Multi-Country Evaluation of the UNICEF Early Childhood Development response to COVID-19 in Europe and Central Asia region

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This is a publication by the independent evaluation team of Ecorys Poland. The analysis and recommendations of this report do not necessarily reflect the views of UNICEF.

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Acronyms

AAC	Augmentative and Alternative Communication
BFHI	Baby-friendly hospital initiative
CEDAR	Committee on the Elimination of Discrimination against Women
CO	Country Office
CP	Child Protection
CRC	Convention on the Rights of the Child
CRPD	Convention on the Rights of Persons with Disabilities
CPD	Country Programme Document
CSO	Civil society organization
ECA	Europe and Central Asia
ECARO	Europe and Central Asia Region Office
ECD	Early childhood development
ECE	Early childhood education
ECI	Early childhood intervention
EI	Early Intervention
FERS	Faculty of Education and Rehabilitation Sciences
ICT	Information and communication technology
IP	Implementing Partner
IPC	Infection Prevention and Control
KII	Key informant interview
M&E	Monitoring and evaluation
MoSE	Ministry of Science and Education
MoH	Ministry of Health
NGO	Non-governmental organization
NICU	Neonatal intensive care unit
NSCR	National Strategy for Child Rights 2014-2020
PPE	Personal protective equipment
RO	Regional Office
UNICEF	United Nations Children's Fund
SGD	Sustainable Development Goal
ToR	Terms of Reference
WASH	Water, sanitation and hygiene
WHO	World Health Organization

Executive Summary

Evaluation purpose and scope

Evaluation purpose: The evaluation's overarching purpose was to provide UNICEF Country Offices (COs), UNICEF ECA Regional Office (RO), national governments and partners with a critical assessment of the key adaptations made in UNICEF's Early Childhood Development (ECD) programmes in the Europe and Central Asia region to meet the needs of young children and families in the context of COVID-19. The secondary purposes were to: (i) generate insight to inform further development of the evaluated ECD activities and (ii) provide evidence to inform future ECD efforts in similar emergencies. The evaluation was carried out in four countries, including Croatia.

Evaluation scope: The evaluation focused on interventions that were introduced directly in response to COVID-19 or adapted to its realities; entailed capacity building or information support for frontline workers; and were viewed by a given UNICEF CO as useful to have feedback on for future programming. The evaluation entailed an in-depth assessment of two interventions: 1. Augmentative and Alternative Communication (AAC) Programme and 2. tele-intervention project for children with developmental delays and disabilities. Further, a lighter assessment based on desk research and interviews with UNICEF and key Implementing Partners focused on three additional interventions: 1. Baby-Friendly Hospital Initiative (BFHI), 2. Human Milk Bank (HMB), and 3. E-education for Pregnancy and Parenting during COVID-19.

All selected interventions were assessed with the view to their relevance, effectiveness, and sustainability. They were assessed in the context of broader UNICEF ECD and COVID-19 programming in Croatia.

The evaluation took place from November 2020 to the end of 2021.

Evaluation methodology

Evaluation approach: The evaluation process was based on a developmental evaluation approach due to the dynamically changing context of the evaluated interventions. As such, the evaluation focused on generating real-time evidence and learning for UNICEF Croatia CO that can be adopted to enhance current programming. The evaluation also included elements of a formative evaluation to highlight how the adapted or new initiatives are working and what can be learned for future programming. During the evaluation, simplified theories of change for the two more deeply assessed interventions were developed. The effectiveness of the remaining interventions was assessed based on results frameworks as set out in the documentation, where available.

Data collection: The methodology for this evaluation was based on rapid cycles of data collection and analysis, timely feedback, and evaluative synthesis and reflection. A mix of qualitative and quantitative research methods was used to collect and analyze the data. Desk research encompassed primary and secondary sources concerning ECD in Croatia, UNICEF's programme, and COVID-19 related activities in the country, as well as the five evaluated interventions specifically. Two cycles of data collection related to the in-depth assessments were conducted, each including: • a survey with frontline workers; • Key Informant interviews (KIIs) with frontline workers, Implementing Partners, selected governmental officials, local leaders of public services and UNICEF CO's staff; • reflection workshops, to discuss findings from Analytical Briefs, from which takeaways were recorded. In

addition, the evaluation team completed four key informant interviews with UNICEF staff and Implementing Partners of the BHFI, Human Milk Bank, and e-education for pregnancy interventions.

Limitations: Within the context of COVID-19, collecting "good enough" and timey evidence outweighed methodological rigor and involvement of rights holders in the evaluation process. Online surveys may have excluded frontline workers with few digital skills and ICT equipment from participating in the evaluation. Limited secondary and primary data were available on the BHFI, the Human Milk Bank, and the e-education for pregnancy interventions.

Key findings

Relevance

The assessed UNICEF-supported interventions introduced or adapted to COVID-19 responded to the caregivers' needs for (i) information and guidance to address their new realities, stresses and modifications in daily routines, for enhancing care and learning; and (ii) safeguarded access to services adapted to the new reality. The interventions also addressed many of the needs of young children and their caregivers that existed before the start of the COVID-19 pandemic, such as the need for quality Early Childhood Interventions (ECI) provision using AAC technologies.

Vulnerable groups have been at the center of UNICEF ECD programmes and their adaptations during the COVID-19 pandemic. While the programmes enabled the continuity of services during the pandemic, the ECI interventions had some limitations in addressing the needs of children with severe disabilities and children from disadvantaged households. Based on survey data, the training content on AAC technologies appeared less helpful in addressing the ECI/ECD needs of children with highly pronounced and multiple developmental disabilities than those of children with less severe disabilities. In turn, professionals who completed the tele-intervention course reported struggling to provide services for households without Internet and children who require in-person support from an expert, such as a physiotherapist. Although the 'e-education for pregnancy' was aimed to focus on the most vulnerable groups of pregnant women, secondary evidence suggests that only a small share of participants of the antenatal e-courses were persons from vulnerable groups.

Two out of five of the assessed interventions included elements of gender-responsive programming. Both the course on tele-intervention for ECD/ECI professionals and the e-education for pregnancy course included content on balanced sharing of caregiving responsibilities among male and female caregivers. However, for lack of gender-disaggregated data, it is unknown whether these interventions actually reach male caregivers and contribute to gender equality. Overall, ECD programming in Croatia could benefit from more gender-responsive programming and gender-sensitive monitoring and evaluation (M&E).

UNICEF's ECD response to the pandemic addressed the need for capacity building and methodological support for ECI practitioners to adapt their services to the new realities. Delivering both the AAC training and the tele-intervention course in an online mode also addressed their need for continued capacity-building support during the COVID-19 pandemic. For health workers, the interventions responded to their needs for (i) opportunities for exchanging practical information on providing ECD services during the pandemic; (ii) scientific knowledge and guidance on maternal health and the pandemic, and (iii) PPE and hygiene supplies.

The interventions analyzed in this evaluation have multiple synergies and

complementarities with UNICEF's other ECD work in Croatia.

Effectiveness

UNICEF-supported interventions introduced or adapted to COVID-19 achieved or exceeded the intended outputs (where such outputs were defined[7]). Using the online mode to deliver training on AAC Programme and virtual early intervention facilitated considerable reach. The two interventions far exceeded the planned outputs related to the number of professionals trained. Based on interviews and survey data, the majority of beneficiaries of both interventions apply the knowledge and skills they learned during the trainings. Notable results include increased uptake in virtual early intervention and the first hybrid assessment of baby-friendly standards in maternity wards and NICUs. Nevertheless, more capacity building, guidance and mentoring support are required for frontline workers to continue with the new practices learned.

The awareness and attitudes of many caregivers in Croatia were found to be a key challenge for the effective provision of adapted ECD services in circumstances of restricted face-to-face contact. Frontline workers who provided virtual early intervention consistently reported resistance by caregivers of children with disabilities and delays in engaging in their children's early intervention. Similarly, the caregivers of Roma children are often skeptical of structured early learning at schools, leading many Roma children to drop out of pre-schools during the pandemic.

Caregivers with young children from low-income households without access to ICT equipment and digital skills could not benefit from the virtual early intervention services provided by ECI professionals. ECD frontline workers also require ICT if remote or hybrid service provision is to be expanded in Croatia.

The lack of coordinated ECI policy and insufficient funding significantly limit the introduced adaptations' effectiveness. System issues such as shortages of ECI/ECD professionals, lack of access to AAC technologies, long waiting lists, and lack of common guidelines for a holistic, multi-sectoral EI provision preclude equitable access to quality ECI services and equipment in Croatia. UNICEF is leading comprehensive work in piloting local models to improve the coverage and coordination of ECI. However, continued action at the national level is also needed.

UNICEF's management of the interventions represents a good example of an adaptive management approach.

Sustainability

Data collected for this evaluation reveals wide enthusiasm among ECI providers for continuing the provision of virtual ECI in the longer term, even after the COVID-19 pandemic. The ECI/ECD frontline workers trained on AAC devices are also likely to continue using their acquired skills in the medium-to-long term. Additionally, developing a manual on AAC tools and its integration into the in-service training programme at the University of Zagreb's Faculty of Education and Rehabilitation Sciences can yield continuous ECI/ECD worker capacity improvements. However, the extent to which these results continue beyond the pandemic will nevertheless depend on whether further resources are dedicated to the training of ECI professionals.

Based on the KIIs, the hybrid re-assessment of baby-friendly standards carried out by the UNICEF-supported BFHI team can be

[7] Outputs were defined for the training on AAC technologies, the tele-intervention course, and the e-education for pregnancy intervention

considered the most innovative out of all of the adaptations supported by UNICEF Croatia. The hybrid assessment was among the first such assessments in the world. Encouraged by Croatia's example, other countries in the region have already adopted the solution. In addition to being used for future emergencies, some of the solutions introduced by UNICEF in response to COVID-19 can also be used to provide information or services for harder-to-reach populations in general.

All UNICEF-supported adaptations and interventions are closely aligned with government priorities and plans. In addition, most interventions introduced or adapted to the COVID-19 pandemic are a part of UNICEF's broader ECD framework. Consequently, their results are likely to be supported and sustained by other efforts of UNICEF and its partners.

UNICEF's ECD response to COVID-19 in Croatia is broad and goes beyond mobilizing emergency supplies and services to respond to the immediate needs of young children and their families. In addition to assistance such as PPE, hygiene supplies, and guidelines on how to provide services during a pandemic, UNICEF's response to COVID-19 included building the capacities of both the ECD workforce and the caregivers. In this way, interventions such as the tele-intervention project, the AAC programme, and the e-education for pregnancy contribute to improved demand and supply of quality ECD services in Croatia.

Lessons learned

#1 Designated strategies to ensure inclusivity of the most vulnerable groups are needed when using ICT solutions to provide ECD services and information to young children and their families. ICT solutions must go hand-in-hand with investments that enhance access to digital infrastructure and equipment for disadvantaged young children and their families. Access to devices such as computers, smartphones, printers, and reliable Internet for the providers of the services must also be secured. Meanwhile, interventions that rely on ICT solutions should be complemented with accessible forms of support such as printed materials with easy-to-understand infographics or television campaigns.

#2 Delivering capacity-building activities entirely online should be opted for only when face-to-face contact is not possible, and hybrid mode should be preferred otherwise. The evaluation revealed that although online courses, training, and mentoring allow reaching a large number of professionals, the online mode limits spontaneous interaction and causes some to struggle to stay engaged. Epidemiological conditions allowing, some parts of similar trainings should be delivered offline to enable learning based on practical simulations and spontaneous exchanges.

#3 Comprehensive information, and methodological and mental health support for caregivers are essential to provide remote ECD support to young children and their families. As the evaluation showed, caregivers in Croatia were often unprepared to engage in their child's ECI or structured early learning. This is true especially for the most vulnerable groups, such as families with children with disabilities and the Roma communities in Croatia. Comprehensive support for caregivers is needed to equip parents with the skills and confidence to engage in their child's structured ECD activities when necessary. Programmes to support parental well-being and mental health, coupled with efforts to increase awareness of modern ECD practices are required.

Recommendations

I. Continue advocacy and technical support to the government to build a national, coordinated, and multi-sectoral system for ECI, ensuring quality services for children with developmental difficulties. This can include:

- Advocate for sufficient budgetary allocation for ECI services, including covering costs related to virtual services, e.g., equipment and connectivity.
- Continue making efforts to improve coordination for ECI at local and national levels and advocate for common guidelines and standards for quality service.
- Support the Government of Croatia to establish a sustainable system for ensuring the supply of qualified ECI service providers skilled in virtual ECI service provision and use of AAC technologies in ECI practice**.**
- Provide support to the Government in conducting an appropriate assessment of ECI needs of young children with disabilities and developmental delays and their families, with a focus on the most vulnerable, those living in remote areas, and humanitarian/ emergencies.

II. Advocate for quality standards, legal provisions, budget allocations, and conditions for ECI services that facilitate the provision of virtual early intervention. This can include:

- Support the Government in defining quality standards for virtual early intervention and child-sensitive and gender-sensitive early implementation guidelines.
- Advocate for providing ICT support for families, with a priority for families with children with disabilities and children living in poverty. This may require specific strategies such as priority queues and delivery of goods directly to children and their families.

III. Support the Government to ensure universal access to AAC devices for children with disabilities and developmental delays and their families. This can include:

- Advocate for legal changes that ensure children's access to AAC, including eligibility criteria and mechanisms for the provision of AAC devices.
- Advocate for including AAC in the national lists of assistive devices of the Croatian Health Insurance Fund and providing them free of charge or at subsidized costs to children with developmental difficulties and disabilities.
- Include AAC in the relevant guidelines, standards for the provision of ECI services.

IV. Support the Government to raise awareness among caregivers on the importance of early intervention and the benefits of the family-centered approach. This can include:

- Consider engaging the caregivers of children with disabilities and developmental delays in piloting ECI models and developing local actions plans.
- Consider creating opportunities for participation of Roma caregivers in the early education of their children to improve their awareness about early learning. Ensure that these efforts are community-based and involve leaders in the Roma communities.

1.0 Introduction

The COVID-19 pandemic is a multi-dimensional crisis that has profoundly affected the development and psycho-social well-being of young children and their caregivers. Evidence from around the world clearly shows that the crisis has exacerbated existing vulnerabilities and brought new immediate and longer-term challenges to children's well-being. In addition to the pandemic's primary effects such as increasing levels of poverty and income insecurity, families with young children have faced an unprecedented disruption of essential health, early learning, and other essential services.

Across the Europe and Central Asia (ECA) region, United Nations Children's Fund (UNICEF) has played a critical role in supporting governments' responses to COVID-19. Efforts were recalibrated to address the immediate needs of young children and their families. This included re-purposing and strengthening available resources and workforce to provide information and services in the circumstances of home confinement, reduced availability of ECD services, and an ongoing public health threat.

The pandemic has created a set of novel circumstances which demanded specific actions, such as introducing new interventions or rapidly adapting the existing ones. Now, evidence is needed on the appropriateness and effectiveness of these new responses and adjustments. The lessons learned can help develop longer term recovery plans and budgets for ECD services to strengthen the resilience of ECD systems across ECA.

For this purpose, UNICEF ECA Regional Office (ECARO) commissioned Ecorys to carry out the Multi-Country Evaluation of the UNICEF ECD response to COVID-19 in the ECA region. A developmental evaluation approach was adapted to provide rapid evidence and enable real-time adjustment of ongoing efforts. The evaluation entails an in-depth study in four ECA countries: Croatia, Georgia, Moldova, and Ukraine, with a view on the lessons learned from the region as a whole. The evaluation started in November 2020 and continued until the end of 2021.

This report presents the findings from the evaluation in Croatia. It covers selected UNICEF-supported ECD response to COVID-19 in Croatia, including continuing and discontinued interventions implemented from March 2020 to August 2021. It sets out the context of the evaluation; a description of the object of the evaluation; its overall purpose, objectives and scope; the methodology; key findings; and conclusions and recommendations. It summarizes the evaluation team's assessment of the relevance, effectiveness, and sustainability of UNICEF's ECD response to COVID-19 in Croatia. The findings and recommendations in this report are intended to primarily serve UNICEF Croatia Country Office, UNICEF ECARO, and national governmental and non-governmental stakeholders (as duty holders) in Croatia working with young children and families (as rights holders).

The evaluation team would like to express their gratitude to UNICEF Croatia Country Office staff for their continuous support. We also thank the government of Croatia, the University of Zagreb, the Medjimurje Association for Early Childhood Intervention (MURID), RODA – Parents for Action, and all other stakeholders and frontline workers who shared their experiences and views with us. Finally, we thank the staff from the UNICEF ECARO Evaluation and ECD teams for their invaluable inputs, guidance, and management of the evaluation.

