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Evaluation of UNICEF Work in Public Health Emergencies

Case study: Zika epidemic in Latin America and the Caribbean

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Abbreviations

ASCATED	Asociación de Asistencia Técnica y Capacitación en Educación y Discapacidad
C4D	Communication for Development
CCCs	Core Commitments for Children in Humanitarian Action
CZS	congenital Zika syndrome
C&S	care and support
ECD	early childhood development
EDRM	Emergency and Disaster Risk Management
LAC	Latin America and the Caribbean
PAHO	Pan American Health Organization
PHE	public health emergency
PROEDUSA	Department of Health Promotion and Education
USAID	United States Agency for International Development
WASH	water, sanitation and hygiene
WHO	World Health Organization

Introduction

1.1 Objective of the case study

This case study forms part of an evaluation of UNICEF's work in public health emergencies (PHEs) covering the period from 2015 to the present. The overall objective of the evaluation is to assess the extent to which UNICEF is fit for purpose to prepare for and respond to PHEs, with the specific objectives being to:

1. Examine the appropriateness and adaptability of UNICEF work in PHEs;
2. Examine efficiency and effectiveness in terms of human and financial resources and capabilities as well as operational policies, procedures and tools in preparing for and responding to PHEs;
3. Assess the coherence and sustainability of UNICEF work and its synergy with the work of local, national and international actors, including for systems strengthening;
4. Identify and capture lessons learned and experiences that can be shared to improve UNICEF's contribution to PHE responses;
5. Make actionable recommendations that help UNICEF optimize its contribution to PHEs.

The case studies for the PHE evaluation are intended as a deeper dive into the actions and relationships of UNICEF and partners and their effects in relation to specific disease outbreaks, and to extract lessons that may be applied more broadly. This case study examines the application of lessons from the Zika epidemic for preparedness in Latin America and the Caribbean (LAC) and uses the regional office function as its object. In the LAC region, UNICEF has 24 national offices and, through these, is active in 36 territories and countries (United Nations Children's Fund, 2023b). Interventions in the region focus on education, protection, social policy, early childhood development (ECD), adolescent development and participation, equity and inclusion, climate change, gender and emergencies (United Nations Children's Fund, 2023a).

The main evaluation questions for the case study are:

1. To what extent have recommendations from the 2018 formative evaluation of the 2015–2016 Zika epidemic in Latin America and the Caribbean and management responses developed after the evaluation, and actions based on lessons from the Zika outbreak more generally, been implemented by UNICEF in the LAC region and by national governments and country offices?
2. What is the current state of preparedness in the LAC region in the event of a future Zika outbreak?
   - What is the role of UNICEF in contributing to this?
   - How might UNICEF's contribution be improved?

3. To what extent did lessons from the Zika outbreak contribute to improving preparedness for disease outbreaks in LAC, including for COVID-19?
    - How did UNICEF contribute to this?

The conceptual framework for the evaluation uses the Core Commitments for Children in Humanitarian Action (CCCs) benchmarks to provide judgement criteria for assessing response and a framework derived from the World Health Organization (WHO) Health Emergency and Disaster Risk Management (EDRM) Framework to provide judgement criteria on preparedness. Overall, these frameworks allowed the evaluation team to make assessments based on criteria that cover more than just effectiveness. However, it should be noted that in the detailed assessments of preparedness and response provided below, it has not always been possible to make a judgement in instances where insufficient evidence was available.

1.2 Case study approach and data sources

Data were collected through both a document review and primary data collection in the form of key informant interviews. The document review was conducted by the case study team. Documents reviewed included background documents such as evaluation reports and reports on UNICEF's response to Zika.

Following the document review, UNICEF provided the case study team with a list of suggested key informants to interview, including UNICEF staff, government counterparts and representatives of local organizations UNICEF had worked with. A total of 13 key informant interviews were conducted. These included nine interviews with stakeholders in Guatemala, including with UNICEF staff and representatives from the United States Agency for International Development (USAID), the Pan American Health Organization (PAHO) and the civil society organization Asociación de Asistencia Técnica y Capacitación en Educación y Discapacidad (ASCATED). Four regional interviews were held with staff from UNICEF's regional office and with representatives from the Dominican Republic. Respondents included seven men and six women.

Interviews were held in English and Spanish by Oxford Policy Management's case study lead and a national consultant. Informed consent was sought prior to each interview.

1.3 Structure of this report

The remainder of this report is structured as follows. Section 2 provides an overview of the Zika epidemic in 2015–2016 and of UNICEF's response to the epidemic and outlines the key findings from the 2018 formative evaluation. Section 3 reviews the implementation of the recommendations made in the 2018 evaluation and UNICEF's financial contribution to systems strengthening in the region. Section 4 contains the evaluation assessment of preparedness and response to outbreaks after 2018. Section 5 summarizes evidence against the evaluation questions for the evaluation as a whole. Section 6 presents the conclusions of the case study.

Additional information is included in appendices. Appendix A lists the key informants interviewed. Appendix B contains the instruments used and Appendix C the consent protocols for key informant interviews.

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Background

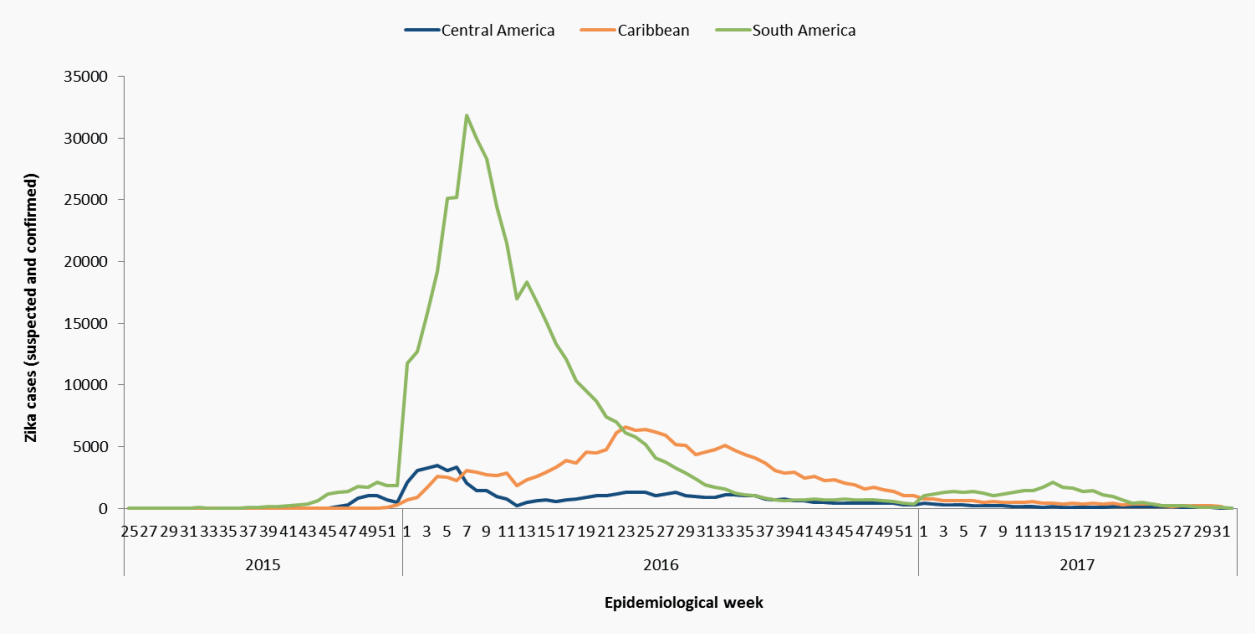
This chapter provides an overview of the Zika epidemic that struck the LAC region in 2015 and 2016 and summarizes key recommendations from the 2018 evaluation commissioned by UNICEF.

2.1 Zika epidemic

The Zika virus is primarily transmitted by the Aedes mosquito and tends to either be asymptomatic or cause symptoms including muscle and joint pain, fever, rash, conjunctivitis and malaise. However, in pregnant women, it is also associated with premature birth, miscarriages and the birth of infants with microcephaly or other congenital malformations (World Health Organization, 2022).

The epidemic that struck the LAC region in the mid-2010s was first detected in Brazil in 2015 and led WHO to declare a public health emergency of international concern in February 2016, when the link between the virus and congenital malformations was established (World Health Organization, 2022). At the time, WHO estimated that 5 to 15 per cent of women who had become infected with the Zika virus during pregnancy would go on to have pregnancy complications (World Health Organization, 2022). WHO declared the end of the public health emergency of international concern nine months later, in November 2016. By this point, 48 countries and territories in the region had confirmed cases (Centers for Disease Control and Prevention, 2017). Between 2015 and 2017, a total of 806,900 suspected and confirmed cases of the Zika virus and 3,740 cases of congenital Zika syndrome (CZS) had been recorded (United Nations Children's Fund, 2018a).

Figure 1. Distribution of suspected and confirmed Zika cases



Source: Pan American Health Organization, 2017.

