of the evaluation, minimize bias and ensure triangulation. For each evidence product an evidence assessment framework was used

¹⁴ This was to maintain compliance with data protection regulations, as agreed in the ethical protocol.



to capture the raw data. From these data, the team conducted analysis and drafted a report detailing findings against the SEQs and EQs.

After all the country and thematic case studies were conducted, the evaluation team consolidated summaries into a final evidence matrix that included emerging findings from the full document review, online survey and global key informant interviews. This evidence matrix was used as the basis for synthesizing findings for each SEQ in a process detailed in Figure 4. The output of this process was, for each SEQ:

- A summary evaluative judgement, which formed the basis for the narrative in this report;
- A red-amber-green (RAG) rating (explained below) providing a visual overview of performance against the relevant success criteria; and
- A strength of evidence assessment (also detailed below).

This was compiled into an interim report that was reviewed by the Evaluation Office prior to the writing of this final evaluation report.

1.5 Performance scoring and strength of evidence

A red-amber-green (RAG) color-coding system provides a visual overview of UNICEF’s performance against each SEQ. To develop this system (Table 1), the evaluation team identified a typology of the various benchmarks identified for each SEQ in the inception phase. For each type of benchmark, the team defined red (limited), amber (mixed) and green (strong) performance.

Figure 4. Synthesis and performance scoring process

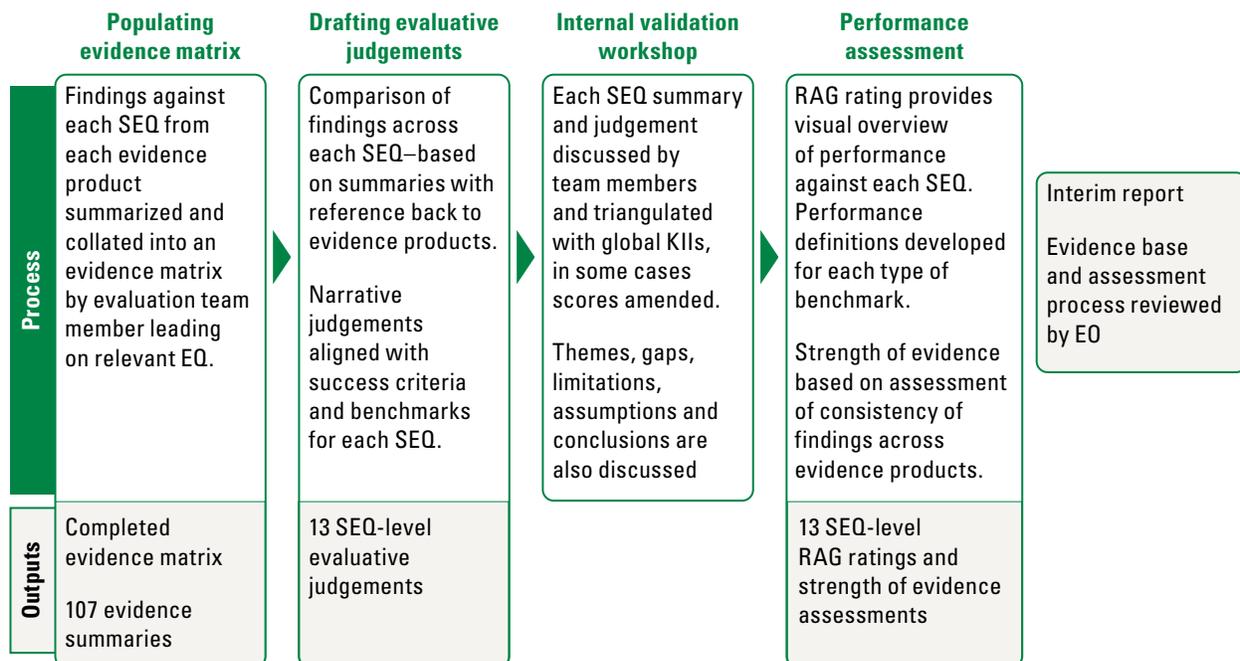




Table 1. Performance scoring system

Type of benchmark	SEQs	Green	Yellow	Red
Alignment with normative frameworks and/or sector standards	1.1, 1.2, 1.3, 1.4, 1.5 2.1	Met in all cases, with isolated, context-specific examples where this was not possible.	Met in only some cases.	Rarely or never met.
Achievement against UNICEF strategies, procedures	2.2 3.1 4.1, 4.2 5.1	Achieved in all cases, with isolated examples where this was not possible.	Achieved only in some cases.	Rarely or never achieved.
Evolution over evaluation period (2014–19)	4.1, 4.2 5.1	Positive evolution since baseline across UNICEF.	Some positive evolution, but variable across UNICEF.	No positive evolution.
Alignment with sector stakeholder expectations	2.2	UNICEF meets sector expectations or cited as sector-leading.	Some examples of meeting sector expectations, but not consistent across UNICEF.	Only isolated examples where UNICEF is meeting sector expectations.
-	3.2	<i>SEQ3.2 was not posed as a question of performance ('how well'/'to what extent') but as an exploratory question. The rating reflects the extent to which we have been able to answer the question and is not an assessment of UNICEF's performance.</i>		

We have also rated the strength of evidence for the evaluative judgement and related performance scoring as follows:

- **Strong evidence** – Evaluative judgement is based on evidence from the majority of sources, that consistently supports our findings.
- **Medium evidence** – Evaluative judgement is defensible but based on a minority of sources. Other sources contain no evidence to support or refute the judgement.
- **Weak evidence** – Evaluative judgement is based on only a limited number of sources. While on balance it may be appropriate, there is also evidence that refutes the judgement.

Details of the strength of evidence assessment are included in Annex 1.

1.6 Ethics, confidentiality and quality assurance

1.6.1 Ethics and confidentiality

This evaluation was undertaken in line with relevant UNICEF and UN Evaluation Group (UNEG) guidance on evaluation ethics.¹⁵ Specifically, the evaluation team worked with due regard to the obligations of independence, impartiality, credibility, conflicts of interest and accountability.

¹⁵ Specifically, the *UNEG Ethical Guidelines for Evaluation*, the *UNEG Code of Conduct for Evaluation in the UN System* and the *UNICEF Procedure for Ethical Standards in Research, Evaluation, Data Collection and Analysis*.



The evaluation data collection methods and tools were independently approved by HML IRB, an ethics review board with a long-term contract with UNICEF. Full details of the approval and ethical protocol are included in Annex 8.

As part of this process we assessed risks to subjects' safety and dignity and proposed mitigation measures. The primary risk arose from our interactions with and data collection from vulnerable participants (affected populations living in humanitarian contexts). Specifically, the main risks were:

- Breach of confidentiality;
- Conflicts arising from unequal access to services; and
- Risk to participants' personal dignity.

We assessed that there was a lesser level of risk to other participants in this evaluation (UNICEF staff and partners) arising from the risk of breach of confidentiality.

We put in place mitigating actions for each of these risks, including:

- Ensured that all participation in the evaluation was done on the basis of informed consent: participants were explicitly informed of their right not to participate.
- Limited the collection of personally identifiable information wherever possible: the team did not collect any personally identifiable information from the affected population and anonymized data from key informants.
- Ensured an appropriate gender balance in evaluation teams, specifically where data were collected from the affected population.

Data protection processes were put in place for the collection, management and analysis of personally identifiable information; these data



protection processes ensured compliance with ethical standards and relevant legislation (the General Data Protection Regulation).

The evaluation team **addressed safeguarding** by using specific actions identified in the ethical protocol and through the Itad safeguarding policy. The Itad policy defines ‘safeguarding’ as how the company protects children and adults from abuse or neglect in the broadest possible meaning. All team members committed to follow this policy.

1.6.2 Quality assurance

This evaluation was undertaken in line with Itad’s quality assurance (QA) policy. Specifically:

- **Internal QA** was provided at several levels. All evaluation deliverables were subject to peer review led by the team leader, with additional comments from team members based on expertise and experience. Formal QA was undertaken by senior Itad staff members – either the Project Director or a member of Itad’s internal QA pool. The document review and final evaluation report were also reviewed by a member of Itad’s external QA pool – a senior evaluation consultant with extensive experience in global evaluations with multilateral bodies.
- **UNICEF undertook an additional level of quality assurance.** The UNICEF Evaluation Office oversaw the evaluation and the evaluation manager (or, where appropriate, another member of the Evaluation Office) reviewed each deliverable. The Evaluation Advisory Group reviewed and provided comments on key deliverables (including the inception report and

draft final report). UNICEF country offices provided comments on factual errors, misinterpretation and gaps in the evidence base for individual country case studies. The final evaluation report will be subject to an independent assessment as part of the UNICEF Global Evaluation Reports Oversight System.¹⁶

1.7 Limitations

During the data collection several evaluability issues and limitations were addressed and overcome. Examples of issues addressed include:

- The lack of a consistent pre-existing definition of LHD within UNICEF, which the evaluation team mitigated by developing a framework through which to collect evidence related to EQ5; this involved identifying 22 common elements expected of LHD programming, from which success criteria (6 elements) were agreed.
- The challenges of identifying three country offices able to participate in the urban thematic study, which were overcome with the support of the Evaluation Office by identifying a group of urban WiPC experts globally to participate and provide sufficient and diverse field expertise.

However, the remaining limitations that constrained the evaluation and findings are presented below:

- **Extent to which learning from this evaluation will inform future policy and programme decisions:** The Core Commitments for Children in Humanitarian Action (CCCs) were revised in parallel to this evaluation. Although

¹⁶ See: https://www.unicef.org/evaldatabase/index_GEROS.html.



draft versions of the revised CCCs have been taken into consideration in writing this report, it is not possible to fully reflect the new CCCs, or that changes in the CCCs may mean that some aspects of this report are prematurely obsolete. The evaluation may still be utilized in the update of the UNICEF global WASH strategy (planned for 2020/21) and the midterm review of the current UNICEF Strategic Plan. The evaluation may also usefully inform strategic processes in UNICEF country offices and regional offices which include WASH programming in protracted crises.

- **The availability and quality of quantitative data:** Whilst UNICEF's performance in monitoring and reporting WiPC is covered specifically under EQ3, the lack of detailed, comparable data at global level has limited the extent to which we could assess coverage and performance at a global level.
- **Lack of key informants covering the earlier part of the evaluation period:** Most of the interviews conducted for the country and thematic case studies were with staff who were not present for the duration of the evaluation period, meaning that important context and information for preceding years was lost. The team mitigated this limitation by using document review and additional key informant interviews with former staff members where feasible.
- **Missed opportunities for iteration:** Initially, the evaluation design included a phased approach to data collection, with the document review analysis conducted before the thematic case studies. This was to be followed by the country case studies and, lastly, the online survey and global key informant interviews (which were designed to target data gaps identified and for triangulation). This would allow reflection and data collection to be built on hypotheses developed in previous stages. Although the document review was undertaken at the start of the evaluation, other work occurred in parallel due to a delayed inception period and as a result of logistical and resourcing issues. While the document review provided a useful review of current literature, the absence of evidence to reach preliminary findings (particularly for LHD) meant that it was not possible to progressively narrow the focus of the evaluation. This meant that data collection and analysis had to remain broad in scope. It also limited the ability of the evaluation to explore a smaller number of specific topics in more depth.
- Intentions to ensure synergy with a parallel education in humanitarian settings evaluation have not proved possible because ultimately the evaluations did not follow a similar timeline.



2

THE CONTEXT OF UNICEF'S WASH RESPONSE IN PROTRACTED EMERGENCIES





2.1 The role of UNICEF in WiPC

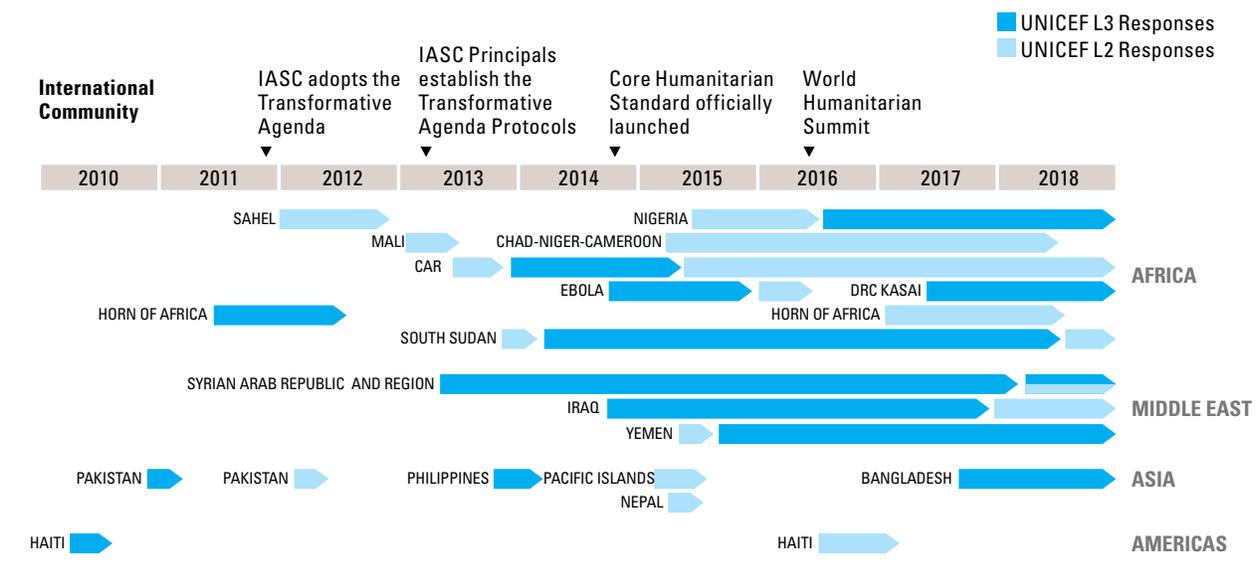
2.1.1 UNICEF’s humanitarian mandate

UNICEF is a global humanitarian actor that has been responding to all major emergencies in Africa, Asia and Latin America for decades. UNICEF has also played a significant advocacy and coordination role.

Between 2014 and 2018, UNICEF responded to Level 2 (L2) and Level 3 (L3) humanitarian crises in 25 countries.¹⁷ Between 2011 (when the L2/L3 activation procedure was introduced) and 2014, UNICEF was directly involved in a maximum of three L2 or L3 crises at any given time. Since then, this has changed dramatically: In recent years, the organization has responded each year to up to 10 L2 or L3 emergencies simultaneously, as illustrated in Figure 5. This dramatic increase in the number of crises to which UNICEF has responded mirrors changes in the broader operating context described above.

UNICEF’s strategic plans for 2014–2017 and 2018–2021 both recognized the need to continue involvement in humanitarian action. They anticipated the increase in the frequency, scale, severity, duration and complexity of humanitarian crises and mainstreamed UNICEF’s international commitments in all aspects of its work. They emphasized strengthening all components of UNICEF’s humanitarian preparedness and response investments and further improved the coherence and complementarity of its humanitarian and development programming – including in WASH. With its dual humanitarian and development mandate, UNICEF is particularly well positioned to support the global pledge to more effectively combine humanitarian and development programming, and the organization has the ability to do so. This WiPC evaluation considers this dual mandate in relation to progress on LHD.

Figure 5. L2 and L3 corporate emergency procedures activated by UNICEF since 2010¹⁸



¹⁷ Bangladesh, Cameroon, the Central African Republic, Chad, the Democratic Republic of the Congo, Egypt, Ethiopia, Guinea, Haiti, Iraq, Jordan, Kenya, Lebanon, Liberia, Nepal, the Niger, Nigeria, the Philippines, Sierra Leone, Somalia, South Sudan, the Syrian Arab Republic, Turkey, Yemen and the Pacific Islands. Source: UNICEF EMOPS, <https://unicef.sharepoint.com/sites/EMOPS-HKR/SitePages/Level-3%20and%20Level-2%20Emergencies.aspx>.

¹⁸ *Inception Report: Global evaluation of UNICEF’s WASH programming in protracted crises, 2014–19*, UNICEF, 2019. Available internally within UNICEF.



2.1.2 UNICEF’s role within the humanitarian WASH sector

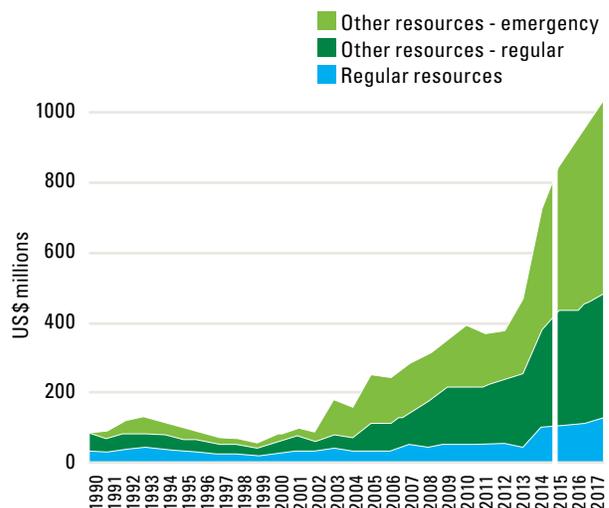
In the WASH sector, UNICEF has a globally recognized dominant role. Since the 1960s, when the organization primarily supported water supply in emergencies, the focus has gradually widened to include sanitation and hygiene promotion. More recently, because of the unprecedented evolution in the frequency and character of emergencies from disasters to more complex and protracted conflict-related crises, the scale of UNICEF WASH humanitarian action expanded both geographically and financially. UNICEF WASH responded to all L2 and L3 emergencies listed in the timeline on the facing page and to many other L1 emergencies. In its latest Annual Results Reports for WASH, UNICEF reports having engaged in WASH humanitarian action in 72 countries in 2018 and 70 countries in 2017, making a total of 94 countries over the 2014–17 Strategic Plan period. UNICEF reports having reached more people through its humanitarian response programmes in 2017 than ever before. The figures include 32.7 million people provided with drinking water, 9 million with sanitation and 28.1 million with hygiene promotion.¹⁹ Since the early 2000s, approximately half of UNICEF’s total WASH expenditure has been spent on emergencies. The increase in emergency funding has been particularly strong since 2013/14, reaching US\$530 million in 2017, as shown in Figure 4.

UNICEF WASH humanitarian response has expanded over the past years (see Figure 6), mainly driven by large-scale emergencies in the conflict-affected countries in the Middle East (Iraq, the Syrian Arab Republic and neighbouring countries); by conflict-related population displacements in Bangladesh,

the Democratic Republic of the Congo, South Sudan and elsewhere; by a worsening global cholera pandemic (the Democratic Republic of the Congo, Haiti, Yemen, etc.); and by climate change-related drought in Eastern and Southern Africa. The same context of increasing need has also increased demands on UNICEF as the Global WASH Cluster Lead Agency to have the capacity to deploy coordinators and ensure humanitarian coordination.

In addition to its response to WASH emergencies in the field, the organization has a unique mandate, having led the Global WASH Cluster since its creation in 2005. UNICEF acts as the lead agency when the WASH cluster is activated in a country and also as provider of last resort. UNICEF reports having played a humanitarian coordination role in 69 countries in 2017. UNICEF’s actions, both as a financial and technical support agency and as cluster lead for WASH, influence a large network of humanitarian actors in the sector.

Figure 6. UNICEF WASH expenditure by type of funding, in US\$ million



¹⁹ 2018 figures released since initial data collection show 43.6 million people reached with water services and 13 million people reached with sanitation services.



2.1.3 Humanitarian programming in UNICEF WASH strategies and results frameworks

UNICEF's WASH programming is set within the human right to water and sanitation (Box 1) and governed by the organization's mandate. In its global WASH strategy for 2006–2015, UNICEF recognized the need to respond to the increased number and complexity of crises based on the following: the WASH-related CCCs; sound emergency preparedness planning/measures; existing programmes and partnerships, working within the objectives of the country programme and nationally defined development priorities; acceleration and adaptation of existing programmes; effective coordination of the emergency response; strengthening the sector through emergency response; and engaging in transition from an emergency to a development programme. The 2006–2015 strategy also recognized that effective emergency response required the quick mobilization of qualified staff members, including professional support from UNICEF headquarters and regional offices, partner agencies, qualified consultants/rosters and private sector actors.

The current global WASH strategy for 2016–2030²⁰ follows the 2006–2015 strategy and has evolved to reflect the shift from the Millennium Development Goals (MDGs) to the more ambitious SDGs. The current strategy

is set within the broad context of SDG 6, 'Ensure availability and sustainable management of water and sanitation for all,' and the strategy objectives are linked to SDG 6 targets as follows:

- Achieve universal and equitable access to safe and affordable drinking water for all (target 6.1).
- Achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations (target 6.2).

The overall purpose of UNICEF's strategy is to 'guide UNICEF's organization-wide contribution to achieving SDG 6: Ensure access to water and sanitation for all by 2030.' However, the strategy also articulates how WASH contributes to the achievement of other SDGs²¹ relevant to UNICEF's 'priority cross-sectoral interventions.'

The global WASH strategy for 2016–30 proposes the following approach for addressing the three subsectors of water supply, sanitation and hygiene in emergency settings, along with WASH in learning spaces and WASH coordination. In Table 2, the right-hand column presents the related key performance indicators in the UNICEF Strategic Plan 2018–21 and reported to the Executive Board in the Annual WASH Result Report.

Box 1. Human right to water and sanitation

Recognizes the right to safe and clean drinking water and sanitation as a human right that is essential for the full enjoyment of life and all human rights.

Calls upon states to provide safe, clean, accessible and affordable drinking water and sanitation for all.

²⁰ UNICEF Programme Division, 'Strategy for Water, Sanitation and Hygiene 2016-2030', UNICEF, New York, 2016. Available at: https://www.unicef.org/wash/files/UNICEF_Strategy_for_WASH_2016-2030.pdf.

²¹ Specifically: SDG 1 (No Poverty); SDG 2 (Zero Hunger); SDG 3 (Good Health and Well-being); SDG 4 (Quality Education); SDG 5 (Gender Equality); SDG 16 (Peace, Justice and Strong Institutions).

**Table 2. UNICEF’s overall results framework for WASH in emergencies**

WASH subsector	Objective	Indicator
Water supply	By 2030, achieve universal and equitable access to safe and affordable drinking water for all. ²²	4.a.3. Percentage of UNICEF-targeted population in humanitarian situations provided with sufficient quantity of water of appropriate quality for drinking, cooking and personal hygiene (humanitarian).
Sanitation	By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations. ²³	4.b.4. (a) Percentage of UNICEF-targeted population in humanitarian situations provided with access to appropriate sanitation facilities and living in environments free of open defecation.
Hygiene promotion	Influence hygiene behaviour change in the four key areas of handwashing, menstrual hygiene management, safe water handling and the safe disposal of excreta. ²⁴	4.b.4. (b) Percentage of UNICEF-targeted population in humanitarian situations provided with hygiene promotion and menstrual hygiene management services.
WASH in learning spaces	Achieve access to WASH services in schools.	4.b.4. (c) Percentage of UNICEF-targeted population in humanitarian situations provided with access to appropriate WASH facilities for male and female and hygiene education in schools, temporary learning spaces and other child-friendly spaces.
Coordination	Ensure an effective humanitarian response coordination through the existence of a functioning WASH cluster coordination mechanism.	H6a.5 Percentage of countries where UNICEF-led cluster coordination mechanisms meet satisfactory performance for established functions.

2.1.4 UNICEF standards and commitments for humanitarian WASH

The Core Commitments for Children in Humanitarian Action (CCCs)²⁵ are the standards of UNICEF’s WASH response in humanitarian interventions. There are currently five CCCs

related to WASH (Table 3). They define specific commitments and performance benchmarks for coordination, water supply, sanitation, hygiene and WASH in learning spaces, and they are in line with relevant international conventions and humanitarian principles. At the point of drafting this report, revised CCCs were to be issued in early 2020.

²² UNICEF 2016–2030 WASH Strategic Framework.

²³ Ibid.

²⁴ UNICEF ‘UNICEF Water, Sanitation and Hygiene Strategies for 2006–2015’, UNICEF, New York, 2005. Available at: https://www.unicef.org/about/execboard/files/06-6_WASH_final_ODS.pdf.

²⁵ ‘Core Commitments for Children in Humanitarian Action’, pamphlet, UNICEF, New York, 2010. Available at: <https://www.unicef.org/media/59741/file/CCCs-pamphlet.pdf>.



Table 3. Core commitments for children and related benchmarks for humanitarian WASH

Commitments	Benchmarks
<p>Commitment 1: Effective leadership is established for WASH cluster/ inter-agency coordination, with links to other cluster/sector coordination mechanisms on critical intersectoral issues.</p>	<p>Benchmark 1: Coordination mechanism provides guidance to all partners on common approaches and standards; ensures that all critical WASH gaps and vulnerabilities are identified; and provides information on who is doing what, where, when and how, to ensure that all gaps are addressed without duplication.</p>
<p>Commitment 2: Children and women access sufficient water of appropriate quality and quantity for drinking, cooking and maintaining personal hygiene.</p>	<p>Benchmark 2: Children and women have access to at least 7.5–15 litres each of clean water per day.</p>
<p>Commitment 3: Children and women access toilets and washing facilities that are culturally appropriate, secure, sanitary, user-friendly and gender-appropriate.</p>	<p>Benchmark 3: A maximum ratio of 20 people per hygienic toilet or latrine squat hole; users should have a means to wash their hands after defecation with soap or an alternative (such as ash).</p>
<p>Commitment 4: Children and women receive critical WASH-related information to prevent child illnesses, especially diarrhoea.</p>	<p>Benchmark 4: Hygiene education and information pertaining to safe and hygienic childcare and feeding practices are provided to 70% of women and child caregivers.</p>
<p>Commitment 5: Children access safe water, sanitation and hygiene facilities in their learning environment and in child-friendly spaces.</p>	<p>Benchmark 5: In learning facilities and child-friendly spaces, 1–2 litres of drinking water per child per day (depending on climate and individual physiology); 50 children per hygienic toilet or latrine squat hole at school; users have a means to wash their hands after defecation with soap or an alternative; appropriate hygiene education and information are provided to children, guardians and teachers.</p>

In addition to the CCCs, UNICEF also adheres to the Sphere standards. The latest 2018 revision²⁶ of *The Sphere Handbook*²⁷ includes 14 technical standards related to water, sanitation and hygiene promotion. The CCCs are strongly aligned with the Sphere standards, with minor differences

mainly related to contextual and environmental factors. A detailed comparison between the two sets of standards was included in the document review.

The Global WASH Cluster refers to Sphere standards as the default for guiding coordination of WASH humanitarian programming by cluster partners. These standards are

²⁶ Although this is the latest version of the Sphere standards, we have referred to the earlier 2011 version because this was applicable for the majority of the period under evaluation.

²⁷ The Sphere Handbook: Humanitarian charter and minimum standards in humanitarian response, 2018 edition, The Sphere Project, Geneva, 2018. Available at: <https://spherestandards.org/handbook-2018/>.



superseded by national standards where these exist and are appropriate to the humanitarian response. The Cluster has also defined minimum requirements for national humanitarian WASH coordination platforms²⁸ based on the six IASC core functions for cluster coordination, plus accountability to affected populations. In addition to these minimum requirements, there is a separate Global WASH Cluster 'Accountability Framework in Humanitarian WASH'.²⁹ This contains an additional five minimum commitments to accountability which includes aspects of accountability to affected populations.

With the specific aim of strengthening its work with beneficiaries, UNICEF is also committed to upholding the IASC's 2013 Accountability to Affected Populations: Operational Framework³⁰ and the Core Humanitarian Standard on Quality and Accountability.³¹

This evaluation reviews to what extent UNICEF's WASH response in protracted crises has complied with the above commitments and standards and the main challenges to doing so.

2.1.5 Key actors in UNICEF's WASH in protracted crises

UNICEF interacts and collaborates with a broad spectrum of stakeholders in its response to WiPC at the global, regional and country levels. It engages both upstream and downstream with governments, UN agencies,

donors and other key partners. In 2005, UNICEF was mandated as lead agency for the Global WASH Cluster and as provider of last resort for emergency WASH response and coordination. The Cluster is a consortium of 41 full members and 28 associate members and includes representatives from the UN family, NGO community, Red Cross and Red Crescent movement, donors, academics and other national institutions. The Global WASH Cluster is based in UNICEF's Office of Emergency Programmes (EMOPS) in Geneva and aims to strengthen preparedness and technical capacity and provide effective leadership and guidance to the WASH sector during emergencies.

In refugee contexts, UNICEF works closely with the UN High Commissioner for Refugees (UNHCR) on WASH interventions. Specifically, while recognizing the specific mandated role that UNHCR plays in refugee camp settings, UNICEF contributes to its rapid response capacity and WASH response. UNICEF also has a long-term collaboration with the World Health Organization (WHO) over specific diseases such as HIV and AIDS, polio (through the Global Polio Eradication Initiative) and cholera. Collaborations between the two organizations have expanded in the last few years due to the increase of public health interventions in response to major outbreaks of epidemic diseases, mainly cholera and Ebola, as WASH is an essential component of infection control. Collaboration also occurs when, for example,

²⁸ Global WASH Cluster, 'Minimum Requirements for National Humanitarian WASH Coordination Platforms', Global WASH Cluster, 2017. Available at: <https://reliefweb.int/report/world/global-wash-cluster-minimum-requirements-national-humanitarian-wash-coordination>.

²⁹ Global WASH Cluster, 'The Accountability Framework in Humanitarian WASH', Global WASH Cluster, 2018. Available at: <https://washcluster.net/sites/default/files/2018-07/Humanitarian%20WASH%20accountability%20Framework.pdf>.

³⁰ Inter-Agency Standing Committee, 'Accountability to Affected Populations: The operational framework', 2013. Inter-Agency Standing Committee, 2013. Available at: https://interagencystandingcommittee.org/system/files/legacy_files/AAP%20Operational%20Framework%20Final%20Revision.pdf.

³¹ CHS Alliance, 'Core Humanitarian Standard on Quality and Accountability', CHS Alliance, 2015. Available at: <https://corehumanitarianstandard.org/the-standard>.



UNICEF uses health surveillance data to target WASH interventions in high-risk areas with vulnerable populations.

Interactions between UNICEF and the World Bank on WASH interventions have intensified in recent years. In UNICEF's Strategic Plan 2014–2017, UNICEF WASH aimed to strengthen its collaboration with the World Bank as part of the Sanitation and Water for All partnership. While the UNICEF WASH strategy for 2016–2030 underlines the increasing collaboration with the World Bank and other financial institutions for large-scale financing of and programming within urban WASH interventions, it also aims to strengthen the link between humanitarian and development initiatives.

Other donors that have traditionally supported UNICEF in WASH include the United States (through both the State Department and USAID), OCHA (through the Central Emergency Response Fund), the United Kingdom (through DFID), Germany (through BMZ), Japan (through JICA) and the European Commission (ECHO). UNICEF also remains accountable in WASH interventions in protracted crises to national governments.

At the country level, UNICEF programmes are predominately autonomous. They set their own programme objectives which are formalized in a country programme document and they typically last for five years. Country offices implement activities in close collaboration with the host government and in coordination with other UN agencies. UNICEF partners with NGOs, civil society organizations and the private sector to implement the hardware and software components of its WASH programme. In the event of an L2 or L3 emergency declaration, the country office can count on support for its humanitarian response from the regional office (for L2 emergencies) and the entire organization (for L3 emergencies).

In some cases, especially in the case of L3 crises, the country office might decide to put part of the regular programme (and, exceptionally, all of it) on hold to focus all resources and capacities to the emergency response.

UNICEF headquarters is responsible for setting corporate policies, strategies and procedures; carrying out global monitoring of its activities; and providing guidance and support. At a regional level, UNICEF has seven offices and all except the CEE/CIS Regional Office have a WASH focal point. The regional offices liaise with headquarters and country offices and offer guidance, support and capacity building when requested.

2.2 UNICEF's response to WASH needs in protracted crises

For all analysis in this section, protracted crises contexts are taken to mean those countries included in the evaluation universe (*see Section 1.1.1*).

2.2.1 The scale of UNICEF's WASH programming in protracted crises

It is clear (*see Section 2.1*) that UNICEF work in humanitarian contexts – and specifically in protracted crises – is increasing. Over the evaluation period the number of water and sanitation beneficiaries reached in protracted crisis contexts increased dramatically. Water beneficiaries in protracted crises have nearly doubled from 12.3 million to 22.8 million (Figure 7) and sanitation beneficiaries have quadrupled from 2.8 million to 11.5 million (Figure 8). This is against a background of a significant increase in emergency water and sanitation beneficiaries in all contexts, and it is not clear whether the proportion of UNICEF's humanitarian WASH action which takes place in protracted crises is increasing or not – there are conflicting trends in water and sanitation.