2.0 Context and purpose of the evaluation

2.1 Evaluation background

2.1.1 Overview of UNICEF's ECD programming in Croatia

UNICEF's early childhood development work in Croatia is part of a long-standing and close partnership between UNICEF and the Government of Croatia. It is aligned with the National Strategy for Child Rights 2014-2020 (NSCR) which defines core national priorities for the systemic advancement of child rights in Croatia. The four overarching objectives of the strategy are: (1) Provision of child-friendly services and systems; (2) Eliminating all forms of violence against children; (3) Ensuring the rights of children in vulnerable situations; and (4) Ensuring the active participation of children. The strategy also outlines 85 operational objectives and 251 measures to be implemented to meet these overall objectives.

Early childhood development (ECD) is one of the three key priorities of UNICEF's Country Programme Document (CPD) 2017-2021, the other two being: (i) child protection and (ii) innovative partnerships and platforms for child rights. The ECD component focuses on early childhood education (ECE), covering children aged 3-6[2] and early childhood intervention (ECI) targeting children aged 0-7. This work is envisaged to contribute to the outcome: 'by 2021, the Government of Croatia implements appropriately resourced inclusive ECE and multisectoral ECI policies at national and subnational levels, with a special focus on the most vulnerable children'.[3] The scope of the CPD is a result of strategic prioritization adopted by UNICEF based on learnings from the previous country partnership. Specifically, it was decided that in the current CPD, UNICEF will focus on fewer priority areas and target social interventions with the largest potential to exert influence on systemic imbalances, and target groups of children and families who are or could be most in need or at risk.[4]

UNICEF's ECD work in Croatia is programmed to target vulnerable children and their families, especially children at risk of poverty and social exclusion; children from isolated and rural areas; Roma children; and children with disabilities and at risk of developmental delays. In terms of ECE, in line with the NSCR, efforts focus on improving access to quality pre-school education, especially for Roma children. As for ECI, UNICEF's work supports the NSCR's goal to develop 'timely, comprehensive and accessible services of ECI for children with disabilities, and children at risk of developmental delays and their parents'.[5] Using a wide range of strategies, UNICEF aims to achieve the following outputs to meet these goals:

- **OUTPUT 1:** Models of inclusive ECE services (equal accessibility and quality education) , as well as integrated ECI policies (timely multidisciplinary & multisector intervention), are identified, established, tested, documented, and validated.

[2] According to UNICEF Croatia's Strategy Note for ECD Programming (see below), the idea underlying this choice is that structured early learning can start as early as age 3.
[3] United Nations Economic and Social Council (2016). Croatia Country Programme Document 2017-2021 for the United Nations Children's Fund.
[4] UNICEF Croatia (2016). Strategy Note: Croatia ECD Programme Component 2017 – 2021.
[5] Ibid.

- **OUTPUT 2:** National and local authorities receive evidence, best practices, and technical advice on driving legislation, improving financial resourcing, and implementing inclusive ECE and integrated ECI policies for the most vulnerable children.
- **OUTPUT 3:** National capacities are strengthened to promote and support inclusive ECE and integrated ECI policies for the most vulnerable children.

The regular ECD programme of UNICEF Croatia includes the following ECI and ECE interventions:

- **A programme for improving the initial training of teachers on inclusive education** or early childhood education and care is being implemented in partnership with the Teachers' Training Faculties across the country. The programme aligns with Croatian government's obligations under the Convention on the Rights of the Child (CRC) to provide quality and inclusive education to children, including young children. It corresponds to Sustainable Development Goal (SDG) 4 ('Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all') and its Target 4.2 related to ensuring that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education.
- **The augmentative and alternative communication (AAC) programme**, focused on developing innovative AAC solutions and strengthening capacities in their use to increase the availability and affordability of AAC devices. As part of this programme, the CO tested and adapted to the national context an integrated open-source AAC solution and trained ECD/ECI professionals in applying the solution in their work with children with complex communication needs. AAC devices were also procured for the institutions that were part of the programme. The intervention corresponds with the Croatian government's obligations under the Convention on the Rights of Persons with Disabilities (CRPD) to ensure the availability of assistive technology at an affordable price. It is also in line with the call to include persons with disabilities across the SDGs.

In addition, between 2018 and 2020, the 2017-2021 programme cycle was expanded to include the following health and nutrition interventions:

- **The Neo-Baby-Friendly Hospital Initiative (Neo-BFHI) and the Mother Friendly Hospital Initiative** aimed at supporting the implementation of mother and baby friendly standards of care in Maternity hospitals and Neonatal intensive care units. It aligns with the Croatian government's obligations under CEDAW, especially Article 12(1), which obliges State Parties to "ensure to women appropriate services in connection with pregnancy." It can contribute to improvements in SGD3 ('Ensure healthy lives and promote well-being all at all ages') with its Targets 3.1. and 3.2., related to lowering maternal, neonatal, and under-five mortality.
- **The Human Milk Bank** initiative entailing the establishment of a facility where premature newborns who cannot be breastfed receive the nutrition and care they need. The intervention is in line with Croatian government's obligation under the CRC to 'ensure that all children have access to the highest attainable standard of health care and nutrition during their early years'. It also corresponds to SDG3 ('Ensure healthy lives and promote well-being all at all ages') and its Target 3.2 to end preventable deaths of newborns and children under 5 years of age.

As per UNICEF Croatia's Strategy Note on ECD, these interventions are complemented by modeling ECD and parenting support programmes and efforts to mainstream ECD into national policies and plans.

Finally, UNICEF's ECD work in Croatia is closely linked with the other two priorities of the 2017-2021 CPD – child protection (CP) and innovative partnerships and platforms for child rights. ECD will be especially linked with the CP work aimed at (i) supporting families at risk so that a safe and enabling environment for ECD can be created and (ii) ensuring specialized services for young children who already entered the welfare or judiciary system, such as specialized foster care.

2.1.2 Implications of the COVID-19 pandemic for ECD in Croatia

The COVID-19 pandemic entailed profound changes in the social and economic life, including introducing far-reaching reduction in social, educational and economic activities to limit the spread of the virus. Like elsewhere, in Croatia, this has led to reduction in income, as well as most, if not all, essential services. Observations reported by UNICEF revealed that availability of newborn care services, disability support, and child protection services including universal violence prevention programmes reduced in a number of ECA countries, including Croatia.[6] These measures have had multidimensional consequences for young children and their families, and have disproportionately affected the most vulnerable groups, including children with disabilities, the Roma children, children from remote areas, and children living in precarious situations.[7] The main implications of COVID-19 for early childhood development in Croatia are visible in all five components of the nurturing care framework[8] – **health, optimal nutrition, security and safety, opportunities for early learning, and responsive caregiving**.

In Croatia, the national lockdown was imposed from mid-March 2020 until May 2020. During this time all kindergartens were closed. A study carried out for UNICEF Croatia revealed that the pandemic has led to a **41% reduction in income for primary caregivers in the country**.[9] In addition to reduced income, households also had to cover additional expenses on hygiene products, health and food. These changes in income and expenditure proved detrimental to child welfare. Half of all surveyed families reported **reduced expenditure on children's extracurricular activities and toys**.[10] Financial difficulties led to the material deprivation of many families, especially among families with children with disabilities and families with reduced income. Among the population surveyed for the study, **13% of the household with children with disabilities and 11% of the households with reduced income could not afford a meal with meat**, compared to 8% in the general sample. Difficulties in receiving material assistance from official channels during this time caused hardships for 29% of households, particularly those located in Lika, Gorski-Kotar and Banija regions, the latter being one of the poorest regions in Croatia.[11]

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[6] Periodic Country Office reporting against an evolving questionnaire, collected between March and late August 2020. Available here.
[7] UNICEF. (2020). *Country Office Annual Report 2020. Croatia*. Available here.
[8] The *Nurturing care framework for early childhood development: A framework for helping children SURVIVE and THRIVE to TRANSFORM health and human potential* was developed by WHO, UNICEF, and the World Bank Group, in collaboration with the Partnership for Maternal, Newborn & Child Health the Early Childhood Development Action Network and other partners. The framework builds upon evidence of how child development unfolds and of the effective policies and interventions that can improve early childhood development.
[9] Hendal. (2020). Generating evidence on the socio-economic effects of Covid-19 on children and families in Croatia. A Study carried out upon UNICEF Croatia request.
[10] 1.500 households with children younger than 18 participated in the research, divided into three groups of 500 participants that responded for children aged 0 to 6 years of age, 7 to 12 years of age and 13 to 17 years of age. Source: Ibid.
[11] The World Bank. Available here.

The report revealed that as much as **15% of children were not able to receive the healthcare services they needed**.[12] The effects of the pandemic on access to health care services have been **even more apparent among children with disabilities**. Among them, 30% were not able to receive the care they needed. Among all types of services, specialist examinations were the most difficult to access. Children with disabilities often are in need of a wider range of specialized services such as physical or speech therapies, which were also often suspended or limited during the lockdowns.

The report conducted for UNICEF Croatia revealed that 55% of children among the surveyed population were concerned by the pandemic and 59% of primary caregivers were somewhat concerned by the pandemic. The group expressing a higher degree of concern was children with disabilities (as perceived by their primary caregivers) and their primary caregivers as well as households with reduced incomes. A majority of primary caregivers reported remaining in unchanged or improved psychological (64%) and physical (76%) health in comparison with the pre-pandemic period.[13] The number of primary caregivers that expressed the need for psychological support equaled 7%. Among them, only half (55%) received such support as a reorganization of the healthcare system in response to the pandemic **hindered access to psychiatric care.** Designating a large number of hospitals to treat COVID-19 cases resulted in the reduction of all elective, non-urgent services, such as psychiatric care.[14]

Due to the closure of kindergartens, primary caregivers, or other members of the family such as other parents or grandparents had to assume full care of their children at home. Restricted access to educational institutions severely limited the contacts between families with young children (0-6) and the educators. Only 10% of the surveyed families with young children remained in constant contact with their educators, while 12% did not maintain any contact with their pre-school institutions.[15] Enrolment in pre-schools was also affected. When the institutions re-opened in May 2020, **only 72% of children in Croatia who previously attended pre-schools were re-enrolled and continued their education.**[16] Accessing educational services has been **particularly difficult for Roma children**. They had had a significantly higher rate of educational dropouts even prior to the pandemic due to poverty and stigma. In the current circumstances, they are facing an even higher risk of having developmental delays.[17]

While the COVID-19 pandemic caused enormous psychological and financial pressure on primary care providers, almost one-third of pre-school-aged children could not benefit from social welfare and family-law protection services.[18] Visits of parents not living with their children due to divorce as well as community services for children with disabilities were often suspended.[19] Moreover, primary

[12] Hendal. (2020). Generating evidence on the socio-economic effects of Covid-19 on children and families in Croatia. A Study carried out upon UNICEF Croatia request.
[13] Ibid.
[14] Franic, T., and Dodig-Curkovic, K. (2020). Covid-19, child and adolescent mental health – Croatian (in)experience. *Irish Journal of Psychological Medicine, 37*(3), 214-217. Available here.
[15] Hendal. (2020). Generating evidence on the socio-economic effects of Covid-19 on children and families in Croatia. A Study carried out upon UNICEF Croatia request.
[16] Ibid.
[17] Overview of the impact of coronavirus measures on marginalized Roma communities in the EU. (2020). Available here.
[18] Hendal. (2020). Generating evidence on the socio-economic effects of Covid-19 on children and families in Croatia. A Study carried out upon UNICEF Croatia request.
[19] Ibid.

care providers spent more time caring for their children during the lockdown, but almost half of them (46%) felt that parenting was more difficult than before.[20]

For many children, **the increased time spent at home meant greater risk of being victim of unreported domestic violence, abuse or neglect.** For example, the data from the Croatia Ministry of Interior marked a decrease in the numbers of child abuse classified as misdemeanor crimes. In March 2020 there were 324 such crimes, compared to the same period in 2019 when there were 502 children victims of family violence.[21] Similar decreases were noticed in regard to child abuse and sexual exploitation offenses, while the number of violations of children's rights, classified as criminal offense increased between January-March 2019 and January-March 2020. Nevertheless, dropping rates of child abuse and sexual exploitation may be a function of social exclusion and unavailability of individuals who would notice and react to protect children.[22]

As is often the case in times of emergencies, **women have been disproportionally affected**. School closures have meant a further increase in the domestic burden shouldered by women in Croatia who, even before the pandemic, carry out the bulk of unpaid caregiving work.[23] Less-educated women and women from rural areas have been especially affected. A recent World Bank survey showed that 54% of women with less than an upper-secondary education had to assume all household responsibilities on their own.[24] At the same time, women from rural areas and less educated women are overrepresented in jobs that cannot be carried out remotely, leading to high levels of work stoppage among them. As a result, women were more likely to experience income loss and found it financially more difficult than men to endure lockdowns.[25]

2.1.3 National (and local) government efforts to address COVID-19 implications for ECD in Croatia

To combat the spread of the virus and ensure the continuity of essential services, the government of Croatia issued a series of **guidelines on the sanitary standards for health care institutions, kindergartens and schools, and other ECD services**. On the 19th of March 2020, the Ministry of Health published guidelines for primary care providers. Among other instructions, the guidelines advised family doctors to communicate with their patients by telephone, e-mail or videoconference whenever possible. To ensure the continuity of education, on the 27th of April 2020, the Croatian Institute for Public Health published recommendations for preventing and suppressing the spread of COVID-19 in kindergartens and elementary schools for their re-opening. The recommendations provided for the possibility of care for young and preschool children and those in the first four grades of elementary school.[26] The way in which these recommendations were implemented was, however, largely left to the pre-school and school institutions.

In terms of Risk Communication and Community Engagement, the government **developed and broadcasted a range of informational materials about COVID-19 and current restrictions**. Among

[20] Ibid.
[21] Roje Đapić, M., Buljan Flander, G. and Prijatelj, K. (2020). Children Behind Closed Doors Due to COVID-19 Isolation: Abuse, Neglect and Domestic Violence. *Archives of Psychiatry Research, 56* (2), 181-192. Available here.
[22] Ibid.
[23] World Bank (2021) Croatian Women and the COVID-19 Pandemic: The Coronavirus is not gender-blind available here
[24] Ibid.
[25] Ibid.
[26] CroatiaWeek (2020). Minister: Croatia has most restrictive measures for normalization of school classes. Available here.

other channels, this information was placed and regularly updated on the Croatian National Institute of Public Health. The government also launched a '**digital assistant'** named 'Andrija' available on WhatsApp to advise people how to diagnose and manage suspected COVID-19 infection. Powered by artificial intelligence, the virtual service was introduced to respond to the public's need for medical advice and relieve some pressure off the health workers.[27]

Realizing that the pandemic increased the level of domestic violence, the Ministry of Interior, together with the Child Protection Clinic and the Degordian Agency launched the '**Behind the Door' campaign.** Its aim is to encourage citizens to help detect and report cases of violence against children in the family in the context of the pandemic and limited social interaction.[28]

Material support for children and families has mostly come from the EU through projects financed from the Fund for European Aid to the Most Deprived and the European Social Fund. Substantial EU and national resources are also being channeled via the private sector to support job retention and reduce working hours for those who need such support.[29] Some local government authorities provided basic support to vulnerable children and families, including those belonging to ethnic minorities.

A range of non-governmental organizations (NGOs) and academic and training institutes across Croatia are playing an important role in ensuring support for children and families during the pandemic. For example, the Croatian Red Cross, the Croatian Psychological Society, and the Teaching Institute for Public Health 'Dr. Andrija Štampar' have been providing free-of-charge psychological support for those in distress. The Polyclinic for the Protection of Children and Youth of the City of Zagreb offers support for caregivers concerned about the emotional state of their child in particular.[30]

2.1.4 Overview of UNICEF-supported adaptations of ECD interventions in Croatia

UNICEF's work in support of ECD in Croatia was adapted during the COVID-19 pandemic in two main ways. Firstly, UNICEF implemented a wide range of new interventions, ranging from the provision of personal protective equipment (PPE) and Risk Communication and Community Engagement (RCCE) to strengthen the capacities of ECD professionals and caregivers. Secondly, UNICEF modified some ongoing interventions to respond to newly emerged needs or the specific operational context during the pandemic. This sub-section briefly summarizes the key UNICEF-supported ECD interventions introduced or modified in response to the COVID-19 pandemic.