2.2 UNICEF's response to the Zika epidemic

Knowledge about the Zika virus and its link to congenital deformities and microcephaly, as well as the potential for sexual transmission, took some time to be established, leading to a response in multiple phases, as each new development required an adapted approach (United Nations Children's Fund, 2018a). Accordingly, UNICEF's response can be described as having taken place in multiple phases:

1. A first emergency response phase of three to six months, during which Zika prevention and the reduction of its impact on families were the focuses;
2. A second phase that focused on community participation and the capacity building of local actors to contribute to behaviour change and to provide care and support (C&S) to affected families;
3. A third phase that looked to consolidate the programmatic and coordination components of UNICEF's response to date (United Nations Children's Fund, 2018a).

Over the course of the epidemic, UNICEF mobilized $7.2 million for its response strategy, an impressive sum that was 81.8 per cent more than had been initially planned (United Nations Children's Fund, 2018a). Two key components of UNICEF's response were C&S and risk communication. More information is provided on each below.

Risk communication

During its epidemic response, UNICEF focused its Zika prevention efforts on risk communication, as this was perceived to be the most appropriate approach for raising awareness among the most vulnerable and at-risk populations and was seen as a key method of empowering pregnant women and other vulnerable groups to make informed decisions (United Nations Children's Fund, 2020c). Social networks, information days and corporate newsletters were among the mediums used to reach these populations (United Nations Children's Fund, 2020c). Through these broad communication campaigns, counseling sessions for pregnant women, social mobilization, and working with national and local officials, UNICEF reached almost 180 million people with its prevention and protection messaging (United Nations Children's Fund, 2018a).

UNICEF's approach to risk communication also sought to take advantage of innovative tools for engaging communities, such as Kobo and U-Report. These tools enabled UNICEF to reach a wide range of populations, including youth, and also receive their comments and feedback, a methodology that enabled UNICEF to then tailor both communication strategies and tools based on what it had learned (United Nations Children's Fund, 2020c).

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Care and support

UNICEF's response to the Zika epidemic was based around support for children with disabilities and their families. The clinical management of CZS requires the multidisciplinary support of a team of clinicians including pediatricians, geneticists, a physiatrist, a neuro-pediatrician, an orthopedist and others in the first instance, with ongoing occupational and physical therapy provided in the longer term (United Nations Children's Fund, 2018a). UNICEF's C&S initiatives therefore focused on identifying children initially affected by the Zika virus and promoting multisectoral, early intervention and family support activities.

This approach required strategic shifts in how to work with social protection systems, with municipal health and with others around the severe vulnerability of children affected by CZS and their families. It required the definition of a comprehensive theoretical multisectoral framework that covered physical and mental health, monitoring of the child's growth and development, and the achievement of early childhood milestones.

UNICEF therefore focused its energies on two C&S initiatives as part of its ECD work, the Nurturing Care Framework and the Care for Child Development approach, both of which were jointly implemented with WHO (United Nations Children's Fund, 2020c). The development of strategies like Care for Child Development provided a framework for an approach that incorporated early intervention, health, ECD and community-based service providers and both strengthened the capacity of families to raise their children in a sensitive and positive environment and provided them with solutions to frequent issues that emerge in relation to the care of a young child (United Nations Children's Fund, 2019). This approach facilitated coordination among existing sectors and services and therefore contributed to strengthening intersectoral work and institutional capacities for early intervention. Furthermore, UNICEF worked with national actors to strengthen the capacities for multisectoral early intervention services (United Nations Children's Fund, 2020b).

2.3 The 2018 evaluation

In 2018, UNICEF contracted an external evaluator to conduct a formative evaluation of its response to the Zika epidemic in the LAC region. Completed in November 2018, this evaluation was intended to generate knowledge around the response and extract lessons and recommendations aimed at improving the future response that UNICEF and its partners could provide in response to the Zika virus (United Nations Children's Fund, 2018a).

Overall, the evaluation determined that UNICEF's regional response to Zika in 2015–2016 had met the needs of national governments and affected populations, promoted integrated care and rights for children with disabilities, exceeded targets for prevention communication messages, mobilized sufficient resources to respond to Zika, developed capacity of communities and governments to better manage the response to Zika and PHEs, and played a critical role in coordinated responses across partners at the global, regional and country levels (United Nations Children's Fund, 2018a).

Nonetheless, the evaluation found some weaknesses, including delays in communication messages containing the most up-to-date information on Zika risks and messaging that varied across countries. It noted that internal communications and the capacity of country offices to adjust in response to updated strategies could be improved. Finally, it found that the theory of change, particularly at the level of outcome indicators, left room for improvements.

The report highlights two main lessons. The first is the need for all stakeholders, including UNICEF, to ensure targeted and focused messaging to communicate about risks. The second lesson stems from the need to evolve PHE responses based on the different phases of an epidemic, for example as with UNICEF's work on C&S, by broadening both scope and focus. The use of virtual platforms was also highlighted as an important mechanism for both collecting and disseminating information on knowledge, attitudes and practices (United Nations Children's Fund, 2018a).

The evaluation recommended that UNICEF:

- **Lead work related to case and support of children with disabilities in the region.** The first steps include mapping roles and responsibilities and funding streams among existing actors working in C&S for children with disabilities in the region and assessing any resource or capacity gaps internally. UNICEF's work will require a multisectoral approach working with multiple actors at national and sub-national levels and transforming social norms, attitudes and behaviours toward children with disabilities through advocacy and programmes such as the 1,000 Days of Love campaign.
- **Improve its coordination across country and regional levels**, as there are issues with country offices not adequately reporting information up to the regional office or utilizing regional guidance to inform programming. Higher levels of participation and meetings are required for the collective development of essential frameworks and strategies as well.
- **Strengthen its monitoring and evaluation systems by using logical frameworks (logframes) based on theories of change** with both qualitative and quantitative indicators that can be measured by country offices as part of routine circular feedback processes.
- **Mainstream its Zika response into its country programming** by moving away from an emergency response to Zika and towards a development approach that integrates Zika.
- **Reinforce the sustainability of its actions**, strengthening ties with different partners in the Zika response and creating more resilient links in the community and between actors to prepare for similar situations.
- **Consolidate the Communication for Development (C4D) component** implemented throughout the response (United Nations Children's Fund, 2018a).

Implementation of recommendations from the 2018 evaluation

After the evaluation was published in November 2018, UNICEF's management drafted a response outlining how it would address the recommendations that had emerged from the evaluation. It noted that a Zika response plan that would integrate the findings of the evaluation was scheduled for development in 2018–2019. For example, the management response acknowledged weaknesses that the evaluation had identified regarding the integration of gender in UNICEF's response and noted that this would be a priority action for 2019 (United Nations Children's Fund, 2018b).

According to a number of respondents, the Zika epidemic and the experience and lessons that emerged from it have proven to be instrumental in strengthening country, regional and UNICEF preparedness and response to other epidemics and PHEs.

3.1 Take lead on work related to care and support of children with disabilities

UNICEF's management agreed that it should continue to lead on providing care and support to children with disabilities in Guatemala. As part of its actions to do so, it conducted a review of its existing materials on C&S and developed new support materials for its activities under this strand of work (United Nations Children's Fund, 2018b). This included the development of C&S and ECD, technical notes, guides and frameworks for multisectoral work (United Nations Children's Fund, 2020b). It also included the development of a directory for disability resources for communities and parents to enable easier identification of resources and the strengthening of the disabilities network's capacity to respond. As part of its ECD work, UNICEF also developed and reinforced family-centred models of early intervention, including a child care approach, Care for Child Development, that gave families a more significant role, encouraged peer-to-peer support and promoted a child-based approach focused on the rights of children with disabilities and their families (United Nations Children's Fund, 2020b). In hindsight, UNICEF found that this strategy of engaging directly with both the demand and supply sides of services working with children with disabilities had proven to be an important strategy (United Nations Children's Fund, 2020b). As one UNICEF regional office staff member noted, Zika provided a sort of "road map for early detection, care and management of cases."

3.2 Improve coordination at country and regional levels

Coordination between UNICEF offices at country and regional levels was an area for improvement highlighted in the evaluation. Respondents had mixed views of the current level of coordination. One UNICEF staff member noted improvements in coordination since the Zika epidemic, while another felt that UNICEF had veered towards having too many meetings, stating, "I cannot take full advantage of all these opportunities. I cannot. It's just simply too much so I have to prioritize." These differing responses indicate that the quantity and quality of coordination can vary significantly from role to role and country to country.

> **We have meetings where we all share information, everything is super structured, super prepared. We have the opportunity to contribute to everything. I think that is very transparent and very efficient, very organized and very inclusive."**
> *– UNICEF staff member*

Nonetheless, another respondent stated that there was good coordination between sectors and teams in the LAC Regional Office. The respondent provided an example of coordination during the COVID-19 response: "We come together, we exchange updates and compare those. During the COVID response we had a coordination mechanism doing a good job. This brings people together, exchanging information, and at the same time, it can also be better, being more proactive, because sometimes we are only reactive."