Figure 7. UNICEF humanitarian water beneficiaries, 2014–18

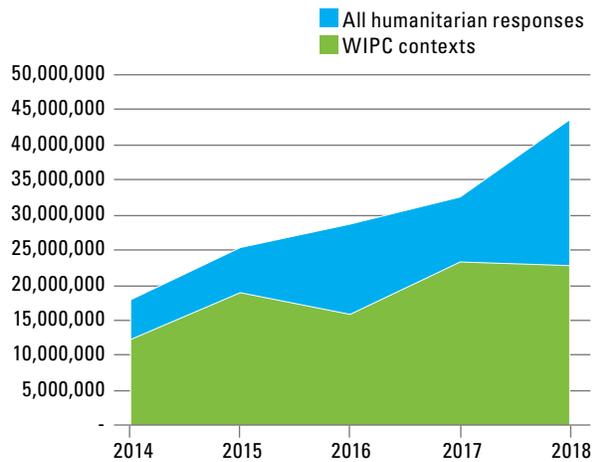
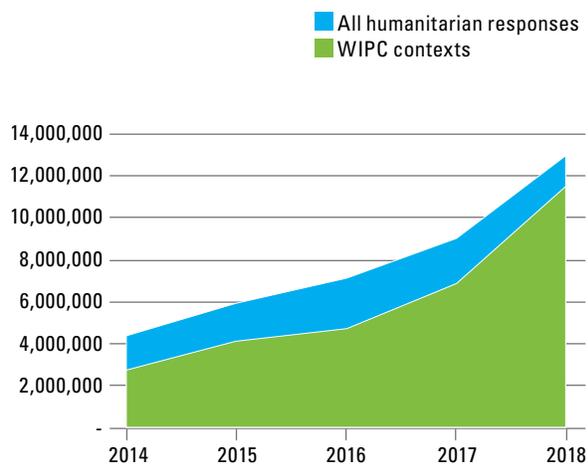


Figure 8. UNICEF humanitarian sanitation beneficiaries, 2014–18



Among members of the Global WASH Cluster, UNICEF is by far the largest single humanitarian WASH actor in protracted crises. Over the evaluation period the proportion of total humanitarian WASH beneficiaries (as reported

by WASH Cluster members) that are UNICEF beneficiaries has remained consistent – on average 56 per cent of water beneficiaries and 43 per cent of sanitation beneficiaries have been reached through UNICEF WASH programmes. Interventions led by actors that are not full members of the Global WASH Cluster³² are not included in these figures, but it is likely that UNICEF still reaches close to 50 per cent of total WASH beneficiaries.

As would be expected based on the increase in UNICEF’s beneficiary numbers over the evaluation period, UNICEF’s expenditure on humanitarian WASH programming³³ has also increased dramatically (Figure 9). Total expenditure on humanitarian WASH increased by 54 per cent between 2014 and 2018. Over this period, the proportion of this expenditure for protracted crisis contexts increased from 68 per cent to 80 per cent. There is considerable year-on-year variation in expenditure within crises, as needs and available funding evolve.

This evaluation did not set out to conduct a financial analysis of costs per beneficiary.

2.2.2 UNICEF’s WASH in protracted crises interventions

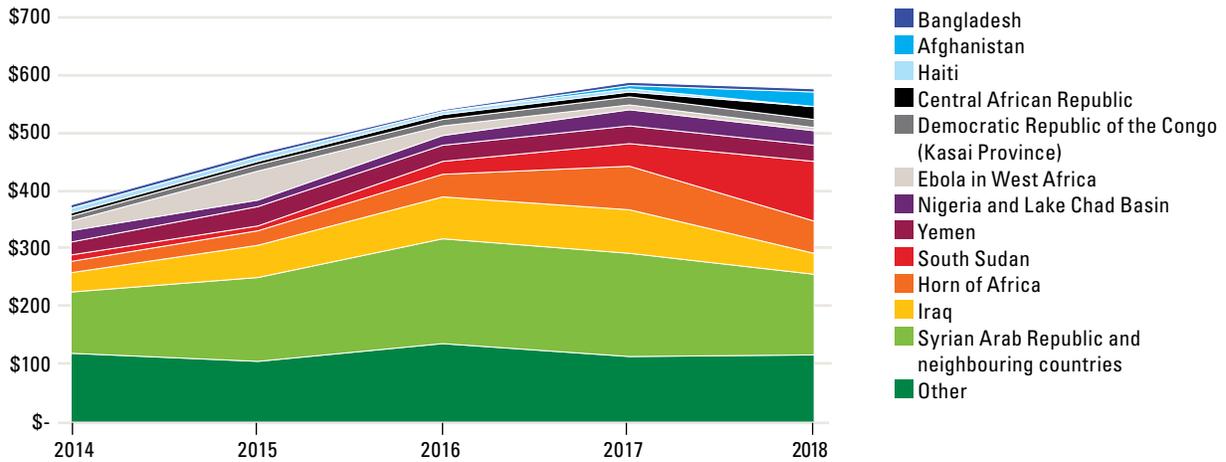
UNICEF’s WASH action in protracted crises covers a broad range of interventions: both programme implementation and coordination (as WASH Cluster Lead Agency); both downstream (providing services) and upstream (advocacy and systems strengthening); and in both urban and rural areas. UNICEF itself does not identify specific intervention modalities for WASH in protracted crises. The current WASH strategy instead identifies six broad WASH programming approaches and indicates

³² This includes Médecins Sans Frontières and the International Committee of the Red Cross.

³³ For this evaluation, humanitarian WASH expenditure is defined as all other resources – emergency (ORE) expenditure on WASH, plus regular resources (RR) and other resources – regular (ORR) expenditure on specific interventions codes (SICs) relevant to humanitarian WASH interventions. These data were provided by the Evaluation Office in March 2019.



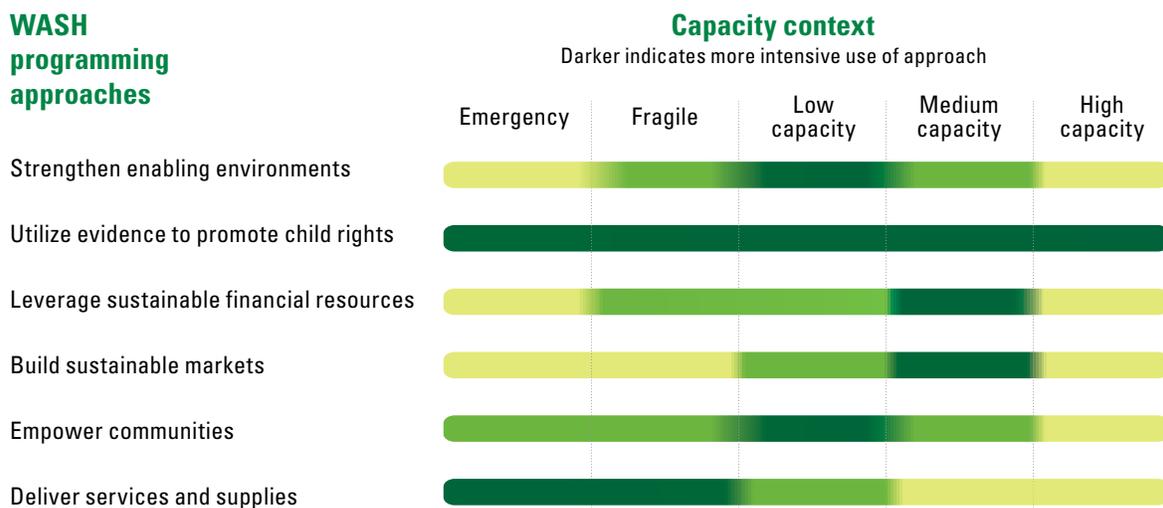
Figure 9. UNICEF expenditure on humanitarian WASH by crisis, 2014–18, in US\$ million



how the relative intensity of these approaches differs across contexts (Figure 10). For example, ‘fragile’ contexts (defined as areas with post-conflict or prolonged crisis where all components of ‘context capacity’ are significantly inadequate and analogous to protracted crises) will continue to include service delivery similar to an emergency context. However, in these contexts there will be a greater emphasis on strengthening enabling environments and leveraging sustainable financial resources.

Providing a comprehensive breakdown of WASH programming in protracted crisis contexts is not possible, although the evaluation offers detailed descriptions of programming in specific contexts in the country and thematic case studies which accompany this report. Specific examples of WASH interventions in protracted crisis contexts (taken from WASH Global Annual Results Reports) are included in Annex 2 of this main report.

Figure 10. Indicative intensity of application of WASH programming approaches



Source: UNICEF Strategy for Water, Sanitation and Hygiene, 2016-2030



3

EVALUATION QUESTION 1 (EQ1):



TO WHAT EXTENT HAS UNICEF
ACHIEVED QUALITY, INCLUDING
EQUITY AND INCLUSION, IN WASH
IN PROTRACTED CRISES?



Table 4. EQ1 RAG rating

Evaluation question	Sub-evaluation question	RAG rating
<p>EQ1:</p> <p>To what extent has UNICEF achieved quality, including equity and inclusion, in WASH in protracted crises? (against a quality scorecard for WASH in protracted crises)</p>	1.1 To what extent have UNICEF staff and partners been made familiar with and able to apply the relevant normative frameworks and agency and sectoral standards for WiPC?	Green
	1.2 To what extent has UNICEF achieved adequate provision of WASH services for men, women and children?	Yellow
	1.3 To what extent has UNICEF achieved equitable and safe access to WASH services provided?	Red
	1.4 To what extent has UNICEF achieved responses that were relevant and appropriate?	Red
	1.5 To what extent were WASH services supported by UNICEF used and reliable?	Yellow

3.1 To what extent have UNICEF staff and partners been made familiar with and able to apply the relevant normative frameworks and agency and sectoral standards for WiPC? (SEQ1.1)

SUMMARY:

UNICEF has performed strongly (green) in terms of applying key norms and sectoral standards in WASH programming at the country office level – a key foundation of implementing a high-quality WASH response. This evaluation found that UNICEF staff were cognizant of the CCCs and Sphere sectoral standards.³⁴ The CCCs and Sphere were visible in programme documents, situation reports and in aggregated country-level indicators and performance measurements. The Sphere guidelines and standards were, however, less apparent at the global strategic level, although they are featured and captured in WASH programming toolkits and manuals. UNICEF country offices systematically included norms and sectoral standards in implementation partnerships and provide training, although refreshers were not always systematic with long-term partners and government counterparts when staff turnover was high. The evaluation team found it to be a positive that benchmarks were initially adapted to individual crises, but this was not always done in a consistent manner nor were these adapted standards revisited as a crisis became protracted. We also found that UNICEF and implementing partners focused on standards related to coverage and service levels, as opposed to those for equity, accountability to affected populations and use and reliability.

UNICEF does not have an explicit definition of ‘quality’ programming in WASH. For this evaluation, an in-depth review of existing standards and commitments identified the following elements as key to achieving WASH quality: service level; equity and protection; context appropriateness; and reliability and use. The evaluation team used these to devise a quality scorecard (*see Annex 1*).

³⁴ The corporate UNICEF WASH strategies are the CCCs norms and benchmarks, Core Humanitarian Standards (CHS) and core accountabilities to WASH.



UNICEF has systematically incorporated WASH quality norms and standards into its main WASH strategies and guidance materials. The use of purely humanitarian quality norms and standards may not always be appropriate in protracted crises, however. There is clearly a need for alignment with commitments made in SDG 6 – such as ‘safely managed’ services – if UNICEF is to contribute effectively to the ‘leave no one behind’ agenda. At the highest strategic and corporate level, UNICEF’s most recent strategic plans³⁵ and WASH objectives and results³⁶ align to SDG 6 targets and indicators. Importantly, the UNICEF WASH strategy for 2016–2030 articulates at the highest level a commitment to the SDGs and the inherent universality to achieve a basic level of service for all through the six core accountabilities for WASH. The CCCs are set out as norms and benchmarks for WASH in emergencies. UNICEF annual results frameworks³⁷ and reporting for humanitarian WASH interventions focus on ‘provision of sufficient quantity of water of appropriate quality and provision of access to appropriate sanitation facilities’. However, this does not align with SDG indicators 6.1.1 or 6.1.2 that focus on ‘safely managed’ water and sanitation as the next step on the Joint Monitoring Programme (JMP) service ladder which is defined by compliance to specific criteria beyond quality and appropriateness.³⁸ Similarly, although the Strategic Monitoring Question (SMQ) indicator 4.2.3 is aligned to

the JMP standard of ‘safely managed’ services, it is only applicable/reported for UNICEF interventions in development (not emergency) situations. Previous evaluations have also reported this partial alignment.³⁹ Country offices focus on access to basic or improved water sources, which, although an intermediate step on the JMP service ladder, cannot be considered ‘safely managed’. This might reflect a strategic prioritization of these ambitious targets and the recent introduction (in 2018) of SDG indicators, but this prioritization is often not explicitly made. This issue has previously been a focus of ongoing debate and dialogue within UNICEF.

With regard to public health emergencies, interviewees noted that despite ongoing and recurrent cholera crises, UNICEF did not have a strategic cholera framework to provide strategic direction and guidance on WASH response to cholera outbreaks. UNICEF has successfully developed and disseminated the Cholera Toolkit (first developed in 2013) which brings together existing technical guidance and tools and covers a multi-sectoral approach with health, WASH, nutrition and education sectors. The thematic case studies demonstrated that the Cholera Toolkit was a key mechanism for disseminating operational response standards and guidance aligned with cholera. However, it did not meet the need for a more strategic cholera response framework.

³⁵ UNICEF, ‘UNICEF Strategic Plan, 2018–2021’, UNICEF Executive Board, 2018. Available at: https://www.unicef.org/publications/index_102552.html; and UNICEF Programme Division, ‘Strategy for Water, Sanitation and Hygiene 2016–2030’, UNICEF, New York, 2016. Available at: https://www.unicef.org/wash/files/UNICEF_Strategy_for_WASH_2016-2030.pdf.

³⁶ The SMQ 2018 indicator SMQ-24-01-4.2-2 aligns to the Joint Monitoring Programme water service ladder and measures progress on access to basic water sources and sanitation.

³⁷ From WASH Annual Results Report 2018 or earlier.

³⁸ Joint Monitoring Programme safely managed definition for a) drinking water service must be an improved source located on premises, available when needed, and free from microbiological and priority chemical contamination; and for b) sanitation must be private improved facility where faecal wastes are safely disposed on site or transported and treated off-site, plus a handwashing facility with soap and water.

³⁹ UNICEF East Asia and the Pacific Regional Office, *Formative Evaluation of the UNICEF WASH Regional and Country Programming Strategies in the East Asia and the Pacific Region 2014–2017/8: Final report*, UNICEF, Bangkok, 2019. Available at: https://www.unicef.org/evaldatabase/index_103770.html.



UNICEF has successfully and consistently disseminated core guidance materials to a decentralized level. There is clearly a considerable volume of global guidance documents to be considered by UNICEF WASH staff, although priority is given to a small number of key documents and guidelines. This evaluation reviewed 32 documents related to UNICEF’s humanitarian WASH commitments and standards and identified 12 (including 194 indicators) that were directly relevant to this evaluation. It appears that UNICEF’s WASH programming guidance is guided by operational sector standards that are available and accessible on online learning platforms. It is clear that UNICEF WASH staff at a country level are aware of at least some of this guidance: only 21 per cent of UNICEF survey respondents and 13 per cent of partner survey respondents⁴⁰ had not received any guidance on areas that relate to WASH quality.⁴¹ Likewise, 83 per cent of UNICEF survey respondents⁴² had received training on WASH. The survey respondents listed guidance

materials received including WASH CCCs, Sphere standards, UNICEF WASH standards, WHO standards and the corporate strategies. UNICEF country office staff are familiar with the CCCs – with the notable exception of one country case study. One senior WASH staff member referred to CCCs which were “glued above the desk” as the most important commitments to consider in WASH programming. Context is an important factor in the application and relevance of the CCCs: notably, in a middle-income country like Lebanon (where internally displaced persons originated from mainly urban and peri-urban areas), the CCC’s were not considered useful beyond the immediate emergency response because the minimum service levels called for by the standards were too low to be appropriate to the context. The survey responses indicated that Deputy Representatives were often not in receipt of these types of programming documents – but indicated interest in receiving them.

There is less evidence of familiarity with the role of, and alignment to equity and accountability standards including the IASC transformative agenda. This finding emerged at all levels of this evaluation. Previous global evaluations have also concluded that the CCCs prioritized quantitative delivery, and questioned their ability to promote accountability to affected populations (AAP). Interviews and reviews of programming documents at the country level showed that UNICEF country office staff had significantly less familiarity with equity/AAP standards, and were focused on meeting commitments to service delivery

⁴⁰ UNICEF response rate was 42 out of 52 and partner survey response rate was 23 out of 24.

⁴¹ Areas relating to WASH quality are as follows: gender-sensitive programming; safe and equitable provision of WASH services; implementing context-appropriate WASH services; ensuring the reliability of WASH services. The use and operationalization of these standards was through the inclusion of standards in implementation partnerships and training to partners, as discussed in the following paragraphs.

⁴² The response rate was 23 out of 52.



standards. This directly impacted the quality of UNICEF's WASH programming in terms of equity (SEQ1.3) and relevance (SEQ1.4). This was also reflected the opinion of global key informant interviewees, who felt that country office senior management (including representatives and deputy representatives) would benefit from being more familiar with and having a stronger understanding of the importance of quality standards and frameworks. Equally, key informant interviews with donors at both the global and country levels revealed that donors were not seeing UNICEF demonstrate progress regarding equity and inclusion at the field.

In country contexts, UNICEF has included sectoral standards in implementation partnerships and trained partners on these standards.

In all the countries visited for this evaluation, findings highlighted that UNICEF implementation partnerships included clear statements of standards articulated in programme documents and programme cooperation agreements. However, these mainly focused on coverage and access service levels. The evaluation team has limited confidence that UNICEF had ensured that the commitments to accountability to affected population were endorsed at country level and taken forward by WASH implementing partners. The CCCs – which are UNICEF's 'central policy to uphold the rights of children affected by humanitarian crisis' – were less familiar than Sphere to all partners, and their consequent application in these partners' programming documents was less evident. For example, in Cameroon, the programme cooperation agreements were limited to clear standards for volume of water and the number of latrines, referring to

Sphere standards. While reference to Sphere standards is to be expected in UNICEF's and implementing partners' WASH response and programming documents (because it is the core sectoral reference), partners' lack of awareness of the CCCs is a missed opportunity to align implementing partnerships to UNICEF's core corporate commitments.

At the country level, partners were well oriented and trained by UNICEF on key sectoral standards (again, typically Sphere) and key indicators. Specifically, UNICEF country office staff included cholera response approaches and standards in their implementation partnerships and trained these partners where relevant. In longer-standing implementation partnerships, training was infrequent and did not reflect ongoing and changing needs in WiPC (e.g., the need to manage the effects of partner staff turnover). However, more than half of UNICEF partners who completed the survey for this evaluation⁴³ responded that they had not received training related to issues of quality in WASH programming, suggesting that the concept of 'quality' may not be well understood. UNICEF rarely kept training logs, and UNICEF government partners commented that training was insufficient – especially where there was high turnover within ministerial positions.

UNICEF country offices are aware of the need to adapt standards (whether UNICEF or sector-based) to ensure they are appropriate for the context, and there is good practice in this regard. Around 80 per cent of UNICEF survey respondents⁴⁴ and 96 per cent of partner respondents⁴⁵ confirmed they had adapted sectoral standards in a variety of contexts, including emergency public health

⁴³ The response rate was 19 out of 24.

⁴⁴ 23 out of 24 respondents.

⁴⁵ Full data tables for this are included as an annex.



crises, WASH resilience programming and for specific programming approaches. In the context of WiPC explored here, there is an inherent dichotomy between flexibility of standards and ensuring adequate minimum service provision (discussed in SEQ1.2 below), but there were only isolated examples of UNICEF revisiting standards periodically. As a protracted crisis evolves, more can be done to ensure that UNICEF meets the needs of the populations and revisits initial adaptations to make sure they are still relevant based on a revised analysis of the context, needs and phase of the response. There were numerous specific examples of standards being adapted both up and

down. For instance, water supply provision indicators per person per day (pppd) range from 7.5 litres pppd to 45 litres pppd. The evaluation team found adaptation was not always consistently applied or appropriate, and that programme cooperation agreements sometimes set different indicators for standards in similar contexts. In the Lebanon country case study, UNICEF adapted and elevated emergency standards (which were based on Sphere guidelines) relatively quickly at around the six-month stage – while in comparison, some emergency (adapted) indicators remained long after the acute emergency response phase had passed.

3.2 Service Level – In its WASH programming in protracted crises, to what extent has UNICEF achieved adequate provision of WASH services for men, women and children? (SEQ1.2)

● SUMMARY:

There is mixed performance (amber) for the extent to which UNICEF has achieved adequate provision of WASH services. UNICEF-supported interventions broadly met coverage targets for access to basic drinking water but more is required in terms of UNICEF performance in meeting sanitation, hygiene, menstrual hygiene management and WASH in schools (WinS) targets throughout a range of settings in protracted crises. Unfortunately, there was a regular discrepancy between water and sanitation and hygiene promotion in terms of coverage targets and achievements. There is a concern that lower coverage targets and achievements for sanitation and hygiene promotion vis-à-vis water were not reflective of needs; additionally, there was frequently no clear needs-based rationale at either the global or country level for this difference. In common with other actors in protracted crises, UNICEF had to counter constraints including access, security, funding and donor priorities. Different intervention focuses may reflect specific contexts and programming approaches, but when such a discrepancy exists (without a clear rationale) UNICEF cannot deliver an integrated WASH approach. This failure to ensure that all WASH needs are addressed equally may mean that expected public health benefits are not fully realized. Finally, successes in coverage of water supply might be tempered by the use of unreliable or over-inflated data.



UNICEF has typically been successful at meeting coverage targets for water provision in protracted crises. Coverage of sanitation and hygiene needs has been less successful, with more frequent shortfalls against targets.⁴⁶

Throughout the period under evaluation, UNICEF met (or nearly met) annual targets for providing beneficiaries with access to water services (Figure 12). This global level of achievement was supported by findings from the country level, with some exceptions. The Lebanon country office exceeded targets for access to water each year. UNICEF country offices in Somaliland and South Sudan met targeted needs for access to sufficient water, despite significant shortfalls in provision in some years. In Somaliland, unmet needs in emergency water provision were explained by a shift in emergency programming to sustained access to basic water sources. The Yemen country office implemented the rapid

response team (RRT) model in response to the cholera outbreak that began in 2016, which was highly effective: 11.5 million people were reached with household-level water treatment and disinfection in 2018. A further 5.7 million people were reached with access to water supply in high-risk urban areas and 2 million people through support to municipal water supply systems including fuel, operations and maintenance and bulk chlorination of private and public groundwater wells. However, the timeliness⁴⁷ of the RRT varied and was dependent on operating and enabling environmental factors (*see Box 2 for specific examples of this*).

Although the total number and the percentage of target achieved increased during the course of the period under evaluation, sanitation interventions consistently underperformed in terms of delivery against annual coverage targets on a global level (Figure 12).⁴⁸

Figure 11. UNICEF-targeted population and numbers of people reached in humanitarian situations with access to sufficient water services

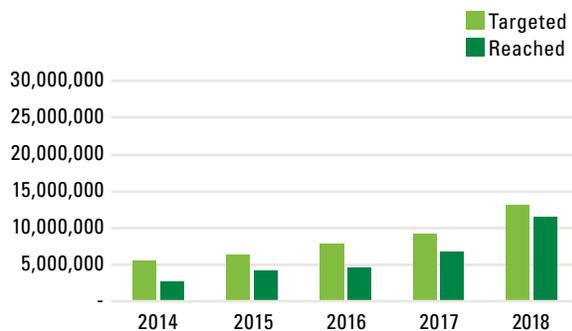
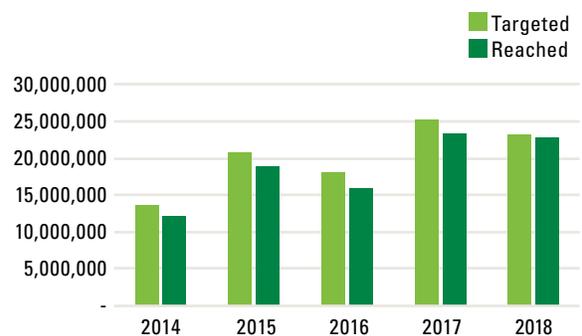


Figure 12. UNICEF-targeted population and numbers of people reached in humanitarian situations with access to sufficient sanitation



⁴⁶ Full data tables for this are included as an annex.

⁴⁷ Timeliness is defined as a maximum of 48 hours for RRTs to obtain the case information and respond at the household level, based on the average cholera incubation period and believed necessary to interrupt intra-familial and neighbourhood transmission routes. It also allows for rapid disinfection of households with infected patients – however, the efficacy and impact on transmission is still not established (Rebaudet S, et al., 2019). Nonetheless – a timely and rapid response has been seen to reduce transmission and shorten cholera outbreaks according to the evidence from Edwige, M., et al. (draft report 2019).

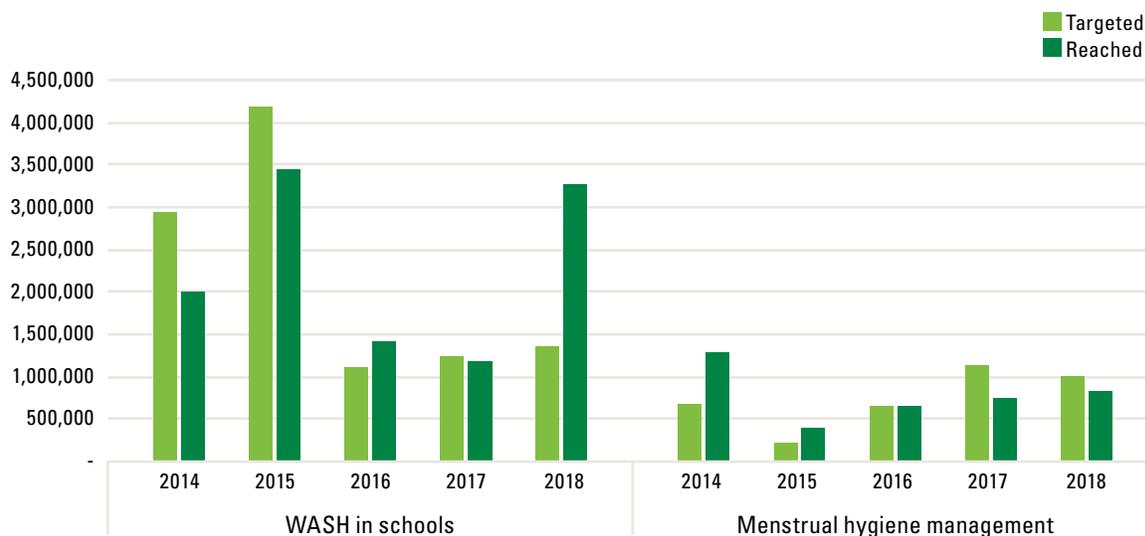
⁴⁸ SMQ indicator: access and use of adequate sanitation and hygiene facilities (as defined at country cluster/sector level).



At the country level, there was consistently weaker performance in access to sanitation compared to water provision. This was the case in all country case studies with the exception of Lebanon, where latrine coverage exceeded both coverage targets and sectoral standards by reaching beneficiaries with household latrines.⁴⁹ The evaluation team perceived that sanitation coverage achievements were undermined by the poor quality of sanitation infrastructure (see SEQ1.5, Section 3.5 for more discussion on use). In South Sudan, for example, transect walks in protection of civilians camps revealed that almost half of the latrines were blocked or full, preventing use or access by beneficiaries. Previous country evaluations of emergency responses in South Sudan reported similar shortcomings in physical infrastructure and

poor quality of construction.⁵⁰ According to key informant interviews in Cameroon, the UNICEF response in some refugee camps was taken over by UNHCR management because they had more capacity for emergency response, whereas UNICEF was more focused on development programming. This is supported by a recent evaluation⁵¹ and reflects comments made in global key informant interviews suggesting that UNICEF is perceived not to have the flexibility to shift gears to support minor emergencies, particularly in contexts that were previously primarily development-focused. Establishing thresholds for response is clearly critical and understandable but needs to be supported by effective resilience, capacity building and localization programming and coordination.

Figure 13. UNICEF-targeted population and numbers of people reached in humanitarian situations with access to sufficient WASH services



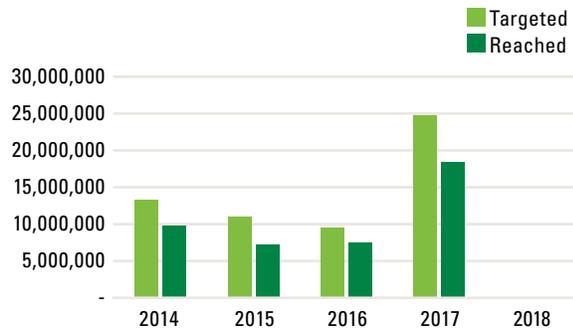
⁴⁹ In Lebanon, due to social and religious aversion to sharing toilets, the sanitation response was provision of household (as opposed to communal) latrines.

⁵⁰ UNICEF Evaluation Office, *Evaluation of the UNICEF Response to the Humanitarian Crisis in South Sudan – Part 1: Child survival – WASH, health, nutrition and related issues*, UNICEF, New York, 2019. Available at: https://www.unicef.org/evaldatabase/files/UNICEF-South_Sudan-Report_web.pdf; and Grieve, T., *WASH Humanitarian Action Review: South Sudan, 2018*.

⁵¹ Tarsilla, Michelle and Enrico Leonardi, *Evaluation of the UNICEF Response to the Lake Chad Basin Crisis in Cameroon, Chad, Niger and Nigeria*, UNICEF West and Central Africa Regional Office, Dakar, 2017. Available at: https://www.unicef.org/evaldatabase/index_103523.html.



Figure 14. UNICEF-targeted population and numbers of people reached in humanitarian situations with access to sufficient hygiene services



There was considerable yearly variation in both the level of ambition for hygiene targets (i.e., what targets are set) and in the achievement against those targets. Overall, UNICEF hygiene interventions during protracted crises fluctuated each year during the evaluation period in terms of numbers of beneficiaries targeted and reached (Figure 14). In 2017, the number targeted and reached was significantly larger than in other years (due to a nationwide, multi-sectoral cholera prevention programme in Yemen which reached 10 million people) and in 2018 a comparable indicator

was not reported in the SMQs. It appears (based on the global document review) that the specific hygiene promotion indicator used (and reported on) varied considerably between countries – some focused only on hygiene information, education and communication, distribution of hygiene items (non-food items (NFI)) or the number of community hygiene promoters trained on key hygiene promotion messages. Any globally reported results in 2018 were therefore not comparing like-for-like interventions.

The inconsistency in hygiene-related indicators, targets and data is partially a reflection of the varied nature of hygiene promotion interventions. Yet it also suggests a lack of clarity over the hygiene needs of the affected population and the extent to which UNICEF has met these. In other words, a possible explanation for such differences may be accounted for by the different types and nature of hygiene related interventions over different phases of protracted crisis and which resulted in very different numbers of people reached. It may also point to a lack of clarity in the hygiene promotion indicators, targets and achievements themselves.

Box 2. The timeliness of WASH interventions in cholera outbreaks is a critical aspect of a quality WASH response

Due to the significance of human-to-human transmission in cholera outbreaks, the timeliness of the intervention is critical to limiting disease transmission. In the thematic case studies, the timeliness of WASH interventions (as part of the RRT) for cholera outbreaks varied greatly due to a range of factors. In Haiti, the response timeliness increased over time, reportedly due to improved coordination of partners in Haiti. In Yemen, although the RRT has significantly improved over time in terms of coverage, its response timeliness remained low (around 45 per cent in 2018) and was reportedly limited by lack of access to health surveillance data and difficulties receiving permits from authorities in Yemen. Likewise, in the Democratic Republic of the Congo, response timeliness was severely constrained due to political issues around declaring outbreaks. While UNICEF has reported reaching and exceeding the targeted number of people for provision of WASH packages in cholera-prone areas, containment of the outbreaks might have been constrained due to time lags in the response.



At a country level there were conflicting reports regarding UNICEF hygiene promotion coverage achievements. In South Sudan, SMQ data indicated that hygiene targets had been met and typically exceeded, while transect walks in protection of civilians camps revealed that very few people could recall any hygiene promotion activity. In Somaliland, although hygiene promotion during emergencies was implemented through WASH partners as a component of the emergency response, and this was confirmed by beneficiaries, they did not recall being instructed on how to use the contents of hygiene kits. In Somaliland, a lack of post-intervention monitoring meant it was difficult for the evaluation team to find substantive evidence on whether hygiene kits had been used and to what extent hygiene promotion activities had been effective – and whether they led to changes in hygiene practices. The lack of post-intervention monitoring appeared to be a more general issue (see SEQ3.1): UNICEF country offices were unable to substantiate the efficacy and effectiveness of hygiene-related activities (including distribution of kits and hygiene promotion) in terms of improved hygiene practices such as handwashing at key times, and water-safe behaviour.

The evaluation team cannot be confident that UNICEF understood and met WASH in schools (WinS) needs and the menstrual hygiene management (MHM)⁵² needs of women and girls in WiPC, due the inadequate monitoring and reporting on these areas as well as inconsistent targets and achievements. According to SMQ data, UNICEF reached 78 per cent of its WinS targets and overachieved on its MHM targets. However, because MHM

targets were lacking in some countries for several years, it is unclear whether these targets and achievements against them reflected actual needs. Currently, WinS is reported in the SMQs and is included as a CCC benchmark for which UNICEF is accountable, but MHM programming and achievement is not routinely reported. For WASH in schools at a country level, target setting and achievement was both very low (compared to total populations) and erratic. This suggests an incoherent approach to long-term provision of WASH in schools (Figure 13).

Over the evaluation period, there were systematic differences in targets for water provision compared with targets for sanitation and hygiene, and these differences were not supported by technical and contextual factors. Although this pattern extended beyond UNICEF WASH programming, the focus on water supply over sanitation likely meant that positive health impacts that could have resulted from WASH programming were not fully realized. Overall, across all countries covered by this evaluation, the total number of sanitation beneficiaries targeted over the evaluation period was only 36 per cent of those targeted for water services, while hygiene beneficiary targets were 57 per cent of those for water (Table 5). Coverage for water (94 per cent) was also higher than for sanitation (75 per cent) or hygiene (79 per cent). A similar pattern was found at the country level in three out of the four⁵³ countries where case studies were carried out: water targets were up to 2.3 times greater than sanitation targets, while the number of people reached with water services was up to 5 times that reached with sanitation services.