2.1.4.1 Interventions introduced directly in response to the COVID-19 pandemic

Supported by private companies and individual donors, UNICEF was among the first responders to procure and help distribute personal protective equipment (PPE) to ECD frontline workers. In the early days of the pandemic, UNICEF donated four tons of professional medical and protective

[27] The COVID-19 Health System Response Monitor. Available here.
[28] Croatia's Ombudsperson for Children website (2021). Available here.
[29] See for example: The Programme for the Retention of Workers in Activities of Reduced Economic Activity for July 2021 | HZZ - Croatian Employment Service
[30] Croatia's Ombudsperson for Children website (2021). Available here.

equipment to the Croatian government and continued to provide support in supply throughout the year.[31] In December 2020, UNICEF protective equipment was delivered to (i) health centers for use by visiting nurses and pediatricians, and (ii) social welfare professionals working with children without adequate parental care and children with behavioral problems. Hygiene supplies were also delivered directly to young children and families, for example through the following initiatives:

- Meteor Group – Labud, in cooperation with UNICEF, has donated 2 tons of disinfectants, hygienic and cleaning products in July. The Ministry of Demography, Family, Youth and Social Policy distributed the hygienic products to community service centers and other institutions for children with behavioral problems.
- Colgate-Palmolive contributed around HRK 50,000 worth of donations to UNICEF, which includes a total of 3300 personal hygiene products. UNICEF has prepared assistance packages for poor children and families in Sisak-Moslavina County, and the packages were delivered to families by the Sisak Social Welfare Centre (July 2020).[32]

UNICEF also secured and distributed educational supplies for 5-6 year-old children at risk of being excluded from the formal education system to ease their transition into primary school for autumn 2020. In July 2020, in cooperation with the Međimurje County authorities, UNICEF delivered 450 early learning kits to pre-school aged children from poor and Roma households who had no access to kindergarten or pre-school during the lockdown in the summer.

The Country Office substantially contributed to Croatia's Risk Communication and Community Engagement (RCCE) efforts. The agency designed and disseminated COVID-19 prevention and safety messages through online platforms and social media. With the support of prominent ECD and health experts, the CO also developed a series of **short videos to help caregivers of young children maintain health and well-being during the crisis**. These included videos on breastfeeding, support at labor, early days, and immunization. UNICEF also supported the NGO Roda – Parents in Action to design online courses, a mobile application, and infographics on pregnancy, birth and breastfeeding during the COVID-19 pandemic. These were aimed, in particular, at mothers and fathers living in remote areas and from ethnic minorities. Roda also translated the infographics to Farsi, Arabic, Roma Chib, and Bayash.

Videos made by UNICEF also covered **early learning at home during a pandemic with content designated for caregivers of children with disabilities**. The CO created a **COVID-19-related web hub** with numerous materials and multimedia assets (articles, guidelines, expert videos, vlogs, information packages) produced by and for adolescents, young people, parents, caregivers, and ECI and CP professionals.[33] The web hub contains information and guidance on: (i) including children with disabilities during distance education, (ii) several documents on school reopening, (iii) the use of masks, (iv) safe transport, (v) support to parents, (vi) safe operating of kindergartens.[34]

The Country Office provided **timely information and guidelines for the government and ECD professionals to inform response planning, preparedness, and programming in ECD.** The Country Office developed guidelines for health professionals and shared them with the MoH, the National Crisis Headquarters, the Croatian Public Health Institute, maternity hospitals, Croatian Pediatric

[31] CO Inputs ECAR End-of-year COVID Situational Report.
[32] Situational Report Croatia 2020.
[33] Ibid.
[34] Situational Report Croatia 2020.

Association and other relevant professional associations. Guidance on considering the needs of persons with disabilities as part of the COVID-19 response was also developed and shared with Ombudspersons and other relevant institutions for reference and further use.[35]

To support evidence-based policy-making, UNICEF engaged in the **generation and management of knowledge on the situation of young children and their families during the pandemic.** In collaboration with the World Bank, UNICEF commissioned a study on the socio-economic effects of COVID-19 on children and families in Croatia, with a focus on households with children with disabilities. The findings were presented to the Ministry of Labour, Pension System, Family and Social Policy to help the government develop plans for Croatia's economic recovery and further strengthen the country's social protection system.[36] Together with Women's Room, UNICEF also conducted a rapid situation assessment on women and children victims of gender-based violence (GBV) during the lockdown.[37] On that basis, recommendations for protecting women and child victims of GBV during the pandemic were developed and shared with ministries for advocacy and planning purposes.

To support the adaptation and/or strengthening of existing services for families with young children during the pandemic, **UNICEF Croatia organized trainings to build the capacity of ECD workers.** Notably, in partnership with the NGO MURID, UNICEF developed self-paced modules and accompanying guidance on providing virtual early intervention for early intervention practitioners. In addition, together with the NGO Society for Psychological Assistance, UNICEF Croatia organized web-based supervision for 159 professionals of social welfare centers and social services providers for children without adequate parental care. This initiative aimed to strengthen their capacities in effective case management and in working with families and children during and post emergencies.[38]

Furthermore, UNICEF trained health care professionals from Croatia to support Infection Prevention and Control (IPC) and WASH in the health care sector. In July 2020, UNICEF ECARO organized **online training sessions for health care workers, public health experts**, key partners, and UNICEF staff from Croatia and other ECA countries.[39] Among others, the training covered hand hygiene, PPE, standard precautions, and environmental cleaning and disinfection.

2.1.4.2 Interventions adapted in response to the COVID-19 pandemic

Several adaptations of existing UNICEF-supported interventions in Croatia involved **moving capacity building support from face-to-face to an online format.** This included training on augmentative and alternative communication (AAC) technologies for early intervention practitioners across Croatia. The training was delivered using videoconferencing tools in response to COVID-19-related restrictions introduced by the government of Croatia. Another example is the online training for national assessors of the baby-friendly status of maternity wards and Neonatal Intensive Care Units (NICUs), which was previously done in a face-to-face manner.

New online trainings and webinars were also introduced as part of existing interventions to increase their relevance. This included a webinar for the coordinators of all maternity wards and

[35] Situational Report Croatia 2020.
[36] Ibid.
[37] Situational Report Croatia 2020.
[38] Ibid.
[39] Situational Report ECARO. Available here.

NICUs to collect information about compliance with baby-friendly standards during the COVID-19 pandemic. The webinar also served to inform them about the upcoming re-assessment of this compliance which was delivered in a hybrid mode for the first time. UNICEF also introduced online trainings for NICU staff as part of the Human Milk Bank initiative. The trainings covered the advantages, use and storage of donated human milk. They supported setting up the Human Milk Bank – a process challenged by the Zagreb earthquake and outbreak of the pandemic in March 2020.

The hybrid re-assessment of baby-friendly standards in hospitals in Croatia constituted a major adaptation of the Baby-friendly hospital initiative (BFHI) led by UNICEF. Previously, assessments of compliance with baby-friendly standards were completed entirely face-to-face. In the face of COVID-19 restrictions, UNICEF's BFHI coordinator conducted online interviews with NICU and maternity ward staff members and on-site visits to identify any potential violations.

As part of the intervention, UNICEF also supported the **adaptation of the WHO material on baby-friendly standards to COVID-19 realities.** The guidance was validated with the national assessors and shared with a wide range of public institutions.

The lists of the main stakeholders engaged in the implementation COVID-adapted ECD interventions under analysis is detailed in Vol. 2 of the Country Report with Annexes (A0: Stakeholder mapping).

2.2 Evaluation purpose, scope, and methodology

2.2.1 Evaluation purpose and objectives

This evaluation's overarching purpose is to provide UNICEF Croatia CO, UNICEF ECA Regional Office and the Croatian government and partners with a **critical assessment of the key adaptations made in UNICEF ECD programming in the ECA region to meet the changing needs of young children and families.** The secondary purpose of this evaluation was twofold: 1) to provide **real-time feedback and generate learnings to inform the further development of the assessed ECD activities** adapted or newly designed to respond to the COVID-19 pandemic; and 2) to provide evidence to inform future ECD efforts in similar emergencies.

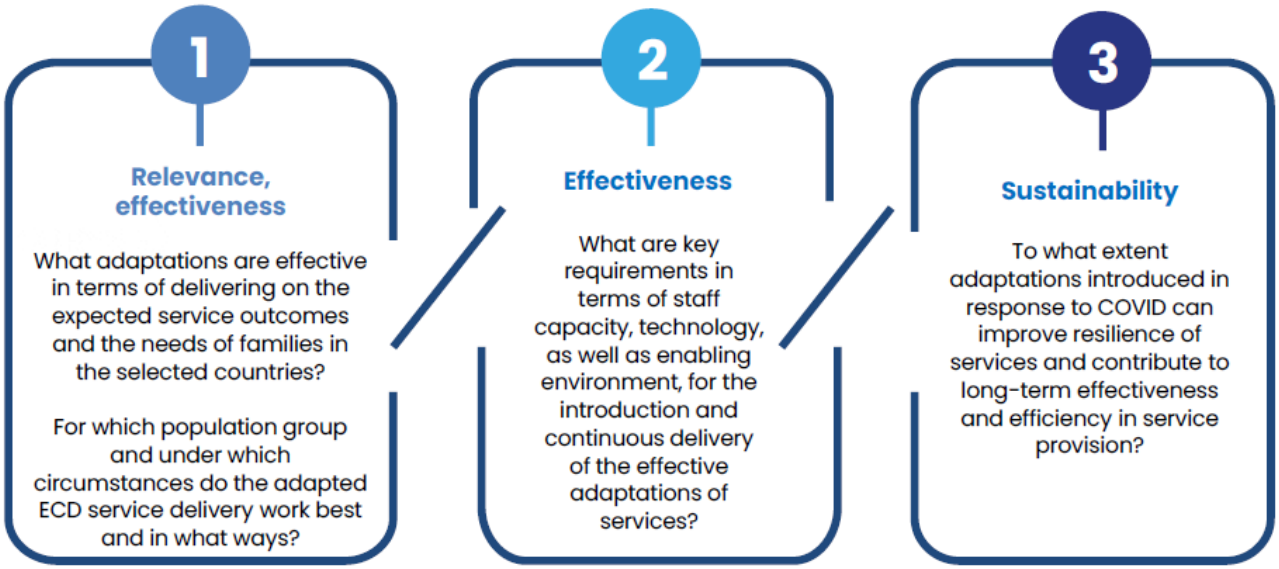
The objectives of the evaluation were to:

- assess the extent to which the ECD activities (interventions) are being implemented in Croatia, how they are meeting the needs of young children and families, especially when their needs change as the COVID-19 outbreak evolves, and
- assess the effectiveness of the ECD activities in improved programming and system strengthening support to the Croatian government.

The primary intended users of the evaluation are UNICEF Croatia CO, UNICEF ECA Regional Office and national governments and partners. The findings will also be useful for the CO which is starting a new programme cycle in 2023 to reflect on the lessons learned applicable to the wider ECD strategy. The evaluation findings will inform the ECD programming in the near future in relation to the situations such as that of COVID-19, and similar contexts, to ensure the continuity of ECD-related services delivered to children and families regardless of the pandemic. Upon UNICEF's request, the recommendations are thus formulated to focus on strategic areas for UNICEF Croatia to improve its ECD programme based on the evidence emerging from this evaluation. As such, they go beyond explicitly pandemic-related issues as the findings in this report confirm that an urgent action to

protect and strengthen ECD is necessary to mitigate immediate and long-term adverse impacts of COVID-19 on young children and their families.[40]

In line with the above, the main evaluation questions were as follows:



Annex 4, Vol. 2 of the Country Report: Croatia presents the sub-questions for this evaluation.[41]

The evaluation process followed a **developmental evaluation approach** due to the dynamically changing context of the assessed interventions. As such, it supported UNICEF Croatia Country Office in **spotting emerging patterns** in their current activities and using them to reframe their approaches and reset their priorities, goals, and strategies where needed. The evaluation also entailed some elements of formative evaluation to highlight how well the adapted or new initiatives are working. Section 2.2.3 below provides an overview of how this approach was implemented in practice.

2.2.2 Evaluation scope and object

The evaluation focused on interventions which:

a) were either introduced directly in response to COVID-19 or in some way adapted to its new realities; and

b) entail capacity building or information support to the frontline workers; and

c) were viewed by the UNICEF Croatia Office as especially useful to receive feedback on for the purposes of future programming

d) were implemented from March 2020 when the COVID-19 outbreak started and up to the moment of their evaluation (completed interventions were evaluated up until their end).

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[40] For example, please see: Galevski, M., Adona, V. J. A., Barbosa, B. B., Ben Yahmed, Z., Currimjee, A., Ibrahim, R., Song, C., Tazi, S. & Yacoub, R. (2021). COVID-19 and the Early Years: A Cross-Country Overview of Impact and Response in Early Childhood Development. World Bank, Washington, DC. Available here.

[41] Given the purpose of the evaluation, only three criteria (relevance, effectiveness, sustainability) were included in the ToR. No cost analysis is included because efficiency analysis was not considered a priority for the context and approach.

In line with the ToR, activities which do not fall under these criteria were not covered by the evaluation.[42] As a result, primary data collection focused on interventions aimed at building frontline worker capacities in the fields of early childhood intervention and health and nutrition. Other components of UNICEF's response to COVID-19 have not been assessed, but they have been documented to 1) illustrate the extent to which UNICEF Croatia adapted its ECD programming to COVID-19 and 2) show how the selected interventions fit into UNICEF's broader ECD programming and COVID-19 response. The choice of the interventions to be evaluated was agreed with UNICEF Croatia.

Due to the high number of interventions that fulfilled the inclusion criteria, the analysis carried out for this evaluation included **two layers**.

The first layer of analysis involved an in-depth assessment of two ECI interventions carried out within two rapid assessment cycles (see more details in section 2.2.3.) These interventions were selected for in-depth analysis by UNICEF Croatia and included:

Augmentative and Alternative Communication (AAC) programme

- **Objective**: 'improve the availability of affordable AAC solutions and strengthen national capacities for early identification and intervention for children with developmental difficulties and complex communication needs (CCN).'
- **Period and location of implementation**: from May 2019 till October 2020, Croatia.
- **Budget**: HRK 882,334 (equivalent to 133,475 USD), fully financed by UNICEF.
- **Key actions:** (i) capacity building of ECD and ECI professionals,[43] in EI and use of AAC technologies, (ii) development of an integrated open-source AAC solution (Cboard) and its testing among a group of ECI professionals, and (iii) customization of global open-source symbol sets for Croatia and for Serbia. Complementarily to the programme activities, the CO procured AAC and ICT equipment for 24 institutions (worth 90,000 USD).
- **Type of adaptation:** trainings moved from face-to-face to online
- **Key stakeholders:** The Programme was implemented in partnership with two faculties of the University of Zagreb. The Faculty of Education and Rehabilitation Sciences was responsible for managing the overall process and the Faculty of Electrical Engineering and Computing developed AAC apps to support the technical aspects of the Cboard introduction. A multi-stakeholder Programme Board was established to oversee the overall AAC Programme development. The board members included representatives from the Ministry of Labour and Pension System, Family and Social Policy (MLPFSP), the Ministry of Education, the Ministry of Health, the Croatian Chamber of Educational Rehabilitators, and the Croatian Association of Speech and Language Pathologists.

[42] Excluded interventions: interventions which focus on the provision of COVID-19-related guidelines and recommendations to government bodies and other actors, provision of learning/health kits to children/mothers, or the provision of training directly to the caregivers without training or preparing the frontline workers.
[43] Including Speech-Language Pathologists (SLPs), Educational Rehabilitators (ERs), psychologist, and pre-school teachers

- **Target group:** over 300 professionals from 24 institutions (schools, hospitals, rehabilitation centers, kindergartens, non-governmental organizations, and a children's home) across Croatia.[44]
- **Final beneficiaries:** over 600 children with disabilities up to 8 years of age.[45] The programme was adapted to the pandemic by moving the trainings on AAC technologies for ECI practitioners to the online environment.

For more information, please see Country Report Vol. 2, Annex A1.1: Analytical brief #1.

Tele-intervention for children with developmental delays and disabilities

- **Objective:** 'build and strengthen the capacities of ECI practitioners to provide ECI using audio/video online technologies to ensure the continuity of service provision during the COVID-19 pandemic.'
- **Period and location of implementation**: from June till December 2020, Croatia.
- **Budget**: HRK 221,159 (equivalent to USD 33,440): 92% covered by UNICEF and 8% by the Implementing Partner.
- **Key actions:** development of an online, self-paced e-course on virtual early intervention for ECI practitioners and information materials on virtual early intervention for the caregivers of children with disabilities and developmental delays. The course and the accompanying resources were made available by setting up a dedicated e-learning platform. The content of the course was based on self-paced modules developed prior to the training by MURID.
- **Type of adaptation:** The project was introduced directly in response to the pandemic.
- **Key stakeholders:** The intervention was implemented by UNICEF and the Medjimurje Association for Early Childhood Intervention (MURID). The Ministry for Demography, Family, Youth and Social Policy provided patronage for the project.
- **Target group:** 250 Early Intervention (EI) practitioners
- **Final beneficiaries:** 150 children with developmental delays and disabilities and 500 caregivers of children with developmental delays and disabilities.