UNICEF also recognized the need to improve not just internal coordination, but also coordination with the various actors working on issues affecting children with disabilities and their families. This is important because, as two UNICEF partners noted, "Health is important but it [C&S] is not only a health specific issue, it includes education, etc." To this end, UNICEF's Zika focal points in the country offices were asked to participate in intersectoral coordination meetings (United Nations Children's Fund, 2018b). In early 2020, UNICEF noted that this intersectoral approach and the strengthened coordination between actors had been key to the provision of comprehensive, quality care to children with disabilities and their families (United Nations Children's Fund, 2020b). Two respondents from a local community-based organization, however, commented, "'multisectoral' seemed like a political technical term." Although the respondents did not elaborate, their comment indicates that despite the apparent popularity of the multisectoral approach it has not yet been sufficiently institutionalized so as to become an enduring approach.

Coordination and collaboration with national and community actors was another area for continued improvement. One UNICEF staff member based in Guatemala explained that during Zika, a community toolbox had been developed with leaders to provide resources for Zika education and prevention. This toolbox was developed to focus beyond Zika and to provide an integrated arbovirus approach by covering other vectors for dengue and chikungunya. This was positive and strengthened the ministry of health and its capacity to respond to various health emergencies as the toolbox provided a reference point and materials that could be adapted and used for various outbreaks. Engagement with the national government remains critical, but one challenge highlighted by two UNICEF partners is the break that inevitably occurs when a new administration comes into office.


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3.3 Strengthen monitoring, evaluation and learning systems

The management response to the evaluation committed UNICEF to collecting and systematizing information about country experiences, developing Zika outreach materials and providing guidance on how to monitor children and their families benefiting from UNICEF's Zika interventions (United Nations Children's Fund, 2018b).

UNICEF has sought to address this recommendation through a more comprehensive approach to monitoring, evaluation and learning, through studies to better comprehend knowledge, attitudes and practices to inform behaviour change communication, and by supporting governments to strengthen their monitoring capabilities.

UNICEF developed more comprehensive monitoring indicators for country offices to use. One respondent, however, noted that while the need for such an approach to monitoring was understandable, the requirement for country offices to report against more extensive indicators had created a backlash as staff working in emergencies found the requirements overbearing and did not have the time to do such reporting.

UNICEF also invested in studies to understand behaviour and perspectives locally. For example, in the Dominican Republic, UNICEF conducted the first survey on the Zika vector in the country and also conducted several studies in schools. Finally, in Guatemala, UNICEF provided support to the ministry of health to improve its monitoring system capacities.

3.4 Mainstream Zika response into country programme

As part of its efforts to mainstream its work on Zika, and in particular its C&S activities, into country programmes, UNICEF successfully integrated C&S into its existing health and social protection programmes. This integration enabled it to transition its Zika activities from an emergency response to a more sustainable phase of delivery (United Nations Children's Fund, 2020b). It also promoted greater country ownership, contributing to the incorporation of C&S components and strategies based on specific country experiences in developing and scaling up pilot activities (United Nations Children's Fund, 2020b).

UNICEF also used this juncture as an opportunity to shift away from a focus on children affected by the Zika virus and towards a broader and more inclusive focus on care and support to children also affected by other developmental disabilities and congenital disorders and their families (United Nations Children's Fund, 2020b). This strategy was particularly important in countries whose work on child development was centred on supporting families with children with disabilities as it brought clarity to their work.

3.5 Consolidate C4D component and integration of gender in response

To consolidate its C4D strategies to contribute to changed knowledge, attitude and practices on care and support at all levels, in its management response UNICEF committed to designing new training materials and holding trainings of trainers, as well as to developing a guide on gender in Zika responses (United Nations Children's Fund, 2018b). In 2019, UNICEF published its Guide on Gender and the Zika Virus, which aimed to provide guidance on how to integrate the gender perspective in the design, planning and implementation of responses to the Zika virus (United Nations Children's Fund, 2018b).

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3.6 Reinforce sustainability of UNICEF's actions

UNICEF engaged in advocacy to encourage national governments to develop policies on multisectoral early intervention services to provide support to families affected by the Zika virus (United Nations Children's Fund, 2020b). This was enabled by a better understanding of the ways in which Zika affected newborns and young children (United Nations Children's Fund, 2020b).

Furthermore, as part of its efforts to make its work on C&S more sustainable, UNICEF moved from an emergency response strategy focused on immediate response to a strategy that promoted the protection of the long-term rights of children affected by the Zika virus and other disabilities (United Nations Children's Fund, 2020b). In collaboration with its government counterparts and in line with its own internal UNICEF cooperation plan, UNICEF has developed plans to incorporate C&S into its existing work on health, ECD, education and social protection (United Nations Children's Fund, 2020b). Furthermore, UNICEF's work developing a directory of resources for children with disabilities and their families contributed to the sustainability of C&S efforts by providing a lasting resource that service providers could reference long after project funding had run out.

Finally, UNICEF embraced the need to put the family at the centre of its activities and advocacy for promoting the inclusion and development of children with disabilities, noting that this was important for the development of all children (United Nations Children's Fund, 2020b).

Despite these positive developments, respondents highlighted the need for more comprehensive follow-up to health emergencies to monitor how affected and vulnerable populations have coped and for continued funding to local actors to further support local delivery and sustainability.

> "UNICEF left positive footprints."
> – *UNICEF partners*

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Assessment of preparedness and response to the 2021 outbreaks

4.1 Assessment of preparedness

As set out in the inception report for the evaluation, the framework for assessing preparedness in the case studies is based on the categorization of functions in the WHO Health EDRM Framework[1] adapted to focus specifically on PHEs.[2] This framework provides a checklist of assessment criteria for assessing PHE preparedness at the national level and for identifying UNICEF's contributions to national preparedness. This assessment covers the LAC region's level of preparedness for the outbreaks it experienced after the 2018 evaluation.

> "For UNICEF to be able to continue or at least capitalize on the experience of the Zika response, it was to scale up that approach not just to Zika, but to all the public health emergencies that could arise around this particular issue [vector control]. The mosquito was emerging as an environmental health problem and the risk communication, community engagement were the key areas of engagement."
> *– UNICEF staff member*

1 World Health Organization, *Health Emergency and Disaster Risk Management Framework*, WHO, Geneva, 2019.

2 The EDRM Framework focuses on those functions that lead to "countries and communities [having] … stronger capacities and systems across health and other sectors resulting in the reduction of the health risks and consequences associated with all types of emergencies and disasters." The adaptation of the framework involved focusing on PHEs (rather than other types of emergencies) while noting the importance of other sectors (especially water, sanitation and hygiene (WASH) and supply) that are of critical importance for PHEs.

Table 1. Summary of preparedness assessment

Functions	Assessment criteria	Assessment	UNICEF contribution
Policies, strategies and legislation	Structures, roles and responsibilities of governments and other actors for managing PHE risks are clearly defined and agreed; strategies for strengthening PHE risk management capacities are in place.	In Guatemala, limited legislation is in place concerning the needs of children or persons with disabilities, which has hindered the Zika response. Respondents felt that legislative reform was needed urgently to protect the rights of children with disabilities.	UNICEF conducted significant advocacy to raise the visibility of issues impacting children affected by the Zika virus and their families, including advocating for keeping essential services open during the epidemic. Internally, one UNICEF staff member felt that "emergency is now the part of the regional work that is the best organized, structured, etc. We don't have that for regular programming."
Planning and coordination	Effective coordination mechanisms and effective leadership are in place for planning and operations for managing PHE risks, including across sectors. Contingency plans are in place and response protocols are tested through simulation and exercises.	Coordination mechanisms have been set up at country and regional levels, including to deal with specific outbreaks or crisis situations, such as the Venezuela migration crisis. One UNICEF staff member, however, mentioned that these tended to take place on an ad hoc basis rather than in a systematic way and that they were a space used more for information sharing than actual coordination.	One UNICEF staff member noted that country-level preparedness plans were not necessarily coordinated but that making them so could improve coordination for PHEs. One UNICEF staff member noted that coordination within the emergency team was most effective but that programme management coordination was not conducted in such a systematic way; this is likely to impact UNICEF's preparedness activities, many of which are integrated into health, water, sanitation and hygiene (WASH) and nutrition programming.
Human resources	Plans are in place for staffing, education and training across the spectrum of PHE risk management capacities at all levels, including for the occupational health and safety of personnel.		

Financial resources	Appropriate financial resources are available to support implementation of PHE risk management activities, capacity development and contingency funding for emergency response and recovery.		According to one UNICEF staff member, UNICEF does not have specific funding allocated to the response for Zika or other arboviruses, which means the organization relies on resources mobilized more broadly for emergencies, resulting in competing demands on the limited funding available. As another staff member noted, however, the emergency that developed around the Zika epidemic brought greater attention to the countries affected, which allowed more resources to be directed there. The financial resources UNICEF provides to community-based partners cannot be overlooked. In Guatemala, UNICEF has played an important role in supporting the delivery of C&S activities related to the rights and needs of children with disabilities.
Information and knowledge management	Harmonized systems are in place and functioning effectively to provide information on risk assessment, surveillance, early warning, information management, technical guidance and research.	According to one UNICEF staff member, surveillance for Zika has not been systematized across countries, with many countries neither reporting nor monitoring cases. Furthermore, as respondents in Guatemala highlighted, governments have sometimes been hesitant to share data about virus prevalence out of concern that the data would be sold to other organizations, making delivery of activities more difficult.	In the specific case of Guatemala, UNICEF has played a role in building the government's trust until it was willing to release prevalence data to support the creation of a plan and strategy for priority areas to assist families with the Zika response. However, as highlighted in the 2020 end-of-year summary for the LAC Regional Office, the office does not have dedicated staff focusing on information and knowledge management, which is problematic given that these are time-consuming tasks (United Nations Children's Fund, 2020a).