⁵² SMQ indicator: targeted women and girls for MHM materials in humanitarian situations.

⁵³ The only exception to this was Cameroon.



Table 5. UNICEF beneficiaries of WiPC programming (targeted and reached, and comparison to water beneficiary target) by WASH results area, 2015–18

Results area	Beneficiaries targeted	Beneficiaries reached	Coverage percentage achieved	Beneficiaries targeted as a proportion of targeted water beneficiaries
Water	93,190,097	87,515,770	94%	
Sanitation	33,476,531	25,270,473	75%	36%
Hygiene	53,241,451	41,942,269	79%	57%

There may be contexts where specific programming approaches are appropriate (such as drought-risk programming), but the absence of justification or rationale for programming discrepancies between water, sanitation and hygiene makes this case challenging to substantiate. There are examples from the country case studies (most notably in South Sudan) where key WASH actors were very clear that the (cluster-level) sanitation targets could not represent needs and were a political decision. This strongly suggests that UNICEF cannot reliably understand its coverage in relation to needs (echoing a finding in *Evaluation of Coverage and Quality of the UNICEF Humanitarian Response in Complex Humanitarian Emergencies*, a report issued by the UNICEF Evaluation Office in 2019). The synthesis of UNICEF evaluations of WASH in humanitarian action (2017) also highlighted that “formal needs assessments were not consistently used for planning [in UNICEF WASH programming]”⁵⁴

Menstrual hygiene management and WASH in schools targets and achievements were also significantly lower than those for water. There was evidence that target setting and monitoring for these areas of work were

not given appropriate attention by country offices. There are reasons why it is difficult to make a direct comparison between menstrual hygiene management and WASH in schools and other areas of WASH programming – for example, UNICEF may not have responsibility for WASH in schools (as in Lebanon), and menstrual hygiene management needs depend on the demographics of the affected population. However, the evaluation team found that targeting in both these areas was erratic and inconsistent. Country offices frequently reported menstrual hygiene management achievements against zero targets. There are examples from the country case studies of no menstrual hygiene management beneficiaries being reported when there were clearly menstrual hygiene management programme activities taking place. Both suggest that insufficient priority was given to implementing and monitoring MHM activities. At a global level, the fact that the total menstrual hygiene management target was only reaching 3 per cent of the total water target clearly could not have reflected the menstrual needs of women and girls. Similarly, significant yearly fluctuations in WASH in schools targets and achievements were not plausible given the likely ongoing needs.

⁵⁴ UNICEF Evaluation Office, *UNICEF WASH Action in Humanitarian Situations: Synthesis of evaluations 2010–2016*, 2017, p. 20. Available at: https://www.unicef.org/evaldatabase/index_102703.html.



Funding constraints and security issues were highlighted as causal factors for both under-represented and missed targets. Across the four country case studies the average annual funding gap from 2014 to 2019 (measured against the humanitarian appeal for WASH) was 47 per cent. There was a near-universal shortfall in funding, with only four instances (two years each in Somalia and Lebanon) of annual funding received meeting or exceeding 80 per cent of requirements. There was also considerable variation in fundraising by country – for example, Cameroon never received more than one third of the funds required for its WASH appeal. While there were some examples of funding decreasing as a crisis progressed (e.g., South Sudan had a funding gap of 67 per cent in 2019) this was not a consistent pattern (Lebanon received 80 per cent of funds required in 2018 and 2019).

Key informant interviews repeatedly cited access and security due to localized and inter-community conflict as well as significant lack of funding as the main barriers to achieving adequate service provision. These factors, repeated by numerous respondents, are captured in the following quote from one interviewee and highlight the need to raise awareness for donor support for sanitation programming:

“We are investing a lot in the water sector but not enough in sanitation... In the coming years we need to reverse the trend and invest more in sanitation for both urban and rural communities. One key ask is to get support from senior management to raise the profile of sanitation among donors and to secure multi-year funding to reverse a trend of reduced long-term commitment to partners.”



Significant funding constraints were described as “the elephant in the room” by senior UNICEF staff when talking about quality programming. Important in the context of this evaluation question is that the lack of funding clearly limits not only coverage but also quality. The evaluation team recognizes the funding constraints in terms of what can be delivered. However, donors’ funding priorities cannot and should not be presented as a determinant for how needs are assessed, analysed and presented.

The imbalance between expenditures on water and sanitation activities is perceived as a long-standing issue in the humanitarian WASH sector, and one that, as identified in CCSs, goes beyond the contexts included in this evaluation, and beyond UNICEF. The pragmatic reasons for this could be donor biases or that provision of water can be sustained by donor funding throughout the crises to meet Sphere standards, whereas after construction, maintenance of sanitation facilities is considered a community or household responsibility.

There are concerns that reported coverage achievements may be based on unreliable or, in some cases, over-inflated data. Coverage indicators can mask spatial inequalities of access, (meaning partial service delivery that does not reach all sectors in the population, including vulnerable groups). In addition, while coverage thresholds may be met, emergency standards applied in the field may not be appropriate or sufficiently elevated from initial humanitarian programming to meet the increasing or otherwise changing needs in protracted crises.

The evaluation team identified significant limitations to reported output data (which were inconsistently reported in different reporting systems), along with data inaccuracy. This is discussed in detail in SEQ3.1 (see Section 5.1). As an example, the Lebanon country

office reported that data in 2014–15 were significantly over-inflated because these data included beneficiaries in stabilization sites. The findings below describe how countries can report having met their thresholds, but that emergency indicators applied in the field may not be appropriate or adapted to WiPC. Such adaptation was described by one senior WASH expert in an international NGO as follows:

- “We don’t have enough water, so we compromise very quickly and 15 litres becomes 7.5 litres. And then we say we have covered 10,000 people; but we haven’t because we didn’t give what we promised to give because in our standards, we say 15 litres a day, but we give 7.5. But then on the map it’s covered.”

Such adaptations are frequently not formally recorded, and monitoring data are not sufficient to identify changes in delivery after the event. Hence, global- and country-level indicators and quantitative reporting tell only a partial story. Another global key informant interviewed confirmed that there is still a tendency within UNICEF to rely on standard indicators for coverage and yes/no answers:

- “Having representatives who think beyond numbers and who do look at making sure that UNICEF is the quality lead as well, that’s got to be part of it. I’ve worked inside UNICEF [for] representatives who think only of numbers, and it’s [horrifying].”

There is some good practice in moving to more durable solutions for water and sanitation services, especially with regard to infrastructure for water services in urban WASH. This is considered a good example of an initiative that effectively links humanitarian/development work. More can be done to ensure that more service delivery is achieved using durable solutions, and that this transition happens at an earlier stage.



The updated 2018 SMOs included, for the first time, an indicator⁵⁵ reflecting the transition of water provision from emergency access to more durable solutions (e.g., networked water or motorized boreholes, among other solutions). At the global level, 16 out of 21⁵⁶ WiPC countries reported on this indicator. This roughly translates into 39 per cent of the 37 million beneficiaries reached with access to water in humanitarian situations in 2018 (by all partners) being reached with durable solutions. In Somaliland, there were examples of programming evolving to augment and ameliorate service provision to reach the most ambitious service provision – moving from emergency water provision against minimum standards (CCC/Sphere) to providing sustained access to basic water supply. In South Sudan there were ongoing efforts to construct a mains water supply to protection of civilians camps to allow a shift away from trucking water.

These are all examples that serve as positive models for how programming modalities should be adapted. However, these are still the exception to the rule, with most service provision in protracted crises still coming through short-term emergency interventions. The consequences of this are explored further in EQ5.

However, there are widespread examples of water quality issues which potentially undermine the original positive global findings related to coverage. This was the case in all country case studies. In Somaliland and Lebanon,⁵⁷ salinity in groundwater reduced palatability and resulted in users purchasing water. In South Sudan, Cameroon and Yemen over- and under-chlorination in emergency water supply/trucking was documented. In Yemen, less than 50 per cent of the water supplied had an acceptable level of free residual chlorine (FRC), and this led to rejection of water due to unacceptable taste. Some UNICEF country offices worked to address the water quality issues. One example of this was the use of inline chlorine dosing in Yemen. However, the evaluation team believes that UNICEF country offices may not be aware of water quality issues, especially issues in salinity to which users can become acquainted, given that microbiological water quality monitoring was not consistent in the countries where case studies were carried out. There was also a prevailing, yet mistaken belief that borehole water and groundwater were not vulnerable to contamination (Somaliland, Cameroon).



⁵⁵ SMO-24-01-4.a.3-5.

⁵⁶ Two countries did not report on this indicator because durable solutions were not possible or permitted by authorities.

⁵⁷ Lebanon was affected by systemic issues of chronic water scarcity even prior to the Syrian conflict and displacement.



3.3 In its WASH programming in protracted crises, to what extent has UNICEF achieved safe and equitable access to WASH services and facilities? (SEQ1.3)

SUMMARY:

UNICEF has only limited achievements in ensuring safe and equitable access to WiPC services in terms of equity, inclusion and protection (red rating). The challenging operational contexts and access barriers in many protracted crises make delivery of even basic services a considerable achievement. The evaluation team acknowledges applying sophisticated and nuanced programming approaches to ensure equity, inclusion and dignity is even more challenging. There were isolated positive examples of an equity lens being applied to WASH programming to ensure that vulnerable and marginalized groups could access and benefit equally from WASH interventions. However, to date, UNICEF has not demonstrated sufficiently strong performance against key agreed equity, gender, inclusion and protection commitments. Adherence to these global commitments was found to be limited in WiPC programming despite the equity principles being fundamental in UNICEF's corporate mission statement and in global and country office WASH strategic plans.

The equity framing of the UNICEF corporate vision and its current strategic plan is undermined by a weak approach and a lack of clarity on how to measure equity in WiPC. The vision for equity is also compromised by partial or limited disaggregation of data. There has been clear progress toward sex-disaggregated data in line with accountability to affected populations requirements, and this is to be commended. However, full integration of equity considerations was not – yet – apparent throughout UNICEF's WiPC programming. Disaggregation of data by characteristics such as disability, age or ethnicity was very limited. Without equity-related data disaggregation UNICEF cannot consistently know at cluster or sector level who is reached by WASH interventions or understand the extent to which equity targets are addressed and/or met.

There were numerous specific examples that indicated insufficient attention to (and a lack of appropriate hardware design for) ensuring safe and appropriate WASH access for all users. In particular, specific technical design and management of sanitation access for people with disabilities and other vulnerable groups was ad hoc and inconsistently done. There was no substantive evidence that UNICEF WASH-supported interventions ensured the safety of users, or that programmes took measures to ensure that users felt safe using WASH services.

UNICEF cannot be confident that its WASH programming is achieving equitable access, because there is very limited disaggregation of data. While sex-disaggregated data are partially available in UNICEF's reporting systems (and there appear to be ongoing improvements in this regard), there is

little or no consistent reporting on other vulnerabilities related to equity, including disability. Disaggregated data are a minimum Global WASH Cluster requirement for the equity-focused and targeted programming



to which UNICEF has committed and a key quality standard included in the quality scorecard (Annex 1).⁵⁸

Whilst nearly all countries (18 of 21) covered by this evaluation reported (via SMQs) on sex-disaggregated data in 2018, far fewer (5 of 21) reported on disability-disaggregated data. There was no disaggregation found for other potential vulnerabilities (*see also SEQ3.1, Section 5.1*). Furthermore, from 2014–2017 SMQ indicators for access to WASH services called for a single figure without respect to reaching subtargets for gender, disabilities, wealth quintile or ethnic groups. For 2018 SMQs, the target was disaggregated only by sex. At the country level, disaggregated data in terms of sex, disability, ethnic groups, geographic location or wealth quintile were not collected systematically or consistently in countries included in this evaluation. Where they were collected, there were significant questions about the reliability, and hence utility, of these data. Therefore, even when it was reported that coverage targets were achieved, this was without understanding whether all groups – including the most vulnerable – had been reached. The evaluation team’s findings are in line with previous assessments that UNICEF’s corporate ability to measure equity in practice was weak and constrained by the limited availability of data.⁵⁹

During the course of conducting the country and thematic case studies it became clear that UNICEF country offices were using differing conceptualizations to guide vulnerability-targeting strategy, e.g., geographic vulnerability, human vulnerability (such as refugees, displaced and informal

settlements). The case studies also revealed limited achievement of safe and equitable access to WASH services and facilities, particularly a lack of equity-focused targeting strategies. Frequently, WASH sections adopted an infrastructure-oriented response to deliver or restore access to WASH services, but this focus was not balanced with equity-focused targeted programming. The result was that the needs of the most vulnerable and marginalized were not prioritized. This finding from the case studies echoes in previous evaluations of UNICEF WASH in emergencies which found that, although equity and gender commitments (specifically the CCCs and related minimum standards) were generally internalized by UNICEF staff, “this growing awareness did not translate into them being taken into account in needs assessments and response planning systematically”.⁶⁰ Interviews at the country office and global levels as well as country office self-assessments repeatedly confirmed that sex- and disability-disaggregated data were not always collected for projects. Such incomplete data restricted the country offices’ ability to design inclusive programmes and know whether they achieved this goal. This finding is supported by a previous evaluation of humanitarian WASH, which found that the absence of disaggregated data was a key constraint in UNICEF’s ability to further equity in programming.

There are numerous examples of these data shortcomings in the specific countries covered by this evaluation which, taken together, support the overall finding that UNICEF is not performing at the required level in this area. Equity programming was limited to

⁵⁸ See Global WASH Cluster, ‘Minimum Requirements for National Humanitarian WASH Coordination Platforms’, Global WASH Cluster, 2017, requirements on accountability to affected populations.

⁵⁹ Evaluability assessment.

⁶⁰ UNICEF Evaluation Office, *UNICEF WASH Action in Humanitarian Situations: Synthesis of evaluations 2010–2016*, 2017, p. 40. Available at: https://www.unicef.org/evaldatabase/index_102703.html.



provision of sex-segregated latrines, while disabled-friendly latrines were either completely lacking or featured inappropriate designs.

Even where disaggregated data were available, in many places there were significant concerns over their reliability: in Lebanon, for example, the proportion of UNICEF WASH beneficiaries identified as living with a disability was an order of magnitude lower than the rate reported through representative surveys of Syrian refugees.

The reasons provided for the absence of routinely collected disaggregated data included a lack of clarity around key terms and definitions used to aggregate data and the fact that such disaggregation was not prioritized in UNICEF reporting requirements. For example, in Lebanon a previous evaluation found that, although UNICEF targeted the most vulnerable areas, the evaluation could not confirm that the most vulnerable were indeed reached: “[UNICEF CO] lacks data to know in which neighborhoods (in these areas) the most vulnerable people are located in [sic.], and thus if the programme actually reaches them.” These data are not specifically required from partners (e.g., in programme cooperation agreements) and there is usually little incentive from UNICEF for partners to submit these data, even when they were collected. During the country case studies, in key informant interviews with partners, interviewees consistently repeated the perception that much of the data required by UNICEF in programme cooperation agreements were not used, and therefore – over time – there was little incentive to report data that went beyond the scope of what was required. Yet without such data, UNICEF WASH sections cannot effectively refine programming to better target vulnerable and marginalized people.

The evaluation team did find recent positive examples. The 2018 REACH data collection in Bangladesh (covered in section 5.1) included

sex-disaggregated data, and the analysis identified several areas (access to bathing facilities and latrines) where women reported greater problems than men. The survey also included specific questions on whether or not respondents felt safe using WASH facilities. While this level of data collection was an exception within the country programmes considered in this evaluation, the evaluation team valued it as a sign of commitment to improve with regard to sex-disaggregated data.

The lack of a reference standard in the current CCCs for people living with disabilities to access WASH services was also a gap, although there were positive examples (such as in the Democratic Republic of the Congo and Lebanon) where UNICEF collaborated with Handicap International to design services appropriate for disabled/vulnerable persons. This did not always result in facilities that were suited to the specific needs of the intended users. Monitoring usage of facilities would have helped to identify these shortcomings.

The country case study in Somaliland revealed instances of people in vulnerable households who were not able to access water due to price/distance and who were forced to use alternative unprotected water sources. In Lebanon, although the adapted standards for water supply have largely been met over time, more than half of the refugees purchase additional water to meet their needs – often because of palatability issues. UNICEF has no way of knowing the implications of this for users because of inadequate disaggregation of access data and lack of outcome monitoring (*see also SEQ3.1, Section 5.1*).

UNICEF does not collect sufficient information to be able to assess or provide information that users feel safe when accessing WASH services because there is no systematic monitoring or evaluation of beneficiary safety, dignity or protection-related issues. This is not to say that users feel unsafe as a result of



using UNICEFWASH interventions, but that UNICEF has no way of knowing whether this is the case. At a global level, UNICEF SMQs do include a related indicator in a ‘yes/no’ format, but it is not comprehensive enough to measure whether programmes are meeting safety, protection and dignity standards.⁶¹ In 2018, most countries reported ‘yes’ on this indicator, but the associated comments mainly referred to appropriate design of WASH services and not to the collection of user feedback (see *SEQ1.4, Section 3.4*) or monitoring user safety. The lack of monitoring was evident throughout this evaluation, with multiple UNICEF staff and partners in-country considering issues related to safety and protection to be under (for example) the remit of camp management – not WASH. Bangladesh (which was not a case study for this evaluation) was one of the few places where data on perceptions of safety had been collected and analysed. In South Sudan, the WASH Cluster recently started collecting some data on user safety, but these data sets were not yet utilized by the UNICEFWASH section. These findings were supported by global key informant interviews, with interviewees expressing strong concerns that issues such as the provision and maintenance of lighting outside toilets were not monitored, with resulting security implications for women. Another interviewee expressed concern that protection and dignity, while equally important to the response, were not measured by UNICEF.

During the course of this evaluation, sufficient examples of potential areas of concern with regard to safety and dignity were identified to suggest that UNICEF should prioritize more systematic monitoring in this area, which could lead to the identification of systematic failings. Interviewees for the country case

studies and at the global level suggested that the lack of attention to conflict sensitivity in design and monitoring also warranted greater focus. In Cameroon and South Sudan, the evaluation team observed latrines that did not comply with either disabled- or female-friendly standards.⁶² Some facilities in those countries were unsafe to use due to poor maintenance. Lockable, sex-segregated latrines and functional lighting at WASH facilities are indicators within the IASC guidelines on gender-based violence. However, in South Sudan, for example, the disabled-friendly toilets were clearly inadequate and of poor quality (constructed with a step up to the latrine, frequently locked with the keys not always readily available to the community). There was also a lack of lighting at the latrines. Informal discussions revealed that vulnerable groups felt unsafe at night. This was also observed in Somaliland, where gender-friendly toilets in schools were locked. In Lebanon, most of the toilets observed did include lighting, and this was monitored using in-country processes. Here, though, the lack of aggregation of user feedback and complaint systems made it challenging to understand whether safety or conflict-sensitivity concerns existed. Of greatest concern was the complete absence of information on these areas outside camp settings – e.g., in urban areas. It is important to recognize that there were also clear examples of UNICEF WASH programming contributing to user safety: improved water management/supply and access to WASH services has contributed to reduced violence and conflicts in Somaliland and Lebanon, but the lack of data meant that UNICEF was unable to communicate the full extent of this achievement.

⁶¹ SMQ indicator: application of IASC Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action integrated into UNICEF WASH programming SMQ indicator (yes/no) exercise.

⁶² These related to technical standards such as lockable doors and adequate lighting; see IASC standards.



3.4 To what extent has UNICEF achieved responses that were relevant and appropriate based on user participation in design and feedback mechanisms? (SEQ1.4)

● SUMMARY:

UNICEF has only limited success (red rating) in achieving WASH responses in protracted crises that are relevant and appropriate, and in designing and implementing programmes that were informed and adapted based on user participation. The evaluation team found isolated examples of good practice – for example, the participation of users in the siting, management and technical choice of water services and facilities in some cases – that are a foundation from which UNICEF can learn. It is clear that in some of the highly challenging operational environments where UNICEF undertakes WASH interventions, user participation is far from straightforward. However, UNICEF does not systematically take steps ensure that users are consulted and participate in the design of WASH facilities as much as is feasible, and this gap constrains the potential relevance and appropriateness of WASH services. The evaluation team found strong evidence that UNICEF failed to ensure the involvement of vulnerable groups in design, delivery and usability, which led to poorly designed and consequently poorly used WASH services. For example, while the use of private contractors may be appropriate (or in some contexts essential), there was a consistent pattern of interventions led by private sector contractors neglecting community participation. Importantly, the team found user feedback mechanisms to be inadequate and unable to influence the design of WASH services over time, and complaints mechanisms that were not fit for purpose. UNICEF did not collect data associated with the number of complaints raised or issues addressed regarding WASH services, and there were clear gaps in beneficiary knowledge of complaints mechanisms.

UNICEF-supported interventions have not always considered cultural needs or fostered user participation in the design of WASH facilities. Although there are good examples of places where this has been achieved (documented in the boxes in this section) these were not representative of a systematic approach within UNICEF's WASH work in protracted crises. The absence of user participation was particularly acute in urban centres, where there was a pattern of country offices not basing programme design on appropriate information about the affected population living in the urban setting and their specific and evolving needs.

User participation in designing facilities and the consideration of cultural needs was chosen as a success criterion for the appropriateness and relevance of WASH facilities. There were some good examples of projects that demonstrated solid context analysis and application, often by exceptional members of staff, but only in WASH cholera responses has this started to inform a systematic UNICEF approach (see *Box 3*), – and is one from which UNICEF can learn. The Lebanese country case study found that the WASH responses were tailored to individual context and largely appropriate except for hygiene promotion, where the response had not evolved adequately. The Lebanon country office and partners demonstrated a high understanding of the need to apply a



localized conflict-sensitivity lens – there was a striking example of this in a pilot project in Tripoli (see Box 4). But this was not replicated in the broader country WASH programme. In Somaliland, the focus on water supply provision and drought risk programming (at the expense of sanitation and hygiene programming) was highly relevant to the needs of the population and country context of a protracted crisis with severe water shortages. The interventions were appropriate from a technical point of view. An appropriate management system had been established for ongoing reliability and functionality of water supply services. Despite these positive signs of contextual understanding, in both countries there was still limited evidence of designs being based on consultation with and feedback with the population.

In Cameroon, there was evidence of ad hoc approaches to involving communities in programme decisions (e.g., involving the community in siting water points). In the WASH in urban crisis thematic case studies, UNICEF country offices in both the Syrian Arab Republic and Yemen performed poorly in getting community input on design and gathering feedback. There has been limited participation from end-users in the Syrian Arab Republic, with designs for urban WASH conceived predominantly within professional circles and no established feedback mechanism put in place. There were also significant areas of concern

with regard to equity of access to water in Yemen. A stark example was provided in South Sudan, where Community-Led Total Sanitation (CLTS) programmes were implemented in two distinct areas: one adopting a strict no-subsidy approach, and the other offering in-kind subsidies to communities. There may have been valid contextual reasons for using differing approaches, but there was no evidence that this was considered by UNICEF, that beneficiaries' preferences had been considered or that there was even an active awareness of use of two different approaches.

UNICEF's use of private sector providers can result in a technically relevant response, but there was a recurrent pattern of that implementation modality not taking into account user participation and feedback and conflict-sensitivity approaches. This presented a significant risk to the overall relevance, use and user acceptance of the interventions and stood in contrast to some of the community-informed approaches used by UNICEF NGO partners. The use of private sector contractors was clearly appropriate in many contexts (and may be essential in high-threat environments), but the recurrence of this issue suggests that UNICEF as an organization was not successfully learning lessons about how best to engage with and manage private sector partners. This tendency towards weak user participation on the part of the private sector should be well known by UNICEF and

Box 3. Positive example – context-relevant adaptation of cholera responses

Overall, the rapid and targeted response activities reported in Haiti, Yemen – and to a lesser extent the Democratic Republic of the Congo – were highly relevant to successful cholera interventions that reduced the risk of transmission and contained outbreaks. This was especially the case in Haiti and Yemen, where person-to-person transmission around the infected household was highest.

In the Democratic Republic of the Congo, the evaluation team found that the RRT WASH response was based on participation with users and messaging was adapted to the specific needs in collaboration with the C4D sector.



country offices should appropriately manage this risk. In Yemen, the focus and intention to bring to scale operation and maintenance of urban sewage systems was both highly relevant and appropriate given the deterioration of sewage systems. However, the authorities did not see the merits of involving end-users in the design of urban WASH and are actively discouraging UNICEF from engaging with the population. Attitudes of the population were communicated to some degree via third-party monitoring, but it is difficult to say what feedback was captured and the extent to which informed decision making, if at all. In Lebanon, the urban stabilization work was contractor-led and exclusively focused on infrastructure: there was no involvement of communities and no mechanism for UNICEF to understand user feedback or complaints. In this example, UNICEF had no available detailed data on the intended or actual beneficiaries of these interventions. In South Sudan, there was a promising example of how UNICEF complemented the work of private sector contractors with an NGO focusing on community

engagement and conflict resolution – but work there was at an early stage, and it was not possible to understand its effectiveness.

There is a nearly universal absence of comprehensive accountability and feedback mechanisms. Although UNICEF partners might encourage complaints, record them and respond appropriately, UNICEF was not collating these data. As a result, there was no understanding in the country offices of user feedback or partner performance in this area. This was a recurrent finding across all the countries visited in this evaluation. It was substantiated by interviews with UNICEF and partner staff and echoed in discussions with beneficiaries during transect walks. Vulnerable groups are especially affected by inadequate complaint mechanisms as their needs go unnoticed. The evaluation team found an absence of reliable aggregated data of complaints from those with special needs (echoing the findings under SEQ1.3) and gaps in the provision of services for people with disabilities. There was no way to check whether complaints were resolved

Box 4. Conflict-sensitive WASH in Tripoli, Lebanon

Tripoli has long-running inter-communal and inter-sectarian tensions which have, as between 2011 and 2014, led to clashes between opposing communities. At the same time, neglect from service providers and destruction (dating back to the civil war) resulted in poor water and sanitation services across the city – which in itself drove further community tensions. Since 2015 a local NGO (LebRelief) has worked to address both issues in an integrated programme, with the support of UNICEF.

The rehabilitation of a water transmission pipeline through the community brought together many of the strands: serving as a focal point for community engagement and prioritization of needs (through multiple community committees), providing training and employment opportunities for local youth whilst delivering improved WASH services. It is clear that members of the community regard the water infrastructural projects (which goes beyond the pipeline) as the most important projects to the community. Responding to a clear community priority in such a clear and direct fashion has now elevated the community committee to a representational level allowing a strengthened dialogue with local authorities at all levels.

The Tripoli project was conceived as a pilot, but UNICEF Lebanon was (as of 2019) seeking additional funding to expand the approach to other areas. A more detailed case study is included in *Water Under Fire Volume 1*.



and feedback given to users. Overcoming the challenges of collecting such data from those with special needs in fragile and protracted crisis is difficult, and greater efforts are needed to meet the commitments which UNICEF has entered into regarding accountability to affected populations.

Discussions with implementing partners typically revealed that most had some form of complaints mechanisms (or that complaints were handled by camp management). However, UNICEF did not require implementing partners to report on complaints or feedback handling or to report on patterns or trends in complaints. The lack of oversight of complaints mechanisms made it difficult for UNICEF to understand the continuing

relevance of programming in protracted crises and meant that UNICEF could not identify trends in complaints across partners that could indicate red flags or potential partner deficiencies. Transect walks carried out as part of the country case studies showed that – frequently – beneficiaries were confused about how to complain or provide feedback and they did not know how to escalate complaints beyond implementing partners.

In South Sudan, some implementing partners had mechanisms for accountability to affected populations. However, these were not systematic, and mechanisms to provide beneficiaries with feedback on complaints were lacking. Where complaint mechanisms existed, they were not systematic and were poorly managed, with neither oversight from UNICEF nor any way to aggregate to complaints or feedback. In the public health case studies, there was no evidence related to user satisfaction with services. In Lebanon, the evaluation team spoke with disabled users who had been provided with an adapted latrine, but the latrine was not suitable for their specific needs and they were unable to use it. This suggests that user preferences and needs were not being meaningfully accounted for in the design of facilities. Another area of concern was around the widespread use of CLTS as a sanitation strategy. In Cameroon, the national CLTS approach used a zero-subsidy approach (including with refugee communities), but there was no feedback from users, especially the most vulnerable, about whether this was appropriate.

There is evidence that the absence of accountability and feedback mechanisms is a shortcoming that is not restricted to UNICEF or to the WASH sector. However, UNICEF's unique role within the WASH sector – as Cluster Lead Agency and the largest provider of humanitarian WASH services – means an obligation to lead the sector in this regard.





Global key informant interviews confirmed that many agencies in all sectors were struggling with accountability to affected populations and with community feedback on infrastructure design. In response to this, the Global WASH Cluster's latest project on quality has a strong element of population involvement and feedback mechanisms and application of tools and policies at the field level. Global informants suggest that UNICEF is in a strong position to move this agenda forward and that application of existing guidance is what is required, as opposed to new approaches. This is illustrated in the following comment by a senior WASH specialist:

- “They are the biggest WASH player and they should lead by best example. They have so many PCAs so could be a strong influencer of best practice by monitoring, but they are not doing it.”

Internal UNICEF interviewees confirmed that “AAP is hit and miss” and added encouragingly that AAP “works best as a cross-cutting tool rather than exclusively WASH.”

There is mixed evidence that WASH programming remained relevant and appropriate over time and across contexts in WiPC, and that programming approaches

were evolving in response to information on beneficiary needs. Relevant and appropriate responses are especially important in protracted crises as needs change over time, and the initial emergency response may be relevant for only a short time. This evaluation found isolated good evidence of water supply responses evolving over time in specific contexts – for example, provision and management of solar-powered water services in Somaliland was adapted to the local context over time (*see Box 5*). A lack of adaptation was seen in hygiene promotion activities overall, and hygiene promotion appeared to consist of campaign messaging as opposed to participatory approaches. In the Lebanon country case study, a KAP (knowledge, attitudes and practice) survey carried out in 2017 showed that 99 per cent of beneficiaries used some form of soap and had a high level of hand-washing knowledge. Yet, at the time of the case study visit in 2019, hygiene messaging had not yet been sufficiently adapted in response to these KAP findings (though there had been some adaptation by UNICEF to decrease the emphasis placed on handwashing). In South Sudan, C4D did not yet have examples of adaptation in WASH based on community feedback, despite examples from other sectors.

Box 5. Adaptation based on user engagement

Somaliland: There were good examples of the use of solar-powered water services delivered with project design and implementation linked to the history of the project and an understanding of the need to involve local communities. The use of public-private-partnership companies to provide sustained access to water services appeared appropriate. Yet there were still issues – socioeconomic, physical and governance – that needed to be addressed to ensure these projects remain appropriate and responsive to needs. Broadly speaking, the evaluation team found users were very satisfied with the WASH services and interventions, both emergency and longer-term programming.



3.5 To what extent have WASH services provided/supported by UNICEF been reliable? (SEQ1.5)

SUMMARY:

There is mixed performance (amber) in the extent to which UNICEF WASH services are reliable. Water services observed during field visits were largely functional, reliable and used over time although it should be stressed that there was a lack of monitoring data to call on beyond the direct observation by the evaluation team. This is because UNICEF did not consistently implement post-intervention monitoring of services in WiPC countries. The technical quality of UNICEF-supported WASH services was generally good. However, poor technical implementation was noted to still be a basic issue affecting the robustness and quality of sanitation hardware. Management modalities – mostly for water services – established for operation and maintenance were effective, but – again – there were shortcomings for sanitation. Overall maintenance is prefigured on regular interventions from UNICEF or partners, and UNICEF at both the country and strategic (global) levels could do much more to enact a systems approach to reliability. UNICEF could also consider institutional, social, environmental and technological factors as well as how WASH services can be adapted to respond to change without losing their functionality over time.

The technical quality of the UNICEF WASH-supported water infrastructure was generally good. There were some examples of shortcomings, with particular questions related to complex WASH infrastructure in urban settings and with sanitation. However, a lack of data on continued access and use (as opposed to one-time provision) of services made it difficult to understand the functionality of services over time. Technical quality of infrastructure is an important element underlying functionality and use. Based on direct observation, water facilities were typically of suitable quality, however there were multiple issues surrounding the construction of sanitation facilities. Similar problems were identified in previous evaluations and humanitarian action reviews undertaken by the UNICEF WASH in emergencies team.

As discussed in EQ3.1 (Section 5.1), SMQ data on water point functionality were reported in only 13 out of 21 WiPC countries. Similar to disparities in coverage, the country case studies demonstrated that the sanitation hardware and infrastructure⁶³ (examples of which are given in Annex 2) were often less technically robust compared to water infrastructure. In Cameroon, the use of good-quality India Mark II and Vernier handpumps for equipping boreholes, both makes that are well-known to contractors, increased the technical quality of water infrastructure. Similarly, in Somaliland, high-quality groundwater Grundfos pumps, generators and photovoltaic panels were used. However, the use of such high-quality (imported) materials at times posed problems with the spare parts supply chain and markets. There was also a lack of in-country expertise for ongoing repairs.

⁶³ Sanitation hardware and infrastructure that was assessed in the country case studies refers to toilet facilities for the affected population, including household, shared and communal toilet facilities. Sanitation also refers to provision of handwashing facilities and menstrual hygiene management such as the provision of buckets/containers.