For more information please see Country Report Vol. 2, Annex A1.2: Analytical brief #2

The second analysis layer included three interventions in health and nutrition that fulfill the evaluation criteria. These included:

Human Milk Bank (HMB)

[44] UNICEF ECARO (2020). Final project document "For every child: a VOICE. Harnessing 21st century technology to promote communication, education and social inclusion for young children with developmental delays and disabilities".
[45] Ibid.

- **Objective:** 'ensure breastfeeding support to all donors and young families of preterm and term infants cared for in neonatal intensive care units (NICUs), as well as the optimal breastfeeding education for health professionals'.
- **Period and location of implementation**: since March 2020, Croatia.
- **Budget**: over HRK 8 million, of which the Ministry of Health provided HRK 5 million and UNICEF HRK 3.4 million.[46]
- **Key actions:** UNICEF and the Croatian Ministry of Health established a National Human Milk Bank to provide milk donated by nursing mothers to prematurely born and seriously ill infants. UNICEF also procured a vehicle with a refrigerator to improve access to human milk for premature and seriously ill newborns in NICUs throughout Croatia.
- **Type of adaptation:** The project was adapted by adding online trainings for NICUs' workers on the advantages, the use and storage of donated human milk.
- **Key stakeholders:** UNICEF and the Croatian Ministry of Health
- **Target group:** 211 health and non-health workers (as of 15/11/2021)
- **Final beneficiaries:** 300 preterm and sick newborns in NICUs (as of 15/11/2021).[47]

Neonatal-Baby Friendly Hospital Initiative (Neo-BFHI)

- **Objective:** 'ensure that the standards in Croatia's maternity wards and NICUs are baby-friendly, i.e. that they implement the 'Ten Steps for Successful Breastfeeding'.[48]
- **Period and location of implementation**: For the last 25 years (since 2018 based on revised WHO/UNICEF guidance). The hybrid BFHI re-assessment was carried out in one maternity hospital in Varazdin while materials were shared with all 31 maternity hospitals and 13 NICUs in Croatia.
- **Budget**: UNICEF's estimated financial contribution amounted to USD 22,926.
- **Key actions:** The programme is focused on protecting, promoting, and supporting of breastfeeding in maternity wards and educating healthcare professionals for the implementation of these practices. It is organized around helping hospitals obtain and maintain a baby-friendly status.
- **Type of adaptation:** (i) carrying out and disseminating research and recommendations on breastfeeding and COVID-19, (ii) translating and adapting WHO materials on baby-friendly standards to the realities of the COVID-19 pandemic (iii) organizing webinars for heads of maternity wards and hospitals and (iv) shifting the mode of the re-assessment of baby-friendly standards from a face-to-face to a hybrid mode.

[46] UNICEF Croatia 'The Human Milk Bank opened in Croatia'. Available here.
[47] Information shared with the evaluation team via e-mail.
[48] Developed by UNICEF and WHO in 1992, the "Ten Steps to Successful Breastfeeding" is a proven approach to support breastfeeding in maternity settings.

- **Key stakeholders:** UNICEF, and the Croatian Ministry of Health
- **Target group:** Medical and managerial staff of maternity wards and NICUs
- **Final beneficiaries:** pregnant women, newborns, mothers of newborns, and their families

E-education for Pregnancy and Parenting during COVID-19

- **Objective:** 'ensure that pregnant women and their partners have information and guidance on pregnancy, childbirth, and breastfeeding.'
- **Period and location of implementation**: since March 2021, Croatia
- **Budget**: HRK 274.813,67 (USD 41,560).
- **Key actions:** the initiative focused on the provision of antenatal information for mothers and fathers, with a focus on those who are least likely to access such information. This included the development of e-courses and a mobile application for future parents with information on childbirth, postpartum, and breastfeeding preparation. Three infographics for pregnancy, birth and breastfeeding and COVID-19 were also developed in Croatian, English, Farsi, Arabic, Roma Chib, and Bayash.
- **Type of adaptation:** the course was enriched with content on pregnancy, breastfeeding, and child birth during the pandemic
- **Key stakeholders:** Led by the NGO Roda – Parents in Action (hereafter referred to as 'Roda'), supported by UNICEF and World Bank
- **Target group:** pregnant mothers, mothers of newborns, and their partners/families
- **Final beneficiaries:** newborn and young children

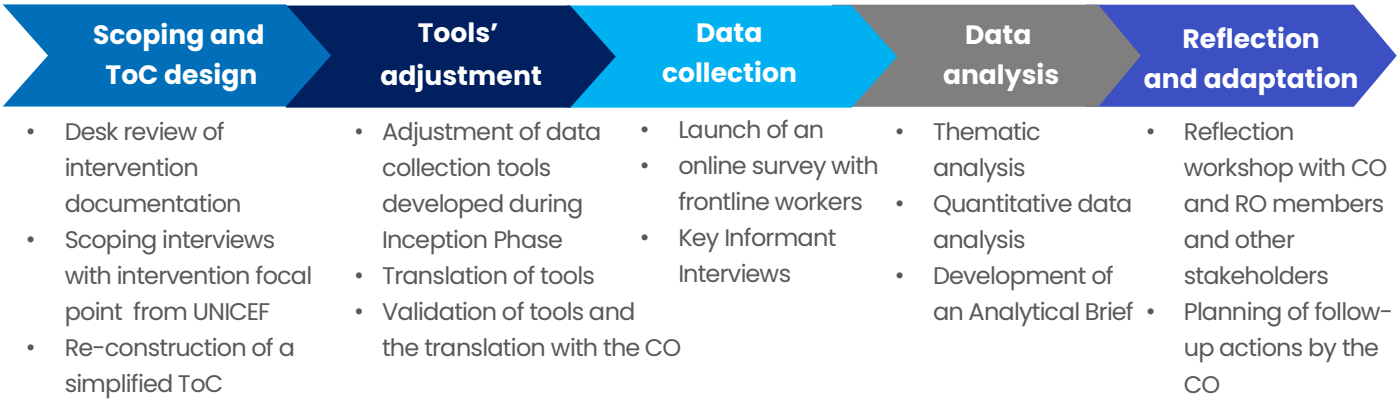
In terms of **temporal scope,** the evaluation covered interventions implemented from **March 2020** when the COVID-19 outbreak started and up to the moment of their evaluation (completed interventions were evaluated up until their end). The **geographic scope covered all of Croatia**.

2.2.3 Evaluation approach and methodology

In line with the developmental evaluation approach, the evaluation focused on a.) collecting and analyzing real-time data to answer the evaluation questions and b.) supporting the use of the obtained evidence for ongoing programme adaptation.

For this purpose, data on the interventions' relevance, effectiveness, and sustainability was collected and analyzed in two **rapid assessment cycles**. Each of the cycles focused on one intervention, selected per the criteria outlined in section 2.2.2. For each cycle, the evaluators collected and analyzed data on the intervention, provided rapid feedback to the CO, and facilitated evaluative reflection and programming adaptation. Figure 1 outlines the key steps taken as part of each rapid assessment cycle.

Figure 1: Key steps within each rapid assessment cycle



Conducting two rapid data collection and analysis cycles in Croatia constituted a departure from the multi-country approach developed during the Inception Phase. While implementing three cycles was planned as per the Inception Report (IR), the third cycle of data collection was not conducted based on Croatia CO's request. Instead, the evaluators conducted a series of semi-structured interviews with UNICEF focal points and Implementing Partners for interventions selected for the second layer of analysis (please see Country Report Vol. 2, Annex A0: Stakeholder mapping).

At the beginning of each cycle, the evaluators re-constructed simplified theories of change (ToCs) based on desk review and scoping interviews with UNICEF Croatia CO. They were used to: i) provide an overall picture of the analysed projects, since none were developed before; ii) develop interview/survey questions; and iii) assess outputs/outcomes, where possible. As such, the ToCs' purpose was not to carry out a rigorous evaluation against them (please see ToCs in Country Report Vol. 2, Annexes A1.1 and A1.2).

In addition to the in-depth analysis, three interventions were selected for complementary desk research- and interview-based, "light" assessment, focused mainly on relevance.[49] They were reviewed during the final synthesis phase together with other primary and secondary sources concerning ECD in Croatia to document all ECD interventions of interest that were adapted to COVID-19. Such an approach helped to view ECD from a broader perspective and thus provided a wider knowledge-base for UNICEF's upcoming programmatic adjustments.

As mentioned earlier, the evaluation entailed an element of a **formative inquiry** to help shape the future of ECD programming in the four countries concerned. This Country Report, developed in accordance with UNICEF quality standards for evaluations, is the primary manifestation of this approach.

2.2.3.1 Data collection and analysis

To collect the data, the evaluators used a mix of qualitative and quantitative techniques. These included:

[49] The methodology agreed during the evaluation's inception phase did not envisage ToCs to be developed for these interventions.

- **desk research:** including primary and secondary sources concerning ECD in Croatia, UNICEF's programming and COVID-19 related activities in the country, as well as all the evaluated interventions specifically;
- **two cycles of rapid data collection and analysis**:[50]

1. The first cycle focused on the AAC programme and included: desk review, an online survey (hereafter referred to as "the evaluation survey") completed by 143 survey responses (representing a response rate of 16%) and 7 Key Informant Interviews (KIIs) with selected stakeholders, frontline workers, and UNICEF Croatia CO (see Country Report Vol. 2, Annex A1.1).
2. The second cycle focused on the tele-intervention project and included: desk review, an online survey (hereafter referred to as "the evaluation survey") completed by 149 frontline workers who completed the online course (representing a 12% response rate), and 8 KIIs with selected stakeholders, frontline workers, and UNICEF Croatia CO (see Country Report Vol. 2, Annex A1.2).

- **Four key informant interviews** with UNICEF staff and Implementing Partners of the BHFI, Human Milk Bank, and e-education for pregnancy interventions (see Country Report Vol. 2, Annex A0).

Respondents for interviews were selected based on a stakeholder mapping carried out jointly by the evaluators and the CO staff (please see Country Report Vol. 2, Annex A0: Stakeholder mapping). For each intervention analyzed in-depth, stakeholders were mapped according to their degree of influence and impact on the intervention. Stakeholders with the most influence and impact were selected for individual interviews, while sampling of stakeholders for KIIs considered the principle of "good enough" data for the proposes of the developmental evaluation (for the lists of stakeholders interviewed per rapid assessment cycle please see A1: Analytical briefs in Vol. 2 of the Country Report with Annexes). Representatives of duty bearers (government, civil society organizations) were also invited to participate in the evaluation workshops, review analytical briefs, and join the Evaluation Reference Group (ERG).

All frontline workers to whom e-mail addresses were available received an invitation to participate in the online surveys.

The qualitative data from interviews and surveys was subject to thematic analysis carried out using MAXQDA. The evaluation team used coding to develop themes by identifying items of analytic interest in the data and tagging these with a coding label. The quantitative data gathered from the surveys was subject to quantitative data analysis. This included studying the distributions, spreads, and centers of responses. Cross-tabulation was also used to investigate potential correlations between variables.

2.2.3.2 Formulation and implementation of solutions

Based on each rapid assessment cycle, the key findings, conclusions, and preliminary recommendations were drawn up in the form of Analytical Briefs (see Country Report Vol. 2, Annexes A1.1 and A.1.2). The briefs were reviewed by the RO and the CO and revised based on their feedback.

[50] Details on KIIs and survey results are included in the Analytical Briefs (please see Vol. 2 of the Country Report with Annexes, A1: Analytical briefs).

After each of the two cycles, a **reflection workshop** was organized with members of Croatia CO, the ECARO, and relevant key stakeholders, including government and implementing partners. The primary purpose of the workshops was to provide space for evaluative reflection, prioritize and refine the recommendations, and discuss how they could be best implemented. The secondary purpose was to build capacity for evaluative thinking, increase understanding and ownership of the findings, and, accordingly, the likelihood that they will be used.[51] After each workshop, the evaluators prepared short notes with the key takeaways from the discussions (see Country Report Vol. 2, Annex A2). Subsequently, the CO prepared a document with the key actions to be taken to adapt ongoing programming to the evaluation findings. In November, UNICEF Croatia CO presented how they utilized the conclusions and recommendations to adapt current programming. It is the evaluators' understanding that these actions were implemented, fulfilling the objectives of the developmental evaluation.

2.2.3.3 Limitations

In summary, the key limitations to analysis in Croatia included:

- Developmental evaluations focus on collecting 'good enough' evidence to provide rapid feedback that makes adaptations in real-time possible. More important than methodological rigor is to provide inputs and advice into ongoing programming. To avoid jeopardizing the rapid nature of the data collection and analysis cycles, a decision was taken not to conduct interviews with the rights holders (i.e. children and their families) of the interventions. In effect, the evaluators had to rely on secondary evidence and the views of frontline workers to generate findings on the relevance and effectiveness of the interventions for the final beneficiaries. For similar reasons, reconstruction of detailed ToCs and heavy reliance on ToCs were not possible and the participation of other duty bearers (government, CSOs) was relatively limited.
- The validity of the findings was negatively affected by the limited availability of data concerning interventions assessed or documented as part of analysis second layers of analysis. Firstly, little secondary data was shared with the evaluators on the BHFI and Human Milk Bank interventions. Secondly, primary data collection for these interventions was limited to interviews with the representatives of UNICEF and the Implementing Partners. This was a function of the budget and time limitations of the evaluation.
- Quantitative information was collected using online surveys, which may have excluded frontline workers with few digital skills and ICT equipment from participating in the evaluation.
- The evaluators were not involved in the process of change inspired by the evaluation findings as different interventions were assessed throughout the three rapid data collection cycles (instead of repeating the assessment of one). Such an approach was agreed with the UNICEF ECA RO to collect more data and increase the utility of findings for future programming. Consequently, it was impossible to describe how the interventions under review adapted based on the generation of real-time evidence and timely decision-making – not assessed.

[51] Patton, M. Q. (2008). Utilization-focused evaluation (4th ed.). Thousand Oaks, CA: Sage Publications.

- In line with the evaluation's purpose, the analysis of the needs of young children and their families focused on needs created or compounded by the COVID-19 context. Hence, interventions were not analyzed from a broader child rights perspective.
- Gender-disaggregated data and quantitative data disaggregated by vulnerable groups was limited.

2.2.3.4 Ethics

The evaluation methodology in Croatia did not foresee data collection with child participants or representatives of other particularly vulnerable groups. However, it did involve respondents through the survey and interviews. Consequently, the team followed the highest standards of ethics, including the UNICEF Procedure for Ethical Standards in Research, Evaluation, Data Collection and Analysis (2021)[52], the UNEG Ethical Guidelines for Evaluation (2020)[53], and the research protocol designed for the purpose of this study (see Country Report Vol. 2, Annex A.5). The evaluation team respected the following principles[54] throughout its engagement with UNICEF: Respect for dignity and diversity; Fair representation; Compliance with codes for vulnerable groups (e.g., ethics of research involving young children or vulnerable groups); Redress; Confidentiality; and Avoidance of harm.

[52] Global Development Commons (2021). UNICEF Procedure on Ethical Standards in Research, Evaluation, Data Collection and Analysis. Available here.
[53] United Nations Evaluation Group (2020). UNEG Ethical Guidelines for Evaluation. Available here.
[54] As per UNEG Ethical Guidelines for Evaluation (2008).

3.0 Main findings

3.1 Relevance

This section explores the relevance of the analyzed UNICEF interventions in Croatia to the needs of (i) young children and their families as rights holders and (ii) frontline workers. It considers the interventions' alignment with both long-standing, critical needs of these groups and their needs related to the COVID-19 pandemic specifically. The extent to which these interventions address the needs of the most vulnerable groups and include gender-sensitive content is also analyzed. The section presents the analyzed interventions in the context of UNICEF's wider ECD programming, highlighting synergies and complementarities between the different actions.

3.1.1 Relevance to the needs of young children and their families

3.1.1.1 Early childhood intervention

Special care and assistance needs

Children with disabilities and developmental delays are at a considerable risk of not realizing their cognitive, social, emotional and physical development potential. In addition to having the same needs as other children, children with disabilities and developmental delays require specialized services and support, termed early childhood intervention (ECI). This may include rehabilitation; family-focused support (e.g. training and counselling); social and psychological support; special education; and assistance and support to access mainstream services such as preschool and child-care. The right of children with disabilities to special care and assistance is recognized by both the Convention on the Rights of the Child (CRC) and the Convention on the Rights of Persons with Disabilities (CRPD).