Risk communications	Effective communications mechanisms are in place to deliver appropriate, coordinated and trusted information to the general public, including vulnerable groups. Public information activities should be coordinated among stakeholders to avoid dissemination of conflicting information and should be tailored to the risks and needs of diverse at-risk populations, including those with higher levels of vulnerability.	The Zika epidemic brought attention to the role of vector control in preventing or containing arboviruses, a fact that was then disseminated through risk communication. According to one UNICEF staff member, this approach was then "institutionalized," resulting in improved prevention and preparedness in specific countries and across the region.	Risk communication and community engagement were significant areas of strategic involvement for UNICEF in terms of its preparedness and response for PHEs caused by arboviruses like Zika and dengue fever. As one UNICEF staff member noted, "Zika was a good opportunity for having the resources to study something that usually is not studied much. So how do we influence social norms and social behaviour around the vector control? There's a lot to do with the environmental health. Cleaning of the house, the way you manage the water, store the water in the house, etc. So, all the study around this behaviour change was possible because of the Zika response." In addition to communication around risks, UNICEF conducted effective health education communication campaigns to bring attention to the rights and needs of persons with disabilities and their families.

Health infrastructure and logistics	Safe, sustainable, secure and prepared health facilities, critical infrastructure, and logistics and supply systems are in place to support management of PHE risks.	There is significant variation in the level of health infrastructure and logistics in countries across the region, with some countries considered middle income and others low income, and a general assessment therefore cannot be made. Supply and logistics, however, have been significantly affected by global forces. A digital transformation effort is underway in countries across the region to strengthen health systems through digitalization.	UNICEF engages in country- and regional-level advocacy to promote investment or continued investment in primary health care. UNICEF has also supported countries to explore the ways in which they can utilize digitalization to strengthen health information systems. As one UNICEF staff member said, however, global factors played a significant role in logistics and health supply delivery: "UNICEF would send a cargo in a week and the next one would depend on the global market, with the crisis of the shipping and containers, and all these things that actually affected us as well."
Health services	The full range of health and related services required for supporting management of PHE risks is provided, including nutrition, mental health and psychosocial support; health services have capacity to scale up to meet increased health needs and specific risks resulting from a PHE.	As noted above, there is significant variation in the provision of health services across the LAC region. In Guatemala, however, health services and health outcomes remain poor. As highlighted by the World Bank, the country's population suffers from high rates of chronic malnutrition, disproportionately affecting children from indigenous and low-income households (World Bank, 2023). The impact of the COVID-19 pandemic on delivery of health services was felt significantly across the region, with vaccination coverage decreasing and various health indicators showing negative trends. However, one UNICEF staff member noted a hope that the dual impact of the Zika epidemic and COVID pandemic would serve as a "wake-up call" on the need to invest more in strengthening health systems in the region.	UNICEF also supported countries to strengthen their primary health care, through both systematic activities like advocacy and more ad hoc activities like campaigns and brigades, for example in Guatemala. A UNICEF staff member also explained the positive way in which the Zika epidemic had been a strong "accelerator" for the integration of ECD services into health services and child protection. UNICEF provides rapid Zika diagnostic tests to contribute to rapid detection; UNICEF's ability to do so, however, is affected by any embargoes that may be in place.

Water, sanitation and hygiene services	WASH services (including infrastructure, service management arrangements and behaviour) are provided to support management of PHE risks.	WASH measures were considered essential during pre-epidemic prevention phases for arboviruses. Structural WASH weaknesses, however, were also seen as important to address once Zika had become endemic to the region (United Nations Children's Fund, 2020c).	UNICEF has limited WASH capacity at the country office level, which affects its ability to provide intensive WASH support in the region. In 2020, however, it sought to identify the needs for support in the country offices that should be addressed. Since 2020 the WASH capacity in the region and in Guatemala has increased.
Community capacities for health	Local health workforce capacities are sufficient to address PHE risks in conjunction with inclusive community-centred planning and action.		In Bolivia, UNICEF's focus has been on strengthening community systems and primary health care, while in Guatemala UNICEF supported community capacities for health by working with community-level brigades that initially focused on nutrition but expanded to clarify linkages between health and nutrition.
Monitoring and evaluation	Processes are established to monitor progress towards meeting PHE risk management objectives, including monitoring risks and capacities and evaluating the implementation of strategies, related programmes and activities.	Surveillance systems for Zika have not been actively maintained, and inconsistent data are reported across different organizations, in part due to the perception that not much can be done to prevent Zika.	In Guatemala UNICEF has provided support to the ministry of health to improve its monitoring system capacities.

4.2 Assessment of response

As set out in the inception report, the benchmarks defined in the Core Commitments for Children in Humanitarian Action were used to provide judgement criteria against which PHE response was assessed in the case studies. The commitments, their corresponding benchmarks and the summary assessment of the extent to which each benchmark was met are shown in Table 2.

Table 2. Summary of assessment of response (against CCCs)

Commitments	Benchmarks	Extent to which benchmarks have been achieved
1. Coordination and leadership **Effective coordination is established with government and partners.**	**1a)** Inter-agency and intersectoral coordination mechanisms, including cross-border, are in place and allocate clear roles and responsibilities across sectors, without gaps or duplications	**1a)** This benchmark has largely been met. Inter-agency and intersectoral coordination mechanisms are in place, with significant efforts made to improve coordination through these forums. In some instances, however, it has been commented that they provide a venue for sharing information rather than for active coordination.
	1b) UNICEF-led sectors are adequately staffed and skilled at national and sub-national levels	**1b)** Not covered by interview.
	1c) UNICEF core leadership and coordination accountabilities are delivered	**1c)** Not covered by interview.
	1d) Surge deployments and emergency procedures are activated on a no-regrets basis	**1d)** Not covered by interview.
	1e) In case of the activation of the Inter-agency Standing Committee (IASC) Protocol[3] for the Control of Infectious Disease Events, response modalities and capacities are adapted and scaled up accordingly	**1e)** Not covered by interview.

3 This protocol is currently undergoing revision.

2. Risk communication and community engagement **Communities are reached with targeted messages on prevention and services and are engaged to adopt behaviours and practices to reduce disease transmission and its impact. They participate in the design, implementation and monitoring of the response for ongoing corrective action.**	**2a)** Communities are reached with gender- and age-sensitive, socially, culturally and linguistically appropriate and accessible messages on disease prevention, and on promotion of continued and appropriate use of health services	**2a)** This benchmark has been met. UNICEF's risk communication was felt to be well adapted to the needs of the Zika virus target groups and was adapted based on specific country contexts.
	2b) Local actors are supported and empowered to raise awareness and promote healthy practices	**2b)** UNICEF worked closely with a range of local actors, with those interviewed remarking on the close relationship of trust that they had with UNICEF.
	2c) Systems are in place to allow communities to guide the response and provide feedback for corrective action	**2c)** There is insufficient evidence to respond to this benchmark.
3. Strengthened public health response: prevention, care and treatment for at-risk and affected populations **Populations in at-risk and affected areas safely and equitably access prevention, care and treatment to reduce disease transmission and prevent further spread. Specific attention is given to women and children.**	**3a)** The risk of geographical spread of the outbreak and its potential impact are monitored to inform early response and preparedness in at-risk areas	**3a)** This benchmark has been partially met. While UNICEF supported national governments, like that in Guatemala, to develop their monitoring capabilities, according to one UNICEF staff member surveillance for Zika has not been systematized across countries, with many countries neither reporting nor monitoring cases.
	3b) Specific needs and vulnerabilities of children and women are considered in prevention and treatment protocols, including in the design of patient-centred treatment programmes	**3b)** This benchmark has been met. UNICEF's response to the Zika virus and preparedness for future Zika outbreaks was centred on the needs and vulnerabilities of children, including children with disabilities.
	3c) Communities directly affected by the PHE are reached with infection prevention and control activities, including the provision of critical medical and WASH supplies and services at facility, community and household levels and in public spaces	**3c)** This benchmark has been met. UNICEF engaged in extensive risk communication and community support activities to ensure information and C&S were reaching the most at-risk and affected.
	3d) Psychosocial support services contributing to reducing transmission and PHE-related morbidity are accessible to individuals and their families directly or indirectly affected by the PHE	**3d)** This benchmark has been met. UNICEF provided direct psychosocial support to parents and caregivers of children affected with CZS and also provided opportunities for such carers to access peer support.
	3e) Children directly affected by the PHE receive an integrated package of medical, nutritional and psychosocial care	**3e)** This benchmark has been met. UNICEF successfully provided a comprehensive package of C&S to children affected with CZS.