In urban settings, WASH service delivery through water and sanitation networks, reservoirs and other infrastructure in dense informal settlements is a significant technical issue, at times requiring the rehabilitation of sophisticated water and sanitation infrastructure and enhanced water quality monitoring systems requiring specialist equipment and expertise. UNICEF typically undertakes complex technical work⁶⁴ in urban WASH service delivery (for example, the sodium hypochlorite production factory supported in the Syrian Arab Republic and the urban sewage systems planned in Yemen). However, interviews with senior WASH specialists at the global level, and with UNICEF staff in country offices, indicated a lack of confidence that UNICEF had the appropriate resources and capacities for undertaking WASH in urban settings. Shortcomings included the lack of internal expertise to manage complex contracts (or to manage supervising consultants), insufficient organizational risk-management procedures and the incompatibility of UNICEF partnership agreements with standard International Federation of Consulting Engineers (FIDIC) contracting rules. In the same vein, the evaluation team has concerns about UNICEF's capacity to implement adequate operation and maintenance (O&M)

for larger infrastructure projects, such as the major pipeline constructed in Juba (see Box 6). The recent UNICEF Urban WASH Framework identifies UNICEF's core strengths and capacities in this area – and these strengths do not include extensive in-house engineering expertise or the capacity to manage complex construction contracts.

UNICEF has attempted to establish O&M systems and build capacity for managing WASH services. However, there are concerns over how resilient these might be and specific concerns when contractors are utilized to provide services. The document review demonstrated good practices of community-level O&M, including the establishment of water management committees and use of proxy indicators for O&M such as the training of handpump operators. This was frequently echoed during in-country discussions about O&M of facilities outside camp settings, with water management committees, public-private partnerships (PPPs) and water user associations (WUAs) all featured. While these may be useful activities, there were well-documented challenges with the community management model providing effective institutional support to long-term functionality of rural water supplies. The reliance on these activities without broader support suggests a lack of

Box 6. Systems thinking – for reliability, functionality and use over time

In South Sudan, the implementation of a pipeline to supply water to the protection of civilians camp under a build-operate-transfer contract was not possible due to the deteriorating situation in the country. However, senior WASH staff highlighted that the hard-won investment for the implementation of the pipeline to the protection of civilians camp in Juba was not supported by equal attention to systems required to support ongoing functionality over time. The evaluation team observed that despite substantial engineering works having been completed, no clear operations and maintenance plan was in place, which posed a clear risk to the pipeline's sustainability. Likewise, in Somaliland, infrastructure investments in WASH services were not supported by equal investment into water source management and regulation to prevent over-extraction and ensure the reliability of the water source over time.

⁶⁴ The evaluation team could not verify the actual technical capacity during the desk review.



appreciation of the key factors in successful long-term O&M. Global key informant interviews, mostly with external interviewees, challenged UNICEF's approach to O&M. One interviewee claimed that long-term use was not a focus on UNICEF at the design stage. Interviewees rightly raised the question of whether more should be done to consider long-term functionality in protracted crises.

Private sector involvement has enabled and built capacity for O&M in Somaliland. Here, UNICEF engages with the private sector for service provision, including development and use of lease agreements with PPPs. WASH interventions designed to build local management capacity of the response, highlighted in the thematic case studies, showed the inclusion of government and international NGO partners (the Democratic Republic of the Congo, Haiti) or RRTs fully led by the Ministry of Health (Yemen). However, these approaches are not without risks. As detailed in Box 6, there was a lack of adequate risk management process in South Sudan for ongoing O&M in urban settings. Similarly, there were concerns about PPPs not setting the stage for long-term sustainability of water supply systems and capacity for O&M over time in Somaliland. In Lebanon and Cameroon, there was concern about how the use of contractors to provide WASH facilities/infrastructure had led to insufficient engagement with communities and subsequent poor operation and maintenance of facilities.

UNICEF WASH has achieved O&M of water services over time with generally good reliability, although there are ongoing challenges associated with the maintenance and desludging of latrines. The document review reported efficient O&M in protection of

civilians camps in South Sudan⁶⁵; however, the country case study found conflicting evidence on O&M of sanitation facilities (*see section 3.2*). Desludging of latrines was a particular concern in several WiPC countries, including Bangladesh, Cameroon, Lebanon and South Sudan. In the Democratic Republic of the Congo, the evaluation team found that the community approach to WASH service delivery was reported to have reduced the level of slippage or breakdown of facilities to a lower than usual level and was highlighted as an example of good practice on which UNICEF can build. The team found that water quality (palatability) was an issue for reliability of water sources over time, as discussed in SEQ1.2 for Somaliland and Lebanon. This is linked to over-extraction of aquifers and saline intrusion, an environmental factor that requires engagement beyond individual communities. In both Cameroon and Somaliland, the lack of enabling and operating environment supporting a spare parts supply chain and market for WASH hardware was a significant constraint on O&M. Lack of such a supply/spare parts chain puts at risk ongoing reliability and functionality. In South Sudan, a lack of clarity about which actors were responsible for providing spare parts impeded effective O&M of WASH services.

In its approach to O&M at the country level, UNICEF has not sufficiently adopted a systems approach and considered wider institutional, social, technical and environmental factors affecting reliability and use over time. The reliability and functionality of WASH services is put at risk when UNICEF does not promote a holistic view of WASH services in protracted crises. This includes using a systems perspective and means acknowledging the dynamic interdependencies between social,

⁶⁵ Grieve, T., *WASH Humanitarian Action Review: South Sudan*, 2018.



environmental and technological systems. In some contexts, although the use of solar/hybrid water supply systems was technically appropriate considering the easy supply of solar energy and the high cost of fuel, the inherent challenge in spare parts markets and supply chains could have a negative impact on continued system reliability. It also highlights the high degree of connectivity between WASH services and socioeconomic markets. In Somaliland, UNICEF and partners acknowledged that over-extraction and drought crises had previously led to failure of water supply services. Yet there was no provision for storage of emergency water supplies. More critically, monitoring of boreholes and extraction was not regulated, so there was very little time to prepare or mitigate a failure of urban supply – even though it is highly likely that water supply resources will be constrained. Thus, without mapping key components of the social, technical and environmental systems relevant to WASH services, UNICEF cannot fully ensure systems are able to adapt to system fluxes.

UNICEF has centrally developed tools which support systems strengthening approaches in WASH. This includes the WASH Bottleneck Analysis Tool (WASH-BAT⁶⁶), which is an approach for country offices and government

partners to identify key constraints in the WASH sector and develop and cost plans to address these. These tools have been deployed in protracted crisis settings, including in some of the case study countries covered in this evaluation. The tool is clearly aligned with the systems strengthening agenda, but the country offices which used it did not cite it as part of their programming approach. The evaluation team did not see evidence that a systems strengthening approach had been adopted by country office WASH sections, even where the WASH-BAT exercise had been undertaken in the 12 months prior to the country case study.



Box 7. Evidence of public health impacts as a proxy for use

The Global WASH Cluster’s work on quality considers evidence of public health outbreaks related to diarrhoeal disease as a proxy indicator for use of WASH services. There is evidence from this evaluation to support that approach. For example, strong evidence links reductions in cholera incidence and transmission in Haiti to the efficacy of WASH RRT. UNICEF tracks cholera incidence and caseload to monitor the efficacy and targeting of RRTs.

Even where data are less robust, anecdotal evidence from UNICEF health specialists reported the concomitant impact on cholera incidence of targeted WASH interventions for Ebola in the Democratic Republic of the Congo.

⁶⁶ See <https://washbat.org/>.



4

EVALUATION QUESTION 2 (EQ2):



HOW WELL HAS UNICEF
EXERCISED LEADERSHIP AND
COORDINATION ROLES FOR
WASH IN PROTRACTED CRISES?



Table 6. EQ2 RAG rating

Evaluation question	Sub-evaluation question	RAG rating
<p>EQ2: How well has UNICEF exercised its leadership and coordination roles for WASH in protracted crises?</p>	2.1 At individual crisis level in-country, to what extent has UNICEF provided effective coordination of the WASH cluster, and effective support to nationally led WASH sector coordination mechanisms?	
	2.2 At global level, to what extent has UNICEF demonstrated thought leadership of the humanitarian WASH sector?	

4.1 At individual crisis level in-country, to what extent has UNICEF provided effective coordination of the WASH cluster, and effective support to nationally led WASH sector coordination mechanisms? (SEQ2.1)

SUMMARY:

UNICEF is rated amber for WASH cluster coordination and support to nationally led coordination mechanisms. At a crisis level, UNICEF (as Cluster Lead Agency) demonstrated mixed performance in providing effective coordination in the country and thematic case study countries throughout the evaluation period. The minimum requirements for coordinating partner activities in the WASH sector, including 4W (Who does What, Where and When) reporting were largely well met, but there were sufficient examples of areas where improvement would be required to merit an amber in the protracted crises context. When done well, UNICEF plays a coordination role that would be a challenge for other agencies to provide. However, in practice, coordination tended to focus on operational issues rather than on providing leadership that encourages a long-term perspective. The challenges of maintaining consistent investment and staffing strongly affected UNICEF's performance and the need for double-hatting in some countries led to a blur of responsibilities and stretched capacities over time. The cluster partners appreciated UNICEF's role in engaging with governments. There were several positive examples of UNICEF engaging to help strengthen central governments by supporting the development of policies, strategies and guidance. The role UNICEF played as provider of last resort (PLR) was interpreted in various ways in different countries and hindered UNICEF's ability to be effective in some of them. In some places, UNICEF was almost the only actor providing funding for partners.

In individual countries and at crisis level, UNICEF's performance in carrying out its coordination role to support the WASH sector was mixed. UNICEF generally fulfilled basic coordination roles (e.g., alignment of activities) and was appreciated by in-country partners.

But its leadership around more fully-fledged coordination varied from country to country and throughout the evaluation period. From a global perspective, the 2018 Global WASH Cluster survey on monitoring minimum requirements against the core functions



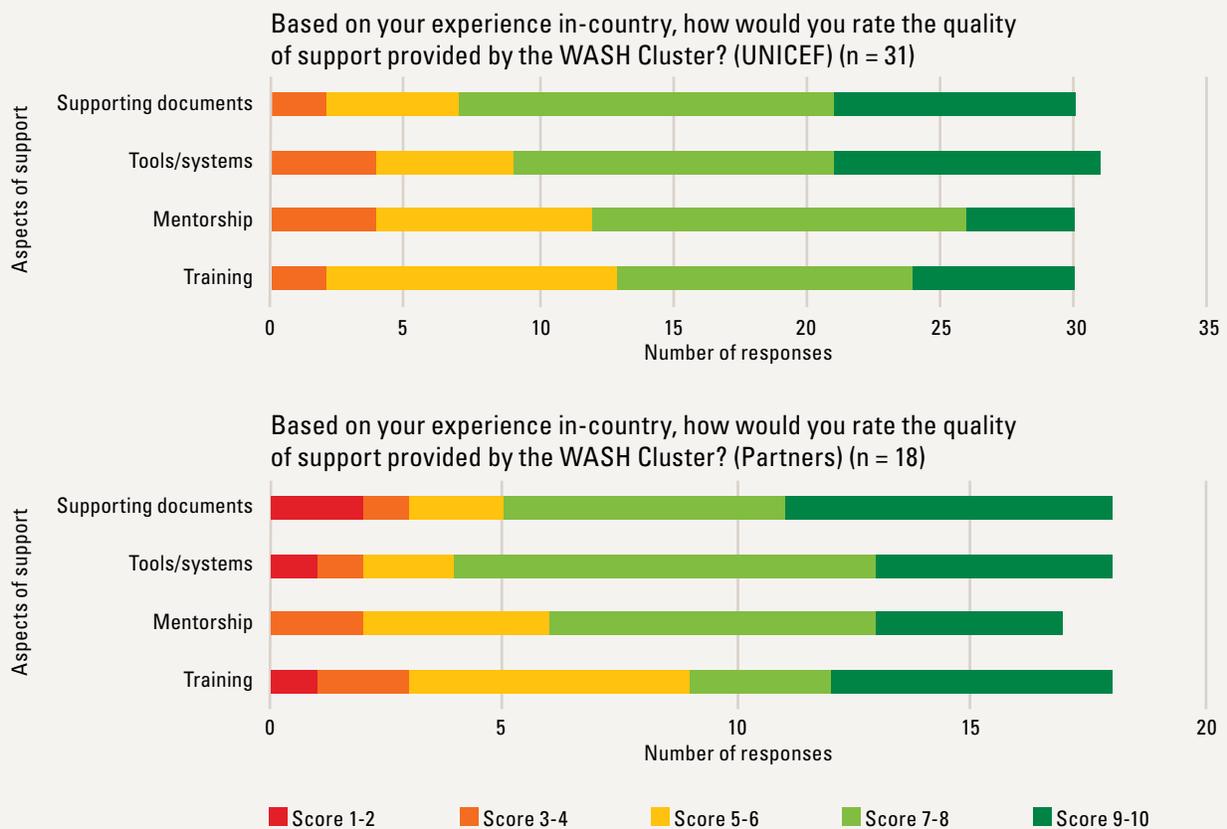
found 50 per cent or less performance for many of the minimum requirements, except for core function 1.⁶⁷ This was mirrored in the country case studies, where the evaluation team found that typically country-based processes (as part of the cluster or separately) were in place for identifying new needs. This was confirmed by the positive rating on leadership and coordination by in-country partners in the global survey conducted for this evaluation as good

(67 per cent) to excellent (33 per cent).⁶⁸ Out of the various aspects of support (supporting documents, tools and systems, training and mentorship), most respondents appreciated the provision of supporting documents, followed by tools and systems (see Box 8). Beyond that, however, information management was inconsistent and analysis and use of data were generally viewed as poor (see section 5.1 for more detail on this).

Box 8. Survey response to: ‘Based on your experience in-country, how would you rate the quality of support provided by the WASH Cluster?’

The graphs below (Figure 15) show the distribution of scores (from 1 = Very poor to 10 = Excellent) that rate the quality of support provided by the WASH Cluster in four different aspects, for both UNICEF and partners.

Figure 15. UNICEF and partner ratings of various types of in-country support provided by the WASH Cluster



⁶⁷ Global WASH Cluster, *Global Water Sanitation and Hygiene Cluster Strategic Plan 2016–2020: Mid-term review*, Global WASH Cluster, 2018. Available at: http://washcluster.net/sites/default/files/inline-files/GWC_SP%20MTR%202018%20Final.pdf.

⁶⁸ The response rate was 18 out of 24 partners.



The country case studies showed an overall variability in performance on coordination at the country level during the evaluation period. In Cameroon, several respondents underlined UNICEF's successful performance as the WASH sector co-lead and indicated this was an area where UNICEF had been able to demonstrate its sector leadership. UNICEF provided an essential role in creating a space for dialogue around emergency approaches and standards. UNICEF was instrumental in supporting the Ministry of Water Resources and Energy to host workshops where key agencies could meet and agree on current coverage rates and the design of WASH infrastructure. UNICEF was also perceived to have provided good training when the crisis hit.

In contrast, the South Sudan coordination of the WASH cluster was not consistent throughout the evaluation period. While the current coordination mechanism largely seemed to be effective, there were significant issues with cluster coordination prior to 2017, when coordination was regarded as ineffective and lacking in thought leadership. UNICEF received criticism for this given its leadership role. The cluster leadership was also seen as being too identifiable with UNICEF's own programming priorities. UNICEF actively responded to this criticism by ensuring that the cluster leadership and information management roles were well staffed with competent, experienced personnel who worked independently of the UNICEF WASH section. Similarly, in Lebanon (where the cluster was not activated), UNICEF accepted that it had underperformed in sector coordination prior to 2019. This was addressed, but this involved naming the UNICEF WASH section chief as sector coordinator, which has resulted in other concerns related to double-hatting these two positions.

The evidence resulting from the public health thematic case study further underlined mixed performance in multiple countries. In Haiti, there is evidence that strong coordination was provided during the cholera response and that the cholera-specific coordination group established in the country was a strong mechanism to support service delivery. It enabled collaboration between WASH and health sectors which facilitated analysis and response. Similar cholera-specific coordination groups were not, however, established in other countries. In Yemen, there was good performance on partner training and capacity building through the cluster, especially regarding the cholera response. In the Democratic Republic of the Congo, on the other hand, respondents highlighted UNICEF's lack of leadership/strategic capacity at the country level, with one key informant suggesting that UNICEF was losing positioning and leadership as the cholera reference agency in the country. Global key informant interviews echoed these inconsistencies in UNICEF's role in coordination at the country level.

Cluster performance is challenged by the complexity of some protracted crises, and there is a need to move from basic humanitarian coordination to longer-term LHD thinking. Both country-level and global interviews revealed that the complexity of some crises means UNICEF has an enormous task at hand in some contexts, as illustrated by the following quote from the Syrian Arab Republic:

- "In terms of the Syria response it is just hugely complex and has the cross-border dimension. In general, I'm impressed that UNICEF is holding it together and navigating donor pressure on no reconstruction. UNICEF has found creative ways. The big issue is rehab rather than water trucking. UNICEF are more or less able to play an appreciated role."



Interviewees also expressed the expectation that cluster leadership needed to go beyond the immediate response to a given crisis. Global key informants suggested an increased role for the cluster/sector in terms of using data for advocating with donors at the country level. Interviewees expressed the need to go “beyond humanitarian” mechanisms and provide a space where WASH partners could talk more about multi-year funding and long-term interventions. Key informants believed that in the past there were such types of facilitated dialogue, which now is being reactivated through a World Bank initiative. Interviewees further stressed that there was a role for UNICEF to take this dialogue beyond a donor-driven one to become more sector-based.

Reliable staffing and double-hatting were key factors affecting cluster performance. These aspects were found to vary from country to country and over time. Among the factors affecting cluster performance, staffing over the duration of a protracted crisis emerged as a key challenge from several sources. Even though coordination is commitment 1 in the CCCs,⁶⁹ a common view from global key informant interviews was that this was not institutionalized but rather depended on the priority given to it at the individual country level. In particular, interviewees highlighted lack of recognition of the importance of the cluster by UNICEF – and most importantly from the chief of WASH and Country Representative – as affecting cluster performance. Key informants suggested that this lack of recognition (and subsequent lack of prioritization) was one possible factor in funding shortfalls – which itself then exacerbated the problem of not giving coordination priority.

Relatedly, one key informant suggested the lack of recognition of the cluster coordinator and information management within the structure of UNICEF as a contributing factor. Other respondents questioned the high level of responsibility that was given to stand-by partners by referring to the large percentage of coordination roles being filled by short-term deployments. There was a sense among global interviewees that a tendency to use stand-by partners in cluster coordination functions meant UNICEF did not take the cluster leadership role “to heart” and represented a “potential corporate risk” for the organization. These views are strongly supported by the responses provided in the online survey for this evaluation. Respondents overwhelmingly referred to investment in human resources in response to the question about how UNICEF could improve performance of the WASH cluster (*see Box 9*).

In some countries, double-hatting also led to a blur of responsibilities and stretched capacities. This was the case at the subnational level in Cameroon, where the WASH specialist double-hatted for programme implementation and coordination. In Lebanon, similar concerns related to double-hatting and stretched capacities emerged. UNICEF staff referred to the difficulties of securing and prioritizing funding at the country office level for the cluster role. This is clearly a key constraint to balancing commitments to service delivery/ programme management with those related to cluster leadership.

⁶⁹ Effective leadership is established for WASH cluster/inter-agency coordination, with links to other cluster/sector coordination mechanisms on critical inter-sectoral issues.



Box 9. Quotes from survey respondents about the importance of investing in coordination staff

“In protracted crises the post of WASH Cluster Coordinator should be included in the organigram and become a fixed-term post. This will ensure continuity.”

“There should be [a] staff delegated solely for WASH cluster coordination. UNICEF is not doing much in coordination.”

“Increase cluster staffing level while offering opportunities for capacity building and skills improvements.”

“Make the coordination posts full time straightaway and recruit the staff quickly. There is a lot of wasted time, effort and opportunity with a stream of short-term coordinators.”

“Bangladesh was constantly relying on surge, good people mostly but rotation prevented building up capacity in the way that was required.”

UNICEF has received praise for consistent support to national governments. There is good evidence from across the evaluation sources that UNICEF WASH sections (distinct from the cluster or sector coordination role) have played an active role supporting government counterparts. The evaluations reviewed for the document review found a marked difference in UNICEF’s support to national governments between UNICEF-wide and WASH-specific evaluations. While cross-sector evaluations were critical of UNICEF’s support to national partners, a WASH synthesis of 26 evaluations⁷⁰ found that UNICEF, in general, successfully promoted national ownership and strengthened national systems in the WASH sector.

The documentary evidence was supported by examples from three of the four country case studies where UNICEF has played a unique and strong role in supporting governments with the exception of South Sudan. The UNICEF WASH section in Somaliland demonstrated its strong engagement with the government through institutional support to several government bodies.

In the Lebanon country case study, the primary government representative interviewed thought that UNICEF was playing an appropriate and effective role in both the humanitarian and stabilization work in-country. The Cameroon country case study noted the strong engagement between the WASH section and the government. In Yaoundé, the UNICEF WASH specialist worked closely with Ministry of Water Resources and Energy to prepare, chair and follow up on the monthly sector coordination meetings; UNICEF has also worked to strengthen the central government by supporting development of policies, strategies and guidance.

In the public health thematic case study, the evaluation team found good alignment with national partners, but with the potential for further support. In the Democratic Republic of the Congo, the WASH cluster aligned to the national cholera plan and supported multisectoral workshops. In Yemen, UNICEF technical support to the national government was critical; and the urban-focused thematic case study found that UNICEF had significantly built the capacity of public institutions to

⁷⁰ UNICEF Evaluation Office, *UNICEF WASH Action in Humanitarian Situations: Synthesis of evaluations 2010–2016*, 2017, p. 20. Available at: https://www.unicef.org/evaldatabase/index_102703.html.



engage in RRT response, water chlorination and water quality surveillance, and to further WASH-related hygiene promotion and behaviour change.

Despite such successes, key respondents felt that UNICEF country offices had at times lacked capacity to engage fully in a complex policy environment. This dovetailed with responses in the global survey for this evaluation, where some partners felt there was room for UNICEF to improve its collaboration with governments, particularly support for sector ministries and for subnational coordination. UNICEF's collaboration with government counterparts is discussed in more detail under EQ4.2 (Section 6.3).

The trend towards deactivating WASH clusters in recent years is in line with IASC guidelines.⁷¹ However, how effectively this is being achieved in practice has not been well documented. With regard to transitioning from active cluster to sector coordination, during the evaluation period the number of active WASH clusters remained roughly constant, with a slight increase from 24 in 2015 to 25 in 2019 and staying within the range of 23–28.⁷² In the case of a protracted crisis, the assessment of national capacity should be part of an annual review and feed into the decision to deactivate a cluster. No evidence of this process was shared during the country case studies. However, the information on the number of clusters provided by the Global WASH Cluster and anecdotal evidence from global interviews suggest that this process has not been managed methodically. One view was that there was limited guidance on how to measure whether a government was ready for transition and how its success could be

measured once this had happened. Another global interviewee gave an example of how cluster coordination had been handed over to an inexperienced government and shared that this process did not go well because there had been a lack of preparation and dialogue.

UNICEF has fulfilled its role as provider of last resort in some countries covered by country case studies. However, this evaluation also found that this role was interpreted in different ways across countries. In some cases having the role of provider of last resort hindered UNICEF's ability to be effective. There are examples of where UNICEF has fulfilled the role of provider of last resort, including by using internal resources to meet funding needs. The public health thematic case studies found that UNICEF had assumed responsibility as provider of last resort for cholera response funding – and was consequently often the only source of funding for the cholera response. The country case studies found that there was an inconsistent understanding of what the commitment to the role of provider of last resort means for UNICEF and that the concept of provider of last resort role (*see Box 10*) had been applied differently in each country. For example, in Cameroon, the role was not properly understood and there was no evidence that it had been properly discussed. In Lebanon, there was little shared agreement on what the provider of last resort commitment meant in their context. Some senior UNICEF staff expressed the opinion that the provider of last resort should be understood as having the responsibility to advocate for underserved people in need, but that UNICEF should not and could not maintain institutional responsibility for service delivery in protracted crises without budgetary support.

⁷¹ Implementation of the 2011 IASC Transformative Agenda included new focus on clusters and sectors, and on the role of clusters in preparedness; the transition and deactivation of clusters; inter-cluster coordination; and cluster coordination monitoring.

⁷² Based on Humanitarian Response Plan submissions. This figure may exclude 'dormant' clusters which have not been deactivated, and include clusters which have not been formally activated but which receive GWC support.



Box 10. Provider of last resort

In addition to supporting the six core functions of the cluster, the designated Cluster Lead Agency is the provider of last resort (PLR). This means that, where necessary, and depending on access, security and availability of funding, the cluster lead, as PLR, must be ready to ensure the provision of services required to fulfil crucial gaps identified by the cluster and reflected in the humanitarian coordinator-led Humanitarian Response Plan.

Source: *Guideline: Cluster Coordination at Country Level*, IASC, 2015.

To the other extreme, the commitment to providing services as provider of last resort compromised UNICEF's operations in South Sudan. The country case study found that the country office had interpreted the role as a commitment to provide basic services, which was a burden that undercut its ability to provide more strategic support. The financial obligation of water trucking, based on decisions made when the protection

of civilians camps were first established, amounted to US\$8 million per year for an activity that was not on the cluster agenda and that UNICEF was providing from core resources. This meant that there was no space to move ahead on any other issues. Maintaining its commitment as provider of last resort for protection of civilians sites was proving a country-wide budgetary and management burden to UNICEF.

4.2 At global level, to what extent has UNICEF demonstrated thought leadership of the humanitarian WASH sector? (SEQ2.2)

SUMMARY:

UNICEF is rated amber regarding its global thought leadership of the humanitarian WASH sector in protracted crises. While the Global WASH Cluster clearly maintained a position of leadership in the humanitarian WASH sector as evidenced through recent initiatives and interviews, UNICEF (through the WASH-PD) has not sufficiently delivered thought leadership on the specific challenges of carrying out WASH in protracted crises during the evaluation period. Interviewees expressed concern about whether UNICEF (and WASH Clusters) had achieved the appropriate balance between operational and strategic delivery, especially in protracted crises.

There is evidence that UNICEF has lost ground on some aspects of leadership within the humanitarian WASH sector at global level. UNICEF WASH has recognized this and actions over the last year, such as the *Water Under Fire* series, are helping re-establish UNICEF's leadership position.

Related to the view that UNICEF does not (yet) provide thought leadership on WiPC, the organization is currently not seen as influencing others. The feeling is that UNICEF first needs to prove it is driving its own operations on the ground in WiPC strategically to enable it to drive thought leadership globally in this area.



The Global WASH Cluster (supported by UNICEF) is the best expression of UNICEF’s thought leadership function in that it is seen as taking an active role in setting, influencing and disseminating global policy relevant to WASH in protracted crises. There is evidence from ongoing global initiatives and global interviews that the Global WASH Cluster is seen as leading the conversation on topics relevant to WiPC. An example initiative is the current Quality Assurance and Accountability Project, which is undertaken in partnership with Oxfam, Solidarités International and Tufts University. This project developed a draft framework that sets out the universal components of quality in WASH programming. The involvement of academia and the intention to share the framework template with other WASH coordination platforms for wider use is an indication that this will help set standards for the sector. Global key informant interviews for this evaluation appreciated the Global WASH Cluster’s role working with and influencing members of WASH clusters worldwide, including in providing quality assurance. They expressed confidence in the Global WASH Cluster’s convening power and its “strong influence on the sector”

UNICEF headquarters has not historically been seen as a thought leader in WASH in protracted crises, but there are indications that UNICEF has recently started to address this. While key informants suggested that UNICEF was in a good position to lead conversations about protracted crises, they contended that they had not seen evidence of it in comparison with other multilaterals. As put by one interviewee:

“They’re not leading the conversation about ‘How do we programme in protracted crises?’ I’m not aware that they’ve had a webinar, forum, whatever it might be on it, whereas we’ve had those discussions at

[...]. We’ve all been invited to [...] and we have those sorts of discussions. UNICEF could easily do that.”

UNICEF undertook several relevant initiatives over the evaluation period. These include the ‘Making humanitarian and development WASH work better together’ reports and briefing papers (done with the World Bank and ODI). Despite this, interviewees repeatedly conveyed a sense that UNICEF was not at the forefront of setting global policy on WiPC. They referred to updating the latest sectoral standards for WASH programming and guidance documents. Other key informants likened UNICEF’s way of thinking to an NGO rather than taking a bigger strategic viewpoint and fostering ‘systems-level thinking’. This suggests that the wider sector is not crediting UNICEF for the work which it has undertaken on thought leadership, or that UNICEF has not been sufficiently proactive in building a platform for its thought leadership role. Key informant interviews with UNICEF staff showed self-awareness regarding this observed gap in actively driving global policy on WiPC:

“We are late on advocacy. It was not happening systematically. Now *Water Under Fire* is getting traction. Other sectors have been more systematic about getting platforms. A self-criticism of UNICEF is that we can be internally focused. That is exactly why we did *Water Under Fire* as there was a lack of understanding of the issue and leadership on the issue.”

The recent *Water Under Fire* series has gone some way to re-establishing UNICEF’s role as a thought leader in terms of setting out the extent of the challenges and the scale of the change required to generate an adequate response. Global key informants interviewed for this evaluation gave it significant praise. A peer reviewer of the report appreciated how



UNICEF took on the challenge of systems building learning and how to implement it at scale. They saw the report as a learning exercise that “would provide staff and development partners with ideas on how this could be done better”. The evaluation team understands that *Water Under Fire* was originally designed to outline UNICEF’s position but as the consultation broadened, the desire to represent the broader sector through the report grew.⁷³

There is some evidence that UNICEF has started to equip the sector for delivering context-specific WASH responses and supporting innovations for WiPC. When it came to UNICEF’s involvement in global partnerships, key informants referred to UNICEF leading the ‘Sanitation for All’ initiative, driving the SDG agenda and supporting ‘Leave No One Behind’. But it is less clear that UNICEF’s leadership of this agenda is reflected in WASH programming in protracted crises. At the global level, donors expressed sympathy with the pressure to respond to increasing levels of need and demonstrated a strong understanding of the challenges as the number of protracted crisis contexts increased during the evaluation period. Donors stressed, however, that these challenges were not just WASH challenges but similar for other sectors. All donors at the global level were able, when requested, to offer examples of positive innovations, data use and context-appropriate adaptation at country level.

Overall, UNICEF as an agency is not currently seen as an influencer on WiPC within the sector, although the evaluation team felt that this door was open. Donors and partners report that UNICEF was not present at some of the significant global forums and

from this perspective has not been prominent in influencing thinking. There was a suggestion from a key donor that collective interactions with UNICEF had focused more on securing resources for UNICEF than for the sector as a whole. However, internal global interviews counter this, pointing out that, while this may have been largely correct during much of the evaluation period, UNICEF was now taking steps to be more visible and increase its voice at such global events and is in fact now being asked to lead such events by, for example, the EU.

Internal UNICEF interviews state clearly and consistently that UNICEF has now recognized that more practice and thought leadership is required from it regarding WiPC, both as an agency and as a sectoral lead. UNICEF intends to take more action. Some donors at the global level reflected very positively on the recent steps from UNICEF to produce reports, support SDG 6 and bring together WASH and climate change resilience. However, they also noted that this was very much focused on development. They further noted that if UNICEF wanted to convince donors that the groundwork for resilience is there, it must be across all contexts. Staff need to be better trained and equipped for new challenges and contexts. The same point was made by donors for fragile or transitional contexts. All donors suggested that a priority was to consider how best thought and practice leadership related to localization and accountability to affected populations can be rapidly institutionalized. Donors hoped that, following this, UNICEF could stop “competing with NGOs” and position itself as a change agent for the current protracted crisis paradigm.

⁷³ There are promising signs with the report being put forward to the Finnish Government, which held the Presidency of the Council of the EU during the second half of 2019, and also to the Geneva Water Hub, whose objective is to build bridges to prevent and resolve water-related conflicts and promote the use of water as an instrument of peace.



5

EVALUATION QUESTION 3 (EQ3):



HOW WELL HAS UNICEF MONITORED
AND REPORTED THE RESULTS
OF ITS WASH PROGRAMMING
IN PROTRACTED CRISES?



Table 7. EQ3 RAG rating

Evaluation question	Sub-evaluation question	RAG rating
<p>EQ3:</p> <p>How well has UNICEF monitored and reported the results of its WASH programming in protracted crises?</p>	3.1 How well has UNICEF monitored and reported WASH outputs and outcomes?	Amber
	3.2 What does available evidence tell us about changes in the lives of affected populations associated with WASH action?	Amber

5.1 How well has UNICEF monitored and reported WASH outputs and outcomes? (SEQ3.1)

SUMMARY:

UNICEF monitoring and reporting of WASH outputs and activities is variable (amber). There are systems in place to collect and report the minimum expected level of data on outputs of WASH programming. However, there are significant limitations to these data, including data inaccuracy, inconsistent and incomplete data sets and complexities in managing multiple monitoring systems. The evaluation team did not find evidence that UNICEF routinely collected and reported outcome data or collected suitably disaggregated data to be confident that WASH programmes were equitable. Given the increased ambition of the targets of the WASH-related SDGs and the imperative to achieve universal and equitable access to safe water and sanitation, UNICEF’s monitoring and reporting needs to be upgraded. More critically, there was limited evidence to suggest that UNICEF was effectively using data to course-correct or adapt programming on the ground. Even when data were available, it was not part of the organizational culture to use these data to understand programme effectiveness, beyond coverage. While survey responses from UNICEF staff indicated that they perceived that they used data to inform programming decisions, this was not consistently confirmed by other evidence. The evaluation team identified only isolated examples of this for WASH programming in protracted crises.