However, as shown by a study commissioned by UNICEF, access to ECI in Croatia continues to be low. In 2019, ECI programmes served an estimated 2,914 children, representing only 12% of the estimated need for ECI services.[55] Barriers to accessing ECI include long waiting times and shortages of ECI professionals. Access to ECI in Croatia is also inequitable. Young children living in rural and island areas, living in poverty or those belonging to ethnic minority groups, especially the Roma, are the least likely to receive multisectoral ECI services.[56]

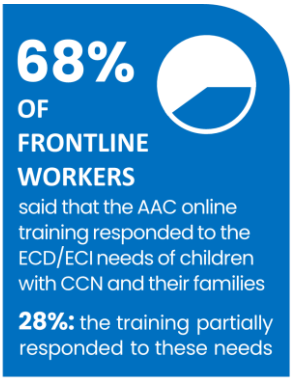
Access to quality ECI in Croatia is compounded by limited use of AAC devices to enhance functional communication skills and speech and language for children with complex communication needs (CCN). Recognizing the importance of assistive technology, the CRPD urges governments to ensure its availability at an affordable price. However, AAC devices in Croatia are proprietary and not on the list of medical devices of the Croatian Health Insurance Institute.

[55] RISE Institute (2020). Situation Analysis of Early Childhood Intervention Programmes in Croatia, commissioned by UNICEF Croatia CO.
[56] Ibid.

Consequently, access to AAC devices is subject to high out-of-pocket costs for parents and caregivers.[57]

The interviewed stakeholders believe **that the UNICEF-supported AAC programme responded to the need of young children with CCN and their families for affordable AAC devices**. Most interviewees highlighted that the open-source AAC solution (Cboard) developed improved the accessibility and use of AAC devices in Croatia. Several interviewees also mentioned that the customization of global open-source symbol sets for Croatia was highly appropriate. They explained that it provided content adapted to the local language where most AAC solutions cater to the English-speaking market.

All interviewed stakeholders agreed that **the intervention addressed the need of young children with disabilities and developmental delays and their families for an ECI workforce skilled in using AAC technologies**. Most underlined that by training ECI professionals on using different AAC technologies, the intervention tackled the low use of AAC among Croatian professionals.[58] The majority (68%) of the frontline workers surveyed for this evaluation believed that the training appropriately took into account the ECI/ECD needs of different groups of children with CCN and their families, given the new reality of the COVID-19 pandemic. An additional 28% of survey respondents said that it did so partially.



SURVEY WITH ECD/ECI PRACTITIONERS WHO PARTICIPATED IN THE AAC TRAINING

Several survey respondents indicated that the training did not fully address the needs of children with highly pronounced and multiple developmental disabilities. As the key informants explained, this was related to the fact that the training targeted a diverse range of ECI/ECD professionals. Consequently, the specialist content related to supporting complex disabilities was limited. According to a UNICEF interviewee, bringing together specialists from diverse fields allowed to tackle the challenge of limited coordination among the different sectors and ECI/ECD disciplines. Currently, no coordination system of the different ECI services exists so far in Croatia, and different ECI professionals tend to work in isolation from each other.[59] The key informants saw the training on AAC as a start in generating a shared understanding of EI and approaches across disciplines.

Special care and assistance needs during the COVID-19 pandemic

The provision of ECI support was disrupted at the start of the pandemic when most ECI services in Croatia were halted. Even after most ECI centers re-opened in early May 2021, many families with children with developmental delays and disabilities have been unable to access in-person ECI services. One of the main reasons for this is that children with developmental difficulties, including disabilities, usually have additional health conditions, placing them at higher risk and prompting their caregivers to isolate their children at home.[60] According to a study commissioned by UNICEF Croatia CO, 38% of the children with disabilities could not access specialist examination during the first

[57] UNICEF (2019). Programme Document "For every child: a VOICE. Harnessing 21st century technology to promote communication, education and social inclusion for young children with developmental delays and disabilities".
[58] Confirmed by research. See for example: Horvat (2014). The use of assisted communication in different profiles of experts in the Republic of Croatia, 2014, graduate thesis, graduate, Educational-Rehabilitation, Zagreb.
[59] RISE Institute (2020). Situation Analysis of Early Childhood Intervention Programmes in Croatia, commissioned by UNICEF Croatia CO.
[60] UNICEF (2020). Responding to the impacts of COVID-19 on young children with developmental delays and disabilities: Tele-intervention - Virtual Early Intervention Programme Document.

months of the pandemic.[61] A MURID survey with ECD/ECI frontline workers showed that the average number of children served by an ECI practitioner fell from 28 children aged 0-3 and 23 children aged 4-7 before the pandemic to respectively 11 and 9 children during the lockdown and general quarantine.[62]

All key informants noted that the tele-intervention project responded to the need to ensure continuity of ECI service provision to young children with developmental delays and disabilities during the COVID-19 pandemic. By preparing ECI practitioners to provide early intervention using virtual technologies, it ensured continuity in assessment of the needs for ECI support for families and children who were not able to access in-person services usually provided in ECI centers.

The interviewees also highlighted that **the intervention addressed the need to strengthen the capacity of caregivers to support child learning and development, which became even more pronounced with the start of the COVID-19 pandemic**. As the majority of early intervention services in Croatia suddenly started being provided remotely, caregivers of children with disabilities and developmental delays had to implement EI for their children, based on the instructions of professionals. The majority of frontline workers consulted for this evaluation indicated that parents of children with developmental delays and disabilities have often been skeptical and apprehensive about actively engaging in early childhood interventions. The project's online module on how to coach parents[63] and mentoring sessions on "Active Parent Roles in Virtual Early Intervention" aimed to equip practitioners with skills to address parents' hesitancy and involve them in the process of service provision. The information materials on virtual ECI developed specifically for the caregivers within the tele-intervention project provided an additional tool in this regard.

3.1.1.2 Health and nutrition

As described in section 2.1.2, in the first few months of the COVID-19 pandemic, families with young children in Croatia experienced limited access to health care services. This included **reduced access to information for pregnant women and their partners about pregnancy, childbirth, and breastfeeding.** Sanitary restrictions and reduced availability of services almost entirely disrupted access. As reported by the key informants interviewed, most health care institutions were slow in adopting online tools, inhibiting a timely shift to remote service provision. In effect, as shown by a survey with 1,357 pregnant laboring women carried out by Roda, almost half (48%) of respondents encountered difficulties accessing healthcare.[64] Over one-third (37%) did not complete a pregnancy course. In addition, during the lockdown, due to COVID-19 related fears, only 41% of the surveyed mothers were exclusively breastfeeding during the last 24 hours of their stay in the maternity ward.[65] Before the pandemic, this figure stood at 83% of mothers across Croatia.[66]

[61] Hendal (2020). Generating evidence on the socio-economic effects of Covid-19 on children and families in Croatia.
[62] Authors' analysis of answers of MURID's survey with ECD/ECI frontline workers (2020).
[63] Coaching with parents is a term defined in a variety of ways in the field of EI. The generally accepted definitions encompass a wide variety of adult learning strategies intended to "promote parents' abilities to support child learning and development.
[64] Roda (2020). Special report by Roda and the Gender Equality Ombudsman on the availability of care for women's reproductive health during the COVID-19 pandemic. Available here
[65] Ibid.
[66] UNICEF(2021). Baby-friendly maternity wards: Breastfeeding is the key for the growth and development of every child. Available here

The 'e-education for pregnancy' intervention led by Roda responded to the need of pregnant women and their partners for information and guidance on pregnancy, childbirth, and breastfeeding. The interviewed representatives of UNICEF and Roda highlighted that the self-paced online course directly respondent to the needs of pregnant women and their partners documented in the Special report by Roda and the Gender Equality Ombudsman on the availability of care for women's reproductive health during the COVID-19 pandemic. As shown by the course evaluation survey carried out by Roda, over 90% of the respondents (n=791) thought that the topics were well covered and that additional materials provided were useful.[67]

The COVID-19 pandemic also caused a **deterioration of standards in the maternity wards for women and their newborns.** Before the pandemic, with UNICEF's support, all public maternity hospitals in Croatia were awarded the title of 'Baby-Friendly Maternity Hospital'. As shown by Roda's research study and reported by the respondents interviewed, many baby-friendly practices were abandoned with the pandemic outbreak. The National Crisis Headquarters instructed Neonatal intensive care units (NICUs) and maternity wards to discontinue all visits, including the presence of birth companions during birth. Between March and July 2020, a staggering 78% of laboring women surveyed by Roda were not accompanied by their close one while in labor.[68] Mothers of pre-mature or sick babies who could not breastfeed their children were sent home, and their newborns stayed in NICUs. In some NICUs, mothers were asked not to bring their milk to the hospital, as was the practice before the pandemic.[69] In addition, due to the restrictions, the 2020 planned re-assessment of hospitals' baby-friendly status could not be completed.

According to the key informants, UNICEF's advocacy, research, education, and technical assistance helped address the needs of parents of newborns for adequate treatment in maternity wards and NICUs. Based on information rapidly collected from health workers, UNICEF shared recommendations with the Ministry of Health (MoH) and the National Crisis Headquarters to 1) promote, rather than restrict, the breastfeeding of newborns and 2) allow companions for laboring women during birth. To improve access to human milk for premature and seriously ill newborns, UNICEF also supported online training on the advantages, use and storage of donated human milk for NICUs' staff. Furthermore, with the CO's support, the BFHI network coordinator translated and adapted global WHO and UNICEF materials on implementing baby-friendly standards in hospitals[70] to the COVID-19 context. According to UNICEF and BFHI network interviewees, this provided much-needed guidance for hospitals on maintaining baby-friendly standards during the pandemic. Lastly, UNICEF led the first hybrid re-assessment of baby-friendly standards in Croatia's hospitals. As reported by UNICEF, conducting a hybrid re-assessment allowed verifying current practices and encouraged compliance with the standards during the pandemic.

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[67] Roda (2020). Final Report: E-Education for Pregnancy and Parenting during COVID -19 - Responding to the Impacts of COVID-19.
[68] Roda (2020). Special report by Roda and the Gender Equality Ombudsman on the availability of care for women's reproductive health during the COVID-19 pandemic. Available here.
[69] Interview with UNICEF's ECD Officer.
[70] WHO and UNICEF (2020). Competency verification toolkit: Ensuring competency of direct care providers to implement the Baby-Friendly Hospital Initiative. Available here; and WHO and UNICEF (2020). Protecting, promoting, and supporting breastfeeding: the baby-friendly hospital initiative for small, sick, and preterm newborns. Available here.

3.1.1.3 The most vulnerable groups

Vulnerable groups have been at the center of UNICEF ECD programmes and their adaptations during the COVID-19 pandemic. As shown throughout this report, the assessed interventions have generally addressed these groups' ECD needs. The AAC programme and the tele-intervention course responded to ECI needs of children with disabilities representing one of the most vulnerable groups in Croatia. In turn, the BHFI and Human Milk Bank interventions focused on mothers of sick and premature babies and laboring mothers barred of a company at birth. The 'e-education for pregnancy' intervention was also intended to focus on the most vulnerable groups of pregnant women. To achieve this, Roda prepared infographics on pregnancy, childbirth, and breastfeeding in different languages to make them accessible to non-Croatian linguistic groups, including the Roma.

However, the ECI interventions were not always effective in addressing children with severe disabilities and children from disadvantaged households. The surveyed frontline workers assessed the training content on AAC technologies as less helpful in addressing the ECI/ECD needs of children with highly pronounced and multiple developmental disabilities than those of children with less severe disabilities. In turn, the tele-intervention course was less effective in addressing the needs for continuity of ECI service provision of households without Internet and those with children who require in-person support from an expert, such as a physiotherapist. Despite the efforts of UNICEF partners such as MURID to provide low-income families of children with disabilities with the necessary ICT equipment or support in setting up of mobile applications required for virtual ECI, children living in households without Internet and those living in severe poverty were by far the most difficult to access for ECI practitioners at the start of the pandemic.[71]

Although the 'e-education for pregnancy' was aimed to focus on the most vulnerable groups of pregnant women, secondary evidence suggests that the antenatal e-courses were less effective in reaching them. For instance, based on the profile of the evaluation survey respondents, persons from vulnerable groups accounted for very small shares of Roda's e-courses. Only 1.5% of the survey respondents reported a mother tongue that is not Croatian and only 2% indicated that they did not complete their secondary education. Further, only 12.5% of the evaluation course respondents said that they live in rural areas, and 2.5% live on islands. The reasons for the apparent low share of participants who belong to the most vulnerable groups in Croatia are unclear. However, evidence from around the world shows that, without adequate investments in digital skills and ICT equipment, digital education is likely to exclude the most marginalized groups without access to ICT or a lack of digital skills.[72] The lack of course materials in languages other than Croatian is likely to have been a reason for the inaccessibility of the course for persons belonging to ethnic minority groups.

3.1.1.4 Gender-responsive programming

Gender-responsive programming refers to policies or programmes that explicitly consider and address unequal gender norms and roles, power dynamics, distribution of resources between women and men, counter discrimination faced by women and girls in societies, and improve their access to services.[73]

[71] Authors' analysis of answers of MURID's survey with ECD/ECI frontline workers (2020).
[72] OECD (2021). The state of school education: one year into the COVID-19 pandemic available here.
[73] WHO and UNAIDS (2016) A tool for strengthening gender-sensitive national HIV and Sexual and Reproductive Health (SRH) monitoring and evaluation systems available here

Two of the assessed interventions included elements of gender-responsive programming. The course on tele-intervention for ECD/ECI professionals included guidance on including both parents in early childhood intervention practices at home. According to UNICEF representatives, encouraging balanced sharing of caregiving responsibilities among male and female caregivers was also integrated into the e-education for pregnancy. The courses were intended for both women and men, which is a first step towards ensuring that the initiative is inclusive of both mothers and fathers. Unfortunately, the effectiveness of the pregnancy courses in reaching male partners is unknown as data on the sex of the participants was not collected. Given that men constituted only 4% of the participants who took the course evaluation survey (15% of all participants), one may question the extent of meaningful participation of male partners in the courses. Currently, the course outline and the complementary infographics appear to exclusively cater to women, even though gender-sensitive content was reportedly woven into the content. **Picturing both female and male caregivers on infographics and including male caregiving in the course outline could improve their appeal for men.**

In addition, **gender-targeted actions such as dedicated resources on male caregiving may be needed to stimulate active engagement of male partners in caregiving.** More explicit content challenging stereotypical gender roles in courses for caregivers could also help to promote a more balanced sharing of caregiving work. Based on our interview with the RODA focal point, the Implementing Partner is well aware of these needs and plans to incorporate more gender-responsive content into the next version of the course. The project final report also suggests that RODA is considering rolling out of courses dedicated for male partners of pregnant women.

Overall, **there is scope for more gender-responsive programming in Croatia's ECD work.** At the programme design level, this could include more gender-targeted actions to encourage male partner involvement in caregiving, tackle gender norms and discriminatory stereotypes, and promote positive gender socialization of children. At the practical level, this should be supported by establishing more gender-specific output and outcome indicators and by gender-sensitive monitoring and evaluation of the results.