	3f) Frontline workers at facility and community level are trained in infection prevention and control and provided with personal protective equipment as appropriate for each situation and role	**3f)** This benchmark has been partially met. The COVID-19 pandemic brought renewed attention to the need for personal protective equipment, and in 2020, 24 UNICEF country offices in LAC provided personal protective equipment to health care workers. On the other hand, just seven frontline workers were trained in infection prevention and control (United Nations Children's Fund, 2020a).
4. Continuity of essential services and humanitarian assistance **Essential services and humanitarian assistance are maintained and scaled up as necessary, and communities can safely and equitably access them.**	**4a)** Needs assessments are conducted early and regularly to ascertain the impact of the outbreak on the population, humanitarian needs and underlying needs not yet addressed	**4a)** There is insufficient evidence to evaluate this benchmark.
	4b) Essential services and humanitarian assistance in health, WASH, nutrition and HIV are maintained and scaled up as necessary, and communities can access them in a safe and equitable manner	**4b)** This benchmark has been met.
	4c) Protection services, including case management and psychosocial support services, are accessible to individuals and their families in a safe and equitable manner	**4c)** There is insufficient evidence to evaluate this benchmark. UNICEF promoted and enabled the delivery of a comprehensive and multisectoral package of C&S for children affected by CZS and their families and expanded this effort to seek to address the needs of other children with disabilities more broadly.
	4d) Continued and safe access to education is maintained	**4d)** This benchmark has been met. Access to education was not a factor in the response to the Zika outbreak, but UNICEF promoted the continued and safe access to education following initial school closures during the COVID-19 pandemic.
	4e) Existing social protection mechanisms are maintained and expanded as necessary, including through establishing or scaling up humanitarian cash transfers	**4e)** This benchmark has been met. UNICEF promoted a comprehensive response to the needs of families directly affected by the Zika virus, including through the provision of cash transfers.

Evidence summary for the PHE evaluation

This chapter summarizes evidence obtained from this case study against the evaluation questions for the PHE evaluation as a whole. These were drawn on as one source of evidence in developing the consolidated evaluation findings.

5.1 Relevance

Evaluation question	Evidence summary
A. Relevance: The extent to which UNICEF's work on PHEs in the LAC region has been aligned with the needs and priorities of affected populations and key stakeholders and adapts as needed	
A.1 To what extent has UNICEF's work on PHEs in the LAC region been aligned with the needs and priorities of those most affected and at risk (especially children and the most vulnerable groups)?	One UNICEF staff member highlighted that UNICEF had already been working with children with disabilities and their families prior to the Zika epidemic but the response provided the opportunity for UNICEF to formalize, consolidate and strengthen its approach to C&S. This included a better process for identifying the most vulnerable families and those with children with disabilities. Another staff member commented on UNICEF's strong network, which enabled it to reach out to affected communities to provide services and resources. Nonetheless, extensive work remains to be done to provide comprehensive support to children living with disabilities. As two UNICEF partners in Guatemala noted, "children with disabilities are still being unattended and not protected. Even though the emergency is gone, children are still living with their disabilities as well as other health challenges to include malnutrition, prenatal health and teen pregnancy. Health policies are not focused on prevention efforts."
A.2 To what extent has UNICEF's work on PHEs in the LAC region contributed to a common vision with national government policies and plans?	As elsewhere UNICEF works closely with regional governments and bases its response on the needs and priorities identified by country governments. For example, in Guatemala, UNICEF helped the ministry of health identify Zika cases and facilitated monitoring of CZS via the ministry's health care centres.

A.3 How successfully and in what ways has UNICEF adapted its work on PHEs in the LAC region to evolving circumstances and changing needs and priorities?	UNICEF developed a workplan to facilitate detection of cases and a programme to support children with disabilities in coordination with health centres. UNICEF has also been effective at taking a Zika-focused approach and expanding it to more broadly address the needs of children with CZS and other disabilities, and of expanding its communications to cover other arbovirus-related risks beyond Zika. UNICEF also, during Zika, developed a new set of monitoring tools that it integrated into an existing Guatemala Ministry of Health tool for nutrition and sanitation.

5.2 Effectiveness

Evaluation question	Evidence summary
B. Effectiveness: The extent to which UNICEF's work on PHEs in the LAC region has achieved its intended results and contributed to key outcomes	
B.1 To what extent and how has UNICEF contributed to improving preparedness to address PHEs in the LAC region?	UNICEF has contributed to improving preparedness in a number of ways, including through risk communication and the development of detailed guidance on arbovirus risks and prevention, as well as through its advocacy and support to governments. It also liaised with organizations for Zika planning, strategy and implementation. The Zika communications strategy was adapted to provide for families who needed support with raising children with disabilities. UNICEF also supported the Zika prevention campaign and assisted the Guatemala Ministry of Health's Department of Health Promotion and Education (PROEDUSA) to design and implement the national prevention strategy for arbovirus in Guatemala.
B.1.1 What factors have facilitated or constrained this contribution?	Preparedness and response have in some contexts been hindered by the government's hesitance to provide Zika prevalence data. For example, in Guatemala, the government initially refused to share this vital information, only doing so once UNICEF convinced the government that it was invaluable data that could be used to inform response strategy. In addition, one UNICEF staff member explained that interventions to prevent and control Zika were seen as a sectoral approach that concerned only health.
B.2 To what extent and how has UNICEF contributed to effective response to PHEs in the LAC region through its partnerships and programmes?	UNICEF has supported effective responses through its partnerships with national governments and its financial and technical support to national partners such as community-based organizations and non-governmental organizations.
B.2.1 What factors have facilitated or constrained response?	Changes in government leadership have sometimes constrained this response. Another factor that has constrained UNICEF's ability to prepare and respond to PHEs has been the limited number of nutrition and health staff members based in country offices, requiring the country offices to turn to the regional office for support (United Nations Children's Fund, 2020a).
B.3 How well has UNICEF supported innovation including product innovation and appropriate use of new technologies to respond to PHEs in the LAC region and mitigate impacts?	The Rapid Pro was identified by one staff member as a "game changer" as it allowed UNICEF to engage in direct communications with youth groups and families. The tool was identified as playing a key role in improving UNICEF's work in risk communication and community management. According to another regional partner, UNICEF's support for innovation included helping the Guatemala Ministry of Health to engage with communities by providing data for monitoring.

B.4 To what extent is UNICEF's work on PHEs in the LAC region informed by evidence including from evaluation, research and integrated multisector outbreak analytics?	In Guatemala, UNICEF used evidence to identify the most impacted areas and to prioritize resources. UNICEF also conducted a literature review to increase its understanding of Zika. Also in Guatemala, UNICEF used data on prevalence provided by the ministry of health's department of epidemiology to identify families affected by Zika, and specifically families of children with disabilities.

5.3 Efficiency

Evaluation question	Evidence summary
C. Efficiency: The extent to which UNICEF has made optimal use of its human and financial resources to respond to PHEs in the LAC region	
C.1 To what extent has UNICEF had the right people, systems and structures in place to contribute to preparedness for and effective response to PHEs in the LAC region?	As highlighted in the UNICEF 2020 LAC Regional Office year-end summary (United Nations Children's Fund, 2020a), the limited number of staff working on health in the country offices resulted in limited staffing for preparedness and response. Indeed, as one UNICEF staff member noted, there was a lack of specific human resources to contribute to the Zika strategy and response in Guatemala.
C.1.1 What factors have influenced UNICEF's staffing, systems and structures in relation to PHEs in the LAC region?	There is insufficient evidence to report against this evaluation question.
C.1.2 How have staffing issues affected UNICEF's work on PHEs in the LAC region?	As highlighted in the 2020 LAC Regional Office year-end summary (United Nations Children's Fund, 2020a), the limited number of staff working on health in the country offices resulted in limited UNICEF staffing for preparedness and response. Indeed, as one UNICEF staff member noted, there was a lack of specific human resources to contribute to the Zika strategy and response in Guatemala.
C.2 How appropriate, clear and well aligned have the activities and approaches among different divisions and offices within UNICEF been in relation to PHEs in the LAC region? How well have headquarters and the regional office supported the LAC region country offices?	According to the 2020 year-end summary for the LAC Regional Office, the regional office provided guidance to LAC country offices on PHE preparedness and response from the start of the COVID-19 pandemic. This guidance focused on maintaining essential services and generating evidence for action (United Nations Children's Fund, 2020a). One area highlighted for improvement, however, was the need for better guidance on how to improve preparedness for PHEs. A UNICEF staff member reported relying on experience with Zika to improve preparedness but noted that formal guidance would be appreciated. One UNICEF staff member noted that coordination and alignment between the regional and country offices was a challenge and was not necessarily as "efficient" as it could be, noting that there were some contradictions between the pyramid of authority in the organization and where the centre of gravity was due to where work was conducted. Mentoring was mentioned as an activity that could be used to better build capacity in the country offices.