UNICEF has systems in place to collect and report output-level data, but there are concerns over the consistency and completeness of these data, with significant discrepancies among different reporting systems. There was strong evidence from all sources in this evaluation that UNICEF was able to produce WASH output data in situations of protracted crises (*see Box 11 for definitions of outputs*

and outcomes used in this evaluation). These data were not, however, fully consistent or complete, as discussed later in the chapter. At a corporate level, the two main reporting systems are the SMQs (strategic monitoring questions, established in 2014 and revised in 2018), and RAM (results assessment module, with standardized indicators introduced in 2014), that collect data from country offices



on an annual basis and are used for reporting purposes at global level.⁷⁴ A third system that is used is the HPM (humanitarian programme monitoring). This is a results-based planning and performance monitoring toolkit that is used in emergency situations. The country-level data for the SMQs and RAM are produced by country offices, which operate their own monitoring systems that generate the data that are fed into global-level reporting. The majority of these are bespoke systems designed for specific country contexts, though often structured around similar frameworks or concepts, such as the 4W tool as utilized in Yemen, South Sudan and the Syrian Arab Republic.

While UNICEF was able to produce output-level data, there were a number of concerns relating to the quality of this data, stemming from concerns about the underlying country-level data. These concerns include issues with data accuracy, inconsistencies across data sets and inconsistent availability of disaggregated data. One such issue is that the data are often based on activities that are used as a proxy for outputs, whereby implicit assumptions are made regarding beneficiary reach. This brings into question the robustness of reported reach in terms of beneficiary numbers. For example, in South Sudan, an

estimate of the number of people with access to the water points is obtained by applying a standard multiplier of 500 people per water point, with no information on actual access recorded. While this approach is commonly used to calculate beneficiary numbers, there are significant limitations with this method and there were examples of other WASH actors working in WiPC contexts who were collecting better quality data, for example NGOs utilizing water point surveys in South Sudan to better understand actual usage of water systems.

The lack of systematic data quality assurance processes in all countries makes it difficult to establish the full extent of problems in data quality. The nature of WiPC can make data collection difficult due to security concerns. This means that UNICEF often has to rely on implementing partners for such monitoring activities. This removes a layer of control over data quality because UNICEF depends on these partners to obtain and report beneficiary numbers. However, implementing partners have uneven capacity to collect and verify reported results. Indeed, an investigation into the 4W tool utilized in South Sudan (as well as in other countries with WiPC programming) found a number of issues pertinent to data quality, as described in Box 12.

Box 11. WASH outputs and outcomes

For the purposes of this evaluation, the evaluation team broadly defines outputs and outcomes as follows:

Outputs are the interventions delivered by UNICEF and its partners, for example provision of water and sanitation infrastructure, or training sessions. Outputs are typically measured as access to service or coverage.

Outcomes are the changes that result from the outputs delivered, for example usage of (not simply access to) water and sanitation facilities, changes in hygiene behaviours, improvements in the management of WASH facilities.

⁷⁴ Further information on these systems can be found in the document review.



Box 12. 4W investigation in South Sudan

In South Sudan in early 2019, the PM&E section instigated a series of checks on 4W data (not only in the WASH sector) which uncovered a number of issues in WASH data, including:

- Men recorded as being beneficiaries of menstrual hygiene management messaging.
- Children under 5 recorded as receiving training of trainers sessions.
- Too many people (in excess of 500) recorded for a single water point.

The findings from this investigation led to a reduction in the number of calculated beneficiaries.

Another concern with output-level data is inconsistencies identified across different monitoring data sets. The evaluation team found clear examples of substantial inconsistencies in what was reported against indicators: among countries, within countries from one year to the next and between different monitoring systems. This makes any analysis of trends across time or comparison among countries unreliable. This is particularly problematic for situations of protracted crisis. For example, the evaluation team found discrepancies in comparable metrics between SMQ and RAM data sets. Table 8 presents data for 2018 on the number of people in humanitarian situations who were provided/accessed a sufficient quantity of water for the respective UNICEF country offices. As can be seen, the number recorded for Ethiopia was almost twice as high for the SMQs as it was for RAM data, while the number for the SMQs in Kenya was less than one tenth of the beneficiary number registered by the RAM indicator. This suggests these data were reporting on entirely different things, despite using similar indicators. In contrast, the numbers reported in the Central African Republic and South Sudan matched across their respective SMQ and

RAM data entries. While there were several caveats to consider when looking at these data, the differences between the figures for Ethiopia and Kenya is stark, and it highlights significant issues in how these data sets align. It also raises questions about their credibility more generally.

One possible causal factor for data inconsistencies at the country office level was observed by the evaluation team in Lebanon. There, the figures provided for the SMQ on water beneficiaries in 2014 (1,510,562) and 2015 (1,503,247) included those who had benefited from stabilization work; whereas the figures provided for the same SMQ in 2016 (153,027) did not include this type of beneficiary, presenting a beneficiary count that was 10 times less than the two years prior. The 2016 UNICEF Annual Results Report for WASH included all 1.5 million beneficiaries reported in Lebanon in global figures for achievement in emergency WASH, overreporting the humanitarian reach actually achieved by a significant margin. Indeed, this appears to be a long-standing issue in UNICEF, as noted in a study from 2012 which identified similar inconsistencies in beneficiary counts in reports from more than 60 per cent of UNICEF country offices.⁷⁵

⁷⁵ UNICEF Evaluation Office, *Global Evaluation of UNICEF's Drinking Water Supply Programming in Rural Areas and Small Towns 2006–2016*, UNICEF, New York, 2018. Available at: https://www.unicef.org/evaldatabase/index_103361.html.



Table 8. Examples of discrepancies/matches of reported results between SMQ and RAM data

Questions	Country responses			
	Ethiopia	Kenya	Central African Republic	South Sudan
SMQs (18–21) Number of people in humanitarian situations who were actually provided with a sufficient quantity of water of appropriate quality for drinking, cooking and personal hygiene through UNICEF-supported programmes during the year of reporting	5,575,725	189,883	122,163	520,221
RAM Standard Indicator (2018) UNICEF-targeted population in humanitarian situations accessing sufficient quantity of water of appropriate quality for drinking, cooking and personal hygiene	2,607,364	2,300,000	122,163	520,221

There is a widespread issue of incompleteness of global data sets that stems from some data reporting being optional for country offices. This has implications for the ability of UNICEF – at a global level – to provide a compelling narrative about its WASH programming in protracted crises beyond basic figures for coverage (which are subject to caveats detailed above). The lack of complete datasets is also indicative of a disconnect between the information which headquarters wishes to understand and the monitoring priorities at the country office level.

The evaluation team found incomplete reporting from country offices against several global-level indicators, suggesting significant gaps in available output data. In the case of RAM, despite the existence of ‘standard indicators’, country offices are able to choose which indicators they report against. An example of this can be seen in Table 8, where the four countries listed are the only

countries that reported on this indicator out of the 21 countries included in the evaluation. For the SMQs, providing data for each indicator is a compulsory part of annual reporting. Despite this, data for several of the indicators relating to humanitarian WASH action were missing in the SMQ data set (2018) for 2 of the 21 countries, Guinea and Sierra Leone.⁷⁶

Data disaggregation is available for output-level data in some instances, but not others. There is partial availability of sex-disaggregated data, but very limited data disaggregated by disability. According to the survey conducted for this evaluation, both UNICEF and partners perceived their respective organizations’ WASH monitoring data as more likely to be disaggregated by gender than by disability (though the disparity between gender and disability was more significant for UNICEF staff than for partners).

⁷⁶ Though this may be a result of the crises in these countries concluding in earlier years.



This assessment resonates with output data from the SMQs⁷⁷ (2018), as seen in the example below:

How many people in humanitarian situations were actually provided with a sufficient quantity of water of appropriate quality for drinking, cooking and personal hygiene through UNICEF-supported programmes during the year of reporting?

- 18/21 WiPC countries reviewed had gender disaggregation available.
- 5/21 WiPC countries reviewed had disability disaggregation available.

These were the only two metrics by which SMQ data had been disaggregated: other characteristics such as age were not included.⁷⁸ With the above concerns around data quality, it is also not clear how accurate or reliable the disaggregated data provided at this level actually are. The data provided for disabilities in Lebanon and South Sudan do not, for example, reflect the disability rates in the overall country populations. It was noted that data collection in urban contexts posed additional challenges to getting accurate disaggregated data. In the Syrian Arab Republic, UNICEF and partners were able to produce disaggregated data for some outputs but not all (such as water trucking and rehabilitation of WASH systems) and had to apply population averages to generate disaggregated numbers. This brings into question the accuracy of disaggregated data in SMQs and RAM, particularly when collated at the global level. The lack of credible data makes it difficult to identify vulnerable people, which in turn has

implications for programming. For further discussion of data disaggregation at the country office level, please refer to SEQ1.3.

The multiplicity of monitoring systems makes generating monitoring data unnecessarily complicated and hinders UNICEF's ability to aggregate and analyse data. At the global level, the two main data systems (SMQs and RAM) are not aligned, and they have limited overlap of WiPC-related indicators (an example of overlap is provided in Table 8). Country offices are required to manage their own monitoring systems that produce data to feed into corporate-level systems as well as data to serve the needs of their country-level operations. This leads to the development of bespoke systems in each country, which are often created from scratch by country office staff. In many country offices covered in this evaluation, this resulted in multiple monitoring systems (e.g., in Lebanon the evaluation team learned of four different systems: 'Activity Info', 'Inter-Agency Mapping Project', 'WASH Assessment Platform' and 'Healthy Camp Management Tool' – some of which had been through multiple iterations during the evaluation period). Creating and managing these systems is a burdensome task and that is further compounded when indicators are not standardized across these systems, as was seen in South Sudan where differing typologies for water points were used in the two systems analysed. Country offices currently have no standardized monitoring and reporting platform for WASH programming, which is surprising given the size and scale of UNICEF as an organization. Further, there is no specific section on WASH in Country Office Annual Reports (2014–2017), Regional

⁷⁷ A similar comparison of RAM data in WiPC countries is not possible because the indicators are not reported in a standardized way.

⁷⁸ Age disaggregation of data is one of the commitments in the Global WASH Cluster's 'WASH Minimum Commitments for the Safety and Dignity of Affected People'.



Analysis Reports (2014–2017) and Consolidated Emergency Reports (2015–2018), although there are for other thematic areas, such as nutrition.

While the evaluation team found isolated examples of outcome-level data being generated, the team did not see evidence that this was a routine practice in any of the UNICEF country offices engaged in WiPC programming. Lack of outcome data (which is not currently a corporate requirement) limits UNICEF’s ability to understand the effectiveness of programming. This is a clear shortcoming in UNICEF’s approach to collecting and using data. There are some positive examples of outcome monitoring taking place, such as health outcome monitoring in Haiti and the Democratic Republic of the Congo and in Bangladesh and South Sudan through REACH⁷⁹ (see Box 13). Outcome-level data were not, however, produced as standard practice in any of the country offices included in the evaluation. Collecting outcome-level data typically occurred only as part of specific programmes

where this was included in monitoring requirements. An example of this is the ASWA II initiative in South Sudan, where baseline, midline and end-of-programme surveys were planned. However, even here, this appeared to be treated as an isolated activity, with no learning or best practice adopted in the wider country office WASH programme. Further discussion of longer-term outcomes can be found in SEQ3.2.

At the global level, it is notable that the SMQs for 2014–17 used terminology such as ‘accessed’, ‘used’ and ‘practised’, implying that there was some measure of outcomes at a beneficiary level behind these data. However, without accompanying text alongside the numbers provided, it is difficult to assess whether this is the case. The language in the 2018 SMQs of ‘provided access to’ is more likely to represent what the underlying data actually mean. Because RAM and SMQ indicators are largely biased towards quantitative delivery (access), rather than more quality indicators (usage and practice), they are likely to hide potential barriers to achieving intended outcomes. Whereas the access is important, the latter (usage and practice) is key to achieving desired health benefits.

While the majority of the 2018 SMQs do not go beyond output level, one question – ‘What is the proportion of functional water points out of the total number of water points constructed through direct UNICEF support in the country over the last five years?’ – provides an indication of the sustainability of UNICEF’s water supply interventions. However, when looking at the data for 2018, only 13 out of the 21 WiPC countries included in this evaluation have results for this question.

⁷⁹ Created in 2010, REACH is a joint initiative of IMPACT Initiatives, ACTED and the United Nations’ Operational Satellite Applications Programme (UNOSAT). It provides granular data, timely information and in-depth information from contexts of crisis, disaster and displacement to feed into aid response and decision making.

Box 13. Examples of WASH outcome monitoring utilized in situations of protracted crises

Two examples of UNICEF-funded WASH outcome monitoring occurring in situations of protracted crises are seen in REACH’s work conducting end-user household surveys. Through focusing on end-user perspectives, the monitoring data provide information on whether the implemented WASH interventions achieved the desired outcomes.

Bangladesh

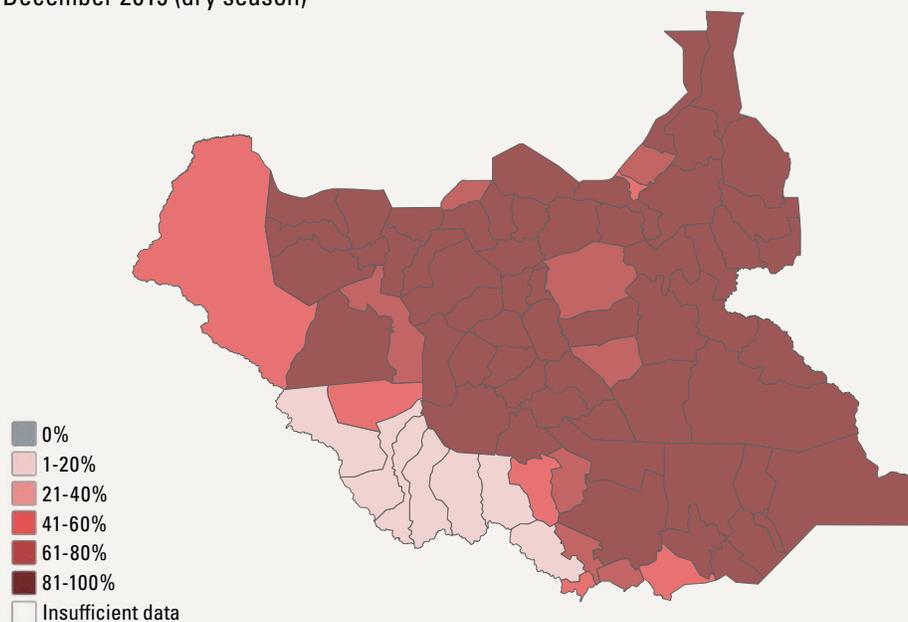
In Cox’s Bazaar, information was collected on household water usage, open defecation and hand hygiene at the household level. This directly related monitoring of WASH coverage and effectiveness and desired outcomes. For example: questions on sanitation covered the presence of feces in the environment, not only the number of latrines constructed. Alongside the formal REACH survey, UNICEF undertook regular field monitoring using a household survey which closely followed the REACH design. These were not statistically representative of outcomes achieved during the crisis response as a whole, but they did provide up-to-date indicative data.

South Sudan

Another example of good practice from REACH is its work to promote a standardized WASH baseline assessment in South Sudan and (starting in 2018) facilitating the inclusion of core WASH indicators in existing regular data collection undertaken by the nutrition cluster. This allowed nationwide (from July 2019) data on WASH outcomes – including sanitation practice (*see map*) and user perceptions of safety – to be collected at minimal cost (REACH covered development of the survey module and training for enumerators, but not data collection costs).

Figure 16. REACH data on nationwide prevalence of open defecation in South Sudan

Assessed households reporting: household sometimes practices open defecation - December 2019 (dry season)



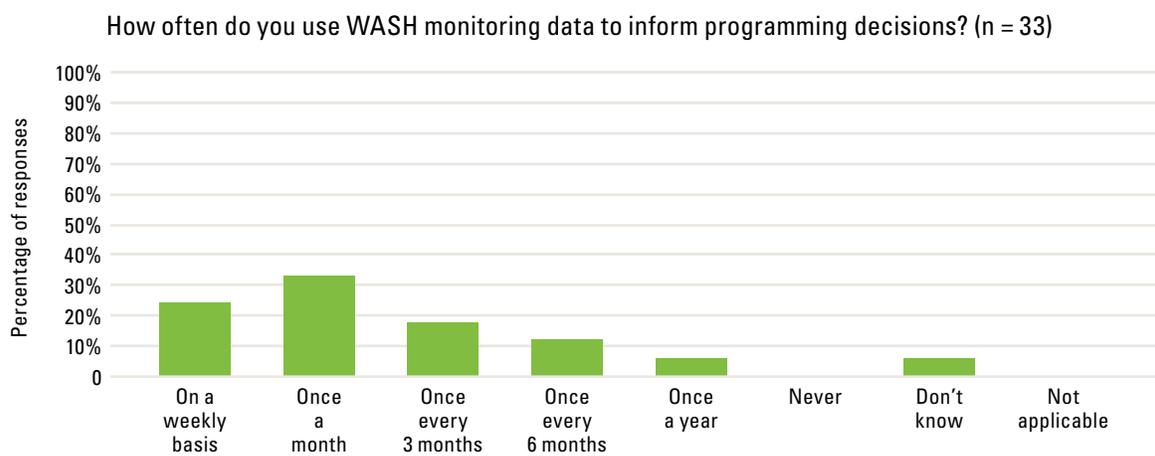


Critically, there is limited evidence to suggest that monitoring data were used to inform programming decisions at the country level, beyond the most basic identification of programme intervention areas. This limited the extent to which UNICEF could understand programme effectiveness and take appropriate action (in terms of course correction or adaptive management) to improve results for the affected population. At the country level, the evaluation team observed monitoring data being used to understand where programming was happening and where the gaps were, such as the use of cholera hotspots to identify intervention areas. The team did not, however, see evidence of monitoring data being used to analyse results achieved and adapt programming accordingly, despite repeated inquiries. The lack of appropriate outcome data was a key driver behind the failure to use data to inform programming, but there was also a trend of existing data not being used as fully as possible.

In contrast to these findings, more than half of UNICEF staff surveyed reported using WASH monitoring data to inform programming decisions on a weekly/monthly basis (see Figure

17). The regularity with which UNICEF staff perceived that they made use of WASH monitoring data to inform programming decisions was at odds with evidence identified through the country and thematic case studies and the key informant interviews. It is likely that the discrepancy here lay with disparate understanding of what data-informed programming entailed (i.e., identifying gaps vs. course correction as discussed above). The evaluation team noted instances where such data-informed adaptive programming could have been employed. In South Sudan, for example, two different CLTS initiatives were implemented in similar regions – one with subsidies and one without. While it is not clear why these alternative approaches were adopted, there was a clear opportunity to assess the results produced by the two different approaches and use these findings to inform future CLTS programming, yet this did not happen. There may be a case that field staff felt that data use in this way should be the preserve of managers, rather than feel empowered to use data in day-to-day activities and decisions. Interviews with UNICEF staff in PM&E sections highlighted that UNICEF's corporate aspirations around data generation and use (as outlined in the

Figure 17. Self-reported regularity with which UNICEF staff use WASH monitoring data to inform programming decisions





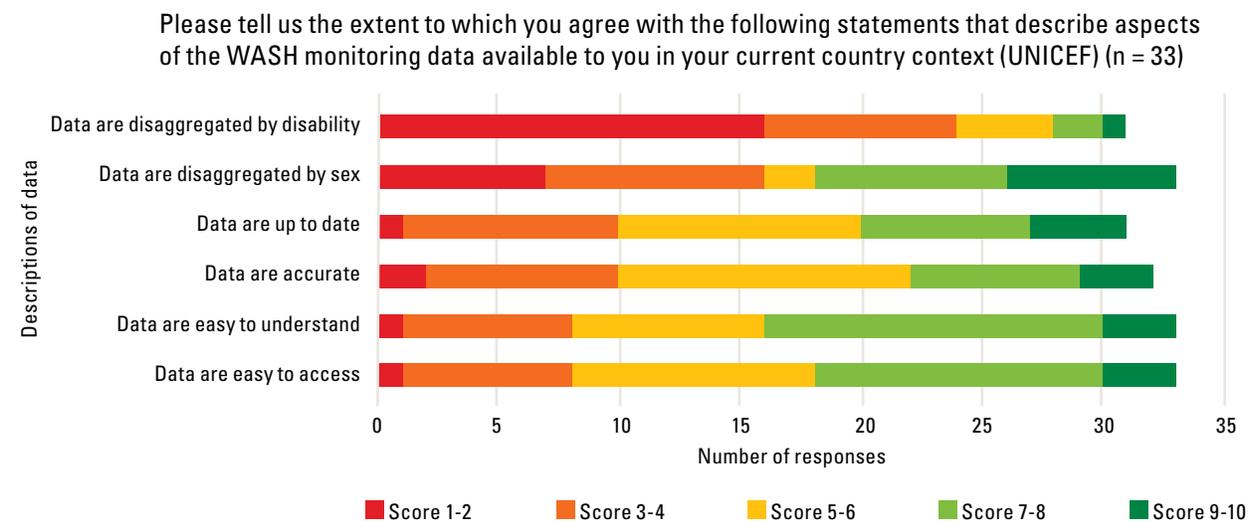
Data for Children Strategic Framework⁸⁰) were undermined by significant capacity gaps in data literacy and skills.

One potential barrier to data-informed programming and decision making was the complexity of the monitoring data, with both UNICEF staff and partners reporting difficulties in accessing and using existing data. Some UNICEF staff reported difficulty understanding monitoring data, which was considered overly complex and not user-friendly. In such cases, this issue was further compounded by the existence of multiple monitoring systems and non-standardized indicators in the different systems, as discussed above. As one interviewee stated,

- “COs [country offices] are often overwhelmed by their own data and don’t spend time analyzing it [sic.]. Some countries do it well; but learning from data is not systematically done. Don’t know if it is a time issue or a lack of understanding or importance.”

A similar story can be seen in Cameroon, where the diversity of data formats and difficulty in amalgamating data prevented meaningful analysis that would allow for course correction. According to the survey data, only 3 of the 33 UNICEF staff respondents strongly agreed that their WASH monitoring data were easy to understand, with approximately half giving a score of 5/10 or less (see Figure 18). Discussions with country office PM&E staff identified concerns (not limited to the WASH sector) that many UNICEF staff did not possess basic data handling and manipulation skills. Without these basic skills, aspirations for UNICEF staff to use data to inform programming were unlikely to be fulfilled. An additional barrier in this respect was human resources constraints, such as in Somaliland, where there were only three WASH staff in total.

Figure 18. Descriptions of monitoring data in UNICEF staff’s current country context



⁸⁰ UNICEF, Data for Children Strategic Framework, UNICEF, New York, 2017.



5.2 What does available evidence tell us about changes in the lives of affected populations associated with WASH action? (SEQ3.2)

SUMMARY:

This SEQ does not receive a rating because the available evidence was not sufficient to understand what changes in the lives of the affected populations may be associated with UNICEF's WiPC. There was little clear articulation – at either the country or global levels – of what changes were expected, or how changes were expected to happen through a theory of change or sub-theory for WiPC. Where there were examples of expected cross-sectoral impacts laid out – for example, health or social cohesion – the associated programmes were not designed or monitored specifically to achieve these. One exception to this was UNICEF's work to treat and prevent cholera: there was a clear articulation of the health outcomes expected as a result of WASH action, and the 'shield and sword' approach to addressing cholera clearly defined how different aspects of programming would contribute to this. More broadly, UNICEF did not routinely collect and report data on what changes – intended or unintended, positive or negative – resulted from WASH interventions or cluster coordination. Where there were examples of this information, they were typically anecdotal and isolated.

It is not possible to make a statement about likely impacts to which WASH may have contributed over time in protracted crisis contexts. The available academic evidence on WASH impacts is patchy, inconsistent and highly context-specific – attempting to triangulate this with the limited output data collected by UNICEF to assess likely impacts would not be credible.

In terms of articulating expected changes in the lives of the affected population, the primary rationale expressed for UNICEF's WASH programming in protracted crises was its contribution to health, with the emphasis on child health. Although the phrase 'changes in the lives' is broad and can encompass many aspects, a review shows that UNICEF's strategic documents⁸¹ firmly place Goal Area 4 (Every Child Lives in a Safe and Clean Environment) within a health context. The UNICEF Strategic Plan 2018–2021 specifically provides a rationale for this goal area as:

- Access to safe water, improved sanitation and proper hygiene is vital to the well-being of girls and boys. It contributes to good health and nutrition (Goal Area 1), quality learning (Goal Area 2), and dignity, especially for women and girls.

The 2014–17 Strategic Plan similarly places WASH in the context of an area of health. And ultimately the Convention on the Rights of the Child⁸² frames access to clean water as one of the means through which States Parties should combat disease and nutrition (article 24). The current CCCs explicitly place reducing child mortality (and specifically episodes of

⁸¹ A fuller discussion of the documentation on how UNICEF articulates expected changes is provided in the full document review that formed part of this evaluation.

⁸² United Nations Human Rights Office of the High Commissioner, Convention on the Rights of the Child, 1990. Available at: <https://www.ohchr.org/en/professionalinterest/pages/crc.aspx>.



diarrhoeal disease) at the heart of the technical justification for WASH programming. The draft revised CCCs⁸³ go further and state:

- The main objective of WASH programmes in humanitarian response is to reduce public health risks by creating barriers along the main pathways for pathogens to infect humans.

Although the UNICEF Strategy for Water, Sanitation and Hygiene 2016–2030 lists 10 SDGs to which WASH will contribute (p. 14), the strategy narrative makes clear that health and nutrition are the primary rationale ('Why WASH', p. 1). At the country level, WASH programmes are frequently (though not exclusively) also framed in terms of health and nutrition benefits.

While the rationale behind WASH interventions is clear, there was no evidence of programmes or strategies in protracted crises being designed to specifically lead to health impacts and being monitored and reported on at this level. At the global level, the 2016–30 WASH Strategic Framework (Figure 19) details how UNICEF WASH programming will contribute to realizing the human rights to water and sanitation. But it does not articulate how broader effects of WASH will be realized (the 'Why WASH' on p. 1–2 of the WASH Strategy). Evidence at the country level for the countries included in this evaluation follows a similar pattern, although Box 14 provides an example from a UNICEF country office (not included in this evaluation) of clear articulation of WASH cross-sectoral outcomes in a development context. The evaluation team found that donors voiced frustration with UNICEF's limited ability to provide a compelling narrative about the

purpose of WASH programming and link it clearly to other humanitarian priorities (such as nutrition).

In the Lebanon country office WASH strategy, there is a focus on 'WASH interventions in emergencies to mitigate public health hazards' and a reference to interventions being driven by public health surveillance data. However, although hepatitis A is one of the most common water-related diseases in informal settlements,⁸⁴ there were no examples of this being taken into consideration in WASH programme design or implementation. The South Sudan WASH Strategy Notes includes 'preventing disease' as a priority, but the accompanying theory of change does not articulate causal pathways beyond improving access to WASH.



⁸³ UNICEF, 'CCC revision (Chapter: WASH) – PD-WASH inputs', UNICEF, 2019, p. 2.

⁸⁴ Lebanon Ministry of Public Health data.

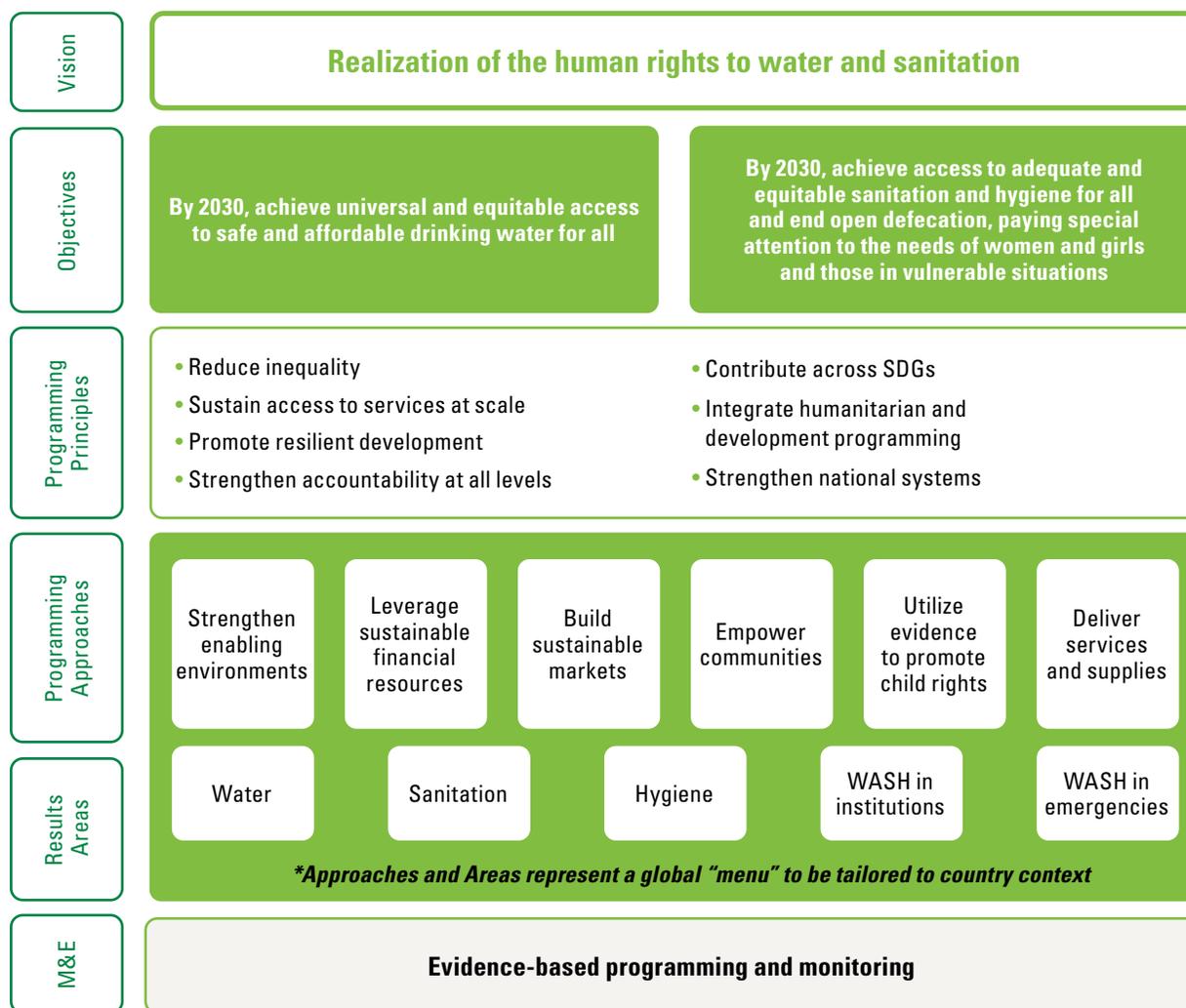


The evidence on the health and nutrition impact of WASH programming, and the understanding of the WASH sector is evolving,⁸⁵ therefore UNICEF programming could not be expected to reflect the nuances of this during period of time under evaluation.

It is reasonable to assume that WASH is essential to improved public health – a fact supported by historical evidence⁸⁶ – but it is

not reasonable to assume that limited WASH interventions (e.g., only providing water) that are not well aligned with the work of other sectors will have a significant health or nutrition impact. In this context, the team would have expected to find that UNICEF WASH interventions were designed to address disease transmission pathways.

Figure 19. UNICEF 2016–30 Strategic Framework



⁸⁵ Pickering, Amy, et al., ‘The WASH Benefits and SHINE Trials: Interpretation of WASH intervention effects on linear growth and Diarrhoea’, *Lancet Global Health*, 7: e1139-46, 2019. Available at: [https://www.thelancet.com/pdfs/journals/langlo/PIIS2214-109X\(19\)30268-2.pdf](https://www.thelancet.com/pdfs/journals/langlo/PIIS2214-109X(19)30268-2.pdf).

⁸⁶ World Health Organization and UNICEF, ‘Position Paper: Implications of recent WASH and nutrition studies for WASH policy and practice’, WHO and UNICEF, 2019. Available at: https://www.who.int/water_sanitation_health/news-events/who-unicef-position-paper-on-wash-and-nutrition-studies-20191125.pdf?ua=1.