3.1.2 Relevance to the needs of frontline workers

3.1.2.1 Early intervention practitioners

General capacity needs

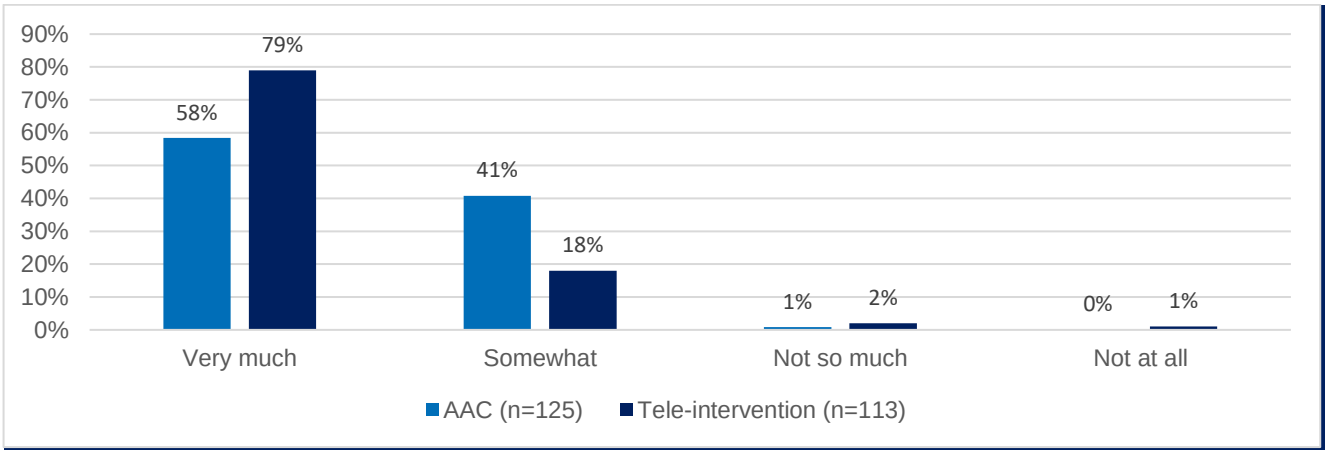
Early intervention practitioners in Croatia are generally highly trained and experienced. Their skills and expertise are one of the ECI sector's key strengths.[74] However , Croatia's ECI workers lack sufficient training and methodological support in some areas. The use of AAC technologies is one such area. As per FERS' report, 67% of the participants of the trainings on AAC devices[75] never used communication boards before the training, and 62% of them never used hi-tech AAC before.[76]

Findings from the interviews and the evaluation survey show that **the 4-day training on the use of AAC devices for EI practitioners was relevant to their professional education needs.** As shown on

[74] RISE Institute (2020). Situation Analysis of Early Childhood Intervention Programmes in Croatia.
[75] Speech-language pathologists and Educational rehabilitators constituted the majority of all training participants
[76] FERS (2020). Final Report: For every child: a VOICE. Harnessing 21st century technology to promote communication, education and social inclusion for young children with developmental delays and disabilities.

Figure 2, 58% of the respondents in the survey said that the training met their knowledge and skills need 'very much'. An additional 41% said that the training met these needs 'somewhat'. It was considered less relevant by the consulted health care workers and pre-school teachers, of whom respectively 100% and 67% said that the training only responded to their needs "somewhat". Their answers in the evaluation survey suggest that this is because they are the least likely to provide ECI to children with CCN in their work. However, as mentioned in section 3.1.1.1, bringing together a range of professionals working with children with complex communication needs was aligned with the need to enable knowledge sharing and align approaches to ECI of different professionals. Given the fact that lack of coordination among the professions is one of the key obstacles to the effectiveness of Croatia's ECI system,[77] most interviewed respondents believed that such an approach was highly appropriate.

Figure 2: Reported extent to which the online trainings met the knowledge and skills of the participants



Source: Results from evaluation surveys with participants in the training on AAC and course on tele-intervention

Although no separate needs assessment was conducted prior to the intervention, it was based on UNICEF's thorough review of available evidence on the use of AAC technologies in Croatia.[78]

Capacity needs during the COVID-19 pandemic

The COVID-19 pandemic significantly altered the way that ECI practitioners provide services to young children with disabilities and developmental delays. Organizations across Croatia began providing virtual services to families shortly after the outbreak. An online survey carried out for the purpose of this evaluation showed that 42% of the ECI practitioners who responded to the survey stated that they provided virtual EI in response to the pandemic. However, the national instructions issued by the government were limited to infection prevention and control (IPC) practices and only some organizations developed comprehensive guidelines for their frontline workers on how to provide virtual ECI. As a result, the majority of ECI professionals were left without information on how to effectively carry out virtual ECI.

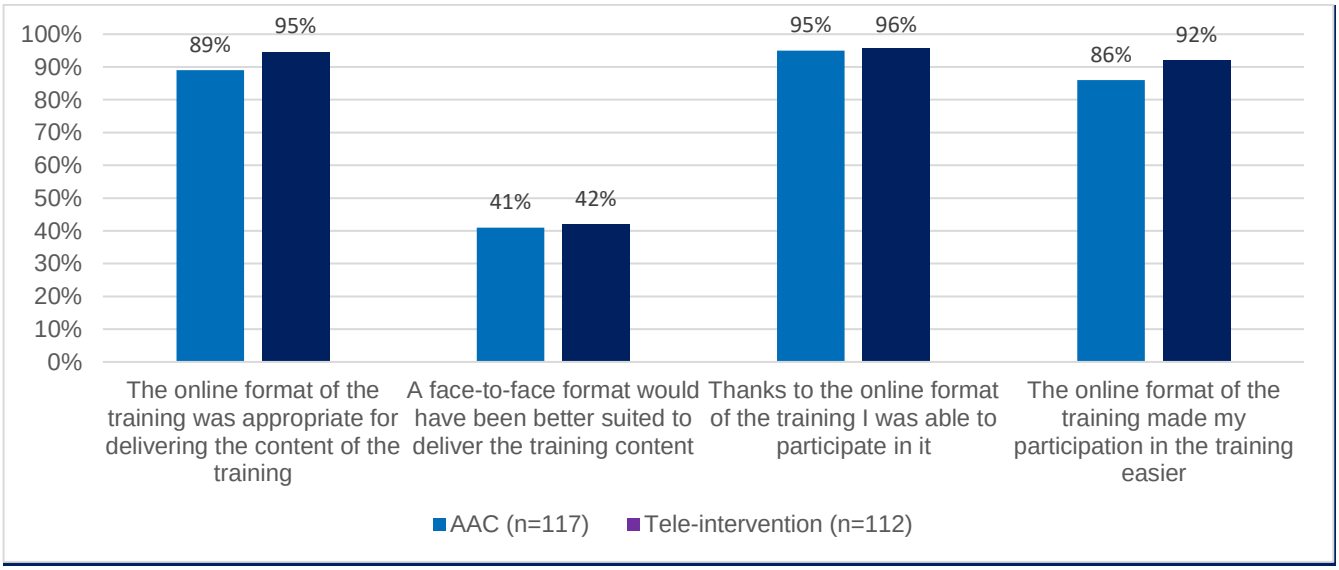
According to the key informants, the tele-intervention project **responded to the frontline workers' need for guidance on how to provide virtual early intervention.** Most interviewed and surveyed frontline workers said that the online course, the mentoring sessions, and the materials addressed

[77] RISE Institute (2020). Situation Analysis of Early Childhood Intervention Programmes in Croatia.
[78] As evident from the Programme Document.

their need for instruction on how to involve caregivers into their child's early intervention. Many highlighted that this need became even more pronounced than before since the start of the pandemic.[79] More favorable parental attitudes and more training and didactical materials were both the most frequently mentioned 'needs' of the 77 ECI practitioners surveyed by MURID in October-November 2020.[80] The need for more and/or better information and communication technologies (ICT) equipment was the most frequently indicated.

Delivering both the AAC training and the tele-intervention course in an online mode addressed the frontline workers' need for continued capacity-building support during the COVID-19 pandemic. The KIIs and survey results point to the appropriateness of these adaptations in a context where large gatherings are not allowed and the frontline workers are overburdened with work. As many as 95% and 96% of survey respondents who, respectively, participated in the AAC and tele-intervention courses said that the online format of the training made their participation possible (see Figure 3). Respectively, 86% and 92% of respondents said that it has made their participation easier. Interviewed participants highlighted that given their busy schedules, not needing to travel in order to take part in the training venue was an important factor enabling their participation.[81] At the same time, four in ten surveyed participants in both interventions said that a face-to-face format would have been better to deliver the training content.

Figure 3: Share of respondents in the surveys who 'strongly agree' or 'agree' with the below statements



Source: Results from evaluation surveys with participants in the training on AAC and course on tele-intervention

3.1.2.2 Health workers

The pandemic resulted in the need for ECD frontline workers, including health workers, to adapt the way they work. As described in section 3.1.1.2., this included workers in maternity wards and NICUs, where new protocols significantly altered previous practices. As reported by UNICEF staff interviewed for this evaluation, this presented organizational and logistical challenges for the heads of these

[79] Ecorys (2021). Analytical Brief: Tele-intervention project.
[80] MURID survey with ECI and ECD frontline workers carried out in October-November 2020.
[81] Ecorys (2021). Analytical Brief: AAC Programme.

institutions. Given the implications these changes had for pregnant mothers and parents of newborn children,[82] the heads of maternity wards and NICUs experienced considerable distress.[83]

The adaptations introduced as part of the Neo-BFHI addressed the needs of maternity wards' and NICUs' heads for practical information on providing health care during the pandemic. As described by a UNICEF interviewee, the organized webinar responded to hospital management's need to be in touch, express what they are experiencing daily, and talk about how they organize their work'. The webinar also responded to the participants' **need to receive scientific information and the latest WHO guidance,** for instance on the potential risks of COVID-19 transmission through breastfeeding. Finally, the meeting served to keep the participants informed about the upcoming online re-assessment of baby-friendly standards.

When it comes to health care practitioners, the results of the online need assessment survey with frontline workers implemented by MURID showed that their main needs include: (i) better ICT equipment such as laptops, tablets, webcams (mentioned by 10 out of the 49 health care workers surveyed); (ii) personal protective equipment (mentioned by 10 respondents); and (iii) more didactical materials and/or guidance (mentioned by 6 respondents).

UNICEF's health response to COVID-19 focused on addressing the health workers' need for PPE and hygiene supplies. By providing information and guidance to maternity wards and NICUs, UNICEF and its partners also indirectly responded to the health workers' need for better coordination, mentioned by a couple of respondents of the MURID survey. The webinar for health workers organized as part of the e-education on pregnancy intervention led by RODA[84] responded to some workers' need for information about the existing support for pregnant mothers.

3.1.3 Relevance to UNICEF's broader ECD programmes

The interventions analyzed in this evaluation have multiple synergies and complementarities with UNICEF's other ECD work in Croatia.

The tele-intervention initiative and the AAC programme are closely aligned with UNICEF's efforts to model ECI services. As per the CO's Strategy for ECD, the focus of UNICEF's ECI work in the country is on (i) developing a formal system of coordination with all collaborating educational, health, nutritional, social and protective services, to ensure that child-centered and family-focused services become permanent; and (ii) developing clear rules for roles and responsibilities at each level with adequate monitoring framework to ensure that ECI services comply with attributes of quality: availability, proximity, affordability and diversity.

The European Union finances considerable work of UNICEF Croatia in this area within the Child Guarantee programme. Since January 2021, the Country Office has been supporting the testing of a two-year programme titled *Fulfilling the Child Guarantee for the most vulnerable children* in Međimurje County. The project is expected to result in (i) a regional plan and resources to support the increased provision of coordinated and integrated quality ECI services for young children, (ii) strengthened knowledge and skills of health, education and social protection professionals for working with young children at risk of having disabilities and developmental delays (iii) improved

[82] Described in 3.1.1.2 and included reduced breastfeeding rates.
[83] Key Informant interviews.
[84] The aim of the webinar was to provide health workers with key information and lessons learned on e-learning tools used to reach pregnant and postpartum families during the COVID-19.

conditions, in community and at home, to empower parents/caregivers of young children at risk of having disabilities and developmental delays, and (vi) improved data gathering across sectors on planning and delivering quality early childhood intervention services and support to young children.[85]

Other interventions of particular relevance include UNICEF Croatia's knowledge generation and management and advocacy work. For instance, the former resulted in a comprehensive 'Analysis of the situation in the field of early childhood intervention in Croatia'. Published in November 2020, the paper provides a detailed overview of the needs, policies, and existing early intervention programmes in Croatia. It aims to provide ground for the government and the National Early Childhood Intervention Commission to adopt a national strategic plan for early childhood intervention and associated Action Plan, guidelines and standards for early intervention services. The Ministry of Health of Croatia and the Ombudsperson welcomed the paper.[86]

The tele-intervention and AAC programme are also complemented by UNICEF's ongoing advocacy to implement an integrated ECI system in Croatia. This included efforts committed to the formation of the National ECI Commission.

The health interventions adapted to COVID-19 are highly complementary with each other. They have common objectives: promoting breastfeeding and availability of human milk for babies who cannot be breastfed, antenatal education, and improving standards in maternity wards. Furthermore, the emphasis of the e-education for pregnancy initiative to reach out to vulnerable groups is in line with UNICEF's broader ECD strategy.

3.2 Effectiveness

Despite a short timeframe available for planning and preparing the response, UNICEF-supported ECD interventions introduced or adapted to the COVID-19 pandemic in Croatia achieved notable results. Depending on the objective of the intervention, the achievements include improved capacity of frontline workers to provide specialized ECD services during and beyond a pandemic and enhanced access to antenatal education. This evaluation highlighted some solutions and good practices that work for ECD when responding to an emergency like COVID-19. It also revealed their limits and the key challenges to ensuring the well-being and development of young children in pandemic-like circumstances and beyond.

3.2.1 Key results and notable solutions

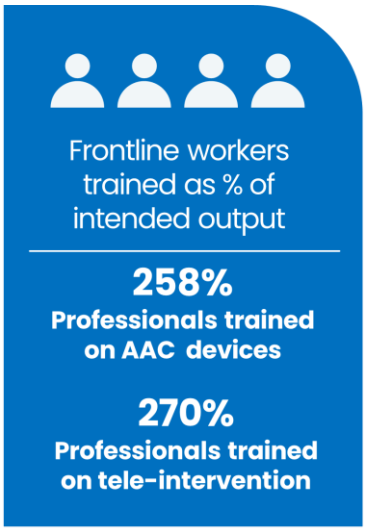
3.2.1.1 Early childhood intervention

UNICEF's response to COVID-19 in the early childhood intervention area in Croatia provides a good example of organizing guidance and training of frontline workers in circumstances of a public health

[85] UNICEF Croatia (2020). Terms of Reference to Develop an Analysis of Early Childhood Intervention (ECI) services and other ECD resources for young children, birth through seven years of age, who have or are at-risk for developmental delays or disabilities, and their families and an integrated ECI Action Plan/Framework for the Međimurje County. Available here
[86] UNICEF Croatia (2020). Press release. Available here]

threat. Early intervention practitioners and other ECD workers highly appreciated the trainings on tele-intervention and AAC technologies. The trainings yielded some notable outputs and results.

The AAC Programme and the tele-intervention project far exceeded the planned outputs related to the number of professionals trained. The tele-intervention training benefited 676 (compared to the target of 250), and 310 ECD/ECI professionals (compared to the target of 120) completed the training on AAC technologies. Results of the evaluation surveys also showed that **the online mode facilitated considerable reach of the interventions**. As shown in Figure 3, 86% of surveyed participants in the AAC training and 92% of participants in the tele-intervention course indicated that the online modality facilitated their participation.



PROGRAMME FINAL REPORTS

The majority of participants in both the trainings were satisfied with the online mode and self-paced nature of support. Interviewed participants in the tele-intervention course highlighted that the mentoring sessions which accompanied the self-paced course boosted the effectiveness of the training. At the same time, **31% of tele-intervention training participants and 14% of participants in the training on AAC technologies said that they struggled to stay engaged due to the online format**. Some complained that the online mode prevented learning based on practical situations (e.g. on how to use specific AAC devices) and limited spontaneous exchanges between the participants. Among the surveyed participants in the AAC training, 74% said they would prefer similar training opportunities in a hybrid mode given no public health emergency.

The remaining planned outputs of the interventions as per the ToCs available in A1.1 and A1.2 were also achieved. As part of the AAC Programme, self-paced modules on how pictographic symbols can support communication and language development were developed and made available for SLP/ECI professionals in Croatia. Based on the final project documentation, all outputs supporting the online course and mentoring on tele-intervention (modules, accompanying materials, e-learning platform) were also achieved.

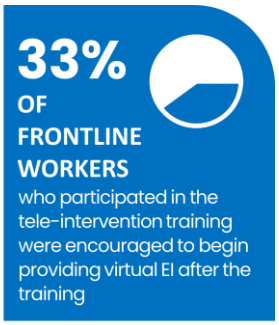
The training on AAC technologies also yielded important unintended effects. Firstly, **a manual on EI using AAC technologies was developed using the resources that were earmarked for the face-to-face training**, which could not be realized. The manual **has been integrated into the in-service training programme at University of Zagreb's FERS**. It is also freely available online.[87] Before this manual, AAC was not embedded in any curriculum for professional training. Secondly, the training was the first online coaching experience for many of the participants. Some stakeholders believed that the intervention contributed to the greater use of remote technologies for continuing training and self-education by ECI/ECD professionals in Croatia.[88]

The course on AAC technologies improved the capacity of ECI workers to provide early intervention using AAC devices. Almost all (97%) of respondents in the evaluation survey said they improved their competencies in this field. ECI/ECD professionals who provide ECI assistance in their daily work reported the most significant competence gains. In addition, **86% of experts who responded to the**

[87] UNICEF, ERF, FER (2021). Potpomognuta komunikacija kao metada rane intervencije (ict-aac.hr). Available here.
[88] Ecorys (2021). Analytical Brief: AAC Programme.

survey said they apply the knowledge and skills they gained during the training. This indicates that the increases in awareness, knowledge, and skills among ECI/ECD professionals contributed to improved early intervention for young children with disabilities and developmental delays and their families.[89]

The self-paced online modules on tele-intervention and accompanying mentoring sessions and materials resulted in improved preparedness to work with children with disabilities and their families for 97% of evaluation survey respondents. The main results reported included improved: (i) confidence to introduce virtual early intervention, (ii) awareness of the virtual early intervention practice, (iii) specialized knowledge and skills involved in the remote provision of services, and (iv) ability to work with caregivers. **The training encouraged 33% of the surveyed ECI practitioners to begin providing virtual ECI and helped improve the quality of services offered by those who previously offered virtual EI.** In this way, it contributed to the continuity of EI service provision. It improved the quality of virtual ECI services provided to families with children with developmental delays, and/or disabilities during the pandemic in Croatia.