C.2.1 What factors have influenced organizational relationships?	In Guatemala, monthly meetings were held with consortium partners (organizations working on Zika), which increased understanding on each partner's work and created a platform for solving problems jointly. This also helped in reducing duplication of efforts and to leverage resources. Furthermore, to facilitate work and cross-collaboration, there were points of contact on different topics between consortium partners and the ministry of health departments. Finally, UNICEF was seen as a trusted partner, able to leverage its relations with the ministry of health to convince the government to release valuable prevalence data, which contributed to partner activities and to building trust with them.
C.2.2 How have relations between different parts of UNICEF affected its work on PHEs in the LAC region?	There is insufficient evidence to report against this evaluation question.
C.3 To what extent were supply operations efficient in providing timely inputs to address PHEs in the LAC region, including local and international procurement?	There is insufficient evidence to report against this evaluation question.
C.3.1 What factors have influenced supply performance in responding to PHEs in the LAC region?	There is insufficient evidence to report against this evaluation question.
C.3.2 How has the performance of supply operations affected UNICEF's work on PHEs in the LAC region?	There is insufficient evidence to report against this evaluation question.
C.4 How efficiently were funds mobilized, allocated and used to address PHEs in the LAC region?	UNICEF was able to mobilize funds successfully for its Zika response in the LAC region, in fact exceeding expectations (United Nations Children's Fund, 2018a). Despite this efficient fundraising, by the end of the Zika epidemic, in Guatemala respondents felt that delays in disbursing funds affected the ability to implement activities. One UNICEF partner, however, attributed these delays to a lack of will from the ministry of health. It should be noted that, according to one UNICEF staff member, UNICEF does not have specific budget lines for addressing arbovirus outbreaks, which limits its ability to prepare for these PHEs effectively.
C.4.1 What factors have influenced financial management performance in relation to PHEs in the LAC region?	There is insufficient evidence to report against this evaluation question.
C.4.2 How has financial management affected UNICEF's work on PHEs in the LAC region?	There is insufficient evidence to report against this evaluation question.

5.4 Coherence

Evaluation question	Evidence summary
D. Coherence: The extent to which UNICEF has designed, implemented and monitored its work on PHEs in the LAC region in coherence and coordination with other PHE actors and utilizes its comparative advantage	
D.1 To what extent was UNICEF's work in relation to PHEs in the LAC region coherent with the activities, approaches and responses of partners?	UNICEF's work on PHEs in the region is coordinated with the governments, WHO, PAHO, other non-governmental organizations and universities. One UNICEF staff member stated that the response to the epidemics had "really relied on heavy coordination between different actors." One UNICEF staff member noted that coordination with the Guatemala Ministry of Health, as well as other ministries and stakeholders, had improved since the Zika epidemic, with greater clarity on roles and responsibilities. In Guatemala, the ministry of health seemed to take its coordination role seriously, with a respondent noting that if the approaches and responses were found not to be coherent, the ministry would be alerted and would be responsible for making a decision, delegating responsibilities and providing support and resources.
D.1.1 What factors affected the extent of coherence?	One UNICEF staff member noted that the relationship between UNICEF, WHO and PAHO was "complex." Two UNICEF partners from a local community organization in Guatemala mentioned that they "have a very long-standing relationship with each other, a lot of trust and experience working together. This was very important for an effective partnership and relationship in the Zika response." Furthermore, they noted that UNICEF turned to them for their expertise and knowledge, a positive sign of UNICEF's engagement with community-based actors. They also highlighted that this close relationship allowed them to work together to resolve any bottlenecks.
D.1.2 How has the level of coherence affected UNICEF's work on PHEs in the LAC region?	There is insufficient evidence to report against this evaluation question.
D.2 To what extent has UNICEF's role (including its leadership role) in addressing PHEs in the LAC region reflected UNICEF's comparative advantage?	One UNICEF staff member noted that one thing UNICEF learned as a result of the Zika and COVID-19 responses was the need to better identify what UNICEF's comparative advantage was in preparing a PHE response, implying that work remains to be done on this front.
D.3 To what extent has UNICEF provided effective leadership and coordination in addressing PHEs in the LAC region?	There is insufficient evidence to report against this evaluation question.

5.5 Gender, equity and rights

Evaluation question	Evidence summary
E. Gender, equity and rights: The extent to which gender, equity and rights (particularly the CCCs) are reflected in UNICEF's work on PHEs in the LAC region	
E.1 To what extent and how has UNICEF's work on PHEs in the LAC region contributed to protecting children, women and adolescent girls and other vulnerable groups?	UNICEF played an important role in both raising awareness of the needs of children affected by CZS and advocating and developing an ECD approach that looked at their comprehensive needs. UNICEF provided support to children with microcephaly, conducted activities to prevent microcephaly in pregnant women and focused on maintaining hygiene (home and community). As part of this effort, UNICEF built the capacity of midwives to support pregnant women and also led essential risk communication and behaviour change activities, developing guidance that could be used across its country offices and by other actors. Furthermore, UNICEF worked closely with national community-based organizations that themselves worked closely with children affected by CZS and other disabilities. Following the Zika epidemic in 2015–2016, UNICEF improved its focus on the rights of children, as well as those of children with disabilities.
E.2 To what extent and how has UNICEF's work on PHEs in the LAC region been accountable to affected populations?	UNICEF has been accountable to Zika-affected populations through its advocacy and awareness-raising efforts and its focus on C&S for children affected by CZS and other disabilities. Additionally, UNICEF educated communities to shift their perceptions of disability and empowered communities to take leadership and support families.
E.2.1 What factors have influenced accountability?	Primary care centres acted as an important link to connect with communities and to raise awareness about the responsibility of parents to provide support to their children with disabilities as disability had been stigmatized. UNICEF also reached out to vulnerable communities, including children affected by microcephaly and children with disabilities. UNICEF brought practical and accessible solutions for children with these disabilities and was also directly present in affected or at-risk communities.
E.2.2 How has the level of accountability affected UNICEF's work on PHEs in the LAC region?	This level of accountability enabled UNICEF to have a better understanding of the needs of the affected communities. It allowed it to, for example, empower and provide technical assistance to parents of children with microcephaly by encouraging them to form a support group.
E.3 To what extent and how has UNICEF's work on PHEs in the LAC region promoted and reflected gender, disability, age and human rights standards and commitments (including the CCCs)?	UNICEF's work on the Zika epidemic was focused on the needs of infants affected by CZS, but this focus was soon expanded to include all youth with disabilities. Their needs were at the centre of UNICEF's response.

E.4 To what extent has UNICEF had the required capacity and resources (human resources, tools, procedures, leadership, disaggregated data and evidence) to address gender, equity and child rights in its work on PHEs in the LAC region?	Capacity and resources, as noted above, have sometimes been limited because many country offices did not have staff with health expertise prior to the Zika outbreak, and there are limited resources to support systems strengthening in countries that are already considered middle income. However, UNICEF has done important work with the resources it does have by focusing on its comparative advantage in terms of C&S and risk communication.
E.4.1 What factors have influenced the level of capacity and resources for addressing gender, equity and rights in UNICEF's work on PHEs in the LAC region?	There is insufficient evidence to report against this evaluation question.
E.4.2 How has the level of capacity and resources for gender, equity and rights affected UNICEF's work on PHEs in the LAC region?	There is insufficient evidence to report against this evaluation question.

5.6 Sustainability

Evaluation question	Evidence summary
F. Sustainability: The extent to which the benefits of UNICEF's work on PHEs in the LAC region, including improved preparedness and systems strengthening, are sustainable beyond the intervention period	
F.1 To what extent did UNICEF contribute to strengthening the LAC region's health systems to address PHEs?	In Guatemala, UNICEF strengthened the ministry of health's capacity in regard to community detection, internal coordination, network of human resources, and infrastructure for monitoring Zika. It also strengthened ECD approaches throughout the Zika response and subsequently. ECD spaces were promoted and made visible and alliances were made within municipalities, which contributed to strengthening local health systems. UNICEF built capacity within the ministry of health to respond to future Zika emergencies and contributed to the strengthening of the ministry's PROEDUSA department in the areas of risk communication and C4D. UNICEF is currently working on a national plan in Guatemala to strengthen the primary health care system, to be handed over to the ministry of health.
F.1.1 What were the factors that supported or hindered this strengthening?	UNICEF's ability to engage in health systems strengthening is often affected by the government in charge. In Guatemala, one UNICEF partner noted that it very much "depends on political will, and power and leadership of the [ministry of health]." Another partner highlighted the following gaps and needs: "There needs to be intersectionality so that responsibility is shared among different stakeholders that play a role. There needs to be an integral approach to health. Intersectionality when we all share the responsibility for services and resources so that it permeates at the institutional and community level – long-standing presence".

F.2 To what extent did UNICEF contribute to strengthening community systems and community engagement to address PHEs in the LAC region and improve resilience?	UNICEF supported community systems strengthening and community engagement through its extensive communication campaigns, which reached 180 million people across the region (United Nations Children's Fund, 2018a).
F.3 To what extent did UNICEF contribute to local ownership and capacity development in the LAC region?	UNICEF contributed to local ownership and capacity development through its financial and technical support to local actors, but funding gaps were seen by some UNICEF partners as negatively impacting the sustainability of these efforts.
F.4 To what extent has UNICEF ensured linkages, coherence and mutual reinforcement of its response to PHEs in the LAC region with longer-term development objectives?	Greater investment could be made to ensure the sustainability of programming on disabilities, including through continued partnerships with local stakeholders and community-based actors who have established relationships of trust with UNICEF.
F.4.1 What factors have influenced the extent to which this has been achieved?	There is insufficient evidence to respond to this evaluation question.