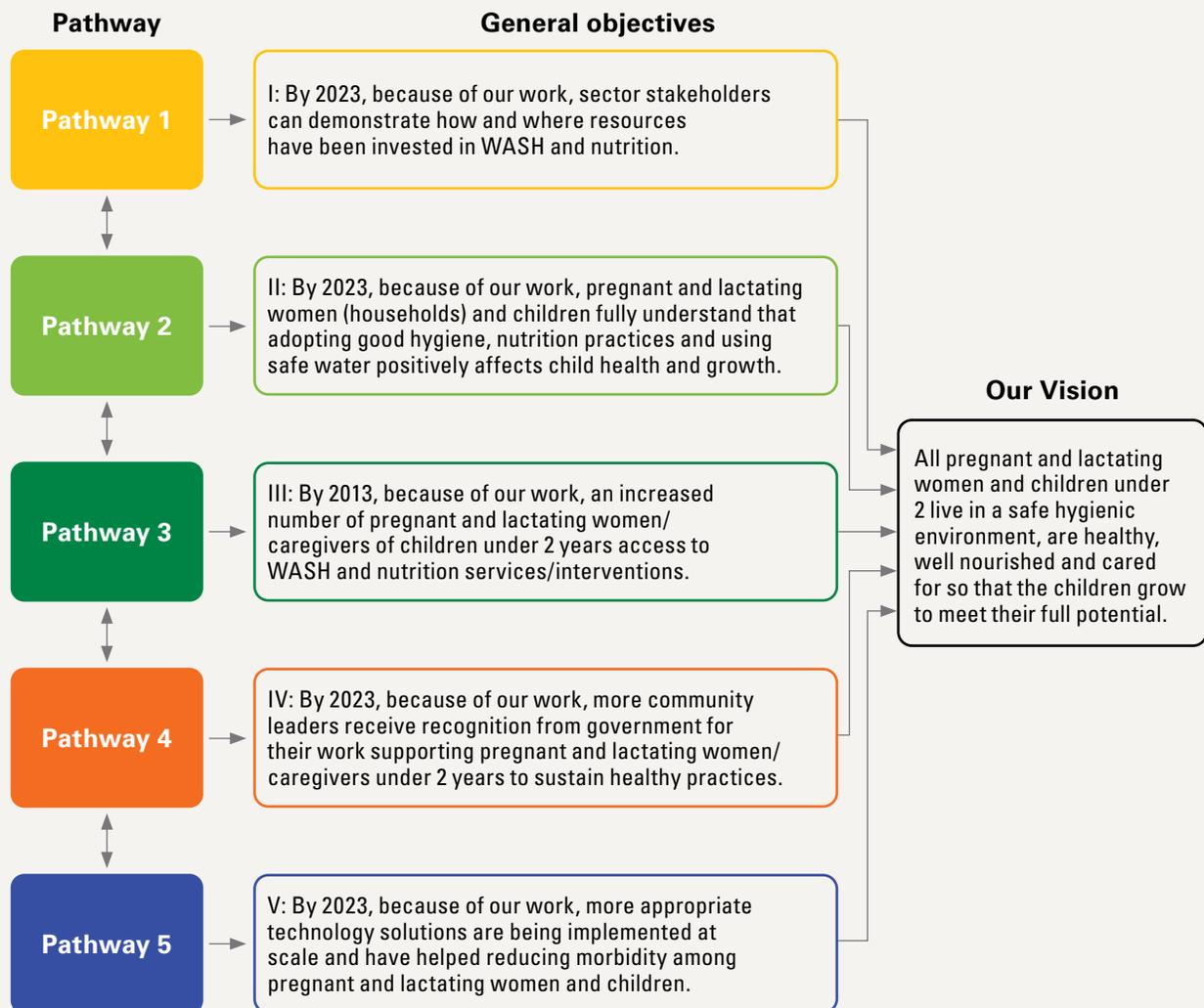


Box 14. UNICEF programming beyond protracted crises

While not a focus of this evaluation, we have seen evidence of well-articulated cross-sectoral outcomes from UNICEF's development programming.

The example in this box is from Cambodia,⁸⁷ with each of the five pathways supported by a more detailed analysis of causal links. The evaluation team did not find comparable work in the protracted crises contexts included in this evaluation.

Figure 20. Five cross-sectoral causal pathways leading to desired vision



⁸⁷ UNICEF East Asia and the Pacific Regional Office, 'Nutrition – WASH Toolkit: Guide for practical joint actions', 2016. Available at: <https://www.unicef.org/eap/reports/nutrition-wash-toolkit-guide-practical-joint-actions>.



We did not find that UNICEF consistently implemented WASH interventions to address disease transmission pathways. On a macro-level, the most telling measure of this was the very large discrepancy between the number of water and sanitation and hygiene beneficiaries reached by UNICEF (see SEQ1.2). Without addressing sources of faecal contamination in the environment (through sanitation) and faecal–oral transmission pathways (through hygiene behaviour change), any health benefits arising from safe (at source) drinking water are likely to be limited. In our interactions with implementing partners at the field level, the focus of staff was clearly on the delivery of immediate WASH services and not necessarily on the broader picture. Where UNICEF was working to address a large-scale disease outbreak such as cholera or Ebola, we did find that interventions were designed to address disease transmission pathways (see Box 15).

Genuine cross-sector collaboration between WASH and other sections within UNICEF is limited. UNICEF highlights the presence of

multi-sectoral teams in-country as one of its key strengths in WASH⁸⁸ as this facilitates cross-sector programming. However, we found that in country offices evidence of cross-sectoral working was typically limited to identification of districts where multiple UNICEF sections were working. Senior UNICEF staff members were clear that geographical co-location alone did not equal cross-sector working. There were limited examples of specific cross-sectoral interventions (such as hygiene promotion being undertaken alongside and as part of nutrition interventions), but there did not appear to be a culture of sectors aligning programming at the field level and ensuring that programmes were mutually reinforcing: one Deputy Representative referred to this as aiming to reach ‘the same child’, i.e., that UNICEF should aim to ensure that in all sectors the same population should be reached to ensure that the desired overall impact (the realization of the rights of the child) could be achieved. Interviews with senior country office management emphasized that effective cross-sectoral collaboration had to be driven by senior management (e.g., Deputy Representatives).

Box 15. UNICEF’s response to public health crises – Ebola and cholera

The evaluation team found that – in contrast to the overall findings – in responding to public health crises, UNICEF effectively articulated the changes in lives it expected to see (in this case quite clearly health outcomes). Even more importantly, it identified the mechanisms through which WASH would contribute to this. Both examples of response – Ebola and cholera – were not WASH-specific but represented truly cross-sectoral responses to which WASH contributes.

During the Ebola epidemic, there was a clear response model which identified the overall goals of the response and the key interventions and activities which would deliver these (though in the available documentation the level of detail on these activities was limited).

⁸⁸ UNICEF Programme Division, ‘Strategy for Water, Sanitation and Hygiene 2016–2030’, UNICEF, New York, 2016, p. 6. Available at: https://www.unicef.org/wash/files/UNICEF_Strategy_for_WASH_2016-2030.pdf.



◀ **Figure 21. Humanitarian Action for Children Ebola outbreak response logic model**



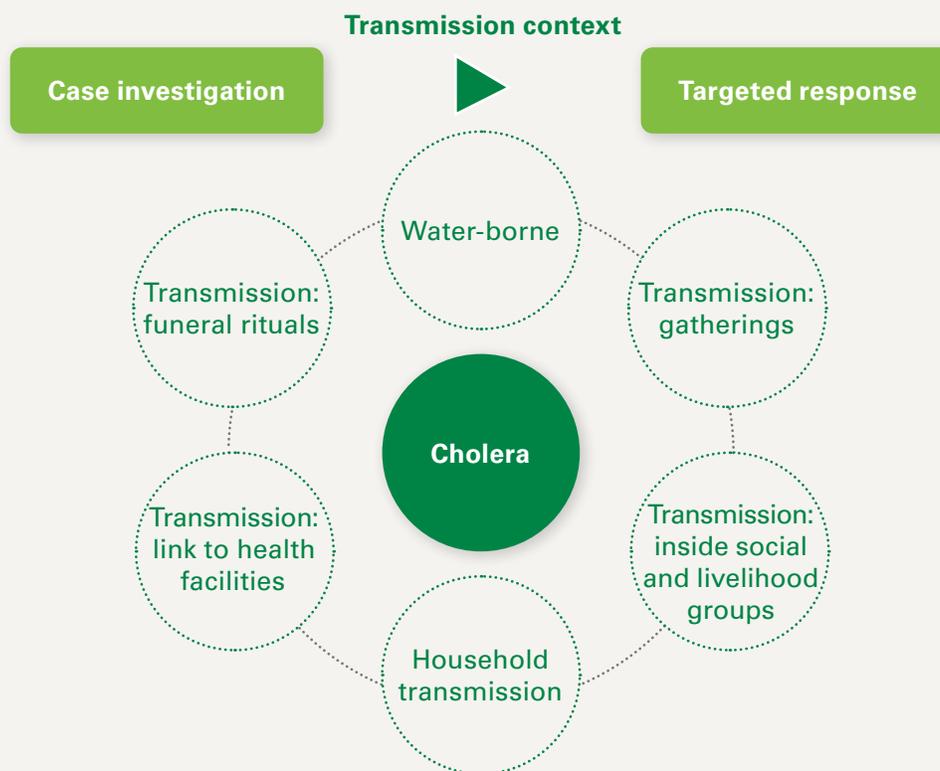
As for cholera response, the ‘shield and sword’ approach⁸⁹ articulates clearly how cholera should be controlled through both preventive measures (the ‘shield’) and through interventions to break transmission pathways during the outbreak (the ‘sword’). The approach includes an understanding of how disease transmission takes place (Figure 22) and activities which are explicitly designed to address these transmission pathways.

While the academic evidence of the efficacy of WASH interventions is uncertain and evolving, it is clear that cholera control strategies – and typically country office interventions – are informed by the best available evidence.

⁸⁹ Overview of the Strategy to Control and Prevent Cholera in West and Central Africa: The ‘shield and sword’ concept, The West and Central Africa Cholera Platform, 2017. Available at: https://reliefweb.int/sites/reliefweb.int/files/resources/Brochure%20Strategie%20BCP%202017_may2017.pdf.



Figure 22. Context of cholera transmission



In the cholera response, the evaluation team found examples of UNICEF attempting to use health surveillance data to identify cholera hotspots and drive changes in programming approaches. However, the ability to do this consistently was limited by the availability and reliability of health data from external organizations. More broadly, there was some evidence (through a limited number of studies) that the RRT interventions led by UNICEF may have contributed to a decrease in the incidence of cholera.⁹⁰

Where there are examples of structural and strategy changes being implemented at the country level – the introduction of a child survival section in Lebanon and a draft concept note on programme convergence in Somaliland – these were too recent (both from 2019) for any changes to be apparent. The existence of deep ‘silos’ within UNICEF sections was recognized by many key informants for this evaluation, and the ‘silo’ problem was not limited to WASH sections or to protracted crisis contexts. One specific

example was the implementation of a cash for WASH pilot programme in Lebanon – this had been undertaken by the WASH section with no engagement with or support from the cash-based intervention specialists in the country office. The team found that in some places (South Sudan) C4D departments were including hygiene messaging in community work, but this did not appear to be an integrated part of the WASH section programming.⁹⁰

⁹⁰ *Global Review of WASH Components in Rapid Response Mechanisms and Rapid Response*, UNICEF, 2019.



Where there are examples of WASH supporting other sectors, there is little evidence of fundamental cross-sector coordination; and data collection and reporting did not capture the WASH contribution to other sectoral outcomes. One of the clearest examples of this relates to menstrual hygiene management programming in schools: there is an established and growing body of evidence that unmet menstrual hygiene management needs can act as a barrier to girls' attendance at schools. Case studies carried out for this evaluation included several examples of UNICEF programming that were attempting to address this need. However, the evaluation team did not find that there was an understanding by UNICEF WASH staff of what other barriers to access and retention may exist, and how other UNICEF sections might be addressing these. For example, WASH sections were not able to provide even basic education outcome data – such as school enrollment or retention figures – to illustrate how WASH might be contributing towards these outcomes. There were examples of WASH sections making use of health data for initial programming decisions – for example directing WASH resources towards cholera hotspots – but not that health surveillance data was used throughout the programme cycle.

There are examples of UNICEF WASH interventions being valued by beneficiaries. UNICEF and partner staff were able to provide anecdotal examples of WASH-related impact on personal and community well-being, and the evaluation team found a small number of examples of where this had been documented (typically one-off 'impact stories' which were not part of a coherent attempt to collect impact data). As covered under EQ1 (Section 3), the evaluation team also found examples of user satisfaction as part of its transect walks – not for all WASH services, but certainly for access to water.

UNICEF does not collect information on possible negative and positive impacts of its WASH programming and is not able to detail unintended consequences of this programming. As detailed extensively in Section 3.4, the evaluation team found that there were no systematic complaints monitoring systems. The team did find – for example, in South Sudan – that C4D departments were collecting data on beneficiaries' perceptions of humanitarian assistance; this was positive but it was not clear how it was possible to link this back to WASH programming, or that WASH sections were making use of these data. More broadly, it appeared that UNICEF partners likely had these data at a local level (though not in all our case studies), though it is unclear on how systematically they were collected.

Implicit in the phrase 'changes in lives' is that access to water is not the ultimate objective of UNICEF's WASH programming and that higher-level benefits are expected (principally health benefits, as explored above). However, even if UNICEF were to frame 'changes in lives' as providing access to water, sanitation and hygiene as a human right, understanding whether these higher-level benefits had been achieved would not be possible due to the dearth of outcome-level data in humanitarian settings (see Section 5.1) to understand improvements in access to these services and not simply the number of people reached. UNICEF country offices did not consistently collect WASH outcome data (as identified in SEQ3.1), and based on discussions with WASH staff in-country it was not clear that there was an appreciation of the need to collect these data nor why they were useful.

Due to the factors outlined, it would be inappropriate for the evaluation team to attempt to draw any conclusions about possible changes in the lives of the affected population arising from UNICEF's WASH programming. As detailed above, there



was lack of clear articulation of how WASH programming would lead to expected health changes (which are the primary rationale for UNICEF's WASH programming) and therefore WASH interventions were not designed or monitored with this in mind. In addition, the wider academic evidence on health impacts arising from WASH is patchy, inconsistent and low quality. A 2015 systematic review⁹¹ found that "The current evidence base on the impact of WASH interventions on health outcomes in humanitarian crises is extremely limited, and numerous methodological limitations limit the ability to determine associative, let alone causal, relationships." A 2017 synthesis found that "...some WASH interventions are successful at increasing access to water and sanitation services and reducing the risk of disease; **however, program design, implementation characteristics and community aspects are critical to program success**" (our emphasis).⁹² This latter point – that details of programme design are critical – has been reinforced by recent academic evidence⁹³ that handwashing promotion interventions need to be undertaken at high intensity (daily to

fortnightly home visits) to achieve substantial behaviour change and associated health benefits. The current data on WASH programming collected by UNICEF cannot provide this level of detail, so it is impossible to assume that any interventions have achieved the desired effect.

While the currently available evidence does not allow the evaluation team to reach any conclusions about the changes in the lives of the affected population arising from WASH programmes, it is useful to reflect on what is an appropriate level of ambition in demonstrating the impact of WASH programmes: it is clearly not possible (or desirable) to accompany every intervention with fully rigorous impact assessments. It is also clear that the WASH sector (beyond just UNICEF) should be cautious about the wider impacts it claims for WASH programming. Recent UNICEF documents (e.g., the WHO/UNICEF position paper) articulate a justification for WASH as a 'complementary intervention' for health and other sectors and highlight the need for improved cross-sector programming and active targeting of risks.

⁹¹ Ramesh, K., et al., 'Evidence on the Effectiveness of Water, Sanitation, and Hygiene (WASH) Interventions on Health Outcomes in Humanitarian Crises: A systematic review', PLoS One, 2015. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/26398228>.

⁹² Yates, Travis, et al., *Short-term WASH Interventions in Emergency Response: A systematic review*, Systematic Review 33, International Initiative for Impact Evaluation, 2017. Available at: <https://www.3ieimpact.org/evidence-hub/publications/systematic-reviews/short-term-wash-interventions-emergency-response>.

⁹³ Pickering, Amy, et al., 'The WASH Benefits and SHINE Trials: Interpretation of WASH intervention effects on linear growth and Diarrhoea', *Lancet Global Health*, 7: e1139-46, 2019. Available at: [https://www.thelancet.com/pdfs/journals/langlo/PIIS2214-109X\(19\)30268-2.pdf](https://www.thelancet.com/pdfs/journals/langlo/PIIS2214-109X(19)30268-2.pdf).



6

EVALUATION QUESTION 4 (EQ4):



TO WHAT EXTENT HAS UNICEF HAD THE CAPACITY TO IMPLEMENT A TIMELY AND EFFECTIVE WASH IN PROTRACTED CRISES RESPONSE?



Table 9. EQ4 RAG rating

Evaluation question	Sub-evaluation question	RAG rating
<p>EQ4:</p> <p>To what extent has UNICEF had the capacity to implement a timely and effective WiPC response?</p>	<p>4.1 To what extent have UNICEF Preparedness, HR and surge capacity systems been fit for purpose in responding to WASH in protracted crises?</p>	<p>Amber</p>
	<p>4.2 To what extent have UNICEF COs appropriately developed and managed their partnership portfolio so that it remains efficient, effective and context appropriate?</p>	<p>Green</p>

Findings against SEQ4.1 are reported separately for preparedness and human resources/surge systems, recognizing that these are distinct areas of capacity performance. Both areas are rated amber, therefore the overall SEQ is rated amber.

6.1 To what extent have UNICEF preparedness systems been fit for purpose in responding to WASH in protracted crises?⁹⁴ (SEQ4.1)

SUMMARY:

UNICEF’s performance on the use of preparedness systems is rated amber, reflecting the positive change as a result of UNICEF recognizing and addressing weaknesses in its Emergency Preparedness Procedure (EPP) systems over the period of the evaluation. In WiPC, however, evidence of progress was mixed in the various country and thematic case studies, and positive changes were not yet institutionalized.

UNICEF’s preparedness systems and procedures evolved over the evaluation period, with variable adaptation of recent EPP reforms by country offices. Following the roll-out of the EPP in 2018 (*see Box 16 on recent developments*), UNICEF country offices globally have progressively come on board with the approach, although to different degrees. By October 2019, one third

of the 145 country offices were not yet up to date with the process, and the limited analysis carried out by EMOPS for a small number (37) of country offices indicated a partially unsatisfactory performance in the utilization of the platform – only 30 per cent of the country offices were assessed as having realistic preparedness plans.⁹⁵

⁹⁴ Despite being part of the same SEQ, preparedness systems and surge capacity are discussed separately under 6.1 and 6.2.

⁹⁵ UNICEF, ‘Emergency Preparedness Stocktaking, Challenges, Opportunities and Priorities’, UNICEF Regional Emergency Advisor Meeting, 2019.



There has been some limited adaptation of the preparedness systems for the WASH response to protracted crises in the countries visited for this evaluation. However, it was largely unclear whether these changes in preparedness systems were based on the EPP. The evaluation team found that, in case study countries, the integration of preparedness systems within the WASH planning and management processes had been sporadic and occasionally driven by the experience and skills of key senior managers in the WASH section and the country offices; it was also broadly affected by structural constraints. Preparedness and emergency response processes were still largely run in parallel to the main planning cycle, with separate budgets.

The evaluation team found a high degree of variation in the use of preparedness systems among the case study countries, which is in line with the recent EMOPS analysis (see Box 16). Although not structured around the

EPP system because they were set up earlier, preparedness and contingency plans were well developed by the WASH section in Hargeisa (Somaliland) and largely suited for the local context and its complexities (see Box 17). The integration of these preparedness and contingency plans within the planning cycle of the country office and the broad WASH strategy for Somaliland – resilience-based and addressing the root causes of the protracted crisis – underlined the good link between humanitarian and development programming (see also Section 7). The other country amongst the case studies for this evaluation that showed good preparedness arrangements was the Syrian Arab Republic, which is included in the urban settings case study. Here, supplies were available and flexible emergency cooperation agreements in place with partners. Broader preparedness, including scenario and risk analysis, was largely managed at the level of WASH sector coordination.

Box 16. Recent developments related to the Emergency Preparedness Platform

As indicated in the document review for this evaluation, the EPP is the culmination of UNICEF efforts – started in 2016 – to improve its approach to preparedness. It aimed at developing a more practical and user-friendly tool than the previous Emergency Preparedness and Response processes and the cumbersome Early Warning/Early Action platform. A procedure issued in 2016 requires UNICEF country offices to meet minimum preparedness standards including monitoring risks and develop and update preparedness and contingency plans using the EPP.⁹⁶

The EPP was finalized and rolled out for implementation by all country offices in 2018. In October 2018, EMOPS began working on a review of the platform (EPP 2.0) to address some of the weaknesses of the system and improve some of its components. This review process continued throughout 2019 and is currently entering into its development phase.⁹⁷

A broad-stroke analysis of the implementation status of the EPP, carried out at the end of October 2019, offered some basic statistics: preparedness plan and risk analysis expired in 50 of the 145 country offices; out of 37 plans from all regions reviewed in depth, EMOPS found that 30 per cent (n=11) were assessed as having realistic preparedness plans, 32 per cent (n=12) were borderline and 38 per cent (n=14) were less realistic. Of the 37 plans, 22 per cent were of ‘good quality’, 59 per cent of ‘average quality’ and 19 per cent of ‘not-so-good’ quality.

⁹⁶ ‘UNICEF Procedure on Preparedness for Emergency Response (EMOPS/PROCEDURE/2016/001)’ from ‘UNICEF Procedure on Linking Humanitarian and Development Programming’, 2019.

⁹⁷ ‘Overview of EPP 2.0’, UNICEF Office of Emergency Programmes, 2019.



Box 17. Example of good preparedness practice in Somaliland

In Hargeisa, Somaliland, the WASH section developed a yearly preparedness plan in collaboration with the Ministry of Water Resources Development and integrated it into the annual rolling work plan for the whole office. The current plan focuses on scenarios based on drought spikes and acute watery diarrhoea/ cholera outbreaks and potentially caters to 200,000 beneficiaries. Contingency programme cooperation agreements have been adopted and long-term agreements with service providers are being expanded beyond those with water-trucking companies.



In other country offices, UNICEF WASH performance in preparedness was more mixed. In Lebanon, the WASH plans were well configured to respond to multiple small emergencies (flooding, storms, evictions, etc.). There was no preparedness planning for a larger emergency because context analysis undertaken by UNICEF had suggested that this was not a likely scenario. In South Sudan, the evaluation team judged that the capacity to effectively engage in preparedness is currently

limited; contingency stocks for floods were in place for only 5,000 households and were linked to specific conditions. Some recent scenario planning appeared robust, although interviewees suggested that the WASH section lagged behind other sections regarding conflict sensitivity. In Cameroon, the evaluation team found that UNICEF's WASH performance in preparedness was insufficient: despite the L2 activation in response to the Boko Haram crisis, there were only limited steps to scale up UNICEF and WASH sector preparedness, and many L2 simplifications were not utilized. There were small-scale pre-positioned WASH supply stocks in several areas in the East and North of the country. These may be appropriate for responses to small-scale events (flooding or cholera outbreaks) but could not meet the needs of a medium-to-large-scale humanitarian response, which was a distinct possibility.

Notably, the evaluation team also found a mixed performance and lack of a standardized approach in the cholera thematic case study. Preparedness systems and processes are considered integral to cholera response. The team found that cholera preparedness varied within different contexts and protracted crises. In Yemen, where water is scarce, preparedness planning was notably absent at the first wave of the country's cholera outbreak but has improved. In the Democratic Republic of the Congo, where cholera is endemic, preparedness remained underfunded and inconsistent.



Only in Haiti was cholera preparedness planning and consequent programming appropriate, possibly supported by intense media attention. The country's current response plans have preparedness strategically built into a results area of the work plan and include risk analysis and contingency planning.

Preparedness planning has been hampered by the continued dichotomy between humanitarian and development programming in countries, and by lack of funding and context-related factors. The persistent dichotomy between humanitarian and development programming, including differing fund-raising, budgeting and reporting mechanisms, increases barriers to integrating preparedness and response within the planning cycle. The evaluation team found that this was, at times, exacerbated by chronic underfunding. Similarly, analysis of risks and scenarios – for the whole country office programme and more specifically for WASH – to adapt preparedness plans was limited, irregular and largely not

linked to a more comprehensive risk analysis. Key informant interviews with several staff at headquarters, as well as information gathered at a Regional Emergency Advisors meeting at New York in late 2019 confirmed these challenges to better implementation of preparedness processes and their integration into the regular programme cycle.

Other barriers to effective preparedness planning were context-related. In the cholera thematic case study, barriers included ongoing outbreak-focused scenarios in Yemen and the Democratic Republic of the Congo and unavailable or unreliable health surveillance data to inform cholera preparedness and planning. In Somaliland, the context-related challenges faced by the WASH team in Hargeisa to work on preparedness were posed by the complex working environment influenced by clan dynamics and widespread corruption at all levels. In the Syrian Arab Republic and Yemen, a number of red-tape, security and visa issues also affected preparedness.

6.2 To what extent have UNICEF HR, the WASH Field Support Team and surge systems been fit for purpose in responding to WASH in protracted crises? (SEQ4.1)

● SUMMARY:

UNICEF's utilization of surge mechanisms is rated amber. Although WASH surge rosters are the fullest of all the sectors and identifying suitable surge/stand-by partner candidates using current profiles should be easier than in other sectors, use of human resources surge in the country and thematic case study countries was found to be variable. There was tendency to underutilize these mechanisms for the duration of crises. This was due to several factors, some relating to lack of capacity for or awareness of how to use the systems effectively. There were also cases where surge was not required because countries offices already had adequate capacity on the ground.



Despite full rosters, the utilization of surge deployments has remained limited in WiPC.

Current UNICEF surge capacity for human resources is composed of several complementary mechanisms, which are outlined in Box 18.

In terms of numbers, WASH deployments represented the highest share of all surge deployments (96/461 in 2018) and of all stand-by partner deployments (435/1008 since 2015). Many of these deployments were for coordination roles.⁹⁸ However, the case studies carried out for this evaluation revealed a limited use of surge for WASH, and there were cases of countries under

L2 activation (Cameroon, Somaliland) that made hardly any use of surge. In Lebanon, there were only 10 stand-by partner deployments between 2015 and 2019, of which five were for WASH. Although South Sudan was an L2 or L3 emergency for the entirety of the evaluation period, the country office made only limited use of surge mechanisms (11 stand-by partner WASH deployments between 2015 and 2019, the majority for coordination support). Notwithstanding the activation of the L2 response for the Boko Haram crisis in Cameroon, hardly any WASH surge was utilized in either the North or the East of the country for the Central African Republic refugee crisis during the evaluation period, despite capacity in the country office being overstretched at times.⁹⁹ UNICEF Somaliland, and specifically its WASH section, also made very limited use of surge during the period covered by this evaluation.¹⁰⁰

In terms of surge mechanisms to respond to cholera outbreaks, the mobilization of surge capacity was not fully utilized in the Democratic Republic of the Congo and Yemen. While the evaluation team was unable to comprehensively clarify whether surge capacity was not deployed when requested or was simply not requested, visa restriction and quotas of personnel in-country (especially in Yemen), as well as limited human resources capacities for cholera response were possible factors limiting the use of surge mechanisms in these contexts.



⁹⁸ The evaluation team did not have access to a breakdown of the reasons for surge and stand-by partner deployments – this statement is based on information from the Global WASH Cluster Coordinator.

⁹⁹ The only exception was a two-month mission by an information management specialist provided by the Global WASH Cluster in 2016. The Cameroon Country Office, including the WASH section, started making use of surge deployments only after the beginning of the Anglophone crisis in the NW/SW area of the country in 2018 (using eight stand-by partner deployments for WASH between 2018 and 2019). The Anglophone crisis was not covered by this evaluation.

¹⁰⁰ Only one stand-by partner deployment from Geneva happened during the L2 activation phase in 2017 to assist with WASH sector coordination. The deployment lasted for approximately three months.



Box 18. Internal human resources surge mechanisms

The most important in terms of number of deployments are listed below.

- The **emergency response team** (ERT) is composed of UNICEF staff specifically dedicated to support missions; it has been recently expanded to 22 members, with two senior staff per sector. Deployment costs are partially covered by country offices.
- **Regional Rapid Response Mechanisms** (RRRM) have been established and strengthened – to different extent and capacity – in all regional offices; these tap into specialists based in country offices and who are ready to be deployed to emergencies within their region. Deployment and in some cases replacement costs are covered by requesting country offices.
- The **stand-by partners** (SBP) mechanism is managed by EMOPS Geneva and is composed of partnerships with approximately 30 NGOs, organizations and private companies that are established to complement UNICEF’s own capacity to respond to humanitarian crises; 10 of these organizations focus on WASH. Only internal travel costs are covered by requesting country offices.
- The **field support team** (FST), coordinated by the Global WASH Cluster in Geneva and working closely with the stand-by partners, is a consortium of NGOs funded to second WASH experts to UNICEF for fast deployment to support cluster coordination, information management and assessments; some of the experts are UNICEF-contracted. For NGO staff, only internal travel costs are covered by requesting country offices, while for UNICEF-contracted staff country offices cover travel and DSA.
- Finally, numerous ad hoc deployments of UNICEF staff (humanitarian surge deployments) and external consultants (individual contractors) also contribute to surge in emergencies. There are variable contributions from requesting country offices for humanitarian surge deployments and complete coverage for individual contractors.

Although a variety of reasons have been proposed for the variable use of surge mechanisms in this evaluation’s case studies, the level of understanding of the surge system by senior managers, as noted above, emerged as a key factor. Reasons for low use of surge at the country office level pointed to difficulties in dealing with complex situations and existing high levels of capacity (and therefore no need to rely on surge). Both Cameroon and Somaliland experienced difficulties integrating new staff into complex working environments. In South Sudan, the downgrading of the L3 to L2 emergency was reported to have resulted in staff having to move on to support other surge missions. Somaliland also faced financial constraints, whereas obtaining visas was an issue in the Syrian Arab Republic and Yemen. In other cases, the strong capacity of the country office WASH team and good

proactive planning for mid- and long-term recruitment limited the need for surge (Lebanon, Somaliland).

While all these reasons might contribute to the variable use of surge, knowledge and understanding of the surge system by senior managers in the country office was also a key factor. There are examples (Bangladesh, Vanuatu) of dramatic increase in the use of surge deployments in countries where the Representative or Deputy Representative had previous exposure to emergency surge. In this context, one interviewee represented the view of many when highlighting that some country offices can act like ‘small kingdoms’ where the Representative has excessive power and does not accept interference from outside. This contributes to the perspective, held by some donors, that UNICEF has hundreds of



WASH staff around the world, as well as WASH surge mechanisms in place, but is unable to provide sufficient staff for programmes or coordination roles.¹⁰¹

Generally, experts deployed for surge adequately filled specific technical gaps. However, the surge model is not well suited for managing the transition to protracted crises or for middle-income contexts. Evidence from the case studies suggests that there were no difficulties in filling specific technical gaps through surge mechanism at the onset of a crisis. Failed missions were very sporadic (two to three per year within the stand-by partner mechanism), and these were more linked to language and personality issues than technical skills. However, shortcomings in the surge

mechanism related to being able to support country offices throughout the shift towards a protracted situation. While some surge mechanisms (stand-by partners) are starting to expand the profiles of people or rosters, there has been so far no real drive to increase internal or external capacity for addressing this shift. Similarly, the rosters are currently not well adapted to middle-income country contexts, where programming approaches commonly used in low-income countries (and specifically in sub-Saharan Africa) may not be appropriate or effective. Key informants also suggested there was an increasing tendency to utilize stand-by partner deployments to fill up medium- and long-term positions when core funding was not available.

6.3 To what extent have UNICEF COs appropriately developed and managed their partnership portfolio so that it remains efficient, effective and context appropriate? (SEQ4.2)

● SUMMARY:

UNICEF's development and management of its partnership portfolio is rated green in terms of being efficient, effective and context appropriate. The evidence gathered suggests that, overall, the heads of WASH and WASH section staff managed partnerships well and that country office have, to different extents, addressed the need to adapt their partnership portfolios in a timely way; however, these efforts were not framed by specific strategies. Collaborations with government entities are at the core of UNICEF WASH partnership networks and are largely positive. Having said this, partnership portfolios were not diverse enough or, with some exceptions, sufficiently driven by principles of localization, which is likely to negatively affect sustainability. A key guiding factor for private sector partnerships was found to be efficiency rather than effectiveness or context-appropriateness. Besides contextual country-level factors (security, politics, limited skills, corruption issues, etc.), the main obstacle to more efficient and extensive partnership portfolios was felt by UNICEF staff to be a lack of financial resources.

¹⁰¹ The stand-by partner WASH network has recently expanded the list of technical profiles to include specialists who might assist UNICEF country offices in different contexts and processes, including protracted crises. The utilization of these specialists has so far been limited due to lack of country office knowledge of it as well as the scarce time available for the stand-by partner team in Geneva to advocate for their utilization.



NGO partnerships were generally effective but not strategy-driven, with some positive examples of adaptation to context. UNICEF was able to build up effective NGO partnerships across all case studies and some also showed concrete efforts with regard to localization (see Box 19). In most of the country office covered in the country and thematic case studies, the WASH sectors, to varying degrees, adapted their partnership networks in parallel with the evolution of the protracted crisis.

Selection processes for NGOs are normally based on UNICEF internal micro-assessment criteria and in some cases are locally coupled with additional context-related criteria. The evaluation team found evidence that most country office WASH sections visited were taking action to manage basic elements of performance (e.g., in Lebanon, the country office maximized opportunities with partners that delivered results and reduced the number of partnership agreements where there were quality issues in implementation). However, partnership portfolio management remained focused on contractual and delivery performance issues with only few limited examples of more

strategic supported partnership designed to change delivery modalities over time. For example, in Lebanon, where the local WASH NGO sector is newer, the choice of partners was reactive, dependent on their ability to withstand funding gaps. In contrast, Somalia provided examples of adaptation to context. UNICEF WASH in Somaliland specifically has been able to localize its partnership network; this is based to a very large extent on collaborations with local NGOs and the Ministry of Water Resources Development and as a result the office is able to flexibly shift from fast emergency response to transition and development. South Sudan provided a more nuanced picture on partnership management. There was evidence that UNICEF reviewed and adapted its partnership portfolio of 23 implementing NGOs, six of which were national, over the evaluation period, with examples of partnership arrangements being amended for both performance and compliance reasons. However, some national NGOs felt that they were frequently asked to begin implementation in difficult areas but were then moved on in favour of international NGOs once the situation had stabilized.

Box 19. Localization

'Localization' is a partnership focus on local NGOs, aimed at strengthening local capacities through sound capacity-building initiatives embedded within the partnership agreements and programme cooperation agreements; saving financial resources; and ultimately increasing chances for programme reliability and sustainability. The evaluation team was not able to find a UNICEF definition of 'localization', but in the 2016 Grand Bargain,¹⁰² signatories including UNICEF committed, under the heading of 'more support and funding tools to local and national responders,' to "making principled humanitarian action as local as possible and as international as necessary."

¹⁰² The Grand Bargain – A Shared Commitment to Better Serve People in Need', 2016. ReliefWeb, Istanbul, Turkey, May 2016. Available at: <https://reliefweb.int/report/world/grand-bargain-shared-commitment-better-serve-people-need>.