EVALUATION SURVEY WITH ECD/ECI PRACTITIONERS

Both interventions contributed to the following output and outcome UNICEF Croatia CPD's:

Output 3: National capacities are strengthened to promote and support inclusive ECE and integrated ECI policies for the most vulnerable children;

Outcome: By 2021, the Government implements appropriately resourced inclusive early childhood education (ECE) and multi-sectoral early childhood intervention (ECI) policies at national and subnational levels, with special focus on the most vulnerable children

At the same time, there is a **need for more capacity building support and opportunities for exchanging knowledge** on virtual early intervention and AAC technologies for ECI professionals in Croatia. [90] For instance, the tele-intervention training gave a basic understanding on how to provide virtual early intervention for the largest share of surveyed participants (45%). In addition, modern ECI is a transdisciplinary area that requires the cooperation of experts representing different disciplines. As noted by the key informants, although the AAC training provided a good opportunity for transdisciplinary coordination, ECI professionals in Croatia continue to work in silos.[91] Therefore, exchanging good practices is necessary to develop a critical mass of professionals who have a shared understanding and vision of what modern ECI is. For this, a networking of experts and good coordination are of key importance.

In addition, there is a **need to start building the capacities of the ECD workforce continuously to prepare them for public health emergencies, such as COVID-19.** The lack of time was the most frequently cited reason for the non-completion of the AAC online training. When the crisis hit, the

[89] Ecorys (2021). Analytical Brief: AAC Programme.
[90] Ecorys (2021). Analytical Brief: Tele-intervention project.
[91] RISE Institute (2020). Situation Analysis of Early Childhood Intervention Programmes in Croatia, commissioned by UNICEF Croatia CO.

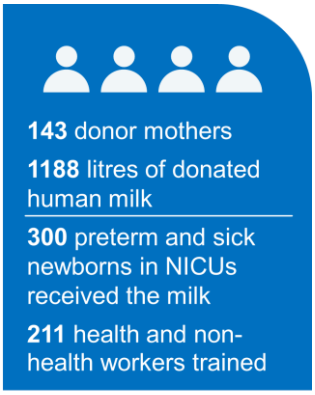
workforce was reduced due to illnesses and additional family responsibilities. Additionally, a considerable amount of the frontline workers' time was re-directed to efforts to adapt previous ways of working. As a result, the ECI practitioners did not have much time to dedicate to training, especially in the first few months of the pandemic.

A sizeable share of participants who did complete the training said that it would be easier for them to accommodate the course if it was delivered over a greater number of days, many citing the afternoons as preferred times. While the real-time nature (and hence fixed timing) of the training on AAC devices did not seem to have prevented participation in the training, evaluation survey respondents appreciated the self-paced nature of the tele-intervention training. Frontline workers interviewed commended the combination of self-paced online modules (to give flexibility) with mentoring groups (to give opportunities for interactions).

3.2.1.2 Health and nutrition

One of the main outputs of the health and nutrition interventions adapted in response to COVID-19 was the **guidance on how to preserve baby-friendly standards in the context of COVID-19** provided to the National Crisis Headquarters. Although developed rapidly, it was based on international standards and latest research by the UNICEF-supported BFHI network coordinator. According to a UNICEF interviewee, however, the intended outcomes were only partially achieved. The National Crisis Headquarters prioritized a strict approach to curbing the transmission of SARS-CoV-2 and did not mandate the hospitals to implement all of the standards. Consequently, for instance, mothers of sick babies were only allowed 15 minutes per day to visit them in hospitals.[92]

The implementation of a first hybrid assessment of baby-friendly standards in maternity wards and NICUs was another notable result. The team responsible for its implementation reported that the assessment was successfully completed and that other UNICEF Country Offices from the Balkan region are going to follow the practice. According to stakeholders interviewed, **the main factors which facilitated the assessment included engaging the heads of the assessed institutions in dialogues about the process.** The webinar organized for this purpose offered an opportunity to consult the stakeholders on this process and ensure their buy-in and active participation.



INFORMATION FROM UNICEF

Information concerning the results of the Human Milk Bank is available primarily at the output level. The infographic on the left hand side shows the key results achieved from the beginning of the intervention (March 2020) until mid-November 2021. In 2020, 137 health workers from 11 NICUs participated in a seminar titled "Donated human milk: application in neonatology departments and donation support" and 11 non-health workers were trained as breastfeeding counselors on motivating women to donate their milk to the HMB. In 2021, 57 pediatrists and neonatologists benefitted from a webinar titled "Donated human milk: application in neonatology departments and donation support".[93]

[92] Based on Key Informant interviews.
[93] Pavičić Bošnjak, A. (2021). Education of health workers about donated human milk.

The antenatal education e-course achieved considerable reach and addressed the need for information on key issues related to pregnancy and birth in a context where the traditional sources of information through face-to-face contacts with practitioners were minimal. As of the end of 2020, the intended target of 5,000 women who complete courses on pregnancy, childbirth preparation, and breastfeeding was almost met. Over 7,000 women, amounting to **one in five pregnant women over nine months, took part in at least one antenatal e-course**.[94]

Evidence collected by Roda on the degree of satisfaction of pregnant women and their partners with the e-education for pregnancy intervention is also positive. Of 781 participants who completed the course evaluation survey (15% of total users), 98% would recommend the courses to friends.[95] **Almost one-third (28%) of course evaluation survey respondents reported that after the course 'they know a lot' and 65% said that they 'know enough'.** As noted in section 3.1.1.3, however, secondary evidence suggests that the antenatal e-courses were less effective in reaching the most vulnerable. Based on project documentation, infographics on pregnancy, birth, and breastfeeding in Farsi, Arabic, Roma Chib, and Bayash helped to improve the reach of the intervention among vulnerable groups.[96]

Together with the other activities implemented as part of this intervention, all outputs from the results framework were achieved:

- Output 1.1. Women and their partners have access to continuity of care through e-courses on pregnancy, childbirth preparation and breastfeeding;
- Output 2.1. Women and their partners have access to updated and relevant pregnancy health care indicators through Expecting App;
- Output 3.1. Women and their partners, including thus from marginalized communities, reached by WHO infographics about pregnancy, birth and postpartum;
- Output 4.1. Health care providers and policymakers have access to a webinar on key information and lessons learned on e-learning tools used to reach pregnant and postpartum families during the COVID19.

No data on the effectiveness of the Expecting App and the webinars on key information provided via the e-learning tools was available.

The intervention yielded a positive unintended result. According to the final project report, the Medical Secondary School of Dubrovnik used all three e-courses as part of their training curriculum.[97]

As reported by Roda, the main factor which facilitated the roll-out of this intervention was the preparation of the courses in advance. When the pandemic hit, Roda adjusted the content with instruction on antenatal health and practices during COVID-19 and was ready for launch. However, a more in-depth assessment of the Roda and Human Milk Bank interventions is required to provide robust conclusions on their effectiveness. Due to the limited availability of data on these interventions,

[94] Roda (2020). Final Report: E-Education for Pregnancy and Parenting during COVID -19 - Responding to the Impacts of COVID-19.
[95] Roda (2020). Final Report: E-Education for Pregnancy and Parenting during COVID -19 - Responding to the Impacts of COVID-19.
[96] Ibid.
[97] Ibid.

it is not possible to provide conclusions about their contribution to broader UNICEF ECD goals in Croatia.

3.2.2 Key challenges and requirements for effective action

Across the interventions, UNICEF and its partners faced a set of common challenges which limit the extent to which the introduced initiatives bring about the intended effects for frontline workers and young children and their families. These relate to: (i) caregivers' awareness and attitudes; (ii) digital literacy and availability of ICT and other equipment, and (iii) policy and coordination issues.

3.2.2.1 Caregivers' awareness and attitudes

As highlighted in the Strategy Note for the Croatia ECD Programme Component 2017-2021, 'the attitudes and practices of caregivers have a direct bearing on children's well-being.' This evaluation showed that their attitudes, awareness and behaviors are also the key requirements for achieving the goals of the programmatic adaptations and rapidly introduced interventions. The restricted access to services, such as ECI and early childhood education (ECE), showed the generally low preparedness of caregivers in Croatia to engage in their child's ECI and ECE, especially among some social groups.

Frontline workers who provided virtual early intervention consistently reported resistance by caregivers of children with disabilities and delays to engage in their children's early intervention. Many frontline workers who completed the evaluation survey said that the caregivers were skeptical about the benefits of virtual ECI. As one respondent said: "most parents do not use online applications for such purposes, they are afraid of how it will be, and whether there will be any benefit from it for their child". In addition, several respondents noted the parents' lack of confidence regarding their ability to participate in their child's ECI. Respondents of MURID survey also noted a reluctance among the caregivers to let a professional into their home. Lastly, some said that the caregivers did not understand the instructions provided by the caregivers.[98]

In addition, interviewees from UNICEF and local authorities involved in the distribution of ECD kits to Roma families reported that the tow awareness of the importance of ECE among the Roma community became stark during the pandemic. Interviewed Croatian authorities noted that this contributed to many Roma children dropping out of pre-school completely during the pandemic.

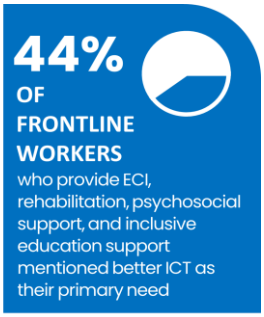
The evaluation found the need to promote ECD awareness and behavior change among caregivers, especially those with children with disabilities and belonging to Roma communities, to ensure demand for EI and ECD services.

[98] Ecorys (2021) Analytical Brief: Tele-intervention project.

3.2.2.2 Digital literacy, ICT, and other resources

Digital literacy and relevant information and communication technologies (ICT) constitute another key requirement for the introduction and continuous delivery of the effective introduction of remote modalities in the provision of ECD services. The survey with ECD frontline workers carried out by MURID in October and November showed that **21% of all surveyed frontline workers (n=110) did not provide services online during lockdown because of a lack of relevant ICT or digital skills**. The lack of laptops, tablets or computers, adequate Internet and digital skills among the caregivers/patients was mentioned as frequently as their shortage among the frontline workers. This is despite the efforts of UNICEF partners such as MURID to provide low-income families of children with disabilities with the necessary ICT equipment and support in setting up mobile applications required for virtual ECI.[99]

As many as **44% of the surveyed frontline workers who provide ECI, rehabilitation, psychosocial support, and inclusive education support mentioned better ICT as their primary need**.[100] Similarly, most of the interviewed and surveyed stakeholders and participants in the tele-intervention training indicated insufficient digital skills, weak or lack of Internet, and lack of quality ICT equipment as the main bottlenecks for rolling out virtual ECI.[101] **The share of health workers surveyed by MURID who flagged laptops, tablets, webcams as their primary need amounted to 20%.**



MURID's SURVEY WITH ECD/ECI PRACTITIONERS

The surveyed frontline workers also stated that **families without access to the Internet and/or phone and families living in severe poverty constituted groups most difficult to reach during the lockdown.** The assessment of the tele-intervention project also showed that practitioners providing virtual ECI support could not provide services to these groups.[102]

Other essential resource requirements mentioned by ECI practitioners surveyed by MURID included training and didactical materials, technical assistance for them and the caregivers, and adequate working space.[103] In addition to ICT and digital skills, health workers often mentioned the need for personal protective equipment and didactical materials.

3.2.2.3 Policy environment

Views voiced by the key informants as well as other secondary sources indicate that **the ECI system in Croatia is severely underfinanced**. The evaluation of the tele-intervention project and the AAC programme showed that without continuous support, many organizations and professionals who completed the training will not be able to start providing ECI virtually or using AAC devices. At the same time, as indicated by the key informants, the resources dedicated by the government to professional development of ECI professionals in Croatia are marginal. Moreover, there is a lack of a proper financing system of AAC technologies for families with children with disabilities and developmental delays, precluding them from fully benefitting from ECI in general.

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[99] Ecorys (2021) Analytical Brief: Tele-intervention project.
[100] Out of the 77 frontline workers surveyed by MURID who provide ECI, rehabilitation, psychosocial support, and inclusive education support, 25 respondents mentioned computers, tablets, printers, apps, and 6 mentioned better Internet.
[101] Ecorys (2021) Analytical Brief: Tele-intervention project.
[102] Ecorys (2021) Analytical Brief: Tele-intervention project.
[103] MURID survey with ECI and ECD frontline workers carried out in October-November 2020.

As shown by a situation analysis conducted by The RISE Institute shortly before the pandemic, the level of funding for ECI services in Croatia also hinders ECI program development.[104] Results from a survey with the focal points of ECI programmes carried out by The RISE Institute showed that inadequate funding for ECI services is one of the main barriers to program development.[105] As indicated by the key informants, emerging needs related to the outbreak of the COVID-19 pandemic and the earthquakes that struck Croatia in 2020 led to a further redirection of resources away from reforming ECI service provision.

The lack of a comprehensive ECI strategy and action plans as well as coordinated intersectoral planning in Croatia significantly hinders ECI program development in Croatia. The lack of a common ECI policy and coordination mechanisms contributes to a fragmented ECI system. As a result, there is a lack of common guidelines for a holistic EI provision, and early intervention is understood differently across the professional groups providing ECI.[106] In effect, the effectiveness and sustainability of measures aimed at strengthening the capacity of those who provide early intervention in Croatia are limited. The formation of the intersectoral National ECI Commission represents some progress in this respect. However, the Commission has not yet developed common standards for early childhood intervention. The recent efforts of UNICEF and its partners to develop and pilot approaches to coordinated ECI provision in selected counties are promising. However, UNICEF should ensure the **engagement of the central government to safeguard national buy-in and commitment to upscale the solutions developed.**

Emergency preparedness and response plans exist in Croatia due to the country's exposure to earthquakes. However, they lack a comprehensive child-sensitive approach centered on the most vulnerable. UNICEF Croatia's experience with responding to the earthquakes at the beginning of 2021 showed that there is a **lack of information about where vulnerable children and families live and their conditions and needs.** As reported by UNICEF, this caused considerable difficulties in providing appropriate support for children with disabilities and other vulnerable groups. Comprehensive, regular identification of vulnerable households is required if future emergency responses are to adequately respond to the needs of young children and their families in Croatia. In addition, a focus on supporting the most vulnerable families and children in all emergency plans is warranted.

3.2.3 Management and monitoring

The management of the assessed interventions represents a good example of an adaptive management approach characterized by quick programmatic adaptations in response to the changing circumstances. UNICEF and the Implementing Partners rapidly modified initial plans for the AAC programme, the BFHI, and the Human Milk Bank to ensure that existing needs of young children and their families and the frontline workers are addressed. Other interventions such as the tele-intervention project and the e-education for pregnancy initiative were quickly designed and launched to respond to emerging gaps in service and information provision. Resources were either re-allocated from unrealized activities or mobilized from additional sources.

[104] RISE Institute (2020). Situation Analysis of Early Childhood Intervention Programmes in Croatia, commissioned by UNICEF Croatia CO.
[105] Ibid.
[106] Ibid.

It is acknowledged that the planning of results when introducing adaptations to unforeseen circumstances is challenging and should not always be the priority. However, **UNICEF and its partners should consider more emphasis on the planning and monitoring around intended outcomes** if reliable evidence on their effectiveness is to be gathered.

In the case of the AAC programme, for instance, the methodology used to measure the intended outcomes was not robust. The Implementing Partner measured the achieved percentage improvement in ECI/ECD professionals in providing EI services to children with CCN and their families as the share of participants who did not use AAC technologies before taking part in the training. This cannot be described as a reliable approach to measuring the intervention outcomes.