Conclusions

This case study set out to answer three research questions. A summary of findings is below.

To what extent have recommendations from the 2018 formative evaluation of the 2015–2016 Zika epidemic in LAC, management responses developed after the evaluation, and actions based on lessons from the Zika outbreak more generally been implemented by UNICEF in the LAC region and by national governments and country offices?

UNICEF has sought to address the key recommendations from the 2018 formative evaluation and, based on the findings of this case study, has done so with varying degrees of success.

UNICEF has taken advantage of its comparative advantage in C&S by taking the lead in this area of work and has developed specialized materials and approaches that have promoted a comprehensive approach to working with children with disabilities. UNICEF has been successful at integrating its work on Zika into country programmes by mainstreaming activities to prevent and address the needs of affected children and their families into its broader work on ECD.

Steps have been taken to improve both internal and external coordination. UNICEF has been successful at promoting intersectoral coordination and at building relations with both national and local actors to develop valuable resources. Internal coordination, however, remains a challenge: according to some respondents, the right balance between consistent and excessive coordination has yet to be found.

UNICEF has also taken steps to improve its monitoring, evaluation and learning systems, through more comprehensive monitoring processes, as well as its use of research to better understand beneficiaries and at-risk communities. This has allowed it to consolidate its C4D strategy. It has also supported national governments to strengthen their own monitoring capacities and has developed specific guidance on how to integrate gender into future Zika responses.

UNICEF's efforts to reinforce the sustainability of its actions have included advocacy for policy-level changes and the development of valuable resources. It was noted, however, that a more comprehensive follow-up of emergencies to monitor how affected and vulnerable populations have coped as well as continued funding to local actors would further support local delivery and sustainability.

The extent to which national governments have implemented the evaluation's recommendations is less clear.

What is the current state of preparedness in the LAC region in the event of a future Zika outbreak?

There is a strong consensus that the Zika outbreak provided a valuable learning opportunity for the LAC region and has contributed to improved preparedness for any future Zika epidemics. According to a number of UNICEF staff members, the Zika epidemic and the experience and lessons that emerged from it have proven to be instrumental in strengthening country, regional and UNICEF preparedness and response to other epidemics and PHEs. As another staff member noted, Zika provided a sort of "road map for early detection, care and management of cases." Indeed, it provided the region with the opportunity to develop the strategies, tools and resources needed to cope with another Zika outbreak while contributing valuable knowledge on the risks associated with the virus.

What is the role of UNICEF in contributing to this?

UNICEF played an important role in contributing to this improved preparedness through its advocacy, technical leadership, material development, risk communication activities and support to both national governments and local actors such as community-based organizations and non-governmental organizations.

How might UNICEF's contribution be improved?

Despite these positive findings, UNICEF's contribution could still be improved in a number of ways: 1) through continued and better coordination with other actors, including research institutions and universities, ministries of health and local stakeholders; 2) through more consistent and comprehensive follow-up of affected households and communities; 3) by continuing to expand its work on the rights and needs of children with disabilities; 4) by further strengthening its monitoring, evaluation and learning processes to be better adapted to the working realities of its staff while ensuring the provision of invaluable data and information; 5) by dedicating financial resources to arbovirus prevention and response; 6) by devising strategies and actions based on its comparative advantage; and 7) by continuing to use its political relationships to consolidate the gains and progress made to date.

To what extent did lessons from the Zika outbreak contribute to improving preparedness for disease outbreaks in LAC, including for COVID-19?

Respondents again felt that lessons from the Zika outbreak had contributed to improved preparedness for outbreaks of subsequent diseases such as dengue fever and COVID-19. Preparedness for response to other arboviruses was specifically mentioned, with respondents highlighting the relevance of the materials developed and communication strategies deployed as being effective against Zika, dengue and chikungunya. Another UNICEF staff member noted that the Zika outbreak led to improved coordination, which one respondent highlighted as working well during the COVID-19 outbreak. Nonetheless, respondents felt that some gaps remained: one staff member noted a hope that the dual impact of the Zika epidemic and COVID-19 pandemic would serve as a "wake-up call" to the need to invest more in strengthening health systems in the region.

How did UNICEF contribute to this?

UNICEF contributed to this improved state of preparedness through its leadership, coordination role, support to local partners and national governments, advocacy efforts and extensive risk communication and community engagement activities, and through the development of guidance, training materials and tools.

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A

Appendix A: Key informants

Table A.1. Key informants interviewed and their roles during the Zika response

UNICEF Key Informants			
Name	**Organization**	**Position**	**Country**
Eduardo Gularte	UNICEF	Social Change and Behaviour Change Officer	Guatemala
Maria Fernanda Cacao	UNICEF	Communications for Development Consultant	Guatemala
Ramiro Quezada	UNICEF	Nutrition and Health Specialist	Guatemala
Diana Cabrera Flores	UNICEF	Zika Coordinator	Guatemala
Maaike Arts	UNICEF	Regional Advisor, Survive and Thrive	Regional
Luisa Brumana	UNICEF	Regional Health Advisor for LAC Regional Office until 2018/Country Representative in Argentina since	Regional/Argentina
Yannig Dussart	UNICEF	Early Childhood Development Manager	Regional
Mjrko Rennola	UNICEF	National Coordinator for UNICEF Response in Dominican Republic	Dominican Republic

External key informants			
Name	**Organization**	**Position**	**Country**
Romeo Menendez	USAID	Project Management Specialist	Guatemala
Vivian Salomon	USAID	Zika Coordinator	Guatemala
Rolando Flores Marroquin	ASCATED		Guatemala
Gabriela Burbon	ASCATED		Guatemala
Romeo Montoya	PAHO	Vector Control Specialist	Guatemala

B

Appendix B: Research instruments for key informant interviews

B.1 Instrument for regional key informant interviews – UNICEF staff

Respondent role

1. Please briefly describe your main responsibilities and activities in your role at UNICEF.
2. Please describe how you have worked on Zika preparedness and response in the region.

Guatemala Country Office Zika activities

3. How has UNICEF adapted its regional strategy to Zika since the 2018 evaluation?
    - How successful have these adaptations been and why?
        - How have adaptations in UNICEF's approach affected at-risk and vulnerable populations?
        - How have adaptations in UNICEF's approach affected a shared common vision across country governments for Zika preparedness and response?
4. Since the 2018 evaluation, what financial and human resources have been invested by UNICEF in Zika preparedness and response in the region?
5. Since the 2018 evaluation, what are the main Zika-related activities being conducted in the region, and in which countries?
6. How well is UNICEF's Zika work in the region informed by evidence?
    - How has UNICEF acted on the recommendations to improve its monitoring and evaluation systems?
7. How well has UNICEF supported innovation including product innovation and appropriate use of new technologies to respond to Zika and mitigate impacts?

Relevance and rights

8. How have UNICEF Zika activities in the region aligned with the needs and priorities of pregnant women, children and other at-risk or vulnerable populations?
    - To what extent and how has UNICEF's work on Zika in the region been accountable to affected populations?

9. How well has gender been integrated into approaches for Zika in the region?
   - How has this changed since the 2015–2016 Zika outbreak?

Coherence

10. Since 2016, to what extent is UNICEF's work on Zika coherent with activities, approaches and responses of partners at the regional level?
    - What factors affected the extent of coherence?
    - How has the level of coherence affected UNICEF's work on Zika?
11. To what extent has UNICEF's work in Zika at the regional level reflected UNICEF's comparative advantage?
    - How has UNICEF responded to the recommendation to lead work on care and support for children with disabilities and their families in the region?
12. To what extent has UNICEF provided effective leadership and coordination on Zika at the regional level?
13. How well has UNICEF promoted a multisectoral approach to addressing Zika?
    - How has this changed since the 2015–2016 Zika outbreak?
    - What are areas for improvement and factors that influence UNICEF's ability to enact a multisectoral approach?

Efficiency and internal coordination

14. To what extent does UNICEF have the right people, systems and structures in place to contribute to preparedness and response to Zika in the region?
    - What factors have influenced staffing for Zika in the region?
15. How aligned are Zika activities and approaches across different UNICEF teams and country offices?
16. How aligned are Zika activities and approaches between the LAC Regional Office and the country offices?
    - How has UNICEF acted on recommendations from the 2018 evaluation to improve coordination internally, particularly between the regional office and country offices?
17. To what extent were supply operations efficient in providing timely diagnostics for Zika in the region?
18. Since 2016, how efficiently are UNICEF funds mobilized, allocated and used in the Zika response in the region?