Capacity building efforts were incorporated throughout UNICEF country-level programmes. Capacity building is a key component of UNICEF interactions with NGO partners and is formally incorporated into the recently launched official LHD Procedure, as well as its WASH strategies and policies. In the country cases studies, the evaluation team found that capacity building was increasingly being integrated into programme cooperation agreements with local and international NGOs, and several partners appreciated this. In South Sudan, there was strong evidence that UNICEF successfully built the capacity of national NGOs over a considerable length of time. When it comes to implementing cholera response programmes, UNICEF relies extensively on international NGO partners. UNICEF has invested substantially in building the capacity of partners for cholera, notably in Yemen (*see Box 20*).

Field supervision was only covered in some country case studies. Where there were data, the general picture was mixed, with some positive examples based upon a strong personal and long-term relationship with the partner and knowledge of the context by UNICEF staff, while some country office WASH sections were not able to provide evidence of structured field supervision.

Collaboration with government counterparts was at the core of UNICEF's strategy where feasible, but sometimes the quality of this

collaboration was hampered by political dynamics. Collaboration with the ministries responsible for water and public health or their equivalent was at the core of UNICEF partnership portfolios in most of the countries covered by this evaluation, with the only exception being South Sudan, where government capacities are still limited and challenges linked to donor policy exist. Several country offices stated that this strong involvement with central and local administrations, although sometimes challenging and influenced by political dynamics and cases of corruption, was essential for the implementation of the WASH programme in chronic and protracted crises. Even in places where collaboration with government counterparts has controversial connotations (the Syrian Arab Republic, Yemen), working with them was seen as indispensable for gaining access to beneficiaries in conflict areas.

Capacity building is a key component of UNICEF interactions with government counterparts and, in some countries more than in others, it is a fundamental component of the collaboration with ministerial counterparts. The most incisive efforts for addressing capacity building of local actors were found in Somaliland (for local institutions), and in the Syrian Arab Republic and Yemen (for local institutions and organizations). With the exception of Somaliland (and even in this case with limits and challenges as described

Box 20. Good practice examples of capacity building: Yemen

In Yemen, the WASH section has significantly invested in the capacity building of implementing partners able to engage in the cholera response programme. It has built the capacity of public institutions to engage in Rapid Response Team (RRT) response, water chlorination and water quality surveillance. Furthermore, it has helped establish the Awareness Centre within the Ministry of Water and Environment to serve as the leader for WASH-related hygiene promotion/behaviour change communication programming.



under the public private partnership analysis), the evaluation team did not see evidence of specific and timed capacity building plans and strategies.

The level and effectiveness of collaboration with the private sector was mixed in the country and thematic case studies, with a notable positive effort in Somaliland.

Expansion of collaborations with the private sector is one of the main corporate ambitions for UNICEF, and while this is well stated in official WASH documents,¹⁰³ how this has played out at the field level shows a mixed set of experiences. Traditionally, UNICEF country offices have been linking – to different extents and success – with service and product providers for local procurement and for implementation of specific interventions and activities. Within the WASH sector, the most common interactions with the private sector have been for the local procurement of sanitation and hygiene products (sometimes through well-developed long-term agreements), water-trucking interventions and construction of water provision or sanitation infrastructure.

Expansion beyond these traditional approaches in the countries covered by this exercise was limited. While overall successful, private sector engagement was occasionally affected by challenges. In Cameroon, the WASH section relied extensively on the use of private companies to build water and sanitation infrastructure. This offered the opportunity to develop and share with the relevant Ministry guidelines and monitoring tools for working with these private companies. Yet this overreliance on these companies occasionally compromised the involvement of the local communities and, by extension, the likely sustainability of the interventions in Cameroon.

An important collaboration between UNICEF WASH and the private sector was within the public-private partnership (PPP) approach set up to manage water resources in several urban and rural locations in Somaliland. The evaluation team’s review of this innovative approach, clearly a highlight of UNICEF WASH intervention in Somaliland, showed several good practice areas as well as areas in need of attention and possible review (*see Box 21*).

Box 21. Good practice examples of public-private partnership: Somaliland

The public-private partnership (PPP) model in Somaliland is a partnership between the private sector, led by local entrepreneurs, and the public sector to deliver water supplies through lease agreements. These lease agreements were initiated by UNICEF in both rural and urban water supply interventions, also partially supported by UNICEF, to manage the operation and maintenance of water distribution. UNICEF has supported the establishment of six PPPs in Somaliland, the largest of which is the Shaba PPP in Borama. When all elements are in place, notably the capacity and the technical expertise of the private sector, and the engagement of the local administration, the system can attain evident results in terms of water accessibility and can be defined as good practice. However, when some of these elements are not in place or are weak, the effectiveness and sustainability of the approach can be affected. So far, only limited information and lessons learned have been collected from the PPP experience in Somaliland, insufficient to properly identify strengths and weaknesses, define a way forward for the next 5–10 years, and ultimately develop tools for the replication of the approach in other contexts or countries.

¹⁰³ In its global WASH strategy for 2016–2030, UNICEF has committed itself to developing new types of partnerships: “Partnerships that engage new and different constituencies are key to finding sustainable solutions; and new actors, including from the private sector, are influencing development agendas. UNICEF will work with the private sector to provide goods and services, and support efforts to mobilize the broader business community’s contribution to SDG 6.”



Global key informant interviews supported the picture painted by the country and thematic case studies that the growing private sector partnerships, while subject to an intense tendering process, were not subject to the same requirements with regard to context-appropriateness and effective work, and that the emphasis was instead on efficiency.

Financial constraints affected context adaptation of partnerships in most country case studies. The evolution of partnership portfolios was influenced by contextual factors like availability and capacity of the partners (government, NGOs and private sector); cultural dynamics; and political and security constraints. However, they were ultimately

hampered by the lack of financial resources to some degree in three out of the four country case studies. Financial constraints directly affected the choice of implementing partners in Lebanon, because these partners had to be able to withstand funding delays and gaps. In Cameroon, the WASH section expanded its NGO network (in terms of number of partners and scope of PCAs) proportionally with the availability of resources. Even in Somaliland, where a strategic partnership portfolio adaptation was most evident, financial constraints were a factor in expanding and adapting its NGO network. Financial analysis of available resources during 2014–19 carried out by the evaluation team for some of the countries validated this view.



7

EVALUATION QUESTION 5 (EQ5):



TO WHAT EXTENT HAS UNICEF ENSURED LINKAGES, COHERENCE AND MUTUAL REINFORCEMENT OF ITS WASH ACTION IN PROTRACTED CRISES WITH LONGER-TERM DEVELOPMENT ASPECTS?



Table 10. EQ5 RAG rating

Evaluation question	Sub-evaluation question	RAG rating
<p>EQ5:</p> <p>To what extent has UNICEF ensured linkages, coherence and mutual reinforcement of its WASH action in protracted crises with longer-term development objectives?</p>	<p>5.1 How well has UNICEF’s commitment to linking humanitarian and development programming been reflected in its programme planning and design at crisis level?</p>	<p>Amber</p>
	<p>5.2 To what extent has UNICEF followed key elements of LHD when implementing WASH action in protracted crises?</p>	<p>Red</p>

7.1 How well has UNICEF’s commitment to linking humanitarian and development programming been reflected in its programme planning and design at crisis level? (SEQ5.1)

SUMMARY:

UNICEF performance with regards to including LHD in programme planning and design at crisis level is rated amber. UNICEF has restated the corporate commitment to LHD as the intention and the language has become clearer and more consistent over the course of the period under evaluation.¹⁰⁴ However UNICEF has not – yet – seen this well reflected in its programme planning and design at crisis level or within corporate WASH strategies and guidance. The broad commitment and intent in relevant UNICEF papers evolved throughout the period under evaluation up to, and including, the UNICEF Procedure on Linking Humanitarian and Development Programming, issued in May 2019. However, to date, UNICEF has not defined LHD even in the Procedure. More recent corporate documents (including *Water Under Fire*) have placed greater emphasis on LHD, but do not provide country offices with operational guidance and tools. Global key informant interviews highlighted a clear commitment to implementing the recent LHD Procedure, but data gathered at the country office level point to the need to clarify its mandatory nature and to provide practical and operational guidance on how to implement it in the context of WiPC.

Between 2014 and 2019, UNICEF’s guidance on LHD evolved, but has not yet been translated into guidance on corporate WASH strategies or specific WASH-related guidance for country

offices. UNICEF produced a series of other notes in 2017 and 2018 to support country offices with regard to LHD and what are now considered to be the key elements of LHD

¹⁰⁴ The language (terminology) used by UNICEF to discuss LHD or integrating humanitarian-development programming (IHD) has fluctuated, but it was agreed during the inception period of this evaluation that the evaluation team would use the LHD terminology



(these key elements are listed in Box 22). These included the 2017 UNICEF ‘General Checklist and Examples on Linking Development and Humanitarian Programming’,¹⁰⁵ the ‘Guidance on Risk Informed Programming’ (2018),¹⁰⁶ and the UNICEF ‘Briefing Note on the Humanitarian–Development Nexus’ (2018).¹⁰⁷ The latter references the elements of the Humanitarian–Development Nexus set out in the UNICEF Strategic Plan 2018–2021 and emphasizes the need for a multi-stakeholder, multi-year approach. A short summary of key documents reviewed in the document review is provided in Box 23 to illustrate the accumulation of LHD guidance over time.

A review of corporate documents concluded that all UNICEF country offices should have known that there was a commitment to LHD

throughout the evaluation period based on the build-up of LHD elements in successive strategic corporate documents. However, this corporate guidance was not yet consistently reflected in corporate WASH strategies (the most recent Global WASH Strategy for 2016–2030 only makes two references to LHD) (see Box 23). Country offices did not receive working-level guidance on how to work across humanitarian and development silos in the diversity of contexts within the WiPC portfolio.

More recent corporate documents and initiatives have placed a greater emphasis on LHD. The 2019 *Water Under Fire* report clearly reflects the ethos of LHD through description and the use of case studies. For example, the articulation of separate but linked humanitarian and development focused ‘axes’

Box 22. What does LHD mean within UNICEF?

For this evaluation, the evaluation team identified the following as the key elements of UNICEF’s LHD approach across the whole of the evaluation period (which predated the LHD Procedure issued in May 2019).

- a) Risk-informed programming (risk assessments and adaptation of programmes accordingly, integrating conflict-sensitivity programming);
- b) Needs assessments, analysis, sector-specific LHD or resilience plan that are carried out jointly/ coordinated by humanitarian and development actors;
- c) Longer-term, predictable and flexible funding modalities at global and crisis levels;
- d) Continued user engagement through participation in programme design and feedback mechanisms;
- e) Strengthening of national and local humanitarian WASH systems and capacity through support to preparedness, coordination, systems, procedures and financing (see also 2.2, 4.1); and
- f) UNICEF WASH responses in protracted emergencies engaging in effective, context-adapted cash-based interventions.

These elements are based on an analysis of the multiple documents referenced in Box 23, with considerable overlaps between these elements and the mandatory elements of the 2019 LHD Procedure.

¹⁰⁵ UNICEF, ‘General Checklist and Examples (applicable to all sectors) on Linking Development and Humanitarian Programming’, UNICEF, 2017.

¹⁰⁶ UNICEF, Guidance on Risk-Informed Programming, UNICEF, 2018.

¹⁰⁷ Briefing Note on UNICEF’s approach to the Humanitarian and Development Nexus – Internal’, UNICEF, 2018.



in the Global Task Force on Cholera Control roadmap for eradication of cholera. The reflection of LHD in such a high-profile corporate report reiterates UNICEF corporate commitment and intent. However, this particular corporate report is too recent to have led to changes in programme design during the evaluation period.

In this context, it is noticeable that LHD has not been properly defined in any UNICEF document including the May 2019 Procedure. During interviews, UNICEF staff were asked why UNICEF had not adopted the language of resilience (historically) or nexus (currently), allowing them to draw more coherently on research and evidence undertaken by others and perhaps allowing UNICEF to adopt definitions already accepted by the humanitarian and development sector. However, staff were uncertain why UNICEF had not done this. Not using a common terminology with partners may be a barrier to learning, reporting and thought leadership.

Country case study data and evaluation survey results point to the need for more specific LHD guidance to country offices on WASH.

During the cases studies, the evaluation team sought to understand how the country offices would meet the requirement to make the mandatory report on progress on the Procedure within 18 months. Senior country office staff were aware that the Procedure had been issued (country office visits happened between two and six months of the Procedure being issued). However, only a minority of senior staff were aware that this was no longer guidance but mandatory. In addition, staff felt either that they were already compliant with LHD requirements at a country strategy level or that without additional support such transformational work would be challenging. Case study data reflect past confusion on language around LHD in all countries visited; survey results suggest that staff have mixed perceptions on whether there is a shared understanding of terminology (*see Figure 23*).

Box 23. Summary of LHD guidance provided in key strategic UNICEF documents between 2014 and 2019

The UNICEF Strategic Plan 2014–2017¹⁰⁸ made a commitment to link humanitarian and development planning (pp. 3-4, 7) although there are no explicit references to this in the commitments on water, sanitation and hygiene.

The UNICEF Strategic Plan 2018–2021¹⁰⁹ repeats previous LHD commitments but also makes links to the SDGs for both humanitarian and development programming and uses the UN New Way of Working language on ‘collective outcomes’. The Strategic Plan includes key LHD operational approaches such as system strengthening for improved service delivery; channeling aid through local organizations and government and building capacity of local actors, first responders and civil society; strengthening social protection systems to be ready to scale up cash transfers in emergencies; community engagement, participation and feedback mechanisms; and good programming practice relevant to both humanitarian and development programming.

The UNICEF Global WASH Strategy for 2006–2015¹¹⁰ does not refer to LHD programming. LHD was not terminology in use when the document was drafted though the document does several times emphasize

¹⁰⁸ UNICEF, ‘The UNICEF Strategic Plan, 2014–2017’, UNICEF, 2013. Available at: https://www.unicef.org/strategicplan/files/2013-21-UNICEF_Strategic_Plan-ODS-English.pdf.

¹⁰⁹ UNICEF, ‘UNICEF Strategic Plan, 2018–2021’, UNICEF Executive Board, 2018. Available at: https://www.unicef.org/publications/index_102552.html.

¹¹⁰ UNICEF, ‘UNICEF Water, Sanitation and Hygiene Strategies for 2006–2015’, UNICEF, New York, 2005. Available at: https://www.unicef.org/about/execboard/files/06-6_WASH_final_ODS.pdf.



Box 23 (cont'd)

◀ the need to support national efforts, use existing coordination bodies in a crisis, ensure coherence in response and work to UNICEF’s perceived comparative advantage in this regard.

The UNICEF Strategy for Water, Sanitation, and Hygiene 2016–2030¹¹¹ makes two references to linking humanitarian and development programming though without additional explanation or guidance:

‘UNICEF will also integrate climate and disaster risk reduction measures and help to build the resilience of communities and national systems. These efforts will be connected to the broader programming principle of linking development and emergency programming to improve both the effectiveness of humanitarian response and the long-term sustainability of national WASH systems’.

‘UNICEF will support governments that have adopted the cluster approach to gradually transition to national WASH humanitarian coordination mechanisms, and build national capacity for coordination, preparedness, and response’ (p. 33).

The ‘UNICEF Guidance Note on Emergency Preparedness in UNICEF’ (2016)¹¹² links preparedness and risk-informed programming, indicating that these are the building blocks of LHD. The Guidance Note also sets an expectation that UNICEF’s preparedness work will achieve longer-term outcomes under the heading ‘Preparedness beyond minimum standards’.

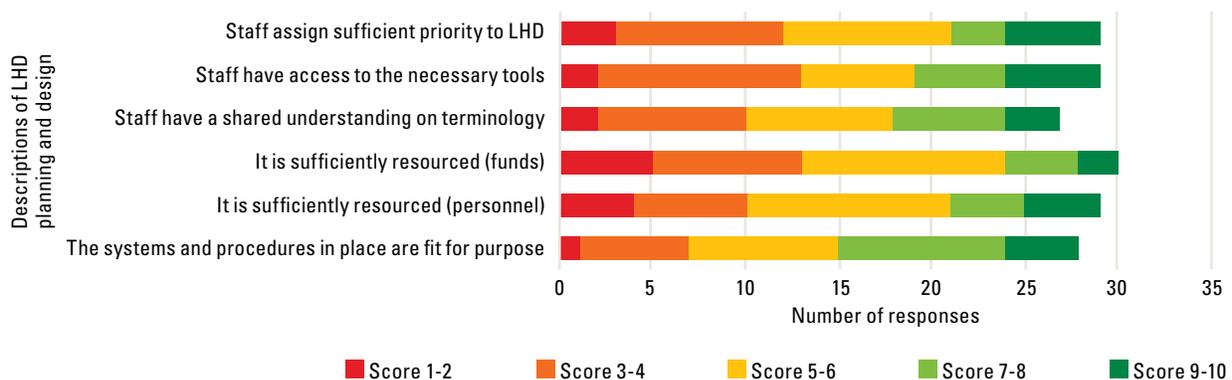
The UNICEF ‘Programme Framework for Fragile Contexts’ (2018)¹¹³ (p. 12) claims a comparative advantage for UNICEF in bridging the divide between humanitarian and development programming. To guide such an approach, it offers a set of five principles that are coherent with the May 2019 LHD Procedure.

The UNICEF Board Paper on LHD in December 2018 sets UNICEF’s approach to the LHD in the UN context within the Secretary-General’s Prevention Agenda. The Board Paper cites many good practice examples of UNICEF LHD and sets out key programme and operational strategies.

The May 2019 LHD Procedure is coherent and consistent with the above documents while clearly explaining that LHD comprises all the elements laid out within the Procedure.

Figure 23. Responses to the survey question ‘Please tell us the extent to which you agree with the following statements that describe linking humanitarian and development (LHD) planning and design at crisis level.’

Please tell us the extent to which you agree with the following statements that describe linking humanitarian and development (LHD) planning and design at crisis level (UNICEF) (n = 30)



¹¹¹ UNICEF Programme Division, ‘Strategy for Water, Sanitation and Hygiene 2016-2030’, UNICEF, New York, 2016. Available at: https://www.unicef.org/wash/files/UNICEF_Strategy_for_WASH_2016-2030.pdf.

¹¹² UNICEF Office of Emergency Programmes, Preparedness for Emergency Response in UNICEF: Guidance note 2016, UNICEF, New York, 2016. Available at: https://www.unicef.org/emergencies/files/UNICEF_Preparedness_Guidance_Note_29_Dec_2016_.pdf.

¹¹³ UNICEF, *Integrating Humanitarian Response and Development: Programme framework for fragile contexts*, UNICEF, New York, 2018. Available at: <http://unicef.inemergencies.com/downloads/eresource/docs/Fragility/Integrating%20Humanitarian%20Response%20and%20Development-%20Programme%20Framework%20for%20Fragile%20Contexts.pdf>.



While there is a clear intent to implement the LHD Procedure at the global level, expectations about how fast this can happen vary.

There is as divergence of views about how quickly the LHD Procedure can be mainstreamed within UNICEF. Global key informant interviews conducted towards the end of the data-gathering period provided a clear statement of intent on the part of UNICEF headquarters regarding delivery of the Procedure, which is to be aligned with the revised CCCs when they are issued in 2020. Given the corporate commitment to the CCCs, this clearly indicates that UNICEF intends to mainstream LHD, including in WASH. Other internal UNICEF global interviewees were keen to manage expectations with regard to the roll-out of the LHD Procedure. They explained that while protracted crisis contexts would be a priority for corporate support, the roll-out could be expected to take three to five years rather than 18 months, and that this would

depend on donor commitment. When this evaluation was in the data collection phase, no formal roll-out plan was made available.

The global LHD guidance has to some extent drawn on country office experience and learning on WiPC. The LHD Procedure is accompanied and illustrated by examples of how elements of LHD have been applied at the field level in all sectors, including WASH, which was confirmed by global key informants.¹¹⁴ However, these were simple line descriptions; no knowledge management products or detailed analysis of field experience was made available to the evaluation team. The Procedure states that, additionally, part of its purpose is to explain the mandatory “steps to monitor the quality of the linkages of humanitarian and development programming in major humanitarian response programmes” and interviewees acknowledged that this will also require resources for both the monitoring itself and course correction when required.

¹¹⁴ The evaluation team asked for copies of these documents but they had not been shared at the time this report was drafted.



7.2 To what extent has UNICEF followed key elements of LHD when implementing WASH action in protracted crises? (SEQ5.2)

SUMMARY:

UNICEF performance on following LHD when implementing WiPC is rated red. The evidence amassed by the evaluation team suggests that a coherent or systematic following of the key pillars of LHD in WASH in protracted crises is not apparent in the countries studied in depth for this evaluation, despite some individual positive elements. The four country case studies found that:

- UNICEF applied the concept of **risk-informed programming** (including relevant conflict analysis) at a tactical level in the field but the way it was done was neither consistent nor multisectoral, and not integrated into planning and monitoring.
- There was no consistent pattern of **needs assessments** and **joined-up resilience programming** between humanitarian and development programming for WiPC.
- There was no systematic evidence of analysis underpinning **longer-term strategy** or supporting **advocacy for predictable financing and programming** (including supporting operations & maintenance of facilities).
- There was a lack of **user engagement and feedback mechanisms** in WiPC programming.
- **Systems strengthening** in WiPC, particularly in urban contexts, is not currently designed to be transformational. UNICEF country offices remained overly focused on infrastructure and capacity building as opposed to strategic change and localization.
- There was no body of work on WASH-specific and multi-purpose **cash-based interventions** in WiPC, nor was there analysis to suggest this option was considered and rejected at country office level.

In the case study countries, there was a clear understanding of the need for WiPC implementation of risk-informed and conflict-sensitive programming. This was particularly true of UNICEF national staff. Nonetheless, there were only isolated examples of WASH staff systematically undertaking (and updating) risk or conflict sensitivity assessments or adapting programming as a result of risk assessments. The lack of application of such a conflict-sensitive approach was a criticism raised by interviewees in South Sudan. In Cameroon, the evaluation team found that UNICEF had followed key elements of LHD to a limited extent and that staff carried out mapping exercises that served as a baseline

assessment for both humanitarian and development responses. However, this this was not followed by formal risk-informed programming. In Lebanon, the evaluation team observed that UNICEF WASH staff managed localized risk with a strong awareness of conflict-sensitive approaches and also observed an urban cash pilot programme where staff had belatedly identified (and were addressing) risk. However, as was the case in other country offices, the strength of the approach derived from the knowledge and awareness of national staff, with broader formal risk analysis on environmental and other issues still in development.



Only in Somaliland did the evaluation team find that risk-informed programming was addressed through consistent preparedness and contingency plans closely embedded in the country office planning cycle, which was strengthened by surveys to identify most at-risk areas of intervention and optimize limited financial resources. UNICEF's work in urban settings in Yemen also shows strong elements of risk-informed programming (see Box 24).

The urban thematic case study in the Syrian Arab Republic provided a positive example of conflict-sensitive programming in a place where infrastructure risks were being used as a 'weapon of war'.¹¹⁵ UNICEF and WASH sector partners successfully advocated the idea of 'water for all' with the government and some rebel groups, which allowed provision of water to different areas despite the conflict.

Key informant interviews with UNICEF staff at the global level indicated that there would be no institutional surprise regarding the overall nature of this finding on LHD and WiPC. Interviewees went further to suggest that WASH, due to the highly technical nature of its staffing and focus required, may have more challenges in developing and applying the LHD analytical tools expected.

The evaluation team did not identify a consistent pattern of needs assessments, analysis, sector-specific LHD or resilience planning carried out jointly/coordinated by humanitarian and development actors in the four case study countries. Donors at both global and country levels noted that UNICEF WASH was deprioritizing the areas of joint needs assessment, analysis and LHD programming. A sense of progress related to preparedness is documented under EQ4 (Section 6) and was discussed during global key informant interviews. Those interviewed felt that, yes, there had been progress, particularly with regard to preparedness, which is a mandatory one-year cyclical process and clearly linked to operations. Several of the country offices in case study countries were able to provide examples of resilience projects such as the use of solar energy; however these were isolated cases or pilots. Somaliland was unique among the case study countries in having resilience building as one of the key components of the programmatic response, in synergy with the community participation and capacity-building initiatives at central and local level.

In the country and thematic case study countries, longer-term, predictable and flexible/adaptive programming and funding for protracted crisis response proved challenging

Box 24. Risk-informed and localized programming in Yemen

The Yemen WASH strategy provides flexibility and risk assessment for scenario-based adaptation according to three scenarios: reconciliation, status quo and deterioration. UNICEF also used risk assessment to evaluate programme feasibility and produce informed interventions. This included identification of intervention areas as well as provisioning and procurement practices. UNICEF support to fuel procurement was essential to maintaining the functioning of water infrastructure. To support localization and systems strengthening, UNICEF was gradually developing solar capacity to replace the fuel-based system; but this is costly, takes time and raises the issue of importing equipment in the context of the current embargo.

¹¹⁵ In the sense that water infrastructure, for example, is cut for the population living in the areas controlled by the opposing party.



to strategize and secure. In addition, staff at the field level cited the absence of detailed evidence about how UNICEF's current configuration of funding modalities were hindering WASH-related LHD programming as a block to moving the conversation forward globally within UNICEF on this topic. Although sympathetic to the constraints linked to UNICEF's funding modalities, the evaluation team notes that without evidence of sector-specific or joint needs assessment analysis or planning, oriented towards LHD concepts, donors are unlikely to adapt funding modalities.

Global key informant interviews, both internal and external, highlighted UNICEF's lack of adequate financing mechanisms to further LHD. One example of this is a mechanism that entrusts government to do the implementation or to effectively deliver long-term solutions for WiPC in urban settings. One global interviewee referred to WASH in UNICEF not being "modern enough," stipulating that "there may be a lot of scope for innovation, including financing schemes." Others highlighted not being able to use humanitarian funding for development purposes in protracted crises as a bottleneck. Yet the lack of multi-year funding should not preclude multi-year planning. UNICEF is now systematically collecting evidence on this in multiple contexts with the WASH return on investment (ROI) tool and expects to shortly conduct a feasibility assessment for a financing facility aimed at precisely this issue of short-term funding cycles becoming an obstacle to LHD approaches in WASH.

The funding cycle constraints severely impacted country offices in some of the case study countries. While the mindset in Cameroon was long-term, the evaluation team found no evidence that there was a funding strategy to bridge the LHD spectrum and that LHD work was largely funded on an ad hoc basis. This limited, for instance, the country

office's partnership strategies (*see Section 6.3*). In the Lebanon and South Sudan case studies, the WASH sections experienced the greatest stress related to the extremely short-term nature of funding cycles. In Lebanon, funding cycles actually became shorter as the crisis became more protracted. Advocacy related to multi-year and flexible funding has begun to be a focus in Lebanon but there is limited traction with donors in WASH at country/regional level. Donors, for their part, often raised the issue of reporting and data problems with current short-term funding; concerns around user engagement and thought leadership on the part of UNICEF contributed to their concerns about scaling up investment. Certainly, many of the positive findings from Somaliland were underpinned by multi-year funding. Even so, the country office in Hargeisa maintained that the multi-year funding had not been sufficient and more could have been achieved.





The public health thematic case study showed mixed evidence of countries securing longer-term, predictable and flexible/adaptive programming and funding modalities at global and country levels. One example was World Bank funding in Yemen demonstrating a transition to funding LHD programming.

The requirement to ensure continued user engagement through participation in design and feedback mechanisms thereafter is an area of particular concern. The lack of effective user engagement during and after WASH interventions was a critical and systematic area of weakness for WiPC in terms of basic accountability as well as for LHD progression. This evaluation lays out detailed findings on this under EQ1 (Section 3) and EQ3 (Section 5). As the evaluation team documented in the country case studies, WASH sections lagged behind other sections generally in engaging users and applying C4D. Interviewees expressed concern that the lack of community engagement would lead to a risk of dysfunctionality of basic WASH infrastructure, with local communities not sufficiently capable or trained to manage and maintain them. Lack of community engagement also undercut UNICEF's LHD commitments to an enhanced conflict sensitivity approach. The demand to respond to basic WASH needs well into a protracted crisis impeded UNICEF's capacity to evolve its responses.

The evaluation team observed a mixed pattern related to systems strengthening over time, suggesting that this type of work was not always pursued with medium- and long-term goals in mind. While UNICEF's partnership engagement was generally evaluated as positive (see SEQ4.2, Section 6.3), UNICEF's specific support to systems strengthening, though still positive, was more mixed in the country case studies.

In Lebanon, UNICEF's partnership with the government was highly valued by the government, but the opportunities for systems strengthening there have until recently been very limited. Nine years after the onset of the crisis there was a window of opportunity to support government strategy, and UNICEF decided to commit resources to this. There was also a move to work more systematically with national organizations in Lebanon. In South Sudan, national NGOs believed that UNICEF was failing to maximize investment by not partnering with them strategically and at scale. At the same time, opportunities for system strengthening with the South Sudanese Government were limited and restricted by the donor policy towards government support. In Cameroon, UNICEF was strongly oriented towards systems strengthening. For example, based on its extensive collaboration with private companies for many of its WASH infrastructure interventions in the emergency-affected areas, UNICEF developed and shared with key governmental counterparts specific guidelines and monitoring tools for these types of projects. The strength of the relationship between UNICEF and relevant ministries was positive. Yet there was room for UNICEF WASH to better engage its main counterparts in the relevant ministries in discussions about the broad perspective of LHD, eventually assisting them and supporting their capacities in areas where weaknesses existed, such as in humanitarian preparedness and response. The Somaliland country case study also found many positive aspects to the systems strengthening approach, which suggests that there was a clear intent to work comprehensively, not just opportunistically. At the central level (Hargeisa), UNICEF supported all costs related to sector coordination and provided ministries with a range of support such as strategy and policy development, preparedness planning,



departmental set-up, training of technicians, etc. In parallel, UNICEF also provided support at the community level and to rural PPPs.

The public health thematic case study noted that UNICEF WASH cholera programming had significantly contributed to overall systems strengthening of national and local WASH response capacity in multiple contexts. This reflected how the crisis had been the driver, and that UNICEF's institutional instinct was to build on this.

The country case studies show that UNICEF's main partners remain public institutions. UNICEF has supported them technically and financially to be able to recruit personnel for agreed interventions. While some interviewees

saw the arrangement as limiting to UNICEF, and some documents point to risks of direct financial transfers, UNICEF staff pointed to the capacity of public institutions to have a wider reach and to protocols that allowed control over cash transfers. However, the evaluation team also found that UNICEF staff were wary of any handover of activities/systems to the authorities in contexts where the upholding of humanitarian principles was still compromised. This finding supports a sense that a robust enough analysis informing risk management and adaptation of programming was still lacking in some contexts, thereby constraining UNICEF's systems strengthening work.





Regarding private sector and national organizations, the evaluation found that localization and systems strengthening were often considered to be synonymous within UNICEF and were conflated in responses to questions (see also findings for SEQ4.2). Contract-based partnerships were sometimes offered as examples of localization with national organizations, although this did not equate to a localization strategy. Global key informant interviews suggested that in the context of partnerships, UNICEF still needed to better understand “the risks and opportunities of engagement with private sector actors” and wondered whether UNICEF’s expectations of engaging with the private sector were sufficiently supported by risk analysis and mitigation, particularly around user engagement, accountability to affected populations and service reliability (see also the related discussion under SEQ1.4, Section 3.4 and SEQ1.5, Section 3.5).

Key informants generally referred to a lack of ‘systems thinking’ mindset within UNICEF, a point already referred to in the discussion of reliability under SEQ1.5. In the context of WASH work in urban settings, interviewees noted that working with local utilities required a kind of systems thinking which was not always matched by the skills of UNICEF staff and the wider organizational culture. This gap was described as an attitude of

● “Give us the shopping list and we will buy that kit for you rather than how can we support you to develop.”

UNICEF’s Global Framework for Urban Water, Sanitation and Hygiene (published in late 2019) seeks to address this. The framework clearly identifies systems strengthening (in the broadest sense) as the key programming approach for UNICEF urban WASH

programming, including in humanitarian and protracted crisis¹¹⁶ settings. The framework also sets out UNICEF’s key strengths in urban WASH. It focuses on strong relationships with government and on UNICEF ability to act as a convener for multiple WASH actors – whether formally (as in humanitarian settings where the WASH cluster is activated) or informally, based on its position in the sector. The direction of travel in the framework is clear and aligns well with UNICEF’s broader commitments to LHD. Because the framework was finalized after data collection for this evaluation, it did not influence country office programming for this period under evaluation.

More generally, key informants also referred to surge deployments of international staff in crisis situations as ‘shortcuts’ that led to a tendency to deliver short-term solutions (response to immediate humanitarian needs) rather than changes in terms of systems thinking (i.e., to address the analysis and programmatic challenges of a possible shift to a protracted crisis).

Multi-purpose cash-based interventions are not a regular feature of UNICEF WASH programming in protracted crises. The evaluation did not find a body of work on WASH-specific and multi-purpose cash-based interventions in WiPC or analysis suggesting that assessment and context analysis to determine viability had taken place at a global or local level. The evaluation saw only one cash pilot programme in country case studies, focused on cash for water and sanitation in an urban context in Lebanon. This project was operating in isolation from other established cash programming within the country office. The project was admirable in intent and vision but had not benefited from effective needs analysis

¹¹⁶ This is the first explicit reference to protracted crises in a UNICEF WASH document the evaluation team is aware of.



or planning and had not been accompanied by a timely user engagement and feedback mechanism despite having been in place for 18 months.