For health and nutrition interventions assessed in the report, it is not clear out the outcomes fit in with the broader ECD objectives of the CPD, which focuses on ECE and ECI almost entirely.

Lastly, most of the interventions did not collect gender-disaggregated data and quantitative data disaggregated by vulnerable groups. In order for the M&E to support gender-responsive programming, it is crucial that all relevant data be sex- and age-disaggregated with additional relevant gender-sensitive indicators.[107]

More detailed insights into the management and monitoring of individual interventions are available in the two Analytical Briefs written by the evaluation team (see Country Report Vol.2: Annexes, A1).

3.3 Sustainability

3.3.1 Sustainability of current responses

Data collected for this evaluation shows a wide enthusiasm among ECI providers for continuing the provision of virtual ECI in the longer-term, even after the COVID-19 pandemic. Many respondents of this evaluation noted the potential of virtual ECI for reaching young children and their families who cannot be provided with in-person services. These groups include families living in difficult-to-access areas, such as Croatia's many islands, or children who cannot attend therapy in the centers during the flu season due to the use of immunosuppressive drugs. Sixty-four percent of the survey respondents stated that they will provide virtual ECI services beyond the pandemic. Several noted that providing virtual ECI to such families will be integrated into their regular programmes.[108]

The ECI/ECD frontline workers trained on AAC devices are also likely to continue using their acquired skills in the medium-to-long term. Over half a year after the training, the acquired knowledge and skills were used by 86% of survey respondents. Moreover, 83% of survey respondents reported that the course improved their capacity to deliver appropriate ECD/ECI services to children and their families in crisis settings more generally, not only during the COVID-19 pandemic.[109]

Additionally, **the development of a manual on AAC tools and its integration into in-service training programme at University of Zagreb's FERS can yield continuous ECI/ECD worker capacity**

[107] UNICEF Regional Office for South Asia (2018) Gender Toolkit: Integrating Gender in Programming for Every Child in South Asia available here
[108] Ecorys (2021). Analytical Brief: Tele-intervention project.
[109] Ecorys (2021). Analytical Brief: AAC Programme.

improvements. The manual was approved by the University of Zagreb as an official university literature and plans were made to integrate the manual into FERS' lifelong learning programme. It is envisaged that this would be paid training for professionals already working in the field. In this way, the intervention's output would be embedded in the system.

The extent to which these results continue beyond the pandemic will nevertheless depend on whether further resources are dedicated to the training of ECI professionals. Firstly, frontline workers need additional information and guidance on how to carry out virtual ECI and use AAC devices. Secondly, more opportunities for networking and exchanging knowledge with peers are needed to facilitate problem-solving and teamwork. Thirdly, regular and personalized mentoring and supportive supervision is required to help frontline workers deal with more complicated cases.

Based on the KIIs, the hybrid re-assessment of baby-friendly standards carried out by the UNICEF-supported BFHI team can be considered the most innovative out of all of the adaptations supported by UNICEF Croatia. The hybrid assessment was among the first, if not the first, such assessments in the world. Encouraged by Croatia's example, other countries in the region already took up the solution.[110] The assessment represents a noteworthy solution to maintaining baby-friendly and mother-friendly standards during a public health emergency. It is thus likely to be continued in the future in Croatia or other countries.

All UNICEF-supported adaptations and interventions are closely aligned with government priorities and plans. UNICEF Croatia involved national and local government partners in all of its interventions. Even if state financial support could not be secured, national and local government stakeholders were brought on board to advise, discuss, and facilitate the engagement of other stakeholders. UNICEF's ECD response to COVID-19 leveraged strong partnerships with **experienced local non-governmental and academic organizations**. Based on UNICEF's experiences worldwide, such strategies help to ensure a level of national ownership and provide ground for future cooperation in these areas.

Lastly, as described in section 3.1.3, **most interventions introduced or adapted to the COVID-19 pandemic are a part of UNICEF's wider ECD framework.** As such, their results are likely to be supported and sustained by other efforts of UNICEF and its partners.

3.3.2 Current responses' contribution to resilient ECD systems

The scope of UNICEF's ECD response to COVID-19 in Croatia is broad and goes beyond mobilizing emergency supplies and services to respond to the immediate needs of young children and their families. In addition to assistance such as PPE, hygiene supplies, and guidelines on how to provide services during a pandemic, **UNICEF's response to COVID-19 included building the capacities of both the ECD workforce and the caregivers.** In this way, interventions such as the tele-intervention project, the AAC programme, and the e-education for pregnancy **contribute to improved demand and supply of quality ECD services** in Croatia. Together with an enabling policy environment, robust demand and supply of quality ECD services are the **key components of a strong ECD system** that is able to withstand shocks such as pandemics and other emergencies.

Additionally, UNICEF's ECD response to COVID-19 in Croatia entailed the roll-out of **new solutions for service provision and technical assistance** in the ECD sector in the country. In addition to being used

[110] Interview with UNICEF staff.

for future emergencies, some of these solutions **can also be used to provide information or services for hard to reach populations in general.** For example, tele-intervention and antenatal online courses for pregnant women and their partners could be used for providing ECD support to hard-to-access groups beyond the pandemic context.

At the same time, as shown by the evaluation findings, relying on ICT solutions can be ineffective in reaching vulnerable rights holders. Often, these groups lack the equipment and skills required to take advantage of these solutions. In effect, as the authors of the Real-Time Assessment of UNICEF's Ongoing Response to COVID-19 in Europe and Central Asia summarized, 'innovative solutions may widen disparities unless equally innovative approaches to bridge the digital divide between potential beneficiaries are pursued'.[111]

Lastly, the online training on AAC devices introduced many ECI/ECD professionals to online education. Many stakeholders interviewed believed that this **helped popularize the use of remote technologies for professional development purposes**. Results from the survey carried out within this evaluation showed that, in a context of no public health emergency, 74% of respondents would prefer future trainings to be delivered in a hybrid mode. The results were similar across ages. Meanwhile, a situation analysis of ECI commissioned by UNICEF showed that the online mode represented the least preferred mode for in-service training among the consulted ECI focal points in Croatia prior to the pandemic.[112]

[111] Oxford Policy Management (2021). Real-Time Assessment of UNICEF's Ongoing Response to COVID-19 in Europe and Central Asia: Phase 1 Round 1 Analytical Report.
[112] RISE Institute (2020). Situation Analysis of Early Childhood Intervention Programmes in Croatia.

4.0 Conclusions and lessons learned

4.1 Conclusions

Relevance

1. UNICEF's ECD work in Croatia was significantly altered since the outbreak of the pandemic. Firstly, UNICEF's programme was adapted to respond to the emerging needs of young children and their families, such as the need for information on antenatal and postnatal care during the pandemic. Secondly, UNICEF and the Implementing Partners introduced new interventions and adapted the existing ones to ensure continuous provision of quality ECD services and information. In most cases, UNICEF set-up online forms of support to respond to emerging gaps in service and information provision, and to ensure continuity in strengthening capacities of ECD professionals. Creating new COVID-19-related content or adding such content to existing interventions was also frequent.
2. The evaluation showed that the assessed interventions adequately responded to the caregivers' needs for (i) information and guidance to address their new realities, stress and modifications in daily routines, for enhancing care and learning; and (ii) safeguarded access to services adapted to the new reality. For health workers, the interventions provided (i) opportunities for exchanging practical information on providing ECD services during the pandemic; (ii) scientific knowledge and guidance on maternal health and the pandemic and (iii) PPE and hygiene supplies. Although the adaptations and new interventions were put in place rapidly, they were informed by emerging, solid evidence on the needs of the rights holders and the frontline workers.
3. While all of UNICEF's interventions introduced or adapted in response to COVID-19 in Croatia focused on vulnerable groups, they were not fully suited to address all the needs of the most vulnerable young children and their families. The factors that appeared to limit the accessibility and relevance of the interventions to the needs of young children and their families included (i) insufficient attention in the trainings for frontline workers on the needs of the most vulnerable, (ii) the exclusionary nature of the online mode of service or information delivery, and (iii) lack of content in several languages.

Effectiveness

4. UNICEF-supported interventions introduced or adapted to COVID-19 achieved some notable results. These include increased uptake in virtual early intervention and the first hybrid assessment of baby-friendly standards in maternity wards and NICUs. Nevertheless, more capacity building and guidance support are required for frontline workers to continue with the new practices learned. Mentoring, supervision, and opportunities for exchanges between professionals were needed.
5. With the onset of the pandemic, ICT has become an essential good. Availability of ICT and the digital skills of caregivers considerably affected access of young children to ECD services during lockdowns and beyond. The evaluation showed that the most vulnerable households are the least likely to have such equipment, so a prioritized approach is needed to equip them with these goods. ECD frontline workers also require quality ICT equipment if remote or hybrid service provision is to be expanded in Croatia.

6. UNICEF's experience showed that material supplies are only effective if the right conditions exist in the family. In Croatia, many caregivers' awareness and attitudes towards modern ECD practiced remain a key challenge for the effective provision of adapted ECD services in circumstances of restricted face-to-face contact. Many caregivers of children with disabilities and developmental delays are resistant to engage in their children's ECI. They are often unaware of the benefits of practices such as virtual early intervention and are not always comfortable letting ECI professionals see into homes (even virtually). Similarly, the caregivers of Roma children are often skeptical of structured early learning at schools, leading many Roma children to drop out of pre-schools during the pandemic. Thus, equipment and supplies need to go hand-in-hand with positive parenting programmes and comprehensive support for caregivers to engage in ECD services such as early learning and early intervention.
7. The lack of coordinated ECI policy and insufficient funding preclude equitable access to quality ECI services and equipment in Croatia and the effectiveness of adaptations introduced. Coherent and joint policy plan and action are needed to tackle system issues such as shortages of ECI/ECD professionals, lack of access to AAC technologies, long waiting lists, and lack of common guidelines for a holistic, multi-sectoral EI provision. Such systematic bottlenecks need to be resolved if the popularization of AAC technologies and greater collaboration among the different ECI/ECD professionals are to be realized. UNICEF is leading comprehensive work in piloting local models to improve the coverage and coordination of ECI. However, continued action at the national level is also needed.
8. UNICEF's management of the interventions represents a good example of an adaptive management approach. However, more attention to planning and monitoring outcomes could be paid. Specifically, formulating the intended outcomes for the BFHI and HMB interventions is warranted. It is also advisable to clarify how these interventions fit in the broader ECD programming of UNICEF in Croatia (e.g. what larger outcomes they contribute to). These links are unclear in the current CPD, which almost exclusively focuses on ECE and ECI.

Sustainability

9. UNICEF's focus on building local capacities as part of its COVID-19 response contributes to its sustainability. Nonetheless, intense efforts to build a sustainable supply of qualified service providers are needed to ensure the long-term effects of the interventions. Currently, the policy framework for ECI in Croatia is evolving. It is thus a unique moment for duty bearers in Croatia to build and integrate a mechanism of mentorship and supervision for ECI workers into this strategic framework. This should include setting the legal ground for the future financing and operation of mentoring and supervision support and opportunities for peer-to-peer exchanges of experiences.
10. UNICEF's ECD response to COVID-19 in Croatia entailed the roll-out of new solutions for service provision and technical assistance in the ECD sector in the country. In addition to being used for future emergencies, some of these solutions can also be used to provide information or services for harder-to-reach populations in general. Yet, universal access to ICT solutions must be ensured for these solutions to be equitable. Additionally, comprehensive data on the location and needs of most children and families in Croatia is also needed to enable future emergency responses.

4.2 Lessons learned

Lesson learned # 1

Designated strategies to ensure inclusivity of the most vulnerable groups are needed when using ICT solutions to provide ECD services and information to young children and their families. The evaluation showed that there is a high risk of exclusion of the most vulnerable groups when using online modalities to provide ECD services. Specifically, children and their caregivers from low-income households are likely to fall through the cracks of such interventions. Therefore, ICT solutions must go hand-in-hand with investments that enhance access to digital infrastructure and equipment for disadvantaged young children and their families. Access to devices such as computers, smartphones, printers, and reliable Internet for the providers of the services must also be secured. Meanwhile, interventions that rely on ICT solutions should be complemented with accessible forms of support such as printed materials with easy-to-understand infographics or television campaigns.

Lesson learned # 2

Delivering capacity building activities entirely online should be opted for only when face-to-face contact is not possible, and hybrid mode should be preferred otherwise. The evaluation revealed that although online courses, training, and mentoring allow to reach a large number of professionals, the online mode limits spontaneous interaction and causes some to struggle to stay engaged. Online capacity building events in larger groups should be accompanied by small-group mentoring or discussions. The combination of self-paced online modules (giving flexibility) with mentoring groups (giving opportunities for interactions) can be an attractive option as well. However, epidemiological conditions allowing, some parts of similar trainings should be delivered offline to enable learning based on practical simulations (e.g. on how to use specific AAC devices) and spontaneous exchanges.

Lesson learned # 3

Comprehensive information, and methodological and mental health support for caregivers are essential to provide remote ECD support to young children and their families. In the face of the pandemic, caregivers had to assume much of the responsibility for their children's ECD, including having to implement ECI and organize structured learning at home. As the evaluation showed, however, in addition to struggling to balance their domestic and professional responsibilities, caregivers in Croatia are often unprepared to do so. This is true especially for the most vulnerable groups, such as families with children with disabilities and the Roma communities in Croatia. Comprehensive support for caregivers is needed to equip parents with the skills and confidence to engage in their child's structured ECD activities when necessary. Programmes to support parental well-being and mental health, coupled with efforts to increase awareness of modern ECD practices are required.

5.0 Recommendations

The recommendations presented in this section were developed together with the UNICEF ECARO and UNICEF Country Office in Croatia, based on discussions during the reflective workshops and written feedback. The evaluation team was asked to focus on the system level and on recommendations that are of priority. More detailed and intervention-specific recommendations composed after each data collection cycle that were discussed and prioritized during workshops are provided in Analytical Briefs (attached in Annex 1 in the Country Report Vol.2). Upon request of UNICEF, recommendations were framed to address UNICEF.

Based on the evaluation findings, the following priority actions are recommended for UNICEF:

I. Continue advocacy and technical support to the government to build a national, coordinated and multi-sectoral system for ECI, which ensures quality services for children with developmental difficulties:

- Advocate for sufficient budgetary allocation for ECI services, including coverage of costs related to virtual services e.g. equipment and connectivity.
- Continue making efforts to improve coordination for ECI at local and national levels and advocating for common guidelines and standards for quality service:
  - Engage the national government, including the National ECI Commission, in locally-focused efforts to develop models of ECI financing and coordination to ensure buy-in. A working group consisting of members of the central and local governments could be formed for this purpose.
  - Support the Government to improve the collaboration of ECI professionals with all home-visit based services to improve outreach and recognition
- Support the Government of Croatia to establish a sustainable system for ensuring supply of qualified ECI service providers skilled in virtual ECI service provision and use of AAC technologies in ECI practice**:**
  - Expand partnerships with academic institutions to strengthen capacity building of practitioners on ECI, including virtual ECI provision and use of AAC technologies.
  - Advocate for including in the professional competencies for ECI practitioners knowledge and skills for use of communication and information technologies in early childhood intervention.
- Provide support to the Government in conducting an appropriate assessment of ECI needs of young children with disabilities and developmental delays and their families, with a focus on the most vulnerable and those living in remote areas and humanitarian/emergencies

II. Advocate for quality standards, legal provisions, budget allocations, and conditions for ECI services that facilitate the provision of virtual early intervention:

- Support the Government in defining quality standards for virtual early intervention and child-sensitive and gender-sensitive early implementation guidelines.

- Advocate for the provision of ICT support for families, with a priority for families with children with disabilities and children living in poverty. This may require specific strategies such as priority queues and delivery of goods directly to children and their families.

III. Support the Government to ensure universal access to AAC devices for children with disabilities and developmental delays and their families:

- Advocate for legal changes that ensure access of children to AAC, including eligibility criteria and mechanisms for provision of AAC devices.
- Advocate for including AAC in the national lists of assistive devices of the Croatian Health Insurance Fund and providing them free of charge or at subsidized costs to children with developmental difficulties and disabilities.
- Include AAC in the relevant guidelines, standards for provision of ECI services.

IV. Support the Government to raise awareness among caregivers on the importance of early intervention and the benefits of the family-centered approach:

- Consider engaging the caregivers of children with disabilities and developmental delays in the piloting of ECI models and development of local actions plans.
- Consider creating opportunities for participation of Roma caregivers in the early education of their children to improve their awareness about early learning. Ensure that these efforts are community-based and involve leaders in the Roma communities.

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