Effectiveness and impact on PHE preparedness and response

19. In your opinion, how well prepared is the LAC region for responding to a future Zika outbreak?
    - How has UNICEF contributed to this?
    - What needs to be strengthened or improved?
    - What factors facilitate or constrain UNICEF's ability to improve Zika preparedness and response in the region?
20. To what extent did UNICEF contribute to strengthening health systems across countries in the region to address Zika and improve resilience for other public health emergencies, including COVID-19?
    - What were the factors that supported or hindered this strengthening?
21. To what extent did UNICEF contribute to strengthening community systems and community engagement in countries across the region to address Zika and improve resilience for other public health emergencies?
22. To what extent did UNICEF contribute to local ownership and capacity development for public health emergency preparedness and response across countries in the region?
23. To what extent has UNICEF ensured linkages, coherence and mutual reinforcement of its response to Zika with longer-term development objectives for the region?

B.2 Instrument for regional key informant interviews – UNICEF partner staff

Respondent role

1. Please briefly describe your main responsibilities and activities in your role at [INSERT ORGANIZATION].
2. In this role, how have you worked on Zika and interfaced with UNICEF?

Coherence

3. Can you please describe how UNICEF has worked with your organization on Zika activities in the region?
   - Are there any areas for improvement in how UNICEF coordinates with your organization?
4. How coherent are UNICEF's activities with those of your organization?
   - How has this changed over time, since the 2015–2016 outbreak?

Zika relevance and sustainability

5. In your opinion, to what extent does UNICEF have the right people, systems and structures in place to contribute to preparedness and response to Zika in the region?
6. In your opinion, how well have UNICEF's Zika activities since the 2015–2016 outbreak aligned with the needs and priorities of pregnant women, children and other at-risk or vulnerable populations?
7. In your opinion, how well has UNICEF adapted to evolving needs and priorities related to Zika since the 2015–2016 outbreak?
8. In your opinion, how well has UNICEF promoted a multisectoral approach to addressing Zika since the 2015–2016 outbreak?
   - What are areas for improvement and factors that influence UNICEF's ability to enact a multisectoral approach?
9. In your opinion, how well have gender and human rights been integrated into UNICEF's approaches for Zika since the 2015–2016 Zika outbreak?
10. In your opinion, how well is UNICEF's Zika work informed by evidence?
11. In your opinion, how well has UNICEF supported innovation to respond to Zika and mitigate impacts in the region?

Effectiveness and impact on PHE preparedness and response

12. In your opinion, how well prepared is the region for responding to a future Zika outbreak?
    - How has UNICEF contributed to this?
    - What needs to be strengthened or improved?
    - What factors facilitate or constrain UNICEF's ability to improve Zika preparedness and response in the region?
13. To what extent did UNICEF contribute to strengthening countries' health systems to address Zika and improving resilience for other public health emergencies, including COVID-19, in the region?
    - What were the factors that supported or hindered this strengthening?
14. To what extent did UNICEF contribute to strengthening community systems and community engagement to address Zika and improve resilience for other public health emergencies in the region?
15. To what extent did UNICEF contribute to local ownership and capacity development for public health emergency preparedness and response in the region?
16. To what extent has UNICEF ensured linkages, coherence and mutual reinforcement of its response to Zika with longer-term development objectives in the region?

B.3 Instrument for Guatemala key informant interviews – UNICEF staff

Respondent role

1. Please briefly describe your main responsibilities and activities in your role at UNICEF.
2. Please describe how you have worked on PHEs in country, especially on Zika preparedness and response?

Guatemala Country Office Zika activities

3. Since the 2018 evaluation, what are the main Zika-related activities being conducted by the Guatemala Country Office?
   - Can you please describe UNICEF's role in providing care and support for children and their families affected by Zika and those with disabilities more broadly?
     - Has UNICEF supported tracking of experiences and outcomes of families affected by congenital Zika syndrome?
   - To what extent have UNICEF Zika activities been aligned with the needs of those most affected by Zika and accountable to these populations?

Country office activity relevance, coherence and sustainability

4. How has the country office adapted its strategy and implementation of Zika-related activities given evolving needs and priorities in the country?
5. Can you please describe how the country office works with different partners and groups on Zika?
   - How coherent are the country office activities with those of the national government and other partners, like PAHO?
   - How has this changed since the 2015–2016 Zika outbreak?
6. How well has UNICEF in country promoted a multisectoral approach to addressing Zika?
   - How has this changed since the 2015–2016 Zika outbreak?
   - What are areas for improvement and factors that influence UNICEF's ability to enact a multisectoral approach?
   - How well do UNICEF teams internally coordinate to support multisectoral approaches to Zika?
7. How well has gender been integrated into approaches for Zika in country?
   - How has this changed since the 2015–2016 Zika outbreak?
8. Can you describe how evidence informs UNICEF's Zika work in country?

Efficiency and internal coordination

9. To what extent does the country office have the right people, systems and structures in place to contribute to preparedness and response to Zika in Guatemala?
   - What factors have influenced staffing for Zika in country?
10. How aligned are Zika activities and approaches between the regional office and country office?
    - How has UNICEF acted on recommendations from the 2018 evaluation to improve coordination internally, particularly between the LAC Regional Office and country offices, and provide more support regionally?
11. To what extent were supply operations efficient in providing timely diagnostics for Zika in the country since the 2015–2016 outbreak?
12. Since 2016, how efficiently are UNICEF funds mobilized, allocated and used in the Zika response in country?

Effectiveness and impact on PHE preparedness and response

13. In your opinion, how well prepared is Guatemala for responding to a future Zika outbreak?
    - How has UNICEF contributed to this?
    - What needs to be strengthened or improved?
    - What factors facilitate or constrain UNICEF's ability to improve Zika preparedness and response in the region?
14. To what extent did UNICEF contribute to:
    - strengthening Guatemala's health systems to address Zika and improving resilience for other public health emergencies, including COVID-19?
    - strengthening community systems and community engagement to address Zika and improve resilience for other public health emergencies in country?
    - local ownership and capacity development for public health emergency preparedness and response in country?

B.4 Instrument for Guatemala key informant interviews – UNICEF partner staff

Respondent role

1. Please briefly describe your main responsibilities and activities in your role at [INSERT ORGANIZATION].
2. In this role, how have you interfaced with UNICEF?

Coherence

3. Can you please describe how the UNICEF country office has worked with your organization on Zika activities?
    - Are there any areas for improvement in how UNICEF coordinates with your organization?

Zika relevance and sustainability

4. In your opinion, how well have UNICEF's Zika activities in the country since the 2015–2016 outbreak aligned with the needs and priorities of pregnant women, children and other at-risk or vulnerable populations?
5. In your opinion, how well has UNICEF adapted to evolving needs and priorities in country related to Zika since the 2015–2016 outbreak?
6. In your opinion, how well has UNICEF in country promoted a multisectoral approach to addressing Zika since the 2015–2016 outbreak?
7. In your opinion, how well is UNICEF's Zika work in country informed by evidence?
8. In your opinion, how well has UNICEF supported innovation to respond to Zika and mitigate impacts in country?

Effectiveness and impact on PHE preparedness and response

9. In your opinion, how well prepared is Guatemala for responding to a future Zika outbreak?
    - How has UNICEF contributed to this?
    - What needs to be strengthened or improved?
    - What factors facilitate or constrain UNICEF's ability to improve Zika preparedness and response in the region?
10. To what extent did UNICEF contribute to:
    - strengthening Guatemala's health systems to address Zika and improving resilience for other public health emergencies, including COVID-19?
    - strengthening community systems and community engagement to address Zika and improve resilience for other public health emergencies in country?
    - local ownership and capacity development for public health emergency preparedness and response in country?

C

Appendix C: Consent protocol for key informants

My name is xxx and my colleague is xxx. We work for Oxford Policy Management (OPM), a UK-based consulting company that has been contracted by UNICEF to undertake an evaluation of its work on public health emergencies globally. OPM has been commissioned to provide an independent and objective evaluation, which includes a case study of UNICEF's work on public health emergencies in specific countries and regions, including Guatemala and the Latin America and the Caribbean region. The findings of this evaluation will be made available to UNICEF and will be used to improve the effectiveness of UNICEF's work on public health emergencies globally.

You have been selected as a key informant for this evaluation because we believe that you have experience and views that will contribute to providing evidence relevant to the objectives of the evaluation.

By participating in this interview, you will get to share your views and experiences, and may help to make UNICEF's work on public health emergencies more effective. We don't think there are any risks for you in talking to us, but if you want to follow up or make a complaint, you can contact Daniel Wate (daniel.wate@opml.co.uk) at OPM.

We would like to ask your views on a range of questions. The answers that you give us will be **completely confidential.** We would like to **record the interview** so that we can produce an **accurate transcript** of your answers. Both this recording and the transcript will remain confidential and not be shared outside the evaluation team. We will also not use your answers in the evaluation report in a way that identifies you as an individual. In the event that we may wish directly to quote you in an identifiable way we will explicitly request your permission for this.

Before we begin, we would like to ask for your **explicit oral informed consent**. Please note that this interview is **voluntary** and you are under **no obligation to answer** any or all of our questions, although it would help us if you did. You are welcome to ask us any question during or after the interview. If you agree to this interview, you can still refuse to answer any question during the interview, or to terminate the interview at any time. If you choose not to participate, that is ok as well, and there will be no consequences to you.

Do you have any questions?

Do you agree to participate in the interview?

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