In general, when country office WASH sections were questioned about opportunities for cash-based interventions such as the monetization of hygiene kits, they were not able to convince the evaluation team that analysis had been undertaken and that a reasoned decision had been taken not to proceed. In contexts such as Cameroon, informants were aware of the opportunities of cash-for-work programmes, but these were not implemented by the UNICEF WASH section. The urban thematic case study in the Syrian Arab Republic found that there had been limited use of cash for WASH and interviewees concluded that the priority given to infrastructure approaches made cash-based initiatives less relevant to the Syrian context. In Yemen, the evaluation team found that cash-based interventions were widely used in other sectors but not to a great extent in the WASH sector. One example that was cited in Yemen was a cash transfer programme to staff in public institutions that contributed directly to the WASH response.¹¹⁷ The public health thematic case study found isolated examples of cash-based interventions in Yemen (support to water and sanitation providers) and Haiti (subsidies for locally produced chlorine). Global key informant interviews with partners and donors repeatedly referenced the need for UNICEF to improve analysis on where context-adapted and effective multi-purpose cash-based WASH interventions could be supported. UNICEF interviewees noted that “historically, WASH tends to work on providing services

as opposed to cash-based approaches” and could not provide any concrete examples of a relevant programme.

Voices from the field highlighted a number of barriers to effective programming for LHD in UNICEF, which point to the lack of institutionalization of LHD. Country offices consistently mentioned several barriers to implementing the key LHD elements reviewed in this evaluation, which underscored the continued siloing of humanitarian and development programming in UNICEF. Barriers mentioned included:

- Humanitarian funding sources that cannot be used for what are essentially development purposes in protracted crises.
- UNICEF emergency teams focusing on the Humanitarian Action for Children (HAC) appeal without making links to the country programme.
- Separate monitoring and evaluations systems for emergency and development programmes that generate different data, potentially difficult to align.
- Difficulty in determining when humanitarian WASH can be handed to the development programme.
- Geographical differences between areas with humanitarian needs and those with development needs.
- Difficulty coordinating with development actors, including sharing information.

These challenges are very real for UNICEF country offices and evidence of this was consistently presented to the evaluation team during field visits and thematic reviews. The very nature of the challenges expressed reinforces the findings in the document review that humanitarian and development WASH

¹¹⁷ The cluster coordination in Yemen is now attempting to build evidence on cash and voucher-based programming.



operated to different principles, norms, standards, processes, funding, coordination, decision making and working culture. Humanitarian and development WASH may be institutionally divided within organizations, as they are to an extent in UNICEF.

The evaluation team consistently observed sectors functioning in a siloed way during field visits. Country offices that appear to have transcended this (e.g., Somaliland) seemed to be driven by individuals. This view was shared by a UNICEF global staff member in an interview:

- “We see a very strong variation on the emphasis the rep puts on climate/DRR/conflict sensitivity and peace building. Therefore, may be better at some and not others in different countries.”

Current barriers to joint work point to an urgent need to further operationalize LHD within UNICEF.

While at the global level UNICEF is confident in bringing LHD to the core of the organization, how this ambition will be translated into practice is not yet clear. Global key informants advised that the revised CCCs will be linked to the LHD Procedure. The evaluation team was informed this is intended to ensure a step change across the core LHD pillars in terms of bringing them into the centre of corporate planning and reporting. However, global interviewees also pointed to a current gap between UNICEF headquarters’ intent and the situation in the field – as expressed by one UNICEF interviewee who indicated that

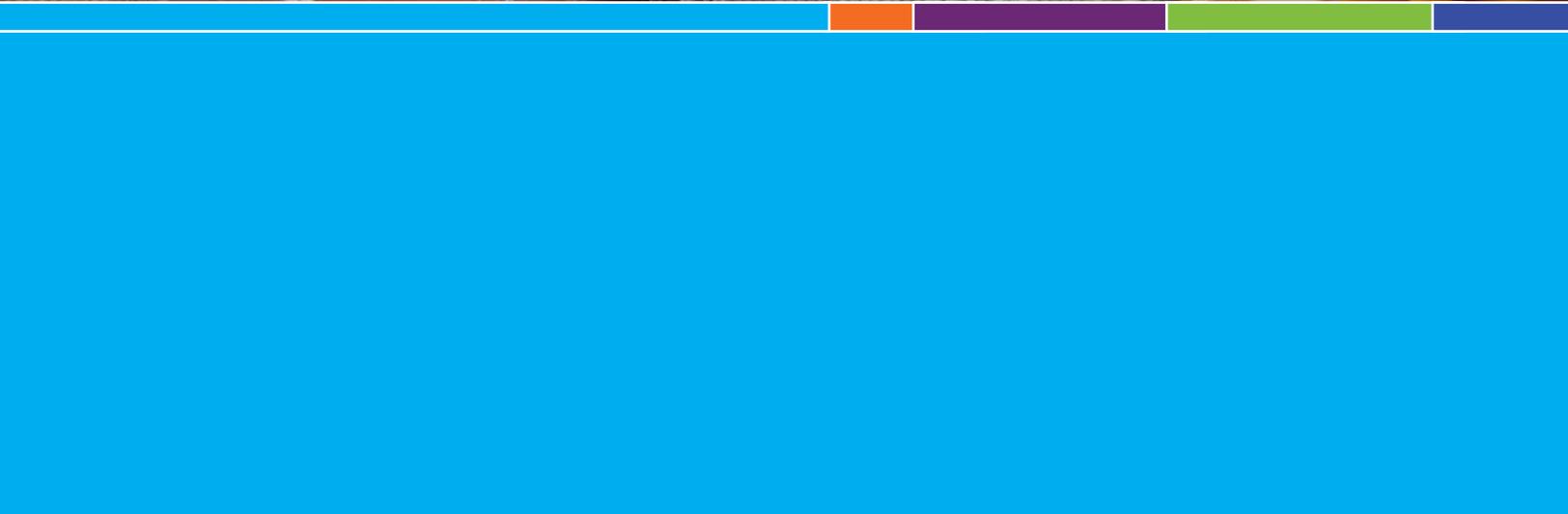
- “There is overconfidence about this within UNICEF and it is clearly not possible that at field level the requirements are being fulfilled...”

In other words, there is awareness in UNICEF of the need to accompany the country offices as they apply LHD elements. However, no detail was available on the resources for ensuring that this highly important ambition would be translated into action without placing unsustainable burdens on the country offices.



8

CONCLUSIONS





As a result of UNICEF's scale and reach in WASH action in protracted crises, it is frequently the largest provider of WASH services to affected populations in some of the most complex and difficult operating environments in the world. UNICEF has been able to maintain this position even as global needs have significantly scaled up and, in many places, have endured over time. While maintaining commitments to ever-higher numbers of vulnerable people, UNICEF has also made commitments to change its ways of working to meet the requirements of the SDGs. The findings detailed in this report show that UNICEF's WASH action in protracted crises will require immediate and focused attention and upgrade to ensure that it can, indeed, meet SDG requirements and commitments.

Many of the questions posed in the terms of reference for this WiPC evaluation are not new for UNICEF, nor for the WASH sector. During interviews at global, regional and field levels, WASH and management personnel acknowledged challenges to their effectiveness and the organization's, or office's, systematic weaknesses. They reflected frankly on the significant barriers UNICEF experiences. Many of the findings in this report were already detailed in previous UNICEF evaluations. To support UNICEF's intention to learn and to encourage change that is already taking place, the conclusions here were drafted to be constructively critical and frank. This frankness in no way undermines the evaluation team's admiration for WASH staff delivering at scale in complex protracted crises.

Stakeholders consulted in this WiPC evaluation consistently expressed the view that more is required from UNICEF to build upon recent initiatives to provide thought leadership and underpin changes in practice throughout the WASH sector in protracted crises. The sector is already aware that change at scale is required to meet the SDGs by 2030. UNICEF now has an opportunity to reinforce its leadership role by setting out a plan of action and supporting the required change of approach.

1. UNICEF does not have an institutional definition of what a 'protracted crisis' is.

One result of this is that UNICEF does not distinguish clearly enough between humanitarian response and response to a protracted crisis. This relates back to the fact that UNICEF – in common with the humanitarian and development sector more broadly – has not found a way to 'normalize' the protracted crisis context and analyse and report on activity and barriers in a formulation that transcends sectoral silos.

2. UNICEF has reported considerable success in meeting the targets for water supply in protracted crises. However, the reported coverage of sanitation and hygiene needs is considerably lower, and there are concerns that the targets for these programming areas do not reflect actual needs. This presents a risk to UNICEF's strategic objective of achieving universal and equitable access to water, sanitation and hygiene, in line with SDG 6. Meanwhile WASH in schools and menstrual hygiene management targets were very modest (in comparison with water and sanitation) and achievement was not reported consistently, casting doubts on whether the identified



needs correctly reflected realities on the ground and creating the perception that these areas of WASH are not sufficiently prioritized within UNICEF. In the absence of a technical and contextual rationale at global or country levels, the discrepancy in coverage targets across water, sanitation, hygiene, WASH in schools and menstrual hygiene management are difficult to justify. In a protracted crisis, such acceptance will continue to impede integrated approaches or shifts to ensuring universal access to WASH services.

- 3. UNICEF country office WASH sections cannot articulate clearly the medium-to-long-term intended outcomes of WiPC programming and, in addition, cannot state the change in lives that is expected as a result of UNICEF WASH action.** This, along with a resultant lack of outcome-level data (seeking to understand, for example, actual usage of WASH facilities, or changes in behaviour) collected, means that evaluation team was not able to reach a conclusion on what changes in lives had occurred as a result of UNICEF WASH action in protracted crises. This is significant, particularly when one considers that UNICEF has been working with populations for almost a decade in some of the contexts reviewed. It is a critical issue for UNICEF given that the organization has commitments at the global level to contribute to the New Ways of Working and the SDGs. The inability to talk about the 'changes in the lives' of affected people limits UNICEF's ability to be truly accountable to them and may also pose a reputational risk for UNICEF's relationship with donors.

- 4. UNICEF collects and reports extensive output-level data on coverage of WASH services but there is a lack of robust data quality assurance processes for WiPC. This limits the extent to which data can be reliably used to understand progress and inform programming decisions. UNICEF country offices do not make use of available data to understand and improve programme efficiency.** The evaluation team's global data analysis found inaccuracies in data along with inconsistencies among various global data sets. This raises significant concerns and challenges previous global results reporting. Monitoring systems are overly complicated, subject to frequent change and routinely described as not user-friendly. Outcome-level data are not routinely collected, which means there is little understanding of the extent to which interventions are achieving their stated aims. There is little evidence of monitoring data being used for course correction and improving programming. Limited data availability is a significant barrier to data use, but there is a trend of WASH programme staff failing to make best use of the data which are available. This is reflective of broader institutional challenges in promoting data-informed programming.
- 5. UNICEF makes extensive use of standards and norms for service provision and coverage in its programming, but the evaluation team found that these are frequently prioritized over equity and quality commitments. Coupled with lack of suitably disaggregated data and low levels of user engagement, this means that UNICEF is not able to demonstrate whether it is meeting equity and quality standards, or be accountable to the affected population.**



The low level of user engagement and user feedback is a fundamental concern. Specifically, the team found that disability was not sufficiently considered in the design and use of WASH facilities visited as part of this evaluation. Furthermore, there is no substantive evidence that UNICEF-supported WASH interventions ensured the safety of users, nor that they ensured that users felt safe using WASH services. Operation and maintenance of facilities is largely established and efficient but in the context of protracted crisis, there is criticism that the design mindset is not sufficiently long-term and does not pay enough attention to systems thinking to support the reliability of infrastructure over time.

- 6. UNICEF partnerships are a core strength of its traditional programming: UNICEF has strong operational procedures for managing partnerships and typically ensures that partners have appropriate skills and capacities. However, there is no evidence that such partnerships are driven by a long-term vision or localization strategy.** Although relationships with government and local authorities are generally well managed by UNICEF and cluster leadership, there is a pattern of non-governmental partnerships appearing to be service-led or contract-led in protracted crises. Investments such as training local partners have not been maximized by empowering the same partners to have agency over programming. There is also concern that UNICEF is not systematically learning how to improve its work with the private sector in WiPC. There are recurring examples of private sector partnerships not fully considering user engagement and accountability.

- 7. At the global level, the Global WASH Cluster is seen as the best expression of UNICEF leadership for WASH in protracted crises. However, it is clear that beyond the Global WASH Cluster, UNICEF is widely considered to have lost ground at all levels in terms of thought leadership in WiPC. While UNICEF has taken constructive action in 2019 to regain ground this has not – yet – been sufficient.**

At the global level, key informants appreciated and respected the work of the Global WASH Cluster itself. Criticism was reserved for UNICEF globally, which was not perceived to be fulfilling a thought leadership role and driving forward key sectoral issues while engaging partners and donors. In fact, there is a strong perception that UNICEF WASH has been losing ground at global and country levels in protracted crisis contexts. Since early 2019 UNICEF has been working at the global level to regain its voice and demonstrate thought leadership. This has been acknowledged, but much more is required. It is not clear how UNICEF WASH wishes to position itself in protracted crisis and transition contexts regarding climate change and urbanization, localization and more broadly the global humanitarian-development nexus agenda. *Water Under Fire* presents the challenges clearly and competently and made clear recommendations to others, but UNICEF has not communicated externally its plan to take this research and advocacy forward.

- 8. At the local level, operational and sector/cluster coordination is typically strong, and where there are shortcomings these appear to have been recognized and corrected.** However, there is a perception



that coordination was typically focused on operational issues (e.g., the management of the 4Ws process) at the expense of providing leadership on developing longer-term approaches, and the transition to government leadership of sectors. This is, in part, due to inconsistent staffing of coordination positions, including double-hatting.

- 9. UNICEF currently lacks sufficient internal expertise and appropriate organizational risk management procedures to confidently manage large-scale infrastructure projects in urban settings. Country offices have undertaken interventions of this type where required, but this has not been systematically accompanied by risk-management and oversight measures commensurate with the scale and duration of organizational exposure.** Where there have been positive experiences these are not – yet – translated into inherent corporate capacity. Donors have a lack of confidence in UNICEF’s ability to undertake such urban infrastructure work successfully, particularly with regard to the support required by municipal and local authorities to ensure sustainability of infrastructure.

This type of intervention is not historically common within UNICEF, but as protracted crises are increasingly requiring WASH interventions in urban settings, it is likely that there will be an increasing number of scenarios where construction or rehabilitation of large-scale WASH infrastructure is needed. UNICEF’s recently published Urban WASH Framework clearly identifies UNICEF’s preferred programming approaches and core strengths in urban WASH programming – focusing on systems strengthening approaches and

leveraging UNICEF’s strong relationships with government and its convening power within the WASH sector. Based on the findings of this evaluation, this approach is more appropriate than undertaking large-scale infrastructure work. UNICEF needs additional capacities to ensure municipal and local authorities receive targeted and appropriate support. While this capacity could be built internally within UNICEF over time, it will also require recruitment in additional specialist areas.

- 10. UNICEF has set out a transformational agenda in its work on linking humanitarian and development which – if applied in full – requires a step change in its WASH programming in protracted crises. However, the field is not currently in a position to implement this step change with the level of detail and documentation required. WASH sections in UNICEF country offices frequently perceive that they are already implementing LHD, but there is a significant gap between the practice on the ground, and what is required by the new LHD Procedure.**

UNICEF has made progress in driving coherence on LHD during the evaluation period. While UNICEF still has no definition for LHD the issuing of the Procedure with its mandatory elements communicates intent. The forthcoming revised CCCs and their alignment to the LHD Procedure have the potential to place LHD at the centre of UNICEF’s conceptual framework. UNICEF has already invested heavily in the reinforcement of the LHD concept and terminology, but this terminology is not commonly accepted across the sector (or within UNICEF country offices) in comparison with the more commonly



accepted 'nexus' terminology. As a result, UNICEF's work in the area may fail to be fully recognized.

As detailed in the report, UNICEF does not currently mainstream risk-informed programming, integrated needs assessment and analysis and comprehensive user engagement in WASH programming in protracted crises.¹¹⁸ The lack of analysis and risk management means that risks (aside from security risks) are not sufficiently escalated or aggregated through the organization. This is a particular problem for the kinds of sustained commitments that occur in protracted crises. Lack of senior acknowledgement and sign-off may mean that individual staff and teams may not feel that they are sufficiently protected should identified risks prevent achievement of results. The absence of any significant examples of the use of cash as a modality by WASH teams in protracted crises, and more importantly the inability of UNICEF WASH sections to explain why cash was not considered to be an appropriate programming tool, is symptomatic

of this tendency towards risk aversion, with programme staff falling back on familiar intervention approaches.

11. A significant barrier to the ability of UNICEF to fully adapt to the LHD agenda is that WASH sections in country offices are typically stretched simply ensuring ongoing provision of basic WASH services, and do not have the bandwidth to implement the necessary changes alongside existing work.

The principled focus on meeting the basic needs of the affected population at country level impedes UNICEF's ability to innovate and adapt while evolving its WASH role in protracted crises away from (primarily) service delivery. Uniquely to UNICEF, the implications of being provider of last resort during a protracted crisis can be – and have been – a long-term drain on resources. The evaluation team did not find evidence that UNICEF fully understood and managed the risks to their thought and practice leadership globally and locally arising from open-ended commitments to providing WASH services.

¹¹⁸ Risk including disaster, financial, institutional, security and programme delivery.



9

LESSONS LEARNED





Collecting and analysing the data for this evaluation generated several lessons that apply to UNICEF's WASH in protracted crises programming, and also more generally. The main lessons are highlighted below.

Lesson 1: Innovation, good practice, and knowledge management

Examples of innovation and good practice at field level speak to the experience of UNICEF staff and the flexibility and vision of UNICEF management. These include a pilot urban cash for water and cash for sanitation project; recognition that standards needed to be adapted to context; and examples where UNICEF has identified and supported (through both capacity building and in-kind support) private sector start-ups. Unfortunately, many of these examples were only anecdotally shared with the evaluation team and are not widely known even within the relevant country offices. In the opinion of the evaluation team, the innovation and good practice that is now taking place in many of the contexts considered in this evaluation could have been initiated earlier in the crisis response when resources were easier to access.

Interviews at the global level indicate that UNICEF has already recognized this knowledge management challenge and intends to focus more intensively on identification, documentation and dissemination of such good practices. Given this renewed emphasis on knowledge management and transfer, the WASH section can make the case for prioritized support.

Lesson 2: Accountability and learning

As noted above, the evaluation team has observed and verified positive change of practice now taking place at the field level as

a result of previous UNICEF accountability and learning exercises – such as L3 evaluations and subsequent management commitments. While such accountability and lesson learning must continue on a case-by-case basis the WiPC evaluation findings suggest that:

- Transformational lesson learning and accountability which take place at an earlier stage in a protracted crisis (e.g., in advance of the point at which an L3 is downgraded to an L2 emergency) will allow for adaptation, course correction and innovation to take place when core organizational and programmatic resources are still available to absorb costs.
- The regional advisers have routinely been praised for the support and experience that they provide (when requested) to country offices in protracted crises. However, the evaluation team has observed a pattern that suggests that UNICEF is routinely late in adapting strategy in a protracted crisis to take a medium-to-long term view. UNICEF is correct in seeking to embed better practice in context and risk analysis into strategic and operational programming decisions and this should continue to be paramount. However, UNICEF could do more to capture and highlight patterns in protracted crisis need and response within regions and between regions; this way, the organization can better identify opportunities and threats as they emerge rather than continue business as usual.



Lesson 3: Contracting the private sector

The evaluation team has observed a pattern of UNICEF choosing private sector contractors to deliver services and, at a later stage, realizing that the typical culture of the private sector is not one that naturally supports delivery at UNICEF standards for quality and accountability to affected populations. This is especially true for user engagement and community involvement in design and implementation. There is a recurrent pattern of UNICEF identifying and managing this risk belatedly (for example, through bringing in additional NGO capacity to support monitoring and community engagement). This is acutely important in protracted crises; monitoring changes in vulnerability that occur after initial service delivery is essential. UNICEF should ensure that an identified actor explicitly addresses community engagement activities from the outset of a project.

Lesson 4: UNICEF thought leadership

Despite internal and external acknowledgment that UNICEF has lost ground with regard to thought leadership at the global and country levels, the positive reaction to the *Water Under Fire* initiative and a more proactive external engagement since early 2019 shows that UNICEF can regain this ground. In 2020, as consideration of how to review progress against global commitments such as the World Humanitarian Summit begins, it is clear that protracted contexts will continue to dominate discussion. UNICEF WASH strategy and advocacy should focus on how to deliver WASH in protracted crises if the organization's thought leadership is to be regained.



10 RECOMMENDATIONS





The overarching recommendation of this evaluation is this: to appropriately and effectively respond to WASH needs in protracted crises (WiPC), UNICEF needs to fundamentally change its application of the business model in such contexts.

● 1. DEFINITION OF PROTRACTED CRISES

Problem statement:

UNICEF does not have a definition for protracted crisis, and in WiPC programming at the country office level¹¹⁹ teams tend to maintain siloed humanitarian or development perspectives and sets of tools rather than being context- or need-led. This evaluation has found that this tendency reinforces silos and could undermine the intent underpinning the 2019 LHD Procedure.

Recommendation:

Develop an organizational definition of protracted crises which identifies appropriate triggers for considering different ways of working. This should also articulate what different forms protracted crises may take. The drive to integrated programming means that this definition should apply to all programming, not only WASH.

Responsible:

EMOPS and Programme Division

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● 2. COVERAGE OF WATER, SANITATION AND HYGIENE NEEDS

Problem statement:

UNICEF WASH programming in protracted crises will not be able to fully support the WASH sector in meeting SDG 6 in 2030 unless it addresses the discrepancy between water and sanitation/hygiene targets in its protracted crisis caseload.

Recommendation:

Ensure that there is an understanding – at global, regional and country levels – of the reasons for any discrepancy between water and sanitation/hygiene targets. If water and sanitation needs are not planned to be met equally UNICEF must ensure that there is a robust contextual and technical justification for this. Targets where water and sanitation differ considerably should not be accepted without such a justification. Staff must consider how targets change over time in protracted crises – while the early response may justifiably focus on water supply, this should be rectified as soon as the context allows.

Responsible:

WASH-PD, Global WASH Cluster, regional offices, country offices

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¹¹⁹ Comments reflecting on the practice of other sectors are outside the scope of this WiPC evaluation.



● 3. CHANGES IN PEOPLE'S LIVES AS A RESULT OF WASH PROGRAMMING

Problem statement:

UNICEF, at both global and country levels, cannot articulate clearly the medium-to-long-term intended outcomes of WiPC programming and, critically, cannot state the change in lives that is expected as a result of UNICEF WASH action or UNICEF WASH action in integrated programming.

Recommendation:

UNICEF should:

- a) Establish a clear understanding at the programme design stage of the intended outcomes of WASH programming in protracted crises at the country level and how changes in lives will be monitored and measured. Agreed outcomes should be documented and monitored. Country offices should develop a strategic approach to making progress towards these outcomes over time, adjusting programming as needs and context evolve.
- b) At a global level, this should be supported by a clear articulation of the range of outcomes which could reasonably be expected from WASH programming in protracted crisis; guidance on the comprehensive programming approaches likely to be necessary to achieve these outcomes (including integrated programming); and advice on design of appropriate monitoring systems.

Responsible:

Country offices, with support from regional offices, WASH-PD

● 4. DATA-INFORMED PROGRAMMING

Problem statement:

UNICEF does not have in place robust data quality assurance processes for WiPC. The evaluation has found examples of discrepancies and parallel reporting systems which lead to concerns about the robustness of data at the country office level and therefore questions about the data at global level. UNICEF country offices do not make use of available data to understand and improve programme efficiency.

Recommendation:

Ensure that WASH programming in protracted crises is designed and adapted over time based upon robust data and evidence to address the needs of affected populations and be responsive to changes in context and need:

- a) UNICEF should require country offices to put in place robust data quality assurance processes to ensure that conclusions drawn from data are valid and based on mandated minimum monitoring requirements.
- b) A data use plan should be included in all country office monitoring & evaluation documentation (whether at project or programme level) to guide the use of data for reviewing programme effectiveness and making informed decisions on revised or new programming. This data use plan should identify data users (including partners and government), the data required to inform programming, availability of these data



(including from pre-existing or cross-sectoral sources¹²⁰), and a schedule for reviewing and acting on these data.

- c) Continuous context and risk assessment is required to ensure all operations remain relevant to context and need. Risk assessment should be tabled at country office management meetings and escalated according to agreed triggers.¹²¹
- d) Review how country offices can effectively harmonize the various monitoring systems used for humanitarian and development programming, including management of risk if programming is moving between humanitarian and development modalities. Monitoring systems must be relevant to the stated programme objectives, including collecting outcome-level data where these are appropriate.
- e) UNICEF headquarters must help country offices put in place the necessary quality assurance and adaptation tools needed to collect this level of data. UNICEF should develop a way to prevent country offices from expending resources to develop systems that duplicate existing tools.

Responsible:
DAPM, EMOPS , WASH-PD, regional offices, country offices

● 5. EQUITY AND QUALITY OF WASH PROGRAMMING

Problem statement:

*WASH service level and coverage are consistently prioritized over equity and quality commitments.*¹²²

Recommendation:

Ensure that quality and equity considerations are given equal weight to service standards within WASH programming.

- a) Accountability to quality standards should be equal to that of service standards from design onwards.
- b) Comprehensive data disaggregation is required to ensure programming meets the needs of marginalized groups. A priority area is people living with disability, which requires immediate attention.
- c) It is essential that staff and partners commit to implementing user engagement mechanisms (paying special attention to vulnerable or marginalized groups) from design throughout the life of programming. Qualitative data must be used to ensure that coverage for marginalized groups is demonstrated to meet the identified needs of individuals. Remedial work should immediately be undertaken in current protracted crises. Where possible, user engagement mechanisms should be cross-sectoral.

¹²⁰ Pre-existing data, or integration with existing data collection processes, should be favoured wherever possible.

¹²¹ Risk including disaster, financial, institutional, security, and programme delivery.

¹²² This problem statement mirrors findings and problem statements in UNICEF's 2019 *Evaluation of the Coverage and Quality of the UNICEF Humanitarian Response in Complex Humanitarian Emergencies*.



d) The capacity gap which currently exists for implementing monitoring of quality standards should not be underestimated and country offices should be adequately supported to address this.

Responsible: DAPM, EMOPs, WASH-PD, regional offices, country offices

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6. PARTNERSHIPS AND SUPPORTING LOCAL ACTORS

Problem statement:

*UNICEF has strong operational partnerships with national and international actors which are a core strength of its WASH in protracted crises programming but there is no evidence that such partnerships are driven by a long-term vision or localization strategy.*¹²³

Recommendation :

Enhance the current model of contractual-based partnerships for WiPC to ensure that they transcend contractual relationships and embody all aspects of UNICEF's commitments to localization.

- a) Ensure that WASH sections in country offices understand the UNICEF definition of localization and the implications this has for WASH programming and include planning on advancing localization within their outcome approach and analysis.
- b) Capture learning on how successful private sector partnerships work and could be replicated/adapted from existing country office programmes and/or consolidate it at the regional

and global levels to support increased knowledge transfer in this area. Particular attention should be paid to the unique risks around accountability to affected populations, equity and sustainability arising from working from private sector providers. Starting with the design phase, future private sector partnerships must include mitigation approaches for failure to monitor user engagement.

Responsible: WASH-PD, WASH Unit in Supply Division, WASH sections in country offices, regional offices

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7. THOUGHT LEADERSHIP FOR WASH IN PROTRACTED CRISES

Problem statement:

UNICEF is considered to have lost ground in terms of thought leadership in WiPC. While UNICEF took constructive action in 2019 to regain ground at the global level, there is more that can be done in 2020 and beyond.

Recommendation:

Consider how UNICEF can best add value in thought leadership for WiPC over the next decade by laying out a 10-year plan of action that could be launched at a relevant global sectoral event in 2020.

- a) UNICEF should further the *WASH under Fire* agenda and LHD agenda in urban response and consider investing in appropriate additional capacity at the regional level. Regional offices should

¹²³ This problem statement mirrors findings and problem statements in UNICEF's 2019 *Evaluation of the Coverage and Quality of the UNICEF Humanitarian Response in Complex Humanitarian Emergencies*.



be proactive in strengthening knowledge management and identifying priority areas for country office support.

- b) UNICEF should look at how WASH clusters/sectors can expand their capacity to address specific issues and challenges related to protracted crises and undertake coordination roles beyond coordination of activities (through the 4Ws) as programming moves beyond initial service delivery in protracted crises. This should include the specific challenges that occur when there is sector rather than cluster coordination.

Responsible:
WASH-PD, Global WASH Cluster, CERP, EMOPS, regional offices

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● 8. WASH CLUSTER COORDINATION

Problem statement:

Cluster (or sector coordination) is overly focused on operational issues at the expense of addressing longer-term approaches. The long-term consequences of UNICEF fulfilling provider of last resort responsibilities are not fully considered when country offices enter into open-ended commitments to deliver basic services.

Recommendation:

Steps should be taken to strengthen UNICEF accountability on the role of cluster lead agency for WASH and to ensure that national clusters and/or sectors meet all minimum requirements for fulfilling the core functions.

- a) Support training and strengthen guidance for country office leadership teams on the role of UNICEF as cluster lead agency for WASH, highlighting the broader requirements of this role beyond core function one.¹²⁴

- b) Where the WASH Cluster is activated, UNICEF should ensure country offices understand what the role of provider of last resort entails and in what contexts this might require UNICEF to manage service delivery. Where UNICEF does assume service delivery responsibilities, country offices should be required to conduct a risk analysis to understand the institutional, financial and programmatic implications over the medium- and long-term.

Responsible:
Global WASH Cluster, WASH-PD, EMOPS

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● 9. WASH IN URBAN CONTEXTS

Problem statement:

As the nature of protracted crises evolves, WASH intervention will be required more frequently in urban settings. This may require undertaking large scale infrastructure projects with significant engineering requirements, project management competence and support to local and municipal systems. Historically, UNICEF has undertaken such work only periodically and does not have a cadre of specialists able to deliver at scale. Donors question whether UNICEF is the appropriate body to move to scale for such responses.

¹²⁴ Core function 1: To support service delivery by: providing a platform that ensures service delivery is driven by the Humanitarian Response Plan and strategic priorities; and developing mechanisms to eliminate duplication of service delivery.



Recommendation:

Where a WASH response in a protracted crisis requires the construction or rehabilitation of infrastructure in an urban setting, UNICEF should carefully consider the feasibility and desirability of entering into long-term, large-scale infrastructure projects which require extensive engineering inputs over a significant period. UNICEF should also assess the risk to delivery of other commitments.

- a) Wherever feasible UNICEF should look towards facilitating other actors (including the government where appropriate) to undertake such works. In such a scenario, UNICEF should adopt programming in line with its core strengths and the approaches identified in the Urban WASH Framework.
- b) Where it is necessary for UNICEF to undertake such work to ensure the provision of services, the organization should undertake an exhaustive risk assessment before entering into the project, and implement extensive risk management and oversight processes at the senior country office level.

Responsible:

Country offices, WASH-PD



10. LINKING HUMANITARIAN AND DEVELOPMENT PROGRAMMING FOR WASH IN PROTRACTED CRISES

Problem statement:

There is a disconnect between UNICEF's level of ambition for LHD (as expressed in the recent LHD Procedure) and the programming approaches currently used by country offices. At present, many UNICEF WASH staff in country offices perceive that they are already

implementing LHD programming, but this is generally limited and does not reflect the commitments made in the LHD Procedure. UNICEF will only be able to achieve its LHD ambitions if it is able to break the cycle of 'business as usual' for WASH programming in protracted crises.

Recommendation:

Ensure that the outcome strategy is aligned with the LHD approach at the country office level (see Recommendation 3) and that offices consistently implement all relevant components of LHD.

- a) UNICEF should consider the feasibility of requiring country offices to conduct an internal reflection (led by a dedicated senior staff member) of the WASH country programme at the point when analysis suggests that the context is likely to become a protracted crisis. This could be part of broader multi-sectoral reflection within the country office. The time to take a medium-to-long-term approach must be early in the response (within the first six months) while attention and resources are still available.
- b) UNICEF should shift from a linear approach and adapt in line with the LHD Procedure. This entails country offices demonstrating that they are adjusting in response to up-to-date context, conflict and risk analysis that crosses silos (both sectoral and humanitarian-development). Preparedness should be comprehensively integrated and linked to this analysis and mainstreamed within country office planning processes. Programming should include proactive steps to reduce risks and strengthen resilience.



c) UNICEF headquarters should communicate to country office and WASH sections an expectation that they will consider, as part of context and risk analysis, the feasibility of alternative approaches to delivery including cash transfers and cross-sectoral work and – just as important – the WASH section must be able to explain where this approach is not relevant.

Responsible:
CERP, country offices, Global WASH Cluster, EMOPS, WASH-PD

● **11. CAPACITY FOR NEW WAYS OF WORKING**

Problem statement:

UNICEF WASH sections in protracted crisis contexts remain absorbed with ensuring the continuity of basic services many years into the response. Capacity at the country office level for undertaking these recommendations, implementation according to the revised CCCs and LHD Procedure and instituting the necessary change at the country office level will continue to be limited.

Recommendation:

Ensure timely and appropriate support to country offices to deliver these changes. Currently, the pressure to continue service delivery poses significant resource stresses on country offices. Without additional capacity, these changes will not be possible.

- a) Assess whether the current human resources competencies and surge mechanisms are fit for purpose for protracted crises and adapt for additional profiles accordingly. Address identified gaps by recruiting appropriate capacity when additional specializations are required. UNICEF should also accept that support of this nature cannot be short-term because country offices will require support over time in protracted crises to plan, influence and deliver change.

Responsible:
Programme Division, EMOPS, regional offices, DHR